



2024 Formulary

Effective January 1, 2024



Ambetter.SuperiorHealthPlan.com

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 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 off amount.

FORMULARY BY HEALTH BENEFIT PLAN

| Plan | Formulary | Summary of Benefits and Coverage |
|--|--------------------|---|
| Ambetter Virtual Access Gold (2024) | Standard Formulary | https://ambetter.superiorhealthplan.com/2024-brochures.html |
| Ambetter Virtual Access Gold \$0 Deductible (2024) | Standard Formulary | https://ambetter.superiorhealthplan.com/2024-brochures.html |
| Ambetter Virtual Access Silver (2024) | Standard Formulary | https://ambetter.superiorhealthplan.com/2024-brochures.html |
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| Plan | Formulary | Summary of Benefits and Coverage |
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| Everyday Gold (2024) | Standard Formulary | https://ambetter.superiorhealthplan.com/2024-brochures.html |
| Everyday VALUE Gold (2024) | Standard Formulary | https://ambetter.superiorhealthplan.com/2024-brochures.html |
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| Standard Silver VALUE (2024) | Standard Formulary | https://ambetter.superiorhealthplan.com/2024-brochures.html |

DRUG BY COST-SHARING TIER

| Tier | Percent of drugs in each cost-sharing tier: |
|------|---|
| 0 | 5.68% |
| 1a | 4.89% |
| 1b | 77.32% |
| 2 | 1.26% |
| 3 | 3.58% |
| 4 | 7.27% |

HOW PRESCRIPTION DRUGS ARE COVERED UNDER THE PLAN

A. FORMULARY COMPOSITION:

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 monthly.

B. RIGHT TO APPEAL

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

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 receiving 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

We provide coverage for off-label drugs 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:

- a. Use must be diagnosis specific as defined by ICD-10 code AND
- b. 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

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 prescriber, 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 steps below:

- a. Determine the tier that the drug/product you are filling is listed under by consulting the Formulary.
- b. 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.
- c. If you have not met your deductible, you will be responsible for the full cost of the drug until you meet your deductible.
- d. 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.
- e. 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.

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.

Your cost share for maintenance medication obtained through either Mail Order or at retail pharmacies participating in our Extended Day's 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 days 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. Some benefit designs may offer lower copays or co-insurance for 61 but less than 91 day supply at Mail Order. Please consult your Summary of Benefit and Coverage (SBC) for further details.

D. MEDICAL MANAGEMENT REQUIREMENTS

Prior Authorization (PA) – Drugs that have PA indication on the formulary require Prior Authorization. You or your provider must request an authorization from us to use this drug/product prior to filling a prescription for the drug/product.

Step Therapy (ST) - Drugs that have a ST indication on the formulary require that you try and fail other formulary products before you can obtain drug/product. When you 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.

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 exception will be processed under our Off-Label policy.

Non-Formulary Drugs – Drugs not found on this formulary are considered non-formulary drugs. To obtain non-formulary drugs your provider would have to submit a regular Prior Authorization request. All request 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_A- Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.

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

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

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

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

Prior Authorization for Non-Formulary Drugs

To obtain prior authorization for a non-formulary drug, your provider must fill out the Prior Authorization form. 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.

Introducción al Formulario

RESUMEN DE BENEFICIOS DEL FORMULARIO

La información de este documento está diseñada para ayudarlo a comprender los beneficios de medicamentos recetados que ofrece este plan y a comparar esos beneficios con los que ofrecen otros planes. La información contenida en este resumen está diseñada para ayudarlo a comparar tanto el valor como el alcance de los beneficios del Formulario.

CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS

Para encontrar el costo de su medicamento recetado, ingrese a <https://ambetter.superiorhealthplan.com/resources/pharmacy-resources.html>. En la herramienta de Costo del medicamento, seleccione el plan del cual participa (o tiene previsto participar) e introduzca los medicamentos que está tomando. La herramienta le brindará un costo aproximado de sus medicamentos recetados y el costo real permitido para los productos de marca. Si el costo total del medicamento es inferior al copago que le correspondería pagar en ese nivel, sólo será responsable del monto inferior.

FORMULARIO POR PLAN DE BENEFICIOS DE SALUD

| Plan | Formulario | Resumen de beneficios y cobertura |
|---|---------------------|---|
| Ambetter Virtual Access Gold (2024) | Formulario estándar | https://ambetter.superiorhealthplan.com/2024-brochures.html |
| Ambetter Virtual Access Gold \$0 Deducible (2024) | Formulario estándar | https://ambetter.superiorhealthplan.com/2024-brochures.html |
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| Plan | Formulario | Resumen de beneficios y cobertura |
|--|---------------------|---|
| Complete Silver (2024) | Formulario estándar | https://ambetter.superiorhealthplan.com/2024-brochures.html |
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MEDICAMENTO POR NIVEL DE COSTO COMPARTIDO

| Nivel | Porcentaje de medicamentos en cada nivel de costo compartido: |
|-------|---|
| 0 | 5.68 % |
| 1a | 4.89 % |
| 1b | 77.32 % |
| 2 | 1.26 % |
| 3 | 3.58 % |
| 4 | 7.27 % |

CÓMO CUBRE EL PLAN LOS MEDICAMENTOS RECETADOS

A. COMPOSICIÓN DEL FORMULARIO:

El Formulario de Ambetter se guía por los principios de ofrecer el mayor acceso posible a medicamentos al costo más bajo. Con esto en mente, comenzamos con el punto de referencia obligatorio de la Ley de Cuidado de Salud Asequible. Luego revisamos el Formulario para agregar otros medicamentos clínicamente necesarios y adecuados. El Formulario de Ambetter se considera un formulario cerrado. Esto significa que cualquier medicamento que no esté en el Formulario requiere una autorización previa. Para asegurarnos de que nuestros miembros tengan acceso a medicamentos apropiados, revisamos y actualizamos nuestro Formulario mensualmente.

B. DERECHO A APELAR

Si denegamos su solicitud de autorización previa, usted cuenta con 180 días a partir de que hayamos denegado la cobertura de un medicamento para presentar una apelación, y su apelación se resolverá en un plazo de 30 días. En caso de que su apelación prospere, los medicamentos no especializados y no incluidos en el Formulario se cubrirán al costo compartido de su nivel 3 (copago o coseguro) y los medicamentos de especialidad no incluidos en el Formulario se cubrirán al costo compartido de su nivel 4 (copago o coseguro). Consulte su Resumen de beneficios y cobertura individual para obtener información adicional sobre su costo compartido. Todas las otras disposiciones de su beneficio, como los deducibles y los gastos de bolsillo máximos, se aplican a los medicamentos del Formulario y no incluidos en el Formulario que hayan sido brindados a través de una apelación.

C. CONTINUACIÓN DE COBERTURA

Ambetter no hace cambios en su Formulario que requieran una continuación de cobertura. Sin embargo, si se hace un cambio en el Formulario que requiera una continuación de cobertura, usted tendrá derecho a continuar recibiendo el medicamento al nivel o grado de cobertura en el que estaba cubierto al comienzo del año del plan, hasta que su plan se renueve.

D. USO DE MEDICAMENTOS FUERA DE LO INDICADO

Brindamos cobertura para el uso de medicamentos fuera de lo indicado. Uso fuera de lo indicado es el uso de medicamentos que no han sido aprobados por la FDA para esa condición. La cobertura de un producto bajo la política de uso fuera de lo indicado requiere que se cumplan los siguientes requisitos:

- a. El uso debe ser específico para el diagnóstico según lo definido por el código ICD-10.
- b. El uso fuera de lo indicado debe estar respaldado por un estudio multicéntrico importante o tres estudios más pequeños publicados en una revista médica acreditada, una revista médica especializada revisada por pares o citada en compendios prestigiosos.

E. COSTO COMPARTIDO

El costo compartido es su participación monetaria en su atención médica. Deberá conocer algunos puntos para determinar el costo compartido que le corresponde. Conocer los siguientes elementos lo ayudará a estimar el costo del que será responsable en un momento dado: qué parte del deducible ya ha pagado, cuánto le queda de deducible, qué medicamento le han recetado y la cantidad máxima que puede pagar de su bolsillo. Todos estos datos, a excepción del nivel, se pueden obtener en el Resumen de beneficios y cobertura (ver los enlaces anteriores). Para obtener información del nivel de su medicamento, consulte el Formulario. Para determinar su costo compartido, siga los siguientes pasos:

- a. Consulte el Formulario para determinar el nivel en el que figura el medicamento o producto que está surtiendo.
- b. Una vez que haya determinado el nivel, utilice el Resumen de beneficios y cobertura (SBC) para determinar qué costo compartido se aplicará a su medicamento o producto seleccionado.
- c. Si no ha alcanzado su deducible, será responsable del costo total del medicamento hasta que alcance el deducible.
- d. Si ha alcanzado su deducible pero no su gasto de bolsillo máximo, le cobrarán un copago por medicamentos que tengan un copago asignado según su SBC y un coseguro por medicamentos que tengan un coseguro asignado en su SBC. Por lo general, pagará un (1) copago por cada suministro de medicamentos para 30 días. Se cobrarán dos copagos por el suministro para 2 meses y tres copagos por el suministro para 3 meses de sus medicamentos respectivamente.
- e. Para determinar el costo de medicamentos o productos de coseguro, utilice nuestra herramienta de búsqueda de medicamentos en línea. Consulte la sección: “CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS” anterior.

Tenga presente que los reclamos de farmacia solo se procesarán si presenta su receta en una farmacia de la red. Los reclamos fuera de la red no estarán cubiertos. Para encontrar una farmacia de la red cercana a usted, consulte nuestra herramienta Find a Provider (Encuentre un proveedor) disponible en nuestro sitio web bajo Recursos de farmacia.

Su costo compartido de los medicamentos de mantenimiento obtenidos a través de pedidos por correo o en las farmacias minoristas que participan en nuestra red de suministro de día extendido se calculará basado en el suministro diario que obtenga. Por un suministro de hasta 30 días le cobrarán un (1) copago o coseguro; por un suministro de 31-60 días usted será responsable de hacer dos (2) copagos o coseguros, y por un suministro de más de 60 días pero menos de 91 le cobrarán tres (3) copagos o coseguros. Algunos diseños de beneficios pueden ofrecer copagos o coseguros más bajos para el suministro de 61 días pero menos de 91 en la venta por correo. Consulte su Resumen de beneficios y cobertura (SBC) para conocer más detalles.

D. REQUISITOS DE ADMINISTRACIÓN MÉDICA

Autorización previa (PA): Los medicamentos que tienen una indicación PA en el Formulario requieren autorización previa. Usted o su proveedor deben solicitarnos una autorización para usar este medicamento o producto antes de surtir una receta para el producto o medicamento.

Terapia escalonada (ST): Los medicamentos que tienen una indicación ST en el Formulario requieren que usted pruebe y fracase con otros productos del Formulario antes de poder obtener el medicamento o producto. Cuando su proveedor considera que no es adecuado para usted probar otro producto, su proveedor o usted pueden presentar una autorización previa regular para obtener el medicamento o producto de terapia escalonada.

Límite de cantidad (QL): Los medicamentos que tienen una indicación QL en el Formulario están limitados a la cantidad indicada. Esos límites de cantidad se basan en las dosis máximas aprobadas por la FDA. Si su proveedor desea solicitar una excepción a esos límites, puede presentar una solicitud de autorización previa. Todas las solicitudes de excepción de límite de cantidad se procesarán bajo nuestra política de medicamentos fuera de lo indicado.

Medicamentos fuera del Formulario: Los medicamentos que no figuran en este Formulario se consideran medicamentos fuera del Formulario. Para obtener estos medicamentos, su proveedor debe presentar una solicitud de autorización previa regular. Todas las solicitudes de medicamentos fuera del Formulario serán revisadas bajo nuestra política de solicitud de medicamentos fuera del Formulario.

FORMULARIO ESTÁNDAR

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

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

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

Clave de la lista de medicamentos:

Los medicamentos de marca aparecen en MAYÚSCULAS y los medicamentos genéricos aparecen en minúsculas. Los medicamentos están cubiertos por diferentes niveles de copago en función de su beneficio:

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

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders | | |
| Amphetamines | | |
| <i>amphetamine sulfate TABS</i> | 3 | PA |
| <i>amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG</i> | 1B | QL(2 ea daily) |
| <i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG</i> | 1B | QL(1 ea daily) |
| <i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i> | 1B | |
| <i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i> | 1B | QL(2 ea daily) |
| <i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG</i> | 1B | QL(3 ea daily) |
| <i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i> | 1B | QL(4 ea daily) |
| <i>dextroamphetamine sulfate CP24 5 MG</i> | 1B | |
| <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 |
| Anorexiants Non-Amphetamine | | |
| <i>phendimetrazine tartrate TABS</i> | 1B | PA |
| <i>phentermine hcl CAPS</i> | 1B | PA |
| Anti-Obesity Agents | | |
| CONTRAVE | 3 | QL(4 ea daily); PA |
| Attention-Deficit/Hyperactivity Disorder (ADHD) Agents | | |
| <i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i> | 1B | QL(1 ea daily); AL(At least 6 yrs old) |
| <i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i> | 1B | QL(2 ea daily); AL(At least 6 yrs old) |
| <i>clonidine hcl (adhd) TB12</i> | 1B | |
| <i>guanfacine hcl (adhd)</i> | 1B | QL(1 ea daily); AL(At least 6 yrs old) |
| Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs) | | |
| SUNOSI 75 MG | 3 | QL(2 ea daily); PA |
| SUNOSI 150 MG | 3 | QL(1 ea daily); PA |
| Stimulants - Misc. | | |
| <i>armodafinil</i> | 1B | QL(1 ea daily); AL(At least 17 yrs old); PA |
| <i>dexmethylphenidate hcl CP24</i> | 1B | QL(1 ea daily) |
| <i>dexmethylphenidate hcl TABS</i> | 1B | QL(2 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl CP24</i> | 1B | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>methylphenidate hcl CP24 20 MG, 40 MG</i> | 1B | AL(At least 6 yrs old) |
| <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 5 MG</i> | 1B | QL(6 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TABS 10 MG, 20 MG</i> | 1B | QL(5 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TB24 27 MG</i> | 1B | QL(1 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TB24 36 MG, 54 MG</i> | 1B | QL(2 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TBCR 10 MG, 20 MG</i> | 1B | QL(3 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TBCR 18 MG, 27 MG</i> | 1B | QL(1 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TBCR 36 MG, 54 MG</i> | 1B | QL(2 ea daily); AL(At least 6 yrs old) |
| <i>methylphenidate PTCH</i> | 1B | QL(1 ea daily); PA |
| <i>modafinil 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 | | |
| Allergenic Extracts | | |
| GRASTEK SUBL | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| AMEBICIDES | | |
| Amebicides | | |
| SOLOSEC | 3 | PA |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| Aminoglycosides | | |
| <i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i> | 1B | |
| ARIKAYCE | 4 | PA |
| <i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i> | 1B | |
| <i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i> | 1B | |
| <i>neomycin sulfate TABS</i> | 1B | |
| <i>streptomycin sulfate SOLR</i> | 3 | |
| <i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i> | 1B | |
| <i>tobramycin NEBU</i> | 4 | QL(280 ml per 56 days retail; 280 ml per 56 days mail); PA |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |
| 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 | | |
| METHOTREXATE | 4 | QL(1.714 ea daily); SP; PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|--|
| Anti-TNF-alpha - Monoclonal Antibodies | | | HUMIRA PEN PNKT | 4 | QL(0.143 ea daily); PA |
| ADALIMUMAB-ADAZ SOAJ | 4 | QL(0.086 ml daily); PA | HUMIRA PEN PNKT 80 MG/0.8ML | 4 | QL(0.072 ea daily); PA |
| ADALIMUMAB-ADAZ SOSY | 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 |
| CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT | 4 | QL(0.215 ea daily); PA | HUMIRA PSKT | 4 | QL(0.143 ea daily); PA |
| CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT | 4 | QL(0.143 ea daily); PA | SIMPONI ARIA SOLN | 4 | PA |
| CYLTEZO AJKT | 4 | QL(0.215 ea daily); PA | Gold Compounds | | |
| CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML | 4 | QL(0.215 ea daily); PA | RIDAURA | 3 | QL(3 ea daily) |
| CYLTEZO PSKT 10 MG/0.2ML | 4 | QL(0.072 ea daily); PA | Interleukin-1 Blockers | | |
| HADLIMA PUSHTOUCH SOAJ | 4 | QL(0.086 ml daily); PA | ARCALYST | 4 | QL(0.286 ea daily); SP; PA |
| HADLIMA PUSHTOUCH SOAJ | 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 |
| HADLIMA SOSY | 4 | QL(0.172 ml daily); PA | KEVZARA SOSY | 4 | QL(0.082 ml daily); PA |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | | | | |
| 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 | <i>celecoxib</i> | 1B | QL(2 ea daily) |
| HUMIRA PEN-CD/UC/HS 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 | <i>diclofenac potassium TABS 50 MG</i> | 1B | |
| 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 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 | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>ibuprofen TABS 400 MG, 600 MG</i> | 1A | |
| <i>indomethacin CAPS 25 MG, 50 MG</i> | 1B | |
| <i>indomethacin CPCR</i> | 1B | |
| <i>ketoprofen CAPS 50 MG</i> | 1B | |
| <i>ketorolac tromethamine TABS</i> | 1B | QL(0.667 ea daily) |
| <i>meclofenamate sodium CAPS</i> | 1B | |
| <i>mefenamic acid CAPS</i> | 1B | Must try ibuprofen. ; QL(5 ea daily); ST |
| <i>meloxicam TABS</i> | 1A | QL(1 ea daily) |
| <i>nabumetone</i> | 1B | |
| <i>naproxen sodium TABS 550 MG</i> | 1B | |
| <i>naproxen SUSP</i> | 1B | PA |
| <i>naproxen TABS</i> | 1B | |
| <i>naproxen TBEC 500 MG</i> | 1B | QL(3 ea daily) |
| <i>oxaprozin TABS</i> | 1B | |
| <i>piroxicam CAPS</i> | 1B | |
| <i>sulindac TABS</i> | 1B | |
| <i>tolmetin sodium CAPS</i> | 1B | |
| <i>tolmetin sodium TABS 600 MG</i> | 1B | |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| <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(0.146 ml daily); PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>ENBREL SURECLICK SOAJ</i> | 4 | QL(0.146 ml daily); PA |
| <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 25 MG/0.5ML</i> | 4 | QL(0.146 ml daily); PA |
| <i>ENBREL SOSY 50 MG/ML</i> | 4 | QL(0.286 ml daily); SP; PA |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Analgesic Combinations | | |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i> | 1B | QL(6 ea daily) |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i> | 1B | |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i> | 1B | QL(6 ea daily) |
| <i>butalbital-acetaminophen TABS 50 MG-325 MG</i> | 1B | QL(6 ea daily) |
| <i>butalbital-aspirin-caffeine CAPS</i> | 1B | QL(4 ea daily) |
| Salicylates | | |
| <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 81 MG</i> | 0 | AL(At least 45 yrs old - Up to 79 yrs old) |
| <i>aspirin TBEC 325 MG</i> | 1A | |
| <i>diflunisal TABS</i> | 1B | |
| <i>salsalate</i> | 1B | |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Opioid Agonists | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|--|-----------|--|
| <i>codeine sulfate TABS 30 MG</i> | 1B | New starts limited to 7 day supply | METHADONE HCL SOLN IJ | 1B | |
| CODEINE SULFATE TABS | 1B | New starts limited to 7 day supply | <i>methadone hcl TABS 10 MG</i> | 1B | QL(10 ea daily) |
| <i>fentanyl citrate LPOP</i> | 1B | QL(4 ea daily); PA | <i>methadone hcl TABS 5 MG</i> | 1B | QL(4 ea daily) |
| <i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i> | 1B | QL(0.34 ea daily) | <i>methadone hcl TBSO</i> | 1B | QL(2 ea daily) |
| <i>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 OR 10 MG/5ML</i> | 1B | New starts limited to 7 day supply; QL(100 ml daily) |
| <i>hydromorphone hcl TB24 32 MG</i> | 1B | QL(1 ea daily); PA | <i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i> | 1B | |
| <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 10 MG, 20 MG, 40 MG, 80 MG</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 10 MG/5ML</i> | 1B | QL(50 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 5 MG/5ML</i> | 1B | QL(100 ml daily) | <i>oxymorphone hcl TB12 40 MG</i> | 1B | QL(4 ea daily); PA |
| | | | SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG | 3 | QL(8 ea daily); PA |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|--|--|
| SUBSYS LIQD 100 MCG | 3 | QL(3 ea daily); PA | <i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i> | 1B | New starts limited to 7 day supply; QL(180 ml daily) |
| SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG | 3 | QL(4 ea daily); PA | | <i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i> | 1B |
| <i>tramadol hcl TABS 50 MG</i> | 1A | New starts limited to 7 day supply; QL(8 ea daily) | <i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | | 1B |
| <i>tramadol hcl TB24</i> | 1B | QL(1 ea daily) | | <i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i> | 1B |
| XTAMPZA ER | 2 | QL(2 ea daily); PA | <i>hydrocodone-ibuprofen 7.5 MG-200 MG</i> | | 1B |
| Opioid Combinations | | | | <i>oxycodone w/acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | 1B |
| <i>acetaminophen w/codeine SOLN</i> | 1A | New starts limited to 7 day supply; QL(75 ml daily) | <i>tramadol-acetaminophen</i> | | 1B |
| <i>acetaminophen w/codeine TABS 30 MG-300 MG</i> | 1A | New starts limited to 7 day supply; QL(12 ea daily) | | Opioid Partial Agonists | |
| <i>acetaminophen w/codeine TABS 15 MG-300 MG</i> | 1B | New starts limited to 7 day supply; QL(13 ea daily) | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i> | 1B | QL(3 ea daily) |
| <i>acetaminophen w/codeine TABS 60 MG-300 MG</i> | 1B | New starts limited to 7 day supply; QL(6 ea daily) | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i> | 1B | QL(2 ea daily) |
| <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i> | 1B | New starts limited to 7 day supply | <i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i> | 1B | QL(3 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>buprenorphine hcl SOLN</i> | 1B | |
| <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i> | 1B | New starts limited to 7 day supply | <i>buprenorphine hcl SUBL</i> | 1B | QL(3 ea daily) |
| <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i> | 1B | New starts limited to 7 day supply; QL(6 ea daily) | <i>buprenorphine PTWK</i> | 1B | QL(0.143 ea daily); PA |
| <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>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i> | 1B | |
| <i>butorphanol tartrate NA 10 MG/ML</i> | 1B | QL(0.34 ml daily); PA |
| <i>nalbuphine hcl</i> | 1B | QL(8 ml daily) |
| <i>pentazocine w/ naloxone hcl</i> | 1B | New starts limited to 7 day supply |
| ANDROGENS-ANABOLIC - Drugs to Regulate Hormones | | |
| Anabolic Steroids | | |
| <i>oxandrolone</i> | 1B | |
| Androgens | | |
| ANDRODERM PT24 2 MG/24HR, 4 MG/24HR | 2 | QL(1 ea daily); PA |
| <i>danazol CAPS</i> | 1B | |
| METHITEST TABS | 3 | |
| <i>testosterone cypionate SOLN IM</i> | 1B | |
| TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML | 1B | |
| <i>testosterone enanthate SOLN IM</i> | 1B | |
| ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | | |
| Intrarectal Steroids | | |
| <i>budesonide (intrarectal)</i> | 4 | QL(3.2 gm daily); PA |
| <i>hydrocortisone (intrarectal)</i> | 1B | |
| UCERIS (<i>budesonide (intrarectal)</i>) | 4 | QL(3.2 gm daily); PA |
| Rectal Steroids | | |
| <i>hydrocortisone (rectal) EX</i> | 1B | RX/OTC |
| <i>hydrocortisone acetate (rectal)</i> | 1B | |
| Vasodilating Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>nitroglycerin (intra-anal)</i> | 1B | QL(2 gm daily) |
| RECTIV (<i>nitroglycerin (intra-anal)</i>) | 3 | QL(2 gm daily) |
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| 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 |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Antianginals-Other | | |
| <i>ranolazine TB12 1000 MG</i> | 1B | QL(2 ea daily) |
| <i>ranolazine TB12 500 MG</i> | 1B | QL(3 ea daily) |
| Nitrates | | |
| <i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i> | 1B | |
| <i>isosorbide mononitrate TABS</i> | 1B | |
| <i>isosorbide mononitrate TB24</i> | 1B | |
| NITRO-BID OINT | 3 | |
| <i>nitroglycerin CPCR</i> | 1B | QL(4 ea daily) |
| <i>nitroglycerin PT24</i> | 1B | |
| NITROGLYCERIN SOLN IV | 1B | |
| <i>nitroglycerin SUBL</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| <i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i> | 1B | |
| <i>buspirone hcl 5 MG</i> | 1A | |
| <i>hydroxyzine hcl SOLN 50 MG/ML</i> | 1B | |
| <i>hydroxyzine hcl SYRP</i> | 1B | |
| <i>hydroxyzine hcl TABS</i> | 1B | |
| <i>hydroxyzine pamoate CAPS</i> | 1B | |
| <i>meprobamate</i> | 1B | QL(6 ea daily) |
| Benzodiazepines | | |
| <i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i> | 1A | QL(4 ea daily) |
| <i>alprazolam TABS 2 MG</i> | 1B | QL(4 ea daily) |
| <i>alprazolam TB24</i> | 1B | |
| <i>alprazolam TBDP</i> | 1B | |
| <i>chlordiazepoxide hcl CAPS</i> | 1B | |
| <i>clorazepate dipotassium TABS</i> | 1B | |
| <i>diazepam CONC</i> | 1B | |
| <i>diazepam SOLN OR 5 MG/5ML</i> | 1B | |
| <i>diazepam TABS</i> | 1A | QL(4 ea daily) |
| <i>lorazepam CONC</i> | 1B | |
| <i>lorazepam TABS 0.5 MG, 2 MG</i> | 1A | QL(3 ea daily) |
| <i>lorazepam TABS 1 MG</i> | 1A | QL(4 ea daily) |
| <i>oxazepam CAPS</i> | 1B | |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| Antiarrhythmics Type I-A | | |
| <i>disopyramide phosphate CAPS</i> | 1B | |
| <i>procainamide hcl SOLN 500 MG/ML</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| <i>quinidine sulfate TABS</i> | 1B | |
| Antiarrhythmics Type I-B | | |
| <i>mexiletine hcl</i> | 1B | |
| Antiarrhythmics Type I-C | | |
| <i>flecainide acetate</i> | 1B | |
| <i>propafenone hcl CP12</i> | 1B | |
| <i>propafenone hcl TABS</i> | 1B | |
| Antiarrhythmics Type III | | |
| <i>amiodarone hcl SOLN 50 MG/ML</i> | 1B | |
| <i>amiodarone hcl TABS</i> | 1B | |
| <i>dofetilide</i> | 1B | |
| ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Antiasthmatic - Monoclonal Antibodies | | |
| 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 150 MG/ML | 4 | QL(0.286 ml daily); PA |
| XOLAIR SOSY 75 MG/0.5ML | 4 | QL(0.036 ml daily); PA |
| Anti-Inflammatory Agents | | |
| <i>cromolyn sodium NEBU</i> | 1B | QL(8 ml daily) |
| Bronchodilators - Anticholinergics | | |
| ATROVENT HFA | 3 | QL(0.44 gm daily) |
| INCRUSE ELLIPTA | 2 | QL(1 ea daily) |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| <i>ipratropium bromide SOLN 0.02 %</i> | 1B | QL(15 ml daily) | AIRSUPRA | 3 | |
| SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>) | 2 | QL(1 ea daily) | <i>albuterol sulfate AERS</i> | 1B | |
| SPIRIVA RESPIMAT AERS | 2 | QL(0.14 gm daily) | <i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i> | 1B | |
| <i>tiotropium bromide monohydrate CAPS</i> | 1B | QL(1 ea daily) | <i>albuterol sulfate SYRP</i> | 1B | |
| Leukotriene Modulators | | | <i>albuterol sulfate TABS</i> | 1B | |
| <i>montelukast sodium CHEW</i> | 1B | QL(1 ea daily) | ANORO ELLIPTA | 2 | QL(2 ea daily) |
| <i>montelukast sodium PACK</i> | 1B | QL(1 ea daily) | <i>arformoterol tartrate</i> | 1B | QL(4 ml daily) |
| <i>montelukast sodium TABS</i> | 1B | QL(1 ea daily) | BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) | 2 | |
| <i>zafirlukast</i> | 1B | QL(2 ea daily) | BREO ELLIPTA | 2 | |
| <i>zileuton TB12</i> | 1B | QL(4 ea daily) | BREZTRI AEROSPHERE | 2 | QL(0.38 gm daily) |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | | <i>budesonide-formoterol fumarate dihydrate</i> | 1B | |
| <i>roflumilast</i> | 3 | QL(1 ea daily) | DULERA | 2 | |
| Steroid Inhalants | | | <i>fluticasone furoate-vilanterol</i> | 1B | |
| ALVESCO | 3 | PA | <i>fluticasone-salmeterol AEPB</i> | 1B | |
| ARNUITY ELLIPTA | 2 | | <i>fluticasone-salmeterol AERO</i> | 1B | |
| <i>budesonide (inhalation) SUSP</i> | 1B | QL(4 ml daily); PA | <i>formoterol fumarate NEBU</i> | 1B | QL(4 ml daily) |
| <i>fluticasone propionate (inhalation) AEPB</i> | 1B | | <i>ipratropium-albuterol SOLN</i> | 1B | QL(18 ml daily) |
| <i>fluticasone propionate hfa</i> | 1B | QL(0.8 gm daily) | <i>levalbuterol hcl</i> | 1B | |
| PULMICORT FLEXHALER AEPB | 2 | | <i>levalbuterol tartrate</i> | 1B | QL(0.5 gm daily) |
| QVAR REDHALER | 2 | | PROAIR DIGIHALER | 3 | |
| Sympathomimetics | | | PROAIR RESPICLICK AEPB | 3 | |
| AIRDUO DIGIHALER 113/14 | 3 | | SEREVENT DISKUS | 2 | |
| AIRDUO DIGIHALER 232/14 | 3 | | STIOLTO RESPIMAT | 2 | |
| AIRDUO DIGIHALER 55/14 | 3 | | STRIVERDI RESPIMAT | 2 | |
| | | | <i>terbutaline sulfate SOLN</i> | 1B | |
| | | | <i>terbutaline sulfate TABS</i> | 1B | |
| | | | TRELEGY ELLIPTA | 2 | QL(2 ea daily) |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|--|
| Xanthines | | | <i>enoxaparin sodium SOSY 40 MG/0.4ML</i> | 4 | QL(0.8 ml daily; 30 Day(s) limit); SP |
| <i>aminophylline SOLN</i> | 1B | | <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>theophylline ELIX</i> | 1B | | <i>fondaparinux sodium 5 MG/0.4ML</i> | 4 | QL(3.6 ml per 180 days retail; 4 ml per 180 days mail); SP |
| <i>theophylline SOLN</i> | 1B | QL(56 ml daily) | <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 |
| <i>theophylline TB12</i> | 1B | | <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>theophylline TB24</i> | 1B | | FRAGMIN SOSY | 4 | SP; PA |
| ANTICOAGULANTS - Blood Thinners | | | <i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | 1B | |
| Coumarin Anticoagulants | | | HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML | 1B | |
| <i>warfarin sodium TABS</i> | 1B | | Thrombin Inhibitors | | |
| Direct Factor Xa Inhibitors | | | <i>dabigatran etexilate mesylate CAPS</i> | 1B | |
| ELIQUIS STARTER PACK TBPK | 2 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(2.47 ea daily) | ANTICONVULSANTS - Drugs to Treat Seizures | | |
| ELIQUIS TABS | 2 | QL(2 ea daily) | AMPA Glutamate Receptor Antagonists | | |
| XARELTO STARTER PACK TBPK | 2 | 1 rtl MAX fill; 365 rtl day(s) supply | FYCOMPA TABS 6 MG | 3 | QL(2 ea daily); PA |
| XARELTO SUSR | 2 | QL(900 ml per 30 days retail; 900 ml per 30 days mail) | FYCOMPA TABS 4 MG | 3 | QL(3 ea daily); PA |
| XARELTO TABS 10 MG, 20 MG | 2 | QL(1 ea daily) | FYCOMPA TABS 8 MG, 10 MG, 12 MG | 3 | QL(1 ea daily); PA |
| XARELTO TABS 2.5 MG, 15 MG | 2 | QL(2 ea daily) | FYCOMPA TABS 2 MG | 3 | QL(6 ea daily); PA |
| Heparins And Heparinoid-Like Agents | | | Anticonvulsants - Benzodiazepines | | |
| <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i> | 4 | QL(6 ml daily) | <i>clobazam SUSP</i> | 1B | QL(16 ml daily); PA |
| <i>enoxaparin sodium SOSY 30 MG/0.3ML</i> | 4 | QL(0.6 ml daily); SP | <i>clobazam TABS</i> | 1B | QL(2 ea daily); PA |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i> | 4 | QL(2 ml daily) | | | |
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i> | 4 | QL(1.6 ml daily) | | | |
| <i>enoxaparin sodium SOSY 60 MG/0.6ML</i> | 4 | QL(1.2 ml daily; 30 Day(s) limit); SP | | | |

Ambetter Formulary Updated May 1, 2024

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

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| <i>primidone 50 MG, 250 MG</i> | 1B | |
| <i>rufinamide SUSP</i> | 1B | QL(80 ml daily); PA |
| <i>rufinamide TABS 400 MG</i> | 1B | QL(8 ea daily); PA |
| <i>rufinamide TABS 200 MG</i> | 1B | QL(2 ea daily); PA |
| TEGRETOL SUSP (<i>carbamazepine</i>) | 2 | |
| TEGRETOL TABS (<i>carbamazepine</i>) | 2 | |
| <i>topiramate CPSP 25 MG</i> | 1B | QL(8 ea daily) |
| <i>topiramate CPSP 15 MG</i> | 1B | QL(6 ea daily) |
| <i>topiramate CS24</i> | 3 | PA |
| <i>topiramate TABS 25 MG, 100 MG</i> | 1B | QL(4 ea daily) |
| <i>topiramate TABS 200 MG</i> | 1B | QL(2 ea daily) |
| <i>topiramate TABS 50 MG</i> | 1B | QL(6 ea daily) |
| <i>zonisamide CAPS</i> | 1B | QL(6 ea daily) |
| Carbamates | | |
| <i>felbamate SUSP</i> | 1B | QL(30 ml daily) |
| <i>felbamate TABS 400 MG</i> | 1B | QL(9 ea daily) |
| <i>felbamate TABS 600 MG</i> | 1B | QL(6 ea daily) |
| GABA Modulators | | |
| <i>tiagabine hcl</i> | 1B | |
| <i>vigabatrin PACK</i> | 4 | QL(6 ea daily); SP; PA |
| <i>vigabatrin TABS</i> | 4 | QL(6 ea daily); SP; PA |
| Hydantoins | | |
| DILANTIN | 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i> | 1B | |
| <i>phenytoin sodium SOLN</i> | 1B | |
| <i>phenytoin CHEW</i> | 1B | |
| <i>phenytoin SUSP</i> | 1B | |
| Succinimides | | |
| CELONTIN (<i>methsuximide</i>) | 3 | QL(4 ea daily) |
| <i>ethosuximide CAPS</i> | 1B | QL(6 ea daily) |
| <i>ethosuximide SOLN</i> | 1B | QL(30 ml daily) |
| <i>methsuximide</i> | 1B | QL(4 ea daily) |
| ZARONTIN CAPS (<i>ethosuximide</i>) | 2 | QL(6 ea daily) |
| Valproic Acid | | |
| <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 | |
| ANTIDEPRESSANTS - Drugs to Treat Depression | | |
| Alpha-2 Receptor Antagonists (Tetracyclics) | | |
| <i>mirtazapine TABS 15 MG</i> | 1B | QL(3 ea daily) |
| <i>mirtazapine TABS 30 MG</i> | 1B | QL(1.5 ea daily) |
| <i>mirtazapine TABS 7.5 MG, 45 MG</i> | 1B | QL(1 ea daily) |
| <i>mirtazapine TBDP 45 MG</i> | 1B | QL(1 ea daily) |
| <i>mirtazapine TBDP 30 MG</i> | 1B | QL(1.5 ea daily) |
| <i>mirtazapine TBDP 15 MG</i> | 1B | QL(3 ea daily) |
| Antidepressants - Misc. | | |
| <i>bupropion hcl TABS</i> | 1B | QL(3 ea daily) |
| <i>bupropion hcl TB12 150 MG</i> | 1B | QL(3 ea daily) |
| <i>bupropion hcl TB12 200 MG</i> | 1B | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|--|
| <i>bupropion hcl TB12 100 MG</i> | 1B | QL(4 ea daily) | <i>fluoxetine hcl SOLN</i> | 1B | QL(20 ml daily) |
| <i>bupropion hcl TB24 150 MG</i> | 1B | QL(3 ea daily) | <i>fluoxetine hcl TABS 10 MG, 60 MG</i> | 1B | QL(1 ea daily) |
| <i>bupropion hcl TB24 300 MG</i> | 1B | QL(1 ea daily) | <i>fluoxetine hcl TABS 20 MG</i> | 1B | QL(3 ea daily) |
| Monoamine Oxidase Inhibitors (MAOIs) | | | <i>fluvoxamine maleate TABS 100 MG</i> | 1B | QL(3 ea daily) |
| EMSAM | 3 | QL(1 ea daily) | <i>fluvoxamine maleate TABS 25 MG, 50 MG</i> | 1B | QL(2 ea daily) |
| MARPLAN | 2 | QL(6 ea daily) | <i>paroxetine hcl SUSP</i> | 1B | QL(30 ml daily) |
| <i>phenelzine sulfate</i> | 1B | | <i>paroxetine hcl TABS 30 MG</i> | 1B | QL(2 ea daily) |
| <i>tranylcypromine sulfate</i> | 1B | | <i>paroxetine hcl TABS 10 MG</i> | 1B | QL(6 ea daily) |
| N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists | | | <i>paroxetine hcl TABS 40 MG</i> | 1B | QL(1 ea daily) |
| SPRAVATO 56MG DOSE | 4 | PA | <i>paroxetine hcl TABS 20 MG</i> | 1B | QL(3 ea daily) |
| SPRAVATO 84MG DOSE | 4 | PA | <i>paroxetine hcl TB24 25 MG, 37.5 MG</i> | 1B | QL(2 ea daily) |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | | <i>paroxetine hcl TB24 12.5 MG</i> | 1B | QL(1 ea daily) |
| <i>citalopram hydrobromide SOLN</i> | 1B | QL(20 ml 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 100 MG</i> | 1B | QL(2 ea daily) |
| <i>citalopram hydrobromide TABS 20 MG</i> | 1B | QL(2 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) | Serotonin Modulators | | |
| <i>escitalopram oxalate SOLN</i> | 1B | QL(20 ml 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>escitalopram oxalate TABS 5 MG</i> | 1B | QL(4 ea daily) | VIIBRYD STARTER PACK KIT | 3 | 1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s) |
| <i>fluoxetine hcl CAPS 10 MG</i> | 1A | QL(1 ea daily) | <i>vilazodone hcl TABS</i> | 1B | QL(1 ea daily) |
| <i>fluoxetine hcl CAPS 40 MG</i> | 1B | QL(2 ea daily) | Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) | | |
| <i>fluoxetine hcl CAPS 20 MG</i> | 1B | QL(3 ea daily) | | | |
| <i>fluoxetine hcl CPDR</i> | 1B | | | | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>desvenlafaxine succinate 100 MG</i> | 1B | QL(4 ea daily) |
| <i>desvenlafaxine succinate 25 MG, 50 MG</i> | 1B | QL(1 ea daily) |
| <i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i> | 1B | QL(2 ea daily) |
| <i>duloxetine hcl CPEP 40 MG</i> | 1B | |
| FETZIMA TITRATION PACK C4PK | 3 | PA |
| FETZIMA CP24 | 3 | QL(1 ea daily); PA |
| <i>venlafaxine hcl CP24 75 MG</i> | 1B | QL(5 ea daily) |
| <i>venlafaxine hcl CP24 37.5 MG</i> | 1B | QL(4 ea daily) |
| <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 37.5 MG, 75 MG, 225 MG</i> | 1B | QL(1 ea daily) |
| <i>venlafaxine hcl TB24 150 MG</i> | 1B | QL(2 ea daily) |
| Tricyclic Agents | | |
| <i>amitriptyline hcl TABS</i> | 1B | |
| <i>amoxapine</i> | 1B | |
| <i>clomipramine hcl</i> | 1B | |
| <i>desipramine hcl TABS</i> | 1B | |
| <i>doxepin hcl CAPS</i> | 1B | |
| <i>doxepin hcl CONC</i> | 1B | |
| <i>imipramine hcl TABS</i> | 1B | |
| <i>imipramine pamoate</i> | 1B | |
| <i>nortriptyline hcl CAPS</i> | 1B | |
| <i>nortriptyline hcl SOLN</i> | 1B | |
| <i>protriptyline hcl</i> | 1B | |
| <i>trimipramine maleate CAPS</i> | 1B | |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | |
| Alpha-Glucosidase Inhibitors | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| <i>acarbose</i> | 1B | QL(3 ea daily) |
| <i>miglitol</i> | 1B | QL(3 ea daily) |
| Antidiabetic Combinations | | |
| <i>alogliptin-metformin hcl</i> | 1B | QL(2 ea daily); PA |
| <i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i> | 1B | QL(1 ea daily); PA |
| <i>alogliptin-pioglitazone 15 MG-12.5 MG, 30 MG-12.5 MG, 45 MG-12.5 MG</i> | 1B | QL(2 ea daily); PA |
| <i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i> | 1B | QL(2 ea daily) |
| <i>glipizide-metformin hcl 500 MG-5 MG</i> | 1B | QL(4 ea daily) |
| <i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i> | 1B | QL(4 ea daily) |
| <i>glyburide-metformin 250 MG-1.25 MG</i> | 1B | QL(2 ea daily) |
| GLYXAMBI | 2 | QL(1 ea daily) |
| JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG | 2 | QL(2 ea daily) |
| JANUMET XR TB24 1000 MG-100 MG | 2 | QL(1 ea daily) |
| JANUMET TABS | 2 | QL(2 ea daily) |
| <i>pioglitazone hcl-glimepiride</i> | 1B | QL(1 ea daily) |
| <i>pioglitazone hcl-metformin hcl TABS</i> | 1B | QL(2 ea daily) |
| <i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i> | 1B | QL(2 ea daily) |
| <i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i> | 1B | QL(1 ea daily) |
| SOLQUA 100/33 | 2 | QL(0.5 ml daily); PA |
| SYNJARDY XR TB24 1000 MG-25 MG | 2 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|--|-----------|------------------------|
| SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG | 2 | QL(2 ea daily) | OZEMPIC SOPN | 2 | QL(0.108 ml daily); PA |
| SYNJARDY TABS | 2 | QL(2 ea daily) | RYBELSUS TABS | 2 | QL(1 ea daily); PA |
| TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG | 2 | QL(1 ea daily) | TRULICITY | 2 | QL(0.143 ml daily); PA |
| TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG | 2 | QL(2 ea daily) | VICTOZA | 2 | QL(0.3 ml daily); PA |
| XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG | 2 | QL(1 ea daily) | Insulin | | |
| XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG | 2 | QL(2 ea daily) | APIDRA SOLOSTAR SOPN | 3 | PA |
| XULTOPHY 100/3.6 | 2 | QL(0.5 ml daily); PA | APIDRA SOLN | 3 | PA |
| Biguanides | | | BASAGLAR KWIKPEN SOPN | 2 | |
| <i>metformin hcl TABS 850 MG</i> | 0 | QL(3 ea daily) | HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2 | QL(1.34 ml daily) |
| <i>metformin hcl TABS 1000 MG</i> | 1B | QL(2.5 ea daily) | HUMULIN R U-500 KWIKPEN SOPN SC | 2 | QL(1.34 ml daily) |
| <i>metformin hcl TABS 500 MG</i> | 1B | QL(5 ea daily) | INSULIN ASPART FLEXPEN SOPN | 1B | |
| <i>metformin hcl TB24 500 MG</i> | 1B | QL(4 ea daily) | INSULIN ASPART PENFILL SOCT | 1B | |
| <i>metformin hcl TB24 750 MG</i> | 1B | QL(3 ea daily) | INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN | 1B | |
| Diabetic Other | | | INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP | 1B | |
| <i>diazoxide</i> | 3 | | INSULIN ASPART SOLN IJ | 1B | |
| <i>glucagon (rdna)</i> | 1B | QL(0.035 ea daily) | INSULIN DEGLUDEC FLEXTOUCH SOPN | 2 | |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | | INSULIN DEGLUDEC SOLN | 2 | |
| <i>alogliptin benzoate</i> | 1B | QL(1 ea daily) | LEVEMIR FLEXPEN SOPN | 3 | PA |
| JANUVIA | 2 | QL(1 ea daily) | LEVEMIR FLEXTOUCH SOPN | 3 | PA |
| <i>saxagliptin hcl</i> | 1B | QL(1 ea daily) | LEVEMIR SOLN | 3 | PA |
| Incretin Mimetic Agents | | | NOVOLIN 70/30 FLEXPEN SUPN | 2 | |
| OZEMPIC SOPN 2 MG/1.5ML | 2 | QL(0.054 ml daily); PA | NOVOLIN 70/30 SUSP | 2 | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| NOVOLIN N FLEXPEN SUPN | 2 | |
| NOVOLIN N SUSP | 2 | |
| NOVOLIN R FLEXPEN SOPN IJ | 2 | |
| NOVOLIN R SOLN IJ | 2 | |
| Insulin Sensitizing Agents | | |
| <i>pioglitazone hcl</i> | 1B | QL(1 ea daily) |
| Meglitinide Analogues | | |
| <i>nateglinide</i> | 1B | QL(3 ea daily) |
| <i>repaglinide 0.5 MG, 1 MG</i> | 1B | QL(4 ea daily) |
| <i>repaglinide 2 MG</i> | 1B | QL(8 ea daily) |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | | |
| FARXIGA | 2 | QL(1 ea daily) |
| JARDIANCE | 2 | QL(1 ea daily) |
| Sulfonylureas | | |
| <i>glimepiride 1 MG, 2 MG</i> | 1B | QL(4 ea daily) |
| <i>glimepiride 4 MG</i> | 1B | QL(2 ea daily) |
| <i>glipizide TABS 5 MG, 10 MG</i> | 1B | QL(4 ea daily) |
| <i>glipizide TB24</i> | 1B | QL(2 ea daily) |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i> | 1B | QL(4 ea daily) |
| <i>glyburide TABS</i> | 1B | QL(4 ea daily) |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antiperistaltic Agents | | |
| <i>diphenoxylate w/ atropine LIQD</i> | 1B | |
| <i>diphenoxylate w/ atropine TABS</i> | 1B | |
| <i>loperamide hcl CAPS</i> | 1B | RX/OTC |
| MOTOFEN | 3 | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidotes - Chelating Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| CHEMET | 3 | |
| <i>deferasirox PACK</i> | 4 | PA |
| <i>deferasirox TABS</i> | 4 | SP; PA |
| <i>deferasirox TBSO</i> | 4 | SP; PA |
| <i>deferiprone TABS 500 MG</i> | 1B | |
| Antidotes and Specific Antagonists | | |
| VISTOGARD | 4 | PA |
| Opioid Antagonists | | |
| <i>naloxone hcl LIQD</i> | 1B | 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 | |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |
| 5-HT3 Receptor Antagonists | | |
| ANZEMET TABS 50 MG | 3 | QL(0.167 ea daily); PA |
| <i>granisetron hcl SOLN IV 1 MG/ML</i> | 1B | |
| <i>granisetron hcl TABS</i> | 1B | QL(0.34 ea daily) |
| <i>ondansetron hcl SOLN OR 4 MG/5ML</i> | 1B | QL(3.34 ml daily) |
| <i>ondansetron hcl SOLN IJ 4 MG/2ML</i> | 1B | |
| <i>ondansetron hcl SOSY</i> | 1B | |
| <i>ondansetron hcl TABS 24 MG</i> | 1B | QL(0.143 ea daily) |
| <i>ondansetron hcl TABS 4 MG</i> | 1B | QL(4 ea daily; 60 ea per fill retail; 60 per fill mail) |
| <i>ondansetron hcl TABS 8 MG</i> | 1B | QL(3 ea daily; 45 ea per fill retail; 45 per fill mail) |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>ondansetron TBDP 4 MG</i> | 1B | QL(1 ea daily) |
| <i>ondansetron TBDP 8 MG</i> | 1B | |
| <i>palonosetron hcl SOLN</i> | 1B | |
| Antiemetics - Anticholinergic | | |
| <i>meclizine hcl TABS 12.5 MG</i> | 1A | RX/OTC |
| <i>meclizine hcl TABS 25 MG</i> | 1B | RX/OTC |
| <i>scopolamine</i> | 1B | QL(0.34 ea daily) |
| <i>trimethobenzamide hcl CAPS</i> | 1B | |
| Antiemetics - Miscellaneous | | |
| AKYNZEO | 3 | PA |
| <i>doxylamine-pyridoxine TBEC</i> | 1B | 3 rtl MAX fill; 365 rtl day(s) supply; 3 mail MAX fill; QL(4 ea daily); PA |
| <i>dronabinol CAPS</i> | 1B | |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists | | |
| <i>aprepitant CAPS 40 MG, 125 MG</i> | 1B | QL(0.067 ea daily) |
| <i>aprepitant CAPS 80 MG</i> | 1B | QL(0.134 ea daily) |
| <i>aprepitant CAPS</i> | 1B | PA |
| <i>aprepitant MISC</i> | 1B | PA |
| VARUBI TBPK | 3 | PA |
| ANTIFUNGALS - Drugs to Treat Fungal Infections | | |
| Antifungal - Glucan Synthesis Inhibitors | | |
| <i>caspofungin acetate</i> | 1B | |
| ERAXIS | 3 | |
| <i>micafungin sodium</i> | 1B | PA |
| Antifungals | | |
| ABELCET | 3 | |
| <i>amphotericin b IV</i> | 3 | |
| <i>amphotericin b liposome</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| <i>flucytosine</i> | 1B | |
| <i>griseofulvin microsize SUSP</i> | 1B | AL(At least 2 yrs old) |
| <i>griseofulvin microsize TABS</i> | 1B | |
| <i>griseofulvin ultramicrosize</i> | 1B | |
| <i>nystatin TABS</i> | 1B | |
| <i>terbinafine hcl TABS</i> | 1B | QL(1 ea daily) |
| Imidazole-Related Antifungals | | |
| CRESEMBA CAPS 186 MG | 3 | PA |
| <i>fluconazole SUSP</i> | 1B | |
| <i>fluconazole TABS</i> | 1B | |
| <i>itraconazole CAPS</i> | 1B | QL(4 ea daily); PA |
| <i>itraconazole SOLN</i> | 1B | QL(20 ml daily); PA |
| <i>ketoconazole</i> | 1B | |
| NOXAFIL SUSP (<i>posaconazole</i>) | 3 | QL(20 ml daily) |
| <i>posaconazole SUSP</i> | 1B | QL(20 ml daily) |
| TOLSURA CAPS | 4 | PA |
| <i>voriconazole TABS</i> | 1B | QL(4 ea daily) |
| ANTI-HISTAMINES - Drugs to Treat Allergies | | |
| Antihistamines - Alkylamines | | |
| <i>dexchlorpheniramine maleate SOLN</i> | 1B | |
| Antihistamines - Ethanolamines | | |
| <i>carbinoxamine maleate SOLN</i> | 1B | |
| <i>carbinoxamine maleate TABS 4 MG</i> | 1B | |
| <i>clemastine fumarate SYRP</i> | 1B | |
| <i>clemastine fumarate TABS 2.68 MG</i> | 1B | |
| <i>diphenhydramine hcl CAPS 50 MG</i> | 1A | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| <i>diphenhydramine hcl ELIX 12.5 MG/5ML</i> | 1B | |
| <i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i> | 1B | QL(20 ml daily) |
| <i>diphenhydramine hcl SOLN 50 MG/ML</i> | 1B | |
| Antihistamines - Non-Sedating | | |
| <i>cetirizine hcl TABS</i> | 1A | QL(1 ea daily) |
| <i>desloratadine TABS</i> | 1B | QL(1 ea daily) |
| <i>desloratadine TBDP 2.5 MG</i> | 1B | QL(1 ea daily) |
| <i>levocetirizine dihydrochloride SOLN</i> | 1B | QL(10 ml daily); RX/OTC |
| <i>levocetirizine dihydrochloride TABS</i> | 1B | QL(1 ea daily); RX/OTC |
| <i>loratadine CAPS</i> | 1B | |
| <i>loratadine CHEW</i> | 1B | |
| <i>loratadine SOLN</i> | 1B | |
| <i>loratadine TABS</i> | 1A | |
| <i>loratadine TBDP</i> | 1B | |
| <i>QUZYTIR SOLN IV</i> | 3 | PA |
| Antihistamines - Phenothiazines | | |
| <i>promethazine hcl SOLN OR 6.25 MG/5ML</i> | 1B | |
| <i>promethazine hcl SUPP 12.5 MG, 25 MG</i> | 1B | QL(6 ea daily) |
| <i>promethazine hcl SUPP 50 MG</i> | 1B | |
| <i>promethazine hcl TABS</i> | 1B | |
| Antihistamines - Piperidines | | |
| <i>cyproheptadine hcl SYRP</i> | 1B | |
| <i>cyproheptadine hcl TABS</i> | 1B | |
| ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol | | |
| Antihyperlipidemics - Combinations | | |
| <i>ezetimibe-simvastatin</i> | 1B | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| Antihyperlipidemics - Misc. | | |
| <i>icosapent ethyl 1 GM</i> | 1B | QL(4 ea daily); PA |
| <i>omega-3-acid ethyl esters</i> | 1B | QL(4 ea daily) |
| Bile Acid Sequestrants | | |
| <i>cholestyramine light PACK</i> | 1B | QL(6 ea daily) |
| <i>cholestyramine light POWD</i> | 1B | QL(24 gm daily) |
| <i>cholestyramine PACK</i> | 1B | QL(6 ea daily) |
| <i>cholestyramine POWD</i> | 1B | QL(25.2 gm daily) |
| <i>colesevelam hcl PACK</i> | 1B | QL(1 ea daily); PA |
| <i>colesevelam hcl TABS</i> | 1B | QL(7 ea daily) |
| <i>colestipol hcl GRAN</i> | 1B | QL(6 gm daily) |
| <i>colestipol hcl PACK</i> | 1B | QL(6 ea daily) |
| <i>colestipol hcl TABS</i> | 1B | QL(16 ea daily) |
| Fibric Acid Derivatives | | |
| <i>choline fenofibrate</i> | 1B | QL(1 ea daily) |
| <i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i> | 1B | QL(1 ea daily) |
| <i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i> | 1B | QL(1 ea daily) |
| <i>gemfibrozil TABS</i> | 1B | QL(2 ea daily) |
| HMG CoA Reductase Inhibitors | | |
| <i>atorvastatin calcium TABS</i> | 1B | QL(1 ea daily) |
| <i>fluvastatin sodium CAPS 20 MG</i> | 1B | QL(1 ea daily) |
| <i>fluvastatin sodium CAPS 40 MG</i> | 1B | QL(2 ea daily) |
| <i>lovastatin TABS 10 MG, 20 MG</i> | 1B | \$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV |
| <i>lovastatin TABS 40 MG</i> | 1B | \$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| <i>pravastatin sodium</i> | 1B | QL(1 ea daily) |
| <i>rosuvastatin calcium TABS</i> | 3 | QL(1 ea daily) |
| <i>simvastatin TABS</i> | 1B | QL(1 ea daily) |
| Intestinal Cholesterol Absorption Inhibitors | | |
| <i>ezetimibe</i> | 1B | QL(1 ea daily) |
| Nicotinic Acid Derivatives | | |
| <i>niacin (antihyperlipidemic) TBCR</i> | 1B | QL(2 ea daily) |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors | | |
| REPATHA PUSHTRONEX SYSTEM SOCT | 4 | QL(0.25 ml daily); PA |
| REPATHA SURECLICK SOAJ | 4 | QL(0.0714 ml daily); PA |
| REPATHA SOSY | 4 | QL(0.0714 ml daily); PA |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |
| ACE Inhibitors | | |
| <i>benazepril hcl</i> | 1B | |
| <i>captopril 12.5 MG</i> | 1B | |
| <i>captopril 25 MG, 50 MG, 100 MG</i> | 1B | QL(3 ea daily) |
| <i>enalapril maleate TABS</i> | 1B | |
| <i>fosinopril sodium</i> | 1B | |
| <i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i> | 1B | |
| <i>moexipril hcl</i> | 1B | QL(2 ea daily) |
| <i>perindopril erbumine 2 MG, 8 MG</i> | 1B | QL(2 ea daily) |
| <i>perindopril erbumine 4 MG</i> | 1B | |
| <i>quinapril hcl 20 MG, 40 MG</i> | 1B | |
| <i>quinapril hcl 5 MG, 10 MG</i> | 1B | QL(2 ea daily) |
| <i>ramipril CAPS</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>trandolapril 4 MG</i> | 1B | QL(2 ea daily) |
| <i>trandolapril 1 MG, 2 MG</i> | 1B | QL(1 ea daily) |
| Agents for Pheochromocytoma | | |
| <i>phenoxybenzamine hcl</i> | 3 | PA |
| Angiotensin II Receptor Antagonists | | |
| <i>candesartan cilexetil</i> | 1B | QL(1 ea daily) |
| EDARBI | 3 | QL(1 ea daily); ST |
| <i>irbesartan</i> | 1B | QL(1 ea daily) |
| <i>losartan potassium</i> | 1B | QL(1 ea daily) |
| <i>olmesartan medoxomil</i> | 1B | QL(1 ea daily) |
| <i>telmisartan</i> | 1B | QL(1 ea daily) |
| <i>valsartan TABS</i> | 1B | QL(1 ea daily) |
| Antiadrenergic Antihypertensives | | |
| <i>clonidine</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 & chlorthalidone</i> | 1B | |
| <i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i> | 1B | QL(1 ea daily) |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i> | 1B | | <i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i> | 1B | QL(4 ea daily) |
| <i>bisoprolol & hydrochlorothiazide</i> | 1B | QL(2 ea daily) | <i>quinapril-hydrochlorothiazide 25 MG-20 MG</i> | 1B | QL(2 ea daily) |
| <i>candesartan cilexetil-hydrochlorothiazide</i> | 1B | | <i>telmisartan-amlodipine</i> | 1B | QL(1 ea daily) |
| <i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i> | 1B | | <i>telmisartan-hydrochlorothiazide</i> | 1B | QL(1 ea daily) |
| <i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i> | 1B | QL(2 ea daily) | <i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i> | 3 | |
| <i>fosinopril sodium & hydrochlorothiazide</i> | 1B | QL(1 ea daily) | <i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i> | 3 | QL(1 ea daily) |
| <i>irbesartan-hydrochlorothiazide</i> | 1B | | <i>valsartan-hydrochlorothiazide</i> | 1B | QL(1 ea daily) |
| <i>lisinopril & hydrochlorothiazide</i> | 1B | | Antihypertensives - Misc. | | |
| <i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i> | 1B | QL(2 ea daily) | VECAMYL | 3 | PA |
| <i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i> | 1B | QL(1 ea daily) | Direct Renin Inhibitors | | |
| <i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i> | 1B | | <i>aliskiren fumarate</i> | 1B | QL(1 ea daily) |
| <i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i> | 1B | QL(1 ea daily) | Selective Aldosterone Receptor Antagonists (SARAs) | | |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> | 1B | ST | <i>eplerenone</i> | 1B | |
| <i>olmesartan medoxomil-hydrochlorothiazide</i> | 1B | | Vasodilators | | |
| <i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i> | 1B | QL(3 ea daily) | <i>hydralazine hcl SOLN</i> | 1B | |
| | | | <i>hydralazine hcl TABS</i> | 1B | |
| | | | <i>minoxidil 2.5 MG, 10 MG</i> | 1B | |
| | | | ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| | | | Anti-infective Agents - Misc. | | |
| | | | <i>bacitracin</i> | 3 | |
| | | | IMPAVIDO | 3 | QL(3 ea daily); PA |
| | | | <i>metronidazole TABS</i> | 1B | |
| | | | <i>trimethoprim TABS</i> | 1B | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>dapsone</i> | 1B | |
| Lincosamides | | |
| <i>clindamycin hcl</i> | 1B | |
| <i>clindamycin palmitate hydrochloride</i> | 1B | |
| <i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i> | 1B | |
| <i>lincomycin hcl</i> | 1B | |
| Monobactams | | |
| <i>aztreonam 1 GM</i> | 1B | |
| CAYSTON | 4 | QL(3 ml daily); PA |
| Oxazolidinones | | |
| <i>linezolid SUSR</i> | 1B | |
| <i>linezolid TABS</i> | 1B | QL(2 ea daily); PA |
| SIVEXTRO TABS | 3 | PA |
| Polymyxins | | |
| <i>polymyxin b sulfate SOLR</i> | 1B | |
| Urinary Anti-infectives | | |
| <i>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 | |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |
| Antimalarial Combinations | | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <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) |
| 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) |
| Antimalarials | | |
| <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 |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Antimyasthenic/Cholinergic Agents | | |
| FIRDAPSE | 4 | PA |
| <i>neostigmine methylsulfate SOSY</i> | 3 | PA |
| <i>pyridostigmine bromide SOLN OR</i> | 1B | |
| <i>pyridostigmine bromide TABS 60 MG</i> | 1B | |
| <i>pyridostigmine bromide TBCR</i> | 1B | |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Antimycobacterial Agents | | |
| 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) |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | | |
| Alkylating Agents | | |
| <i>bendamustine hcl SOLR</i> | 4 | SP; PA |
| <i>busulfan SOLN</i> | 4 | SP; PA |
| <i>carboplatin SOLN 50 MG/5ML</i> | 4 | SP; PA |
| <i>carmustine</i> | 4 | SP; PA |
| <i>cisplatin SOLN 100 MG/100ML</i> | 4 | SP; PA |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|------------------------|
| <i>cyclophosphamide CAPS</i> | 1B | PA | <i>methotrexate sodium TABS 2.5 MG</i> | 1B | SP |
| <i>cyclophosphamide SOLR IJ</i> | 4 | | <i>nelarabine</i> | 4 | SP; PA |
| GLEOSTINE 10 MG | 4 | SP; PA | <i>pemetrexed disodium SOLR 500 MG</i> | 4 | SP; PA |
| GLEOSTINE 40 MG, 100 MG | 4 | PA | <i>pralatrexate 20 MG/ML</i> | 4 | SP; PA |
| <i>ifosfamide SOLN 1 GM/20ML</i> | 4 | SP; PA | TABLOID | 4 | SP; PA |
| <i>ifosfamide SOLR</i> | 4 | SP; PA | TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG | 4 | SP; PA |
| LEUKERAN | 4 | SP; PA | Antineoplastic - Angiogenesis Inhibitors | | |
| <i>melphalan</i> | 1B | | INLYTA | 4 | QL(2 ea daily); SP; PA |
| <i>melphalan hcl</i> | 1B | | LENVIMA 10 MG DAILY DOSE | 4 | QL(1 ea daily); PA |
| MYLERAN TABS | 4 | SP; PA | LENVIMA 12MG DAILY DOSE | 4 | QL(3 ea daily); PA |
| <i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i> | 4 | SP; PA | LENVIMA 14 MG DAILY DOSE | 4 | QL(2 ea daily); PA |
| TEMODAR SOLR | 4 | | LENVIMA 18 MG DAILY DOSE | 4 | QL(3 ea daily); PA |
| <i>temozolomide CAPS</i> | 4 | SP; PA | LENVIMA 20 MG DAILY DOSE | 4 | QL(2 ea daily); PA |
| <i>thiotepa 15 MG</i> | 4 | SP; PA | LENVIMA 24 MG DAILY DOSE | 4 | QL(3 ea daily); PA |
| ZANOSAR | 4 | SP; PA | LENVIMA 4 MG DAILY DOSE | 4 | QL(1 ea daily); PA |
| Antimetabolites | | | LENVIMA 8 MG DAILY DOSE | 4 | QL(2 ea daily); PA |
| <i>azacitidine SUSR</i> | 4 | SP; PA | MVASI | 4 | PA |
| <i>capecitabine</i> | 4 | SP; PA | ZALTRAP 100 MG/4ML | 4 | SP; PA |
| <i>clofarabine</i> | 4 | SP; PA | ZIRABEV | 4 | PA |
| <i>cytarabine SOLN</i> | 4 | SP; PA | Antineoplastic - Antibodies | | |
| <i>decitabine</i> | 4 | SP; PA | ADCETRIS | 4 | SP; PA |
| <i>floxuridine</i> | 4 | SP; PA | ARZERRA | 4 | SP; PA |
| <i>fludarabine phosphate SOLN</i> | 4 | SP; PA | RUXIENCE | 4 | PA |
| <i>fludarabine phosphate SOLR</i> | 4 | SP; PA | TRUXIMA | 4 | PA |
| <i>fluorouracil 500 MG/10ML</i> | 4 | SP; PA | YERVOY | 4 | SP; PA |
| <i>gemcitabine hcl SOLR 2 GM, 200 MG</i> | 4 | SP; PA | Antineoplastic - Anti-HER2 Agents | | |
| <i>mercaptopurine TABS</i> | 1B | | KANJINTI | 4 | PA |
| <i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i> | 1B | | | | |
| <i>methotrexate sodium SOLR</i> | 1B | SP | | | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|---|-----------|-----------------------------|
| OGIVRI | 4 | PA | ERLEADA 60 MG | 4 | QL(4 ea daily); PA |
| PERJETA | 4 | SP; PA | <i>exemestane</i> | 4 | QL(1 ea daily); SP |
| TRAZIMERA | 4 | PA | FIRMAGON | 4 | QL(0.143 ea daily); SP; PA |
| TUKYSA | 4 | PA | <i>flutamide</i> | 4 | QL(6 ea daily); SP; PA |
| Antineoplastic - EGFR Inhibitors | | | <i>fulvestrant SOSY</i> | 4 | QL(0.357 ml daily); SP; PA |
| ERBITUX | 4 | SP; PA | <i>letrozole</i> | 1B | |
| <i>erlotinib hcl</i> | 4 | QL(1 ea daily); SP; PA | <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i> | 4 | SP; PA |
| <i>gefitinib</i> | 4 | QL(2 ea daily); PA | LUPRON DEPOT (1-MONTH) KIT IM | 4 | QL(0.0358 ea daily); SP; PA |
| GILOTRIF | 4 | QL(1 ea daily); PA | LUPRON DEPOT (3-MONTH) KIT IM | 4 | SP; PA |
| IRESSA (<i>gefitinib</i>) | 4 | QL(2 ea daily); PA | LUPRON DEPOT (4-MONTH) IM | 4 | QL(0.1339 ea daily); SP; PA |
| TAGRISSE 80 MG | 4 | QL(1 ea daily); PA | LUPRON DEPOT (6-MONTH) IM | 4 | QL(0.0089 ea daily); SP; PA |
| TAGRISSE 40 MG | 4 | QL(2 ea daily); PA | LYSODREN | 4 | SP; PA |
| VECTIBIX 100 MG/5ML | 4 | SP; PA | <i>megestrol acetate SUSP</i> | 1B | |
| VIZIMPRO | 4 | QL(1 ea daily); PA | <i>megestrol acetate TABS</i> | 1B | |
| Antineoplastic - Hedgehog Pathway Inhibitors | | | <i>nilutamide</i> | 1B | QL(2 ea daily) |
| DAURISMO | 4 | PA | NUBEQA | 4 | QL(4 ea daily); PA |
| ERIVEDGE | 4 | QL(1 ea daily); SP; PA | <i>tamoxifen citrate TABS</i> | 0 | |
| ODOMZO | 4 | QL(1 ea daily); PA | <i>toremifene citrate</i> | 1B | |
| Antineoplastic - Hormonal and Related Agents | | | TRELSTAR MIXJECT | 4 | SP; PA |
| <i>abiraterone acetate 250 MG</i> | 4 | QL(4 ea daily); SP; PA | XTANDI CAPS | 4 | QL(4 ea daily); SP; PA |
| <i>abiraterone acetate 500 MG</i> | 4 | QL(2 ea daily); PA | XTANDI TABS 40 MG | 4 | QL(4 ea daily); PA |
| <i>anastrozole</i> | 1B | QL(1 ea daily) | XTANDI TABS 80 MG | 4 | QL(2 ea daily); PA |
| <i>bicalutamide</i> | 4 | QL(1 ea daily); SP; PA | YONSA | 4 | QL(4 ea daily); PA |
| ELIGARD SC 22.5 MG, 30 MG, 45 MG | 4 | SP; PA | ZOLADEX 3.6 MG | 4 | QL(0.0357 ea daily); SP; PA |
| ELIGARD KIT SC 7.5 MG | 4 | QL(0.0089 ea daily); SP; PA | ZOLADEX 10.8 MG | 4 | QL(0.0119 ea daily); SP; PA |
| EMCYT | 4 | SP; PA | Antineoplastic - Immunomodulators | | |
| ERLEADA 240 MG | 4 | QL(1 ea daily); PA | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|-----------------------------|-----------|------------------------|
| POMALYST | 4 | QL(1 ea daily); PA | BALVERSA | 4 | PA |
| Antineoplastic - PDGFR-alpha Inhibitors | | | <i>bortezomib SOLR IJ</i> | 4 | SP; PA |
| AYVAKIT | 4 | QL(1 ea daily); PA | BORTEZOMIB SOLR IV 3.5 MG | 4 | PA |
| Antineoplastic - XPO1 Inhibitors | | | BOSULIF TABS 400 MG | 4 | QL(1 ea daily); PA |
| XPOVIO | 4 | PA | BOSULIF TABS 100 MG, 500 MG | 4 | QL(1 ea daily); SP; PA |
| XPOVIO 60 MG TWICE WEEKLY | 4 | PA | BRAFTOVI 75 MG | 4 | SP; PA |
| XPOVIO 80 MG TWICE WEEKLY | 4 | PA | BRUKINSA | 4 | PA |
| Antineoplastic Antibiotics | | | CABOMETYX TABS | 4 | QL(1 ea daily); PA |
| <i>bleomycin sulfate 15 UNIT</i> | 4 | SP; PA | CALQUENCE | 4 | QL(2 ea daily); PA |
| <i>dactinomycin</i> | 4 | SP; PA | CALQUENCE | 4 | QL(2 ea daily); PA |
| <i>doxorubicin hcl liposomal</i> | 4 | SP; PA | CAPRELSA | 4 | QL(1 ea daily); SP; PA |
| <i>doxorubicin hcl SOLN</i> | 4 | SP; PA | COMETRIQ KIT | 4 | QL(2 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>idarubicin hcl 20 MG/20ML</i> | 4 | PA | COMETRIQ KIT | 4 | QL(4 ea daily); SP; PA |
| <i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i> | 4 | SP; PA | COPIKTRA | 4 | PA |
| <i>mitomycin SOLR IV 20 MG</i> | 4 | SP; PA | <i>everolimus TABS</i> | 4 | QL(1 ea daily); SP; PA |
| <i>mitoxantrone hcl 2 MG/ML</i> | 4 | SP; PA | IBRANCE CAPS | 4 | QL(1 ea daily); PA |
| <i>valrubicin</i> | 4 | SP; PA | IBRANCE TABS | 4 | QL(1 ea daily); PA |
| Antineoplastic Combinations | | | ICLUSIG | 4 | QL(1 ea daily); PA |
| KISQALI FEMARA 200 DOSE | 4 | QL(2 ea daily); PA | <i>imatinib mesylate</i> | 4 | QL(2 ea daily); SP; PA |
| KISQALI FEMARA 400 DOSE | 4 | QL(2.5 ea daily); PA | IMBRUVICA CAPS 140 MG | 4 | QL(3 ea daily); PA |
| KISQALI FEMARA 600 DOSE | 4 | QL(3.25 ea daily); PA | IMBRUVICA CAPS 70 MG | 4 | QL(1 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 | JAKAFI | 4 | QL(2 ea daily); SP; PA |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|---|-----------|----------------------------|
| KISQALI | 4 | QL(2.5 ea daily); PA | TAFINLAR CAPS | 4 | QL(4 ea daily); PA |
| KISQALI | 4 | QL(2 ea daily); PA | TAFINLAR TBSO | 4 | PA |
| KOSELUGO | 4 | PA | TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | 4 | QL(1 ea daily); PA |
| KYPROLIS | 4 | PA | TASIGNA 150 MG, 200 MG | 4 | QL(4 ea daily); SP; PA |
| <i>lapatinib ditosylate</i> | 4 | QL(6 ea daily); SP; PA | TASIGNA 50 MG | 4 | QL(4 ea daily); PA |
| LORBRENA | 4 | QL(1 ea daily); PA | TAZVERIK | 4 | PA |
| LYNPARZA TABS | 4 | QL(4 ea daily); PA | <i>temsirolimus</i> | 4 | QL(0.143 ml daily); SP; PA |
| MEKINIST SOLR | 4 | PA | TIBSOVO | 4 | PA |
| MEKINIST TABS 2 MG | 4 | QL(1 ea daily); PA | TURALIO | 4 | PA |
| MEKINIST TABS 0.5 MG | 4 | QL(3 ea daily); PA | VERZENIO | 4 | QL(2 ea daily); PA |
| MEKTOVI | 4 | SP; PA | VITRAKVI CAPS | 4 | PA |
| NINLARO | 4 | QL(0.143 ea daily); PA | VITRAKVI SOLN | 4 | PA |
| <i>pazopanib hcl</i> | 4 | QL(4 ea daily); SP; PA | VOTRIENT (<i>pazopanib hcl</i>) | 4 | QL(4 ea daily); SP; PA |
| PEMAZYRE | 4 | QL(1 ea daily); PA | XALKORI CAPS | 4 | QL(2 ea daily); SP; PA |
| PIQRAY 200MG DAILY DOSE | 4 | PA | XOSPATA | 4 | PA |
| PIQRAY 250MG DAILY DOSE | 4 | PA | ZEJULA CAPS | 4 | QL(3 ea daily); PA |
| PIQRAY 300MG DAILY DOSE | 4 | PA | ZEJULA TABS 200 MG, 300 MG | 4 | QL(1 ea daily); PA |
| QINLOCK | 4 | PA | ZEJULA TABS 100 MG | 4 | QL(3 ea daily); PA |
| RETEVMO | 4 | PA | ZELBORAF | 4 | SP; PA |
| <i>romidepsin SOLR</i> | 4 | SP; PA | ZOLINZA | 4 | QL(4 ea daily); SP; PA |
| ROZLYTREK CAPS | 4 | PA | ZYDELIG | 4 | QL(2 ea daily); PA |
| RUBRACA | 4 | QL(4 ea daily); PA | Antineoplastic Enzymes | | |
| <i>sorafenib tosylate</i> | 4 | QL(4 ea daily); SP; PA | ONCASPAR | 4 | SP; PA |
| SPRYCEL | 4 | QL(1 ea daily); SP; PA | Antineoplastics Misc. | | |
| STIVARGA | 4 | QL(4 ea daily); SP; PA | ACTIMMUNE | 4 | SP; PA |
| <i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i> | 4 | QL(1 ea daily); SP; PA | <i>arsenic trioxide 10 MG/10ML</i> | 4 | SP; PA |
| TABRECTA | 4 | PA | <i>bexarotene</i> | 4 | SP; PA |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>dacarbazine SOLR 200 MG</i> | 4 | SP; PA |
| <i>hydroxyurea</i> | 1B | |
| INTRON A SOLR 18000000 UNIT | 4 | SP |
| MATULANE | 4 | SP; PA |
| NIPENT | 4 | SP; PA |
| PHOTOFRIN | 4 | SP; PA |
| PROLEUKIN | 4 | SP; PA |
| SYNRIBO | 4 | SP; PA |
| <i>tretinoin (chemotherapy)</i> | 1B | |
| UVADEX | 4 | SP; PA |
| Chemotherapy Adjuncts | | |
| KEPIVANCE 6.25 MG | 4 | SP; PA |
| Chemotherapy Rescue/Antidote/Protective Agents | | |
| <i>leucovorin calcium SOLR</i> | 1B | |
| <i>leucovorin calcium TABS</i> | 1B | |
| VORAXAZE | 4 | SP; PA |
| Mitotic Inhibitors | | |
| <i>docetaxel CONC 20 MG/ML</i> | 4 | SP; PA |
| <i>docetaxel SOLN 20 MG/2ML</i> | 4 | SP; PA |
| ETOPOPHOS | 4 | SP; PA |
| <i>etoposide CAPS</i> | 4 | SP; PA |
| <i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i> | 4 | PA |
| HALAVEN | 4 | SP; PA |
| IXEMPRA KIT 15 MG | 4 | SP; PA |
| JEVTANA | 4 | SP; PA |
| <i>paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML</i> | 4 | SP; PA |
| <i>paclitaxel protein-bound particles</i> | 4 | SP; PA |
| <i>vincristine sulfate</i> | 4 | SP; PA |

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

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <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 8 MG, 12 MG</i> | 1B | QL(2 ea daily); ST |
| <i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i> | 1B | QL(1 ea daily); ST |
| Antiparkinson Monoamine Oxidase Inhibitors | | |
| <i>rasagiline mesylate</i> | 1B | QL(1 ea daily); PA |
| <i>selegiline hcl CAPS</i> | 1B | |
| <i>selegiline hcl TABS</i> | 1B | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | |
| Antimanic Agents | | |
| <i>lithium</i> | 1B | |
| <i>lithium carbonate CAPS</i> | 1B | |
| <i>lithium carbonate TABS</i> | 1B | |
| <i>lithium carbonate TBCR</i> | 1B | |
| Antipsychotics - Misc. | | |
| EQUETRO 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 |
| <i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i> | 1B | QL(1 ea daily) |
| <i>lurasidone hcl 80 MG</i> | 1B | QL(2 ea daily) |
| <i>ziprasidone hcl</i> | 1B | QL(2 ea daily); AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| Benzisoxazoles | | |
| FANAPT | 2 | QL(2 ea daily); PA |
| FANAPT TITRATION PACK | 2 | PA |
| <i>paliperidone 1.5 MG, 3 MG, 9 MG</i> | 1B | QL(1 ea daily) |
| <i>paliperidone 6 MG</i> | 1B | QL(2 ea daily) |
| PERSERIS PRSY | 2 | QL(0.072 ea daily); PA |
| RISPERDAL CONSTA (<i>risperidone microspheres</i>) | 2 | QL(0.072 ea daily); PA |
| <i>risperidone microspheres</i> | 1B | QL(0.072 ea daily); PA |
| <i>risperidone SOLN</i> | 1B | QL(8 ml daily) |
| <i>risperidone TABS</i> | 1B | QL(4 ea daily) |
| <i>risperidone TBDP</i> | 1B | QL(4 ea daily) |
| Butyrophenones | | |
| <i>haloperidol decanoate</i> | 1B | QL(0.036 ml daily) |
| <i>haloperidol lactate CONC</i> | 1B | |
| <i>haloperidol lactate SOLN</i> | 1B | |
| <i>haloperidol TABS</i> | 1B | |
| Dibenzapines | | |
| <i>asenapine maleate 2.5 MG</i> | 1B | QL(4 ea daily); PA |
| <i>asenapine maleate 5 MG, 10 MG</i> | 1B | QL(2 ea daily); PA |
| <i>clozapine TABS</i> | 1B | |
| <i>clozapine TBDP 12.5 MG, 150 MG</i> | 1B | QL(6 ea daily) |
| <i>clozapine TBDP 100 MG</i> | 1B | QL(9 ea daily) |
| <i>clozapine TBDP 25 MG</i> | 1B | QL(3 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i> | 1B | QL(2 ea daily) |
| <i>olanzapine TBDP 20 MG</i> | 1B | QL(1 ea daily) |
| <i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i> | 1B | QL(2 ea daily) |
| <i>quetiapine fumarate TABS 300 MG, 400 MG</i> | 1B | QL(2 ea daily); AL(At least 10 yrs old) |
| <i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i> | 1B | QL(4 ea daily); AL(At least 10 yrs old) |
| <i>quetiapine fumarate TB24 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) |
| Phenothiazines | | |
| <i>chlorpromazine hcl SOLN</i> | 3 | |
| <i>chlorpromazine hcl TABS</i> | 1B | |
| <i>fluphenazine hcl CONC</i> | 1B | |
| <i>fluphenazine hcl ELIX</i> | 1B | |
| <i>fluphenazine hcl SOLN</i> | 1B | |
| <i>fluphenazine hcl TABS</i> | 1B | |
| <i>perphenazine TABS</i> | 1B | |
| <i>prochlorperazine</i> | 1B | |
| <i>prochlorperazine maleate TABS</i> | 1B | |
| <i>thioridazine hcl</i> | 1B | |
| <i>trifluoperazine hcl TABS</i> | 1B | |
| Quinolinone Derivatives | | |
| <i>aripiprazole SOLN OR</i> | 1B | QL(30 ml daily); AL(At least 6 yrs old) |
| <i>aripiprazole TABS</i> | 1B | QL(1 ea daily); AL(At least 6 yrs old) |
| REXULTI | 3 | PA |
| Thioxanthenes | | |
| <i>thiothixene</i> | 1B | |
| ANTIVIRALS - Drugs to Treat Viral Infections | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| Antiretrovirals | | |
| <i>abacavir sulfate-lamivudine</i> | 1B | QL(1 ea daily) |
| <i>abacavir sulfate SOLN</i> | 1B | QL(32 ml daily) |
| <i>abacavir sulfate TABS</i> | 1B | QL(2 ea daily) |
| APTIVUS CAPS | 3 | QL(4 ea daily) |
| <i>atazanavir sulfate CAPS 150 MG, 300 MG</i> | 1B | QL(1 ea daily) |
| <i>atazanavir sulfate CAPS 200 MG</i> | 1B | QL(2 ea daily) |
| BIKTARVY | 3 | QL(1 ea daily) |
| CIMDUO | 3 | QL(1 ea daily); ST |
| COMPLERA | 3 | QL(1 ea daily) |
| <i>darunavir TABS</i> | 1B | |
| DELSTRIGO | 3 | QL(1 ea daily) |
| DOVATO | 3 | QL(1 ea daily) |
| EDURANT | 3 | QL(1 ea daily) |
| <i>efavirenz CAPS 200 MG</i> | 1B | QL(2 ea daily) |
| <i>efavirenz CAPS 50 MG</i> | 1B | QL(3 ea daily) |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> | 1B | QL(1 ea daily) |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> | 1B | QL(1 ea daily) |
| <i>efavirenz TABS</i> | 1B | QL(1 ea daily) |
| <i>emtricitabine CAPS</i> | 1B | QL(1 ea daily) |
| <i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i> | 1B | QL(1 ea daily) |
| <i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i> | 0 | QL(1 ea daily) |
| EMTRIVA SOLN | 3 | QL(24 ml daily) |
| <i>etravirine 100 MG</i> | 1B | QL(4 ea daily) |
| <i>etravirine 200 MG</i> | 1B | QL(2 ea daily) |
| EVOTAZ | 3 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|---|-----------|-----------------------------|
| <i>fosamprenavir calcium TABS</i> | 1B | QL(4 ea daily) | SELZENTRY TABS 25 MG, 75 MG | 3 | QL(2 ea daily) |
| FUZEON SOLR | 4 | SP; PA | <i>stavudine CAPS</i> | 1B | QL(2 ea daily) |
| GENVOYA | 3 | QL(1 ea daily) | STRIBILD | 3 | QL(1 ea daily) |
| INTELENCE 25 MG | 3 | QL(8 ea daily) | <i>tenofovir disoproxil fumarate TABS</i> | 1B | |
| ISENTRESS HD TABS | 3 | QL(2 ea daily) | TIVICAY TABS | 3 | QL(2 ea daily) |
| ISENTRESS CHEW | 3 | QL(6 ea daily) | TRIUMEQ TABS | 3 | QL(1 ea daily) |
| ISENTRESS TABS | 3 | QL(2 ea daily) | TRIZIVIR | 3 | QL(2 ea daily) |
| JULUCA | 3 | QL(1 ea daily) | TYBOST | 3 | QL(1 ea daily) |
| <i>lamivudine SOLN</i> | 1B | QL(30 ml daily) | VIRACEPT TABS 625 MG | 3 | QL(4 ea daily) |
| <i>lamivudine TABS 300 MG</i> | 1B | QL(1 ea daily) | VIRACEPT TABS 250 MG | 3 | QL(10 ea daily) |
| <i>lamivudine TABS 150 MG</i> | 1B | QL(2 ea daily) | VIREAD POWD | 3 | QL(7.5 gm daily) |
| <i>lamivudine-zidovudine</i> | 1B | QL(2 ea daily) | VIREAD TABS 150 MG, 200 MG, 250 MG | 3 | QL(1 ea daily) |
| LEXIVA SUSP | 3 | QL(56 ml daily) | <i>zidovudine CAPS</i> | 1B | QL(6 ea daily) |
| <i>lopinavir-ritonavir SOLN</i> | 1B | QL(12.5 ml daily) | <i>zidovudine SYRP</i> | 1B | QL(60 ml daily) |
| <i>lopinavir-ritonavir TABS</i> | 1B | QL(4 ea daily) | <i>zidovudine TABS</i> | 1B | QL(2 ea daily) |
| <i>maraviroc TABS 150 MG</i> | 1B | QL(2 ea daily) | CMV Agents | | |
| <i>maraviroc TABS 300 MG</i> | 1B | QL(4 ea daily) | <i>cidofovir</i> | 3 | |
| <i>nevirapine SUSP</i> | 1B | QL(40 ml daily) | <i>ganciclovir sodium SOLR</i> | 1B | |
| <i>nevirapine TABS</i> | 1B | QL(2 ea daily) | <i>valganciclovir hcl TABS</i> | 1B | QL(4 ea daily); PA |
| <i>nevirapine TB24 100 MG</i> | 1B | QL(3 ea daily) | Hepatitis Agents | | |
| <i>nevirapine TB24 400 MG</i> | 1B | QL(1 ea daily) | <i>adefovir dipivoxil</i> | 4 | QL(1 ea daily); SP |
| NORVIR PACK | 3 | QL(12 ea daily) | BARACLUDE SOLN | 4 | QL(20 ml daily); SP; PA |
| NORVIR SOLN | 3 | QL(15 ml daily) | <i>entecavir TABS</i> | 4 | QL(1 ea daily); SP |
| ODEFSEY | 3 | QL(1 ea daily) | EPIVIR HBV SOLN | 4 | QL(60 ml daily); SP; PA |
| PIFELTRO | 3 | QL(1 ea daily) | <i>lamivudine (hbv) TABS</i> | 1B | QL(3 ea daily); SP |
| PREZCOBIX | 3 | QL(1 ea daily) | PEGASYS SOLN | 4 | QL(0.0714 ml daily); SP; PA |
| PREZISTA SUSP | 3 | QL(12 ml daily) | PEGASYS SOSY | 4 | QL(0.072 ml daily); PA |
| PREZISTA TABS (<i>darunavir</i>) | 3 | | <i>ribavirin (hepatitis c) CAPS</i> | 1B | QL(7 ea daily) |
| PREZISTA TABS 75 MG, 150 MG | 3 | QL(2 ea daily) | | | |
| RETROVIR IV INFUSION SOLN | 3 | | | | |
| <i>ritonavir TABS</i> | 1B | QL(12 ea daily) | | | |
| RUKOBIA | 4 | PA | | | |
| SELZENTRY SOLN | 3 | QL(30 ml daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>ribavirin (hepatitis c) TABS 200 MG</i> | 1B | QL(7 ea daily) |
| SOFOSBUVIR/VELPATA SVIR TABS | 1B | QL(1 ea daily); PA |
| SOVALDI TABS 200 MG | 4 | QL(1 ea daily); PA |
| SOVALDI TABS 400 MG | 4 | QL(1 ea daily); SP; PA |
| Herpes Agents | | |
| <i>acyclovir CAPS</i> | 1A | QL(5 ea daily; 50 ea per fill retail; 50 per fill mail) |
| <i>acyclovir SUSP</i> | 1B | QL(13.34 ml daily) |
| <i>acyclovir TABS OR</i> | 1B | QL(5 ea daily) |
| <i>famciclovir 125 MG, 250 MG</i> | 1B | QL(3 ea daily) |
| <i>famciclovir 500 MG</i> | 1B | QL(4 ea daily) |
| <i>valacyclovir hcl 500 MG</i> | 1B | QL(2 ea daily) |
| <i>valacyclovir hcl 1 GM, 1000 MG</i> | 1B | QL(4 ea daily) |
| Influenza Agents | | |
| <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) |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Alpha-Beta Blockers | | |
| <i>carvedilol</i> | 1B | |
| <i>carvedilol phosphate</i> | 3 | QL(1 ea daily) |
| <i>labetalol hcl SOLN</i> | 1B | |
| <i>labetalol hcl TABS 100 MG, 200 MG</i> | 1B | |
| <i>labetalol hcl TABS 300 MG</i> | 1B | QL(8 ea daily) |
| Beta Blockers Cardio-Selective | | |
| <i>acebutolol hcl CAPS</i> | 1B | |
| <i>atenolol TABS</i> | 1B | |
| <i>betaxolol hcl</i> | 1B | |
| <i>bisoprolol fumarate</i> | 1B | |
| <i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i> | 1B | |
| <i>metoprolol succinate TB24 200 MG</i> | 1B | QL(2 ea daily) |
| <i>metoprolol tartrate SOLN IV 5 MG/5ML</i> | 1B | |
| <i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i> | 1B | |
| <i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i> | 3 | QL(1 ea daily) |
| <i>nebivolol hcl 20 MG</i> | 3 | QL(2 ea daily) |
| Beta Blockers Non-Selective | | |
| HEMANGEOL SOLN OR | 4 | QL(75 ml daily); PA |
| <i>nadolol TABS 20 MG</i> | 1B | QL(3 ea daily) |
| <i>nadolol TABS 40 MG</i> | 1B | QL(6 ea daily) |
| <i>nadolol TABS 80 MG</i> | 1B | |
| <i>pindolol TABS</i> | 1B | |
| <i>propranolol hcl CP24</i> | 1B | QL(2 ea daily) |
| <i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i> | 1B | |
| <i>propranolol hcl TABS</i> | 1B | |
| <i>sotalol hcl (afib/af)</i> | 1B | |
| <i>sotalol hcl TABS 240 MG</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i> | 1B | QL(2 ea daily) |
| <i>timolol maleate TABS</i> | 1B | |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Calcium Channel Blockers | | |
| <i>amlodipine besylate TABS</i> | 1B | |
| <i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i> | 1B | QL(2 ea daily) |
| <i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i> | 1B | |
| <i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i> | 1B | |
| <i>diltiazem hcl CP12</i> | 1B | QL(2 ea daily) |
| <i>diltiazem hcl CP24</i> | 1B | |
| <i>diltiazem hcl SOLN 50 MG/10ML</i> | 1B | |
| DILTIAZEM HCL SOLR | 1B | |
| <i>diltiazem hcl TABS</i> | 1B | |
| <i>diltiazem hcl TB24</i> | 1B | |
| <i>felodipine</i> | 1B | |
| <i>isradipine CAPS</i> | 1B | |
| <i>nicardipine hcl CAPS</i> | 1B | |
| <i>nicardipine hcl SOLN</i> | 1B | |
| <i>nifedipine CAPS 10 MG</i> | 1B | |
| <i>nifedipine CAPS 20 MG</i> | 1B | QL(9 ea daily) |
| <i>nifedipine TB24 90 MG</i> | 1B | QL(1 ea daily) |
| <i>nifedipine TB24 60 MG</i> | 1B | QL(2 ea daily) |
| <i>nifedipine TB24</i> | 1B | |
| <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 100 MG, 200 MG, 300 MG</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i> | 1B | QL(1 ea daily) |
| <i>verapamil hcl SOLN 2.5 MG/ML</i> | 1B | |
| <i>verapamil hcl TABS</i> | 1B | |
| <i>verapamil hcl TBCR</i> | 1B | |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| Cardiac Glycosides | | |
| <i>digoxin SOLN OR 0.05 MG/ML</i> | 1B | |
| <i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i> | 1B | |
| LANOXIN SOLN IJ (digoxin) | 2 | |
| LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin) | 2 | |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardiovascular Agents Misc. - Combinations | | |
| <i>amlodipine besylate-atorvastatin calcium</i> | 1B | QL(1 ea daily) |
| <i>isosorbide dinitrate-hydralazine hcl</i> | 1B | |
| Impotence Agents | | |
| <i>sildenafil citrate</i> | 1B | QL(0.1334 ea daily); PA |
| STENDRA | 3 | QL(0.134 ea daily) |
| <i>tadalafil 5 MG</i> | 1B | BPH Only; QL(1 ea daily); PA |
| Prostaglandin Vasodilators | | |
| <i>epoprostenol sodium</i> | 4 | PA |
| ORENITRAM TBCR | 4 | PA |
| <i>treprostinil SOLN IJ</i> | 4 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| TYVASO REFILL SOLN IN | 4 | PA |
| TYVASO STARTER SOLN IN | 4 | PA |
| TYVASO SOLN IN | 4 | PA |
| Pulmonary Hypertension - Endothelin Receptor Antagonists | | |
| <i>ambrisentan</i> | 4 | QL(1 ea daily); SP; PA |
| <i>bosentan TABS 62.5 MG</i> | 4 | QL(2 ea daily); PA |
| <i>bosentan TABS 125 MG</i> | 4 | QL(2 ea daily); SP; PA |
| OPSUMIT | 4 | QL(1 ea daily); PA |
| TRACLEER TBSO | 4 | QL(2 ea daily); SP; PA |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors | | |
| <i>sildenafil citrate (pulmonary hypertension) SOLN</i> | 4 | QL(37.5 ml daily); SP; PA |
| <i>sildenafil citrate (pulmonary hypertension) SUSR</i> | 4 | QL(6 ml daily); PA |
| <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 | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |
| Cephalosporins - 1st Generation | | |
| <i>cefadroxil CAPS</i> | 1B | |
| <i>cefadroxil SUSR</i> | 1B | |
| <i>cefadroxil TABS</i> | 1B | |
| <i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i> | 1B | |
| <i>cephalexin CAPS</i> | 1B | |
| <i>cephalexin SUSR</i> | 1B | |
| Cephalosporins - 2nd Generation | | |
| <i>cefaclor CAPS</i> | 1B | |
| <i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i> | 1B | |
| <i>cefotetan disodium IJ 1 GM, 2 GM</i> | 1B | |
| <i>cefoxitin sodium IV 1 GM, 2 GM</i> | 1B | |
| <i>cefprozil SUSR</i> | 1B | |
| <i>cefprozil TABS</i> | 1B | |
| <i>cefuroxime axetil TABS</i> | 1B | |
| <i>cefuroxime sodium IJ 750 MG</i> | 1B | |
| Cephalosporins - 3rd Generation | | |

Ambetter Formulary Updated May 1, 2024

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

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| TWIRLA | 0 | QL(3 ea per 28 days retail; 9 ea per 84 days mail) |
| Combination Contraceptives - Vaginal | | |
| ANNOVERA | 0 | PA |
| <i>etonogestrel-ethinyl estradiol</i> | 0 | QL(0.05 ea daily) |
| Copper Contraceptives - IUD | | |
| PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A | 0 | |
| Emergency Contraceptives | | |
| ELLA | 0 | |
| <i>levonorgestrel (emergency oc) 1.5 MG</i> | 0 | |
| Progestin Contraceptives - Implants | | |
| NEXPLANON | 0 | |
| Progestin Contraceptives - Injectable | | |
| DEPO-SUBQ PROVERA 104 SUSY SC | 0 | |
| <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i> | 0 | 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 - IUD | | |
| KYLEENA | 0 | |
| LILETTA 20.1 MCG/DAY | 0 | |
| MIRENA | 0 | |
| SKYLA | 0 | |
| Progestin Contraceptives - Oral | | |
| <i>norethindrone (contraceptive)</i> | 0 | |
| OPILL | 0 | |
| SLYND | 0 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| <i>budesonide CPEP</i> | 1B | QL(3 ea daily) |
| <i>deflazacort TABS</i> | 4 | PA |
| DEPO-MEDROL SUSP | 3 | |
| DEXAMETHASONE INTENSOL CONC | 1B | |
| <i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i> | 1B | |
| <i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i> | 1B | |
| <i>dexamethasone ELIX</i> | 1B | |
| <i>dexamethasone SOLN</i> | 1B | |
| <i>dexamethasone TABS 0.5 MG, 0.75 MG</i> | 1A | |
| <i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i> | 1B | |
| EMFLAZA SUSP | 4 | PA |
| EMFLAZA TABS (<i>deflazacort</i>) | 4 | PA |
| <i>hydrocortisone TABS</i> | 1B | |
| MEDROL TABS | 3 | |
| <i>methylprednisolone acetate SUSP</i> | 1B | |
| <i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i> | 1B | |
| <i>methylprednisolone TABS</i> | 1B | |
| <i>methylprednisolone TBPK</i> | 1B | |
| <i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i> | 1B | |
| <i>prednisolone sodium phosphate TBDP</i> | 3 | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------------|
| <i>prednisolone SOLN</i> | 1B | |
| <i>prednisolone TABS</i> | 1B | |
| <i>prednisone SOLN</i> | 1B | |
| <i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i> | 1A | |
| <i>prednisone TABS 1 MG, 5 MG</i> | 1B | |
| <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 | |
| Mineralocorticoids | | |
| <i>fludrocortisone acetate TABS</i> | 1B | |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| Antitussives | | |
| <i>benzonatate 150 MG</i> | 1B | QL(4 ea daily) |
| <i>benzonatate 200 MG</i> | 1B | QL(3 ea daily) |
| <i>benzonatate 100 MG</i> | 1B | QL(6 ea daily) |
| Cough/Cold/Allergy Combinations | | |
| <i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i> | 1B | |
| TUZISTRA XR | 2 | PA |
| Misc. Respiratory Inhalants | | |
| HYPERSAL NEBU | 1B | |
| NEBUSAL NEBU | 1B | |
| <i>sodium chloride (inhalant) NEBU 7 %</i> | 1B | |
| Mucolytics | | |
| <i>acetylcysteine SOLN</i> | 1B | |
| DERMATOLOGICALS - Drugs to Treat Skin | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| Conditions | | |
| Acne Products | | |
| <i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i> | 1B | AL(At least 12 yrs old); ST |
| <i>adapalene CREA</i> | 1B | AL(At least 12 yrs old); 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 | QL(50 gm per 30 days retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST |
| BENZEPRO CREAMY WASH LIQD | 2 | AL(At least 12 yrs old); RX/OTC |
| <i>benzoyl peroxide-erythromycin GEL</i> | 1B | AL(At least 12 yrs old); PA |
| <i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i> | 1B | AL(At least 12 yrs old); RX/OTC |
| <i>benzoyl peroxide GEL 10 %</i> | 1B | AL(At least 12 yrs old) |
| <i>benzoyl peroxide GEL 5 %</i> | 1B | QL(3 gm daily); AL(At least 12 yrs old) |
| <i>benzoyl peroxide LIQD 4 %, 7 %, 10 %</i> | 1B | AL(At least 12 yrs old) |
| <i>clindamycin phosphate (topical) FOAM</i> | 1B | AL(At least 12 yrs old); PA |
| <i>clindamycin phosphate (topical) GEL</i> | 1B | QL(8 gm daily) |
| <i>clindamycin phosphate (topical) LOTN</i> | 1B | AL(At least 12 yrs old) |
| <i>clindamycin phosphate (topical) SOLN</i> | 1B | QL(4 ml daily); AL(At least 12 yrs old) |
| <i>clindamycin phosphate (topical) SWAB</i> | 1B | AL(At least 12 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1B | AL(At least 12 yrs old); PA |
| <i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i> | 1B | AL(At least 12 yrs old); PA |
| <i>clindamycin phosphate-tretinoin</i> | 1B | AL(At least 12 yrs old); ST |
| DIFFERIN LOTN | 2 | AL(At least 12 yrs old); ST |
| <i>erythromycin (acne aid) PADS</i> | 1B | AL(At least 12 yrs old) |
| <i>erythromycin (acne aid) SOLN</i> | 1B | AL(At least 12 yrs old) |
| <i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i> | 3 | AL(At least 12 yrs old); PA |
| PR BENZOYL PEROXIDE WASH LIQD | 2 | AL(At least 12 yrs old); RX/OTC |
| <i>sulfacetamide sodium (acne)</i> | 1B | AL(At least 12 yrs old) |
| <i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i> | 1B | AL(At least 12 yrs old) |
| <i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i> | 1B | AL(At least 12 yrs old) |
| <i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i> | 1B | AL(At least 12 yrs old); ST |
| <i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i> | 1B | AL(At least 12 yrs old) |
| <i>tretinoin microsphere 0.1 %</i> | 1B | QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA |
| <i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i> | 1B | QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA |
| <i>tretinoin GEL 0.01 %, 0.025 %</i> | 1B | QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA |
| Agents for External Genital and Perianal Warts | | |
| VEREGEN | 3 | QL(1 gm daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| Antibiotics - Topical | | |
| ALTABAX | 2 | QL(15 gm per 30 days retail; 15 gm per 30 days mail) |
| <i>gentamicin sulfate (topical) CREA</i> | 1B | QL(1 gm daily) |
| <i>gentamicin sulfate (topical) OINT</i> | 1B | |
| <i>mupirocin OINT</i> | 1B | QL(6 gm daily) |
| NEO-SYNALAR | 3 | QL(60 gm per 30 days retail; 60 gm per 30 days mail); PA |
| Antifungals - Topical | | |
| <i>butenafine hcl</i> | 1B | QL(6 gm daily); RX/OTC |
| <i>ciclopirox olamine CREA</i> | 1B | 1 rti MAX fill; 30 rti day(s) supply; QL(90 gm per fill retail) |
| <i>ciclopirox olamine SUSP</i> | 1B | |
| <i>ciclopirox GEL</i> | 1B | QL(3.35 gm daily) |
| <i>ciclopirox SHAM</i> | 1B | QL(10 ml daily) |
| <i>ciclopirox SOLN</i> | 1B | QL(0.22 ml daily) |
| <i>clotrimazole (topical) CREA</i> | 1B | QL(4.5 gm daily); RX/OTC |
| <i>clotrimazole (topical) SOLN</i> | 1B | QL(10 ml daily); RX/OTC |
| <i>clotrimazole w/ betamethasone CREA</i> | 1B | QL(8 gm daily) |
| <i>clotrimazole w/ betamethasone LOTN</i> | 1B | |
| <i>econazole nitrate CREA</i> | 1B | QL(85 gm per fill retail; 85 per fill mail) |
| ERTACZO | 3 | QL(2.15 gm daily) |
| <i>ketoconazole (topical) CREA</i> | 1B | QL(10 gm daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>ketoconazole (topical) SHAM 2 %</i> | 1B | QL(20 ml daily) |
| <i>luliconazole</i> | 1B | PA |
| <i>naftifine hcl CREA 2 %</i> | 1B | 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(2 gm daily) |
| <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>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) |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| Antineoplastic or Premalignant Lesion Agents - Topical | | |
| <i>bexarotene (topical)</i> | 4 | SP; PA |
| <i>diclofenac sodium (actinic keratoses) EX</i> | 1B | QL(3.34 gm daily); PA |
| <i>fluorouracil (topical) CREA 5 %</i> | 1B | QL(4 gm daily) |
| <i>fluorouracil (topical) SOLN</i> | 1B | QL(2 ml daily) |
| PANRETIN | 3 | QL(60 gm per 30 days retail; 60 gm per 30 days mail) |
| 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 10 MG, 17.5 MG</i> | 1B | QL(1 ea daily) |
| <i>acitretin 25 MG</i> | 1B | QL(2 ea daily) |
| <i>calcipotriene CREA</i> | 1B | QL(4 gm daily); PA |
| <i>calcipotriene OINT</i> | 1B | QL(4 gm daily); PA |
| <i>calcipotriene SOLN</i> | 1B | QL(4 ml daily); PA |
| <i>calcitriol (topical)</i> | 1B | QL(3.34 gm daily) |
| COSENTYX 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 |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|--|
| <i>methoxsalen rapid</i> | 1B | QL(4 ea 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) |
| SKYRIZI PEN SOAJ | 4 | QL(0.025 ml daily); PA | | | |
| SKYRIZI PSKT | 4 | QL(0.025 ea daily); PA | <i>amcinonide LOTN</i> | 3 | |
| SKYRIZI SOSY | 4 | QL(0.025 ml daily); PA | <i>amcinonide OINT</i> | 3 | |
| STELARA SOLN 45 MG/0.5ML | 4 | QL(0.012 ml daily); PA | <i>betamethasone dipropionate (topical) CREA</i> | 1B | QL(3 gm daily) |
| STELARA SOSY 90 MG/ML | 4 | QL(0.018 ml daily); SP; PA | <i>betamethasone dipropionate (topical) LOTN</i> | 1B | |
| STELARA SOSY 45 MG/0.5ML | 4 | QL(0.012 ml daily); PA | <i>betamethasone dipropionate (topical) OINT</i> | 1B | QL(3 gm daily) |
| <i>tazarotene CREA</i> | 1B | QL(1 gm daily) | <i>betamethasone dipropionate augmented CREA</i> | 1B | QL(3.5 gm daily) |
| TREMFYA SOPN | 4 | QL(0.018 ml daily); PA | <i>betamethasone dipropionate augmented LOTN</i> | 1B | QL(5 ml daily) |
| TREMFYA SOSY | 4 | QL(0.018 ml daily); PA | <i>betamethasone dipropionate augmented OINT</i> | 1B | QL(3.5 gm daily) |
| Antiseborrheic Products | | | <i>betamethasone valerate CREA</i> | 1B | QL(2.5 gm daily) |
| <i>selenium sulfide LOTN 2.5 %</i> | 1B | | <i>betamethasone valerate FOAM</i> | 1B | QL(1.67 gm daily) |
| Antivirals - Topical | | | <i>betamethasone valerate LOTN</i> | 1B | QL(5 ml daily) |
| <i>acyclovir topical CREA</i> | 1B | 1 rtl pack lmt per fill; 1 mail pack lmt per fill | <i>betamethasone valerate OINT</i> | 1B | QL(3 gm daily) |
| <i>acyclovir topical OINT</i> | 1B | 1 rtl pack lmt per fill; 1 mail pack lmt per fill | <i>calcipotriene-betamethasone dipropionate OINT</i> | 1B | ST |
| <i>penciclovir</i> | 3 | QL(0.18 gm daily) | <i>calcipotriene-betamethasone dipropionate SUSP</i> | 1B | ST |
| Burn Products | | | <i>clobetasol propionate emollient base 0.05 %</i> | 1B | QL(1 gm daily); PA |
| <i>mafenide acetate PACK</i> | 3 | | | | |
| <i>silver sulfadiazine</i> | 1B | QL(20 gm daily) | | | |
| SULFAMYLON CREA | 3 | | | | |
| Corticosteroids - Topical | | | | | |
| <i>alclometasone dipropionate CREA</i> | 1B | QL(2 gm daily) | | | |
| <i>alclometasone dipropionate OINT</i> | 1B | QL(3 gm daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|---|-----------|----------------------------|
| <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 | QL(2 gm daily) |
| <i>clocortolone pivalate</i> | 3 | QL(3 gm daily) | <i>flurandrenolide LOTN</i> | 2 | QL(2 ml daily) |
| CORDRAN TAPE | 3 | 1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s) | <i>fluticasone propionate CREA 0.05 %</i> | 1B | QL(4 gm daily) |
| <i>desonide CREA</i> | 1B | QL(4 gm daily) | <i>fluticasone propionate LOTN</i> | 1B | QL(6 ml daily) |
| <i>desonide LOTN</i> | 1B | QL(4 ml daily) | <i>fluticasone propionate OINT</i> | 1B | QL(4 gm daily) |
| <i>desonide OINT</i> | 1B | QL(3 gm daily) | <i>halcinonide CREA</i> | 1B | PA |
| <i>desoximetasone CREA 0.25 %</i> | 1B | QL(4 gm daily) | <i>halobetasol propionate CREA</i> | 1B | QL(3.5 gm daily) |
| <i>desoximetasone GEL</i> | 1B | QL(3 gm daily) | <i>halobetasol propionate OINT</i> | 1B | QL(3.5 gm daily) |
| <i>desoximetasone OINT 0.25 %</i> | 1B | QL(4 gm daily) | HALOG OINT | 3 | PA |
| <i>diflorasone diacetate CREA</i> | 1B | PA | <i>hydrocortisone (topical) CREA 1 %, 2.5 %</i> | 1B | QL(15.15 gm daily); RX/OTC |
| <i>diflorasone diacetate OINT</i> | 1B | PA | <i>hydrocortisone (topical) LOTN 2.5 %</i> | 1B | |
| <i>fluocinolone acetonide CREA 0.01 %</i> | 1B | | <i>hydrocortisone (topical) OINT 1 %, 2.5 %</i> | 1B | QL(15.15 gm daily); RX/OTC |
| <i>fluocinolone acetonide CREA 0.025 %</i> | 1B | QL(4 gm daily) | <i>hydrocortisone butyrate CREA</i> | 1B | QL(3 gm daily) |
| <i>fluocinolone acetonide OIL</i> | 1B | QL(8 ml daily) | <i>hydrocortisone butyrate OINT</i> | 1B | QL(3 gm daily) |
| <i>fluocinolone acetonide OINT</i> | 1B | QL(4 gm daily) | <i>hydrocortisone butyrate SOLN</i> | 1B | QL(5 ml daily) |
| <i>fluocinolone acetonide SOLN</i> | 1B | QL(4 ml daily) | <i>hydrocortisone valerate CREA</i> | 1B | |
| <i>fluocinonide emulsified base</i> | 1B | QL(2 gm daily) | <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <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 |
| Emollients | | |
| <i>lactic acid (ammonium lactate) CREA</i> | 1B | QL(12.9 gm daily); RX/OTC |
| <i>lactic acid (ammonium lactate) LOTN 12 %</i> | 1B | RX/OTC |
| Enzymes - Topical | | |
| <i>SANTYL OINT</i> | 3 | PA |
| Immunomodulating Agents - Topical | | |
| <i>imiquimod 5 %</i> | 1B | QL(12 ea per fill retail; 12 per fill mail) |
| Immunosuppressive Agents - Topical | | |
| <i>pimecrolimus</i> | 1B | QL(3 gm daily); AL(At least 2 yrs old); PA |
| <i>tacrolimus (topical) OINT</i> | 1B | AL(At least 2 yrs old); PA |
| Keratolytic/Antimitotic/Vesicant Agents | | |
| <i>podofilox SOLN</i> | 1B | |
| Local Anesthetics - Topical | | |
| <i>lidocaine hcl GEL 2 %</i> | 1B | QL(4 ml daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <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 |
| <i>SYNERA PTCH</i> | 3 | 1 rtl MAX fill; 30 rtl day(s) supply; 1 mail MAX fill; QL(10 ea per fill retail; 10 per fill mail) |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical | | |
| <i>EUCRISA</i> | 3 | QL(2 gm daily); PA |
| Rosacea Agents | | |
| <i>azelaic acid GEL</i> | 1B | QL(1.67 gm daily) |
| <i>brimonidine tartrate (topical)</i> | 3 | QL(1 gm daily); PA |
| <i>metronidazole (topical) CREA</i> | 1B | QL(3 gm daily) |
| <i>metronidazole (topical) GEL 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 | |
| Scabicides & Pediculicides | | |
| <i>crotamiton LOTN</i> | 1B | PA |
| <i>ivermectin (pediculicide)</i> | 1B | PA; RX/OTC |
| <i>malathion</i> | 1B | |
| <i>permethrin CREA</i> | 1B | |
| <i>permethrin LIQD EX</i> | 1B | |
| <i>spinosad</i> | 1B | PA |
| Wound Care Products | | |
| <i>REGRANEX</i> | 3 | QL(0.5 gm daily) |
| DIAGNOSTIC PRODUCTS | | |
| Diagnostic Drugs | | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| 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 |
| Diagnostic Tests | | |
| CHEMSTRIP-K STRP | 1B | |
| FORA GTEL BLOOD KETONE TEST STRIPS | 1B | |
| FORA TEST N' GO ADVANCE/VOICE/6 CONNECT | 1B | |
| GOJJI BLOOD KETONE TEST STRIPS | 1B | |
| KETONE TEST STRIPS STRP | 1B | |
| KETONE STRP | 1B | |
| KETOSTIX STRP | 1B | |
| NOVA MAX PLUS KETONE TESTSTRIPS | 1B | |
| PRECISION XTRA | 1B | |
| PTS PANELS KETONE TEST | 1B | |
| RELION KETONE TEST STRIPS STRP | 1B | |
| RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP | 1B | QL(3.34 ea daily); RX/OTC |
| TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP | 1B | Limit 100 per month; QL(3.34 ea daily); RX/OTC |
| TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP | 1B | QL(3.34 ea daily); RX/OTC |
| TRUE TRACK TEST STRP | 1B | Limit 100 per month; QL(3.34 ea daily); RX/OTC |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes | | |
| Digestive Enzymes | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| CREON CPEP | 2 | Non-FDA approved uses require Prior Authorization |
| PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT | 3 | Non-FDA approved uses require Prior Authorization |
| ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT | 2 | Non-FDA approved uses require Prior Authorization |
| ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT | 2 | |
| DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure | | |
| Carbonic Anhydrase Inhibitors | | |
| <i>acetazolamide sodium</i> | 1B | |
| <i>acetazolamide CP12</i> | 1B | QL(2 ea daily) |
| <i>acetazolamide TABS 125 MG</i> | 1B | QL(8 ea daily) |
| <i>acetazolamide TABS 250 MG</i> | 1B | QL(4 ea daily) |
| <i>dichlorphenamide</i> | 4 | QL(4 ea daily); PA |
| <i>methazolamide TABS</i> | 1B | QL(6 ea daily) |
| Diuretic Combinations | | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>amiloride & hydrochlorothiazide</i> | 1B | |
| <i>spironolactone & hydrochlorothiazide</i> | 1B | |
| <i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i> | 1B | |
| <i>triamterene & hydrochlorothiazide TABS</i> | 1B | |
| Loop Diuretics | | |
| <i>bumetanide SOLN 0.25 MG/ML</i> | 1B | |
| <i>bumetanide TABS</i> | 1B | QL(5 ea daily) |
| <i>ethacrynic acid</i> | 1B | QL(16 ea daily) |
| <i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i> | 1B | |
| <i>furosemide TABS</i> | 1B | |
| <i>toremide TABS</i> | 1B | |
| Potassium Sparing Diuretics | | |
| <i>amiloride hcl TABS</i> | 1B | |
| <i>spironolactone TABS</i> | 1B | |
| <i>triamterene CAPS</i> | 1B | QL(3 ea daily) |
| Thiazides and Thiazide-Like Diuretics | | |
| <i>chlorthalidone 25 MG, 50 MG</i> | 1B | |
| DIURIL SUSP | 2 | QL(20 ml daily) |
| <i>hydrochlorothiazide CAPS</i> | 1B | QL(2 ea daily) |
| <i>hydrochlorothiazide TABS 12.5 MG</i> | 1B | QL(2 ea daily) |
| <i>hydrochlorothiazide TABS 25 MG, 50 MG</i> | 1A | QL(2 ea daily) |
| <i>indapamide TABS 1.25 MG</i> | 1B | QL(1 ea daily) |
| <i>indapamide TABS 2.5 MG</i> | 1B | QL(2 ea daily) |
| <i>metolazone</i> | 1B | QL(2 ea daily) |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| - Drugs to Treat Bone Disease and Regulate Hormones | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| Bone Density Regulators | | |
| <i>alendronate sodium TABS 5 MG, 10 MG</i> | 1B | QL(1 ea daily) |
| <i>alendronate sodium TABS 35 MG, 70 MG</i> | 1B | QL(0.143 ea daily) |
| <i>calcitonin (salmon) NA</i> | 1B | QL(0.14 ml daily) |
| 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 5 MG, 30 MG</i> | 1B | QL(1 ea daily); PA |
| <i>risedronate sodium TABS 35 MG</i> | 1B | QL(0.143 ea daily); PA |
| <i>risedronate sodium TABS 150 MG</i> | 1B | QL(0.036 ea daily); PA |
| <i>risedronate sodium TBEC</i> | 1B | PA |
| <i>teriparatide (recombinant) SOPN</i> | 4 | QL(0.09 ml daily); SP; PA |
| TERIPARATIDE SOPN | 4 | QL(0.09 ml daily); PA |
| TYMLOS | 4 | PA |
| XGEVA SOLN | 4 | SP; PA |
| <i>zoledronic acid CONC</i> | 4 | SP; PA |
| <i>zoledronic acid SOLN</i> | 4 | SP; PA |
| Corticotropin | | |
| ACTHAR | 3 | PA |
| Fertility Regulators | | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|--|-----------|------------------------|
| CHORIONIC GONADOTROPIN IM | 4 | 30 rtl day(s) supply; PA | ALDURAZYME | 4 | SP; PA |
| <i>clomiphene citrate TABS</i> | 3 | PA | <i>betaine</i> | 4 | SP; PA |
| GnRH/LHRH Antagonists | | | <i>calcitriol CAPS</i> | 1B | |
| <i>ganirelix acetate</i> | 4 | PA | <i>calcitriol SOLN IV</i> | 1B | |
| ORLISSA | 2 | PA | <i>cinacalcet hcl</i> | 4 | QL(4 ea daily); SP; PA |
| Growth Hormone Receptor Antagonists | | | <i>doxercalciferol CAPS</i> | 1B | |
| SOMAVERT 10 MG, 15 MG, 20 MG | 4 | SP; PA | <i>doxercalciferol SOLN</i> | 1B | |
| Growth Hormone Releasing Hormones (GHRH) | | | ELAPRASE | 4 | SP; PA |
| EGRIFTA 2 MG | 4 | PA | GALAFOLD | 4 | QL(0.5 ea daily); PA |
| EGRIFTA SV | 4 | PA | LUMIZYME | 4 | SP; PA |
| Growth Hormones | | | MYALEPT | 4 | PA |
| HUMATROPE CART IJ | 4 | SP; PA | NAGLAZYME | 4 | SP; PA |
| NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML | 4 | SP; PA | <i>nitisinone CAPS</i> | 4 | PA |
| NORDITROPIN FLEXPRO SOPN 30 MG/3ML | 4 | PA | <i>paricalcitol CAPS</i> | 1B | |
| ZORBTIVE SC | 4 | SP; PA | <i>paricalcitol SOLN</i> | 1B | |
| Hormone Receptor Modulators | | | PHEBURANE PLLT | 4 | PA |
| OSPHENA | 3 | PA | <i>sapropterin dihydrochloride PACK</i> | 4 | PA |
| <i>raloxifene hcl</i> | 0 | QL(1 ea daily) | <i>sapropterin dihydrochloride TABS</i> | 4 | PA |
| Insulin-Like Growth Factors (Somatomedins) | | | <i>sodium phenylbutyrate POWD</i> | 1B | PA |
| INCRELEX | 4 | SP; PA | <i>sodium phenylbutyrate TABS</i> | 1B | PA |
| LHRH/GnRH Agonist Analog Pituitary Suppressants | | | Posterior Pituitary Hormones | | |
| FENSOLVI SC | 4 | SP; PA | <i>desmopressin acetate spray</i> | 1B | |
| LUPRON DEPOT-PED (1-MONTH) | 4 | SP; PA | <i>desmopressin acetate spray refrigerated</i> | 1B | |
| LUPRON DEPOT-PED (3-MONTH) 30 MG | 4 | SP; PA | <i>desmopressin acetate SOLN IJ</i> | 1B | PA |
| LUPRON DEPOT-PED (3-MONTH) 11.25 MG | 4 | PA | DESMOPRESSIN ACETATE SOLN NA | 4 | SP; PA |
| SYNAREL | 4 | SP; PA | <i>desmopressin acetate TABS 0.1 MG</i> | 1B | QL(6 ea daily) |
| Metabolic Modifiers | | | <i>desmopressin acetate TABS 0.2 MG</i> | 1B | QL(8 ea daily) |
| | | | STIMATE SOLN NA | 4 | SP; PA |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| Prolactin Inhibitors | | |
| <i>cabergoline</i> | 1B | |
| Somatostatic Agents | | |
| <i>octreotide acetate SOLN</i> | 4 | SP; PA |
| SANDOSTATIN LAR DEPOT KIT | 4 | PA |
| SIGNIFOR | 4 | PA |
| Vasopressin Receptor Antagonists | | |
| <i>tolvaptan TABS</i> | 4 | QL(2 ea daily); SP; PA |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | |
| Estrogen Combinations | | |
| 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 | |
| ELESTRIN GEL | 3 | |
| <i>estradiol valerate</i> | 1B | |
| <i>estradiol GEL</i> | 1B | |
| <i>estradiol GEL 0.06 %</i> | 3 | |
| <i>estradiol PTTW</i> | 1B | QL(0.286 ea daily) |
| <i>estradiol PTWK</i> | 1B | |
| <i>estradiol TABS</i> | 1B | |
| ESTROGEL GEL 0.06 % (<i>estradiol</i>) | 3 | |
| EVAMIST SOLN | 3 | |
| MENEST | 3 | |
| MENOSTAR PTWK | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------------|
| PREMARIN SOLR | 2 | |
| PREMARIN TABS | 2 | QL(1 ea daily) |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | |
| Fluoroquinolones | | |
| BAXDELA SOLR | 3 | PA |
| BAXDELA TABS | 3 | PA |
| <i>ciprofloxacin hcl TABS</i> | 1B | |
| <i>ciprofloxacin in d5w 5 %-200 MG/100ML</i> | 3 | |
| <i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i> | 1B | 2 rtl MAX fill; 30 rtl day(s) supply |
| CIPRO SUSR | 2 | 2 rtl MAX fill; 30 rtl day(s) supply |
| <i>levofloxacin in d5w 5 %-500 MG/100ML</i> | 1B | |
| <i>levofloxacin SOLN OR</i> | 1B | |
| <i>levofloxacin TABS 500 MG</i> | 1A | |
| <i>levofloxacin TABS 250 MG, 750 MG</i> | 1B | |
| <i>moxifloxacin hcl in sodium chloride</i> | 1B | |
| <i>moxifloxacin hcl TABS</i> | 1B | |
| <i>ofloxacin 300 MG, 400 MG</i> | 1B | |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs | | |
| Bile Acid Synthesis Disorder Agents | | |
| CHOLBAM | 4 | SP; PA |
| Gallstone Solubilizing Agents | | |
| <i>ursodiol CAPS</i> | 1B | QL(3 ea daily) |
| <i>ursodiol TABS</i> | 1B | |
| Gastrointestinal Chloride Channel Activators | | |
| <i>lubiprostone</i> | 1B | QL(2 ea daily) |
| Gastrointestinal Stimulants | | |

Ambetter Formulary Updated May 1, 2024

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>calcium acetate (phosphate binder) CAPS</i> | 1B | |
| <i>calcium acetate (phosphate binder) TABS</i> | 1B | RX/OTC |
| <i>lanthanum carbonate CHEW</i> | 1B | |
| PHOSLYRA SOLN | 2 | |
| <i>sevelamer carbonate PACK</i> | 1B | |
| <i>sevelamer carbonate TABS</i> | 1B | |
| VELPHORO | 3 | PA |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |
| Alkalinizers | | |
| <i>potassium citrate (alkalinizer) TBCR 10 MEQ, 1080 MG</i> | 1B | |
| <i>sodium citrate & citric acid</i> | 1B | RX/OTC |
| Cystinosis Agents | | |
| CYSTAGON CAPS | 3 | PA |
| Genitourinary Irrigants | | |
| <i>acetic acid 0.25 %</i> | 1B | |
| <i>glycine (gu irrigant) SOLN 1.5 %</i> | 1B | |
| <i>sodium chloride (gu irrigant) 0.9 %</i> | 1B | |
| SORBITOL 3 % | 1B | |
| SORBITOL/MANNITOL IRRIGATION | 1B | |
| Interstitial Cystitis Agents | | |
| ELMIRON CAPS | 2 | QL(3 ea daily) |
| Prostatic Hypertrophy Agents | | |
| <i>alfuzosin hcl</i> | 1B | QL(1 ea daily) |
| <i>dutasteride</i> | 1B | QL(1 ea daily) |
| <i>dutasteride-tamsulosin hcl</i> | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| <i>finasteride</i> | 1B | 5 mg only |
| <i>silodosin</i> | 1B | |
| <i>tamsulosin hcl</i> | 1B | |
| Urinary Analgesics | | |
| <i>phenazopyridine hcl</i> TABS 100 MG, 100 MG, 200 MG | 1B | |
| Urinary Stone Agents | | |
| THIOLA EC TBEC 100 MG (<i>tiopronin</i>) | 3 | QL(3 ea daily); PA |
| THIOLA EC TBEC 300 MG (<i>tiopronin</i>) | 3 | QL(10 ea daily); PA |
| <i>tiopronin TBEC 100 MG</i> | 3 | QL(3 ea daily); PA |
| <i>tiopronin TBEC 300 MG</i> | 3 | QL(10 ea daily); PA |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| <i>colchicine w/ probenecid</i> | 1B | |
| Gout Agents | | |
| <i>allopurinol</i> | 1B | |
| <i>colchicine</i> TABS | 1B | QL(1 ea daily) |
| <i>febuxostat</i> | 1B | QL(1 ea daily); PA |
| Uricosurics | | |
| <i>probenecid</i> | 1B | |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| Bradykinin B2 Receptor Antagonists | | |
| <i>icatibant acetate SOLN</i> | 4 | QL(9 ml daily); PA |
| <i>icatibant acetate SOSY</i> | 4 | QL(9 ml daily); PA |
| Complement Inhibitors | | |
| HAEGARDA SOLR SC | 4 | PA |
| Hematorheologic Agents | | |
| <i>pentoxifylline</i> | 1B | QL(3 ea daily) |

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

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ARANESP ALBUMIN FREE SOLN 25 MCG/ML | 4 | SP |
| ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML | 4 | SP; PA |
| ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML | 4 | SP; PA |
| DOPTELET | 4 | QL(3 ea daily); PA |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 4 | SP; PA |
| LEUKINE SOLR IJ | 4 | SP; PA |
| MIRCERA 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 |
| PROCRIT 40000 UNIT/ML | 4 | SP; PA |
| PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 4 | SP; PA |
| RETACRIT | 4 | PA |
| UDENYCA ONBODY SOSY | 4 | PA |
| UDENYCA SOAJ | 4 | PA |
| UDENYCA SOSY | 4 | PA |
| ZARXIO | 4 | PA |
| ZIEXTENZO | 4 | PA |
| Hematopoietic Mixtures | | |
| <i>ferrous fumarate-folic acid</i> | 1B | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| Iron | | |
| <i>ferrous sulfate SOLN 15 MG/ML</i> | 0 | AL(Up to 1 yrs old) |
| <i>ferrous sulfate TABS 65 MG, 325 MG</i> | 0 | |
| <i>ferrous sulfate TBEC 325 MG</i> | 0 | |
| Stem Cell Mobilizers | | |
| MOZOBIL (<i>plerixafor</i>) | 4 | SP; PA |
| <i>plerixafor</i> | 4 | SP; PA |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders | | |
| Hemostatics - Systemic | | |
| <i>aminocaproic acid TABS</i> | 1B | PA |
| <i>tranexamic acid SOLN 1000 MG/10ML</i> | 1B | |
| <i>tranexamic acid TABS</i> | 1B | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| Barbiturate Hypnotics | | |
| <i>phenobarbital ELIX</i> | 1B | |
| <i>phenobarbital TABS 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG</i> | 1B | |
| Hypnotics - Tricyclic Agents | | |
| <i>doxepin hcl (sleep)</i> | 1B | QL(1 ea daily); PA |
| Non-Barbiturate Hypnotics | | |
| <i>estazolam</i> | 1B | |
| <i>eszopiclone</i> | 1B | QL(1 ea daily); AL(At least 18 yrs old); ST |
| <i>flurazepam hcl</i> | 1B | PA |
| <i>temazepam 7.5 MG, 22.5 MG</i> | 1B | QL(1 ea daily) |
| <i>temazepam 15 MG, 30 MG</i> | 1A | QL(1 ea daily) |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>triazolam</i> | 1B | |
| <i>zaleplon 5 MG</i> | 1B | QL(1 ea daily); AL(At least 18 yrs old) |
| <i>zaleplon 10 MG</i> | 1B | QL(2 ea daily); AL(At least 18 yrs old) |
| <i>zolpidem tartrate TABS</i> | 1A | QL(1 ea daily); AL(At least 18 yrs old) |
| <i>zolpidem tartrate TBCR</i> | 1B | QL(1 ea daily) |
| Orexin Receptor Antagonists | | |
| <i>BELSOMRA</i> | 3 | PA |
| Selective Melatonin Receptor Agonists | | |
| <i>ramelteon</i> | 1B | QL(1 ea daily); AL(At least 18 yrs old) |
| LAXATIVES - Bowel Treatment Drugs | | |
| Bulk Laxatives | | |
| <i>calcium polycarbophil TABS</i> | 1B | |
| Laxative Combinations | | |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> | 1B | |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i> | 0 | |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | 1B | PA |
| <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> | 1B | |
| Laxatives - Miscellaneous | | |
| <i>lactulose SOLN</i> | 1B | |
| Saline Laxatives | | |
| <i>OSMOPREP</i> | 3 | PA |
| Stimulant Laxatives | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>bisacodyl SUPP</i> | 1A | |
| <i>bisacodyl TBEC</i> | 1A | |
| Surfactant Laxatives | | |
| <i>docusate calcium</i> | 1A | QL(1 ea daily) |
| <i>docusate sodium CAPS 100 MG</i> | 1A | QL(4 ea daily) |
| <i>docusate sodium CAPS 250 MG</i> | 1A | |
| LOCAL ANESTHETICS-Parenteral - Drugs for Numbing | | |
| Local Anesthetics - Amides | | |
| <i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i> | 1B | |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |
| <i>azithromycin PACK</i> | 1B | |
| <i>azithromycin SOLR</i> | 1B | |
| <i>azithromycin SUSR</i> | 1B | |
| <i>azithromycin TABS 250 MG</i> | 1B | QL(6 ea per fill retail; 6 per fill mail) |
| <i>azithromycin TABS 500 MG</i> | 1B | QL(4 ea per fill retail; 4 per fill mail) |
| <i>azithromycin TABS 600 MG</i> | 1B | QL(0.286 ea daily) |
| Clarithromycin | | |
| <i>clarithromycin SUSR</i> | 1B | |
| <i>clarithromycin TABS</i> | 1B | |
| <i>clarithromycin TB24</i> | 1B | |
| Erythromycins | | |
| <i>erythromycin base CPEP</i> | 3 | |
| <i>erythromycin base TABS</i> | 3 | |
| <i>erythromycin base TBEC</i> | 1B | |
| <i>erythromycin ethylsuccinate SUSR</i> | 1B | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|---------------------|
| <i>erythromycin ethylsuccinate</i> TABS | 3 | | KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC | 0 | |
| Fidaxomicin | | | KIMONO SENSATION LUBRICATED MISC | 0 | |
| DIFICID TABS | 2 | | KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC | 0 | |
| MEDICAL DEVICES AND SUPPLIES | | | KIMONO SPECIAL DEVI | 0 | |
| Contraceptives | | | K-Y ME & YOU EXTRA LUBRICATED DEVI | 0 | |
| AIMSCO LUBRICATED MISC | 0 | | K-Y ME & YOU INTENSE DEVI | 0 | |
| CAYA DPRH | 0 | | MAXX LUBRICATED MISC | 0 | |
| DUREX EXTRA SENSITIVE THIN DEVI | 0 | | MAXX PLUS SPERMICIDE LUBRICATED MISC | 0 | |
| FANTASY LUBRICATED/SPERMICIDE MISC | 0 | | OMNIFLEX DIAPHRAGM | 0 | |
| FANTASY LUBRICATED MISC | 0 | | PREMIUM CONDOMS LUBRICATED MISC | 0 | |
| 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) | REALITY LATEX CONDOMS/LUBRICATED MISC | 0 | |
| FEMCAP DEVI | 0 | | REALITY LATEX/ULTRA TEXTURED DEVI | 0 | |
| KAMELEON LUBRICATED MISC | 0 | | REALITY LATEX/ULTRA THIN DEVI | 0 | |
| KIMONO COLORS DEVI | 0 | | TRUSTEX COLOR CONDOMS + LUBE MISC | 0 | |
| KIMONO LUBRICATED MISC | 0 | | TRUSTEX LUBRICATED EXTRALARGE MISC | 0 | |
| KIMONO MAXX/LARGE FLARE MISC | 0 | | TRUSTEX LUBRICATED EXTRASTRENGTH MISC | 0 | |
| KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC | 0 | | TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC | 0 | |
| KIMONO PLUS SPERMICIDE LUBRICATED MISC | 0 | | TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC | 0 | |
| KIMONO PLUS SPERMICIDE/LUBRICATED MISC | 0 | | | | |
| KIMONO PS LUBRICATED MISC | 0 | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|------------------------|
| TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC | 0 | | FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM | 3 | PA |
| TRUSTEX LUBRICATED/SPERMICIDE MISC | 0 | | FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM | 3 | QL(0.072 ea daily); PA |
| TRUSTEX LUBRICATED MISC | 0 | | FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM | 3 | PA |
| TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC | 0 | | FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM | 3 | QL(0.072 ea daily); PA |
| TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC | 0 | | FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM | 3 | QL(0.072 ea daily); PA |
| TRUSTEX/RIA LUBRICATED SPERMICIDE MISC | 0 | | FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM | 3 | QL(0.072 ea daily); PA |
| TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC | 0 | | FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM | 3 | PA |
| TRUSTEX/RIA LUBRICATED MISC | 0 | | ONETOUCH DELICA SAFETY LANCING DEVICE | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 60 | 0 | | ONETOUCH DELICA SAFETY LANCING DEVICE 30G | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 65 | 0 | | RELION 2-IN-1 LANCET DEVICES 30G | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 70 | 0 | | RELION 2-IN-1 LANCING DEVICE 25G | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 75 | 0 | | RELION 2-IN-1 LANCING DEVICE 30G | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 80 | 0 | | SELECT LANCETS | 1B | 6.66/day |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 85 | 0 | | SELECT LANCETS | 1 | 6.66/day |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 90 | 0 | | TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN | 1B | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 95 | 0 | | Parenteral Therapy Supplies | | |
| Diabetic Supplies | | | SELECT INSULIN SYRINGES | 1B | 5/day |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|--|-----------|---|
| SELECT INSULIN SYRINGES | 1 | 5/day | <i>eletriptan hydrobromide</i> | 1B | QL(0.2 ea daily); AL(At least 18 yrs old); ST |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | | <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 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) |
| EMGALITY SOSY 100 MG/ML | 2 | 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) |
| 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>zolmitriptan SOLN</i> | 1B | QL(0.2 ea daily); AL(At least 12 yrs old); ST |
| <i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i> | 1B | | | | |
| ERGOMAR SUBL | 3 | QL(0.667 ea daily) | | | |
| Serotonin Agonists | | | | | |
| <i>almotriptan malate 12.5 MG</i> | 1B | QL(0.4 ea daily); AL(At least 12 yrs old); ST | | | |
| <i>almotriptan malate 6.25 MG</i> | 1B | QL(0.3 ea daily); AL(At least 12 yrs old); ST | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|---------------------|
| <i>zolmitriptan TABS</i> | 1B | QL(0.3 ea daily); AL(At least 12 yrs old); ST | <i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i> | 1B | |
| <i>zolmitriptan TBDP</i> | 1B | QL(0.3 ea daily); AL(At least 12 yrs old); ST | | | |
| MINERALS & ELECTROLYTES | | | | | |
| Bicarbonates | | | | | |
| <i>sodium acetate SOLN</i> | 1B | | <i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i> | 1B | |
| SODIUM ACETATE SOLN (<i>sodium acetate</i>) | 1B | | | | |
| Calcium | | | | | |
| <i>calcium chloride (dihydrate) SOLN</i> | 1B | | POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS | 1B | |
| Electrolyte Mixtures | | | | | |
| <i>dextrose in lactated ringers</i> | 1B | | POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (<i>potassium chloride in nacl</i>) | 1B | |
| <i>electrolyte-148</i> | 1B | | <i>ringer's</i> | 1B | |
| <i>electrolyte-a</i> | 1B | | Fluoride | | |
| IONOSOL-MB/DEXTROSE 5% | 1B | | <i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i> | 0 | QL(1 ea daily) |
| ISOLYTE-P/DEXTROSE 5% | 1B | | Magnesium | | |
| ISOLYTE-S | 1B | | <i>magnesium sulfate IJ 50 %</i> | 1B | |
| KCL 0.3%/D5W/NACL 0.9% (<i>potassium chloride in dextrose & sodium chloride</i>) | 1B | | Phosphate | | |
| <i>lactated ringer's</i> | 1B | | <i>potassium phosphates 236 MG/ML-224 MG/ML</i> | 1B | |
| NORMOSOL-M/D5W | 1B | | Potassium | | |
| NORMOSOL-R | 1B | | <i>potassium acetate SOLN 2 MEQ/ML</i> | 1B | |
| PLASMA-LYTE A (<i>electrolyte-a</i>) | 1B | | <i>potassium bicarbonate TBEF</i> | 1B | |
| PLASMA-LYTE-148 (<i>electrolyte-148</i>) | 1B | | <i>potassium chloride microencapsulated crystals er</i> | 1B | |
| <i>potassium chloride in dextrose 5 %-20 MEQ/L</i> | 1B | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|--|-----------|-------------------------|
| <i>potassium chloride CPR</i> | 1B | | <i>cyclosporine SOLN IV 50 MG/ML</i> | 1B | |
| <i>potassium chloride PACK OR 20 MEQ</i> | 1B | PA | ENSPRYNG | 4 | PA |
| <i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i> | 1B | | <i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i> | 4 | QL(20 ea daily); SP; PA |
| POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (<i>potassium chloride</i>) | 1B | | <i>mycophenolate mofetil CAPS</i> | 1B | |
| <i>potassium chloride TBCR 8 MEQ, 10 MEQ</i> | 1B | | <i>mycophenolate mofetil TABS</i> | 1B | |
| Sodium | | | <i>mycophenolate sodium</i> | 1B | |
| <i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i> | 1B | | NULOJIX | 4 | SP; PA |
| MISCELLANEOUS THERAPEUTIC CLASSES | | | PROGRAF PACK | 2 | PA |
| Chelating Agents | | | PROGRAF SOLN | 2 | |
| <i>penicillamine CAPS</i> | 1B | PA | SIMULECT | 3 | |
| <i>penicillamine TABS</i> | 1B | QL(8 ea daily) | <i>sirolimus TABS</i> | 1B | |
| <i>trientine hcl 250 MG</i> | 4 | QL(8 ea daily); SP; PA | <i>tacrolimus CAPS</i> | 1B | |
| Immunomodulators | | | THYMOGLOBULIN | 4 | SP; PA |
| <i>lenalidomide 20 MG</i> | 4 | QL(1 ea daily); PA | Irrigation Solutions | | |
| <i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i> | 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>cyclosporine modified (for microemulsion) CAPS</i> | 1B | | <i>sodium polystyrene sulfonate POWD</i> | 1B | |
| <i>cyclosporine modified (for microemulsion) SOLN</i> | 1B | | <i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i> | 1B | |
| <i>cyclosporine CAPS</i> | 1B | | MOUTH/THROAT/DENTAL AGENTS | | |
| | | | Anesthetics Topical Oral | | |
| | | | <i>lidocaine hcl (mouth-throat) 2 %</i> | 1B | QL(4 ml daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|--|-----------|------------------------|
| <i>lidocaine hcl (mouth-throat) 4 %</i> | 1B | | MULTI PRENATAL TABS | 2 | QL(1 ea daily) |
| Anti-infectives - Throat | | | 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>clotrimazole</i> | 1B | | NEONATAL PLUS TABS | 2 | QL(1 ea daily); RX/OTC |
| <i>nystatin (mouth-throat)</i> | 1B | | NEONATAL PRENATAL VITAMIN TABS | 2 | QL(1 ea daily) |
| Antiseptics - Mouth/Throat | | | NEONATAL VITAMIN TABS | 2 | QL(1 ea daily) |
| <i>chlorhexidine gluconate (mouth-throat)</i> | 1B | | NIVA-PLUS TABS | 2 | QL(1 ea daily); RX/OTC |
| DEBACTEROL | 2 | | ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS | 2 | QL(1 ea daily); RX/OTC |
| Dental Products | | | ONE VITE WOMENS PRENATAL VITAMIN TABS | 2 | QL(1 ea daily) |
| <i>stannous fluoride CONC</i> | 0 | RX/OTC | PRENATAL MULTIVITAMIN TABS | 2 | QL(1 ea daily) |
| Steroids - Mouth/Throat/Dental | | | PRENATAL ONE DAILY TABS | 2 | QL(1 ea daily) |
| <i>triamcinolone acetonide (mouth)</i> | 1B | | PRENATAL PLUS VITAMIN AND MINERAL TABS | 2 | QL(1 ea daily); RX/OTC |
| Throat Products - Misc. | | | PRENATAL PLUS TABS | 2 | QL(1 ea daily); RX/OTC |
| <i>cevimeline hcl</i> | 1B | | PRENATAL VITAMIN & MINERAL TABS | 2 | QL(1 ea daily) |
| <i>pilocarpine hcl (oral)</i> | 1B | | PRENATAL VITAMIN/IRON TABS | 2 | QL(1 ea daily) |
| MULTIVITAMINS | | | PRENATAL VITAMINS PLUS LOW IRON TABS | 2 | QL(1 ea daily); RX/OTC |
| Ped MV w/ Fluoride | | | 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) |
| <i>pediatric multivitamins w/fl CHEW</i> | 1A | RX/OTC | PRENATAL VITAMIN TABS | 2 | QL(1 ea daily) |
| 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) | | | |
| KP PRENATAL MULTIVITAMINS TABS | 2 | QL(1 ea daily) | | | |
| MASONATAL TABS | 2 | QL(1 ea daily) | | | |
| M-NATAL PLUS TABS | 2 | QL(1 ea daily); RX/OTC | | | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| PRENATAL TABS | 2 | QL(1 ea daily) |
| PRENATRIX TABS | 2 | QL(1 ea daily); RX/OTC |
| PRENATRYL TABS | 2 | QL(1 ea daily); RX/OTC |
| 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 |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | |
| Central Muscle Relaxants | | |
| <i>baclofen TABS 10 MG, 20 MG</i> | 1B | |
| <i>carisoprodol TABS</i> | 1B | |
| <i>chlorzoxazone TABS 500 MG</i> | 1B | QL(6 ea daily) |
| <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i> | 1A | QL(3 ea daily) |
| <i>metaxalone 800 MG</i> | 1B | QL(4 ea daily) |
| <i>methocarbamol TABS 500 MG, 750 MG</i> | 1B | |
| <i>orphenadrine citrate TB12</i> | 1B | QL(2 ea daily) |
| <i>tizanidine hcl CAPS</i> | 1B | |
| <i>tizanidine hcl TABS</i> | 1B | |
| Direct Muscle Relaxants | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>dantrolene sodium CAPS</i> | 1B | QL(4 ea daily) |
| Muscle Relaxant Combinations | | |
| <i>carisoprodol w/ aspirin & codeine</i> | 3 | PA |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| Nasal Antiallergy | | |
| <i>azelastine hcl</i> | 1B | RX/OTC |
| <i>olopatadine hcl (nasal)</i> | 1B | |
| Nasal Anticholinergics | | |
| <i>ipratropium bromide (nasal) 0.06 %</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 ml daily); PA; RX/OTC |
| <i>triamcinolone acetonide (nasal) AERO</i> | 1B | |
| XHANCE EXHU | 3 | PA |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| ALS Agents | | |
| <i>riluzole TABS</i> | 3 | |
| Neuromuscular Blocking Agent - Neurotoxins | | |
| XEOMIN | 3 | PA |
| Nondepolarizing Muscle Relaxants | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|--|
| <i>atracurium besylate 100 MG/10ML</i> | 3 | PA | AZASITE | 3 | QL(2.5 ml per 30 days retail; 2 ml per 30 days mail) |
| NUTRIENTS | | | <i>bacitracin (ophthalmic)</i> | 3 | |
| Proteins | | | BESIVANCE | 3 | PA |
| CLINIMIX 4.25%/DEXTROSE 10% | 3 | | <i>ciprofloxacin hcl (ophth) SOLN</i> | 1B | |
| CLINIMIX 4.25%/DEXTROSE 5% | 3 | | <i>erythromycin (ophth)</i> | 1B | |
| CLINIMIX E 5%/DEXTROSE 20% | 3 | | <i>gatifloxacin (ophth)</i> | 1B | |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | | | <i>gentamicin sulfate (ophth) OINT</i> | 1B | |
| Beta-blockers - Ophthalmic | | | <i>gentamicin sulfate (ophth) SOLN</i> | 1B | |
| <i>betaxolol hcl (ophth) SOLN</i> | 1B | | KLARITY-A | 3 | QL(2.5 ml per 30 days retail; 2 ml per 30 days mail) |
| <i>brimonidine tartrate-timolol maleate</i> | 1B | | <i>levofloxacin (ophth) 0.5 %</i> | 1B | |
| <i>carteolol hcl (ophth)</i> | 1B | | <i>moxifloxacin hcl (ophth) SOLN OP</i> | 1B | |
| <i>dorzolamide hcl-timolol maleate</i> | 1B | | NATACYN | 2 | |
| <i>levobunolol hcl 0.5 %</i> | 1B | | <i>neomycin-bacitracin zn-polymyxin</i> | 1B | |
| <i>timolol maleate (ophth) SOLG</i> | 1B | | <i>ofloxacin (ophth)</i> | 1B | |
| <i>timolol maleate (ophth) SOLN</i> | 1B | | <i>polymyxin b-trimethoprim</i> | 1B | |
| Cycloplegic Mydriatics | | | <i>sulfacetamide sodium (ophth) SOLN</i> | 1B | |
| <i>tropicamide SOLN 0.5 %</i> | 1B | QL(2.5 ml daily) | <i>tobramycin (ophth) SOLN</i> | 1B | |
| <i>tropicamide SOLN 1 %</i> | 1B | | <i>trifluridine</i> | 1B | |
| Miotics | | | ZIRGAN GEL | 2 | |
| <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i> | 1B | | Ophthalmic Immunomodulators | | |
| Ophthalmic Adrenergic Agents | | | <i>cyclosporine (ophth) EMUL</i> | 3 | PA |
| <i>apraclonidine hcl</i> | 1B | | Ophthalmic Local Anesthetics | | |
| <i>brimonidine tartrate 0.15 %, 0.2 %</i> | 1B | | <i>proparacaine hcl</i> | 1B | |
| IOPIDINE | 3 | | Ophthalmic Steroids | | |
| Ophthalmic Anti-infectives | | | ALREX SUSP (<i>loteprednol etabonate</i>) | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>dexamethasone sodium phosphate (ophth)</i> | 1B | QL(0.4 ml daily) |
| <i>difluprednate</i> | 1B | PA |
| <i>fluorometholone (ophth) SUSP</i> | 1B | |
| FML FORTE SUSP | 3 | PA |
| FML OINT | 3 | PA |
| LOTEMAX OINT | 3 | PA |
| <i>loteprednol etabonate GEL</i> | 1B | PA |
| <i>loteprednol etabonate SUSP</i> | 1B | PA |
| MAXIDEX SUSP OP | 3 | PA |
| <i>neomycin-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 |
| Ophthalmic Surgical Aids | | |
| HEALON PRO SOSY | 3 | PA |
| PROVISC SOSY | 3 | PA |
| Ophthalmics - Misc. | | |
| ALOCRIAL | 3 | PA |
| ALOMIDE | 3 | PA |
| <i>azelastine hcl (ophth)</i> | 1B | |
| <i>bepotastine besilate</i> | 3 | PA |
| <i>brinzolamide</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| <i>bromfenac sodium (ophth) 0.09 %</i> | 1B | |
| <i>cromolyn sodium (ophth)</i> | 1B | |
| CYSTARAN | 2 | QL(2.143 ml daily); PA |
| <i>diclofenac sodium (ophth)</i> | 1B | |
| <i>dorzolamide hcl</i> | 1B | |
| <i>epinastine hcl (ophth)</i> | 1B | |
| <i>flurbiprofen sodium</i> | 1B | |
| <i>ketorolac tromethamine (ophth)</i> | 1B | |
| <i>ketotifen fumarate (ophth) 0.035 %</i> | 1B | |
| LASTACAFT | 3 | PA |
| NEVANAC | 3 | QL(0.2 ml daily); ST |
| <i>olopatadine hcl 0.2 %</i> | 1B | RX/OTC |
| <i>olopatadine hcl 0.1 %</i> | 1B | QL(0.34 ml daily); RX/OTC |
| Prostaglandins - Ophthalmic | | |
| <i>bimatoprost SOLN</i> | 3 | |
| <i>latanoprost SOLN</i> | 1B | |
| <i>tafluprost</i> | 1B | |
| <i>travoprost SOLN</i> | 1B | |
| OTIC AGENTS - Drugs to Treat the Ear | | |
| Otic Agents - Miscellaneous | | |
| <i>acetic acid (otic)</i> | 1B | QL(0.5 ml daily) |
| Otic Anti-infectives | | |
| <i>ciprofloxacin hcl (otic)</i> | 1B | |
| <i>ofloxacin (otic)</i> | 1B | |
| Otic Combinations | | |
| <i>ciprofloxacin-dexamethasone</i> | 1B | PA |
| <i>ciprofloxacin-fluocinolone acetate</i> | 1B | QL(0.5 ea daily); PA |
| CORTISPORIN-TC | 3 | |
| <i>neomycin-polymyxin-hc (otic) SOLN</i> | 1B | QL(2 ml daily) |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>neomycin-polymyxin-hc (otic) SUSP</i> | 1B | |
| Otic Steroids | | |
| <i>fluocinolone acetonide (otic)</i> | 1B | |
| <i>hydrocortisone w/acetic acid</i> | 1B | |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System | | |
| 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 1 GM/10ML | 4 | SP; PA |
| GAMMAKED 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | 4 | SP; PA |
| GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML | 4 | SP; PA |
| GAMUNEX-C 1 GM/10ML | 4 | SP; PA |
| Passive Immunizing Agents - Combinations | | |
| HYQVIA | 4 | PA |
| PENICILLINS - Drugs to Treat Bacterial Infections | | |
| Aminopenicillins | | |
| <i>amoxicillin CAPS</i> | 1A | |
| <i>amoxicillin CHEW 125 MG, 250 MG</i> | 1B | |
| <i>amoxicillin SUSR 125 MG/5ML</i> | 1A | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i> | 1B | |
| <i>amoxicillin TABS</i> | 1B | |
| <i>ampicillin sodium IJ 1 GM</i> | 1B | |
| <i>ampicillin CAPS 500 MG</i> | 1B | |
| Natural Penicillins | | |
| <i>penicillin g potassium 5000000 UNIT</i> | 1B | |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML | 1B | |
| PENICILLIN G PROCAINE | 3 | |
| <i>penicillin g sodium</i> | 3 | |
| <i>penicillin v potassium SOLR</i> | 1B | |
| <i>penicillin v potassium TABS</i> | 1B | |
| Penicillin Combinations | | |
| <i>amoxicillin & pot clavulanate CHEW</i> | 1B | |
| <i>amoxicillin & pot clavulanate SUSR</i> | 1B | |
| <i>amoxicillin & pot clavulanate TABS</i> | 1B | |
| <i>amoxicillin & pot clavulanate TB12</i> | 1B | |
| <i>ampicillin & sulbactam sodium IV 10 GM-5 GM</i> | 1B | |
| <i>piperacillin sodium-tazobactam sodium</i> | 1B | |
| Penicillinase-Resistant Penicillins | | |
| <i>dicloxacillin sodium</i> | 1B | |
| <i>nafcillin sodium IV 10 GM</i> | 1B | |
| <i>oxacillin sodium IV 10 GM</i> | 1B | |
| PROGESTINS - Hormone Replacement/Modifying Drugs | | |

Ambetter Formulary Updated May 1, 2024

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>chlordiazepoxide-amitriptyline</i> | 1B | |
| <i>perphenazine-amitriptyline</i> | 1B | QL(4 ea daily) |
| Fibromyalgia Agents | | |
| SAVELLA TITRATION PACK MISC | 2 | 1 rtl MAX fill; 365 rtl day(s) supply; PA |
| SAVELLA TABS | 2 | QL(2 ea daily); PA |
| Movement Disorder Drug Therapy | | |
| 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 |
| Multiple Sclerosis Agents | | |
| AVONEX PEN AJKT | 4 | QL(0.0714 ml daily); SP; PA |
| AVONEX PSKT | 4 | QL(0.0714 ml daily); SP; PA |
| BETASERON KIT | 4 | QL(0.5 ea daily); SP; PA |
| <i>dalfampridine</i> | 4 | QL(2 ea daily); SP; PA |
| <i>dimethyl fumarate CDPK</i> | 1B | QL(2 ea daily) |
| <i>dimethyl fumarate CPDR</i> | 1B | QL(2 ea daily) |
| <i> fingolimod hcl</i> | 4 | QL(1 ea daily) |
| <i>glatiramer acetate SOSY 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 |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| 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) |
| Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents | | |
| <i>pregabalin (once-daily) 82.5 MG, 165 MG</i> | 3 | QL(1 ea daily); PA |
| <i>pregabalin (once-daily) 330 MG</i> | 3 | QL(2 ea daily); PA |
| Pseudobulbar Affect (PBA) Agents | | |
| NUDEXTA | 3 | QL(2 ea daily); PA |
| Psychotherapeutic and Neurological Agents - Misc. | | |
| <i>ergoloid mesylates TABS</i> | 1B | |
| <i>pimozide</i> | 1B | |
| Smoking Deterrents | | |
| <i>bupropion hcl (smoking deterrent)</i> | 0 | QL(2 ea daily) |
| <i>nicotine polacrilex GUM</i> | 0 | |
| <i>nicotine polacrilex LOZG</i> | 0 | |
| NICOTINE 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| <i>varenicline tartrate TABS</i> | 0 | QL(2 ea daily) |
| <i>varenicline tartrate TBPK</i> | 0 | |
| Transthyretin Amyloidosis Agents | | |
| TEGSEDI | 4 | PA |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Alpha-Proteinase Inhibitor (Human) | | |
| PROLASTIN-C SOLN | 4 | PA |
| Cystic Fibrosis Agents | | |
| KALYDECO TABS | 4 | QL(2 ea daily); SP; PA |
| ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG | 4 | QL(2 ea daily); PA |
| ORKAMBI TABS | 4 | QL(4 ea daily); PA |
| PULMOZYME | 4 | QL(2.5 ml daily); SP; PA |
| TRIKAFTA TBPK 100 MG-50 MG | 4 | QL(3 ea daily); PA |
| Pulmonary Fibrosis Agents | | |
| OFEV | 4 | QL(2 ea daily); PA |
| <i>pirfenidone CAPS</i> | 4 | QL(1 ea daily); PA |
| <i>pirfenidone TABS 534 MG</i> | 4 | QL(3 ea daily); PA |
| <i>pirfenidone TABS 267 MG, 801 MG</i> | 4 | QL(1 ea daily); PA |
| SULFONAMIDES - Drugs to Treat Bacterial Infections | | |
| Sulfonamides | | |
| <i>sulfadiazine TABS</i> | 1B | |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | |
| Fluorocyclines | | |
| XERAVA | 4 | PA |
| Glycylcyclines | | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>tigecycline</i> | 1B | |
| Tetracyclines | | |
| <i>demeclocycline hcl TABS</i> | 1B | |
| <i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i> | 1B | QL(2 ea daily) |
| <i>doxycycline (monohydrate) CAPS 75 MG</i> | 1B | |
| <i>doxycycline (monohydrate) TABS 100 MG</i> | 1B | QL(2 ea daily) |
| <i>doxycycline (monohydrate) TABS 50 MG</i> | 1B | |
| <i>doxycycline hyclate CAPS</i> | 1B | QL(2 ea daily) |
| <i>doxycycline hyclate SOLR</i> | 1B | |
| <i>doxycycline hyclate TABS 20 MG, 100 MG</i> | 1B | QL(2 ea daily) |
| <i>minocycline hcl CAPS</i> | 1B | QL(3 ea daily) |
| <i>minocycline hcl TABS</i> | 1B | QL(3 ea daily) |
| <i>tetracycline hcl CAPS</i> | 1B | QL(8 ea daily) |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | |
| Antithyroid Agents | | |
| <i>methimazole TABS</i> | 1B | |
| <i>propylthiouracil</i> | 1B | |
| Thyroid Hormones | | |
| ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG | 2 | |
| ARMOUR THYROID TABS | 2 | QL(1 ea daily) |
| <i>levothyroxine sodium TABS</i> | 1B | |
| <i>liothyronine sodium SOLN</i> | 1B | |
| <i>liothyronine sodium TABS</i> | 1B | |
| NP THYROID 120 TABS | 1B | QL(1 ea daily) |
| NP THYROID 15 TABS | 1B | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| NP THYROID 30 TABS | 1B | QL(1 ea daily) |
| NP THYROID 60 TABS | 1B | QL(1 ea daily) |
| NP THYROID 90 TABS | 1B | QL(1 ea daily) |
| SYNTHROID TABS (<i>levothyroxine sodium</i>) | 2 | |
| TOXOIDS | | |
| Toxoid Combinations | | |
| ADACEL SUSP | 0 | |
| BOOSTRIX SUSP | 0 | |
| BOOSTRIX SUSY | 0 | |
| DAPTACEL | 0 | |
| DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP | 0 | |
| INFANRIX | 0 | |
| KINRIX SUSY | 0 | |
| PEDIARIX SUSY | 0 | |
| PENTACEL | 0 | |
| QUADRACEL SUSP | 0 | |
| QUADRACEL SUSY | 0 | |
| TDVAX SUSP | 0 | |
| TENIVAC INJ | 0 | |
| TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP | 0 | |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics | | |
| <i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i> | 1B | |
| <i>atropine sulfate SOSY IJ 0.25 MG/5ML</i> | 1B | |
| <i>chlordiazepoxide hcl-clidinium bromide</i> | 1B | |
| <i>dicyclomine hcl CAPS</i> | 1B | |
| <i>dicyclomine hcl SOLN OR</i> | 1B | |
| <i>dicyclomine hcl TABS</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|---|-----------|--|
| <i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i> | 1B | | <i>omeprazole magnesium CPDR</i> | 1B | QL(4 ea daily) |
| <i>glycopyrrolate TABS 1 MG</i> | 1B | | <i>omeprazole CPDR</i> | 1B | QL(2 ea daily) |
| <i>glycopyrrolate TABS 2 MG</i> | 1B | QL(6 ea daily) | <i>omeprazole TBEC</i> | 1B | QL(2 ea daily) |
| <i>methscopolamine bromide</i> | 1B | | <i>pantoprazole sodium TBEC 20 MG</i> | 1B | QL(1 ea daily) |
| H-2 Antagonists | | | <i>pantoprazole sodium TBEC 40 MG</i> | 1B | |
| <i>cimetidine TABS</i> | 1B | RX/OTC | <i>rabeprazole sodium TBEC</i> | 3 | QL(1 ea daily) |
| <i>famotidine in nacl SOLN</i> | 1B | | Ulcer Drugs - Prostaglandins | | |
| <i>famotidine SOLN 20 MG/2ML</i> | 1A | | <i>misoprostol</i> | 1B | QL(4 ea daily) |
| <i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i> | 1B | | Ulcer Therapy Combinations | | |
| <i>famotidine SUSR</i> | 1B | QL(10 ml daily) | <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) |
| <i>famotidine TABS 20 MG, 40 MG</i> | 1B | | <i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i> | 1B | QL(1 ea daily); RX/OTC |
| <i>nizatidine CAPS</i> | 1B | | URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| <i>nizatidine SOLN</i> | 1B | QL(20 ml daily) | Urinary Antispasmodic - Antimuscarinics (Anticholinergic) | | |
| <i>ranitidine hcl TABS 150 MG</i> | 1B | | <i>darifenacin hydrobromide</i> | 1B | QL(1 ea daily) |
| Misc. Anti-Ulcer | | | <i>fesoterodine fumarate</i> | 1B | QL(1 ea daily); PA |
| <i>sucralfate SUSP</i> | 1B | QL(40 ml daily) | <i>oxybutynin chloride SOLN</i> | 1B | |
| <i>sucralfate TABS</i> | 1B | QL(4 ea daily) | <i>oxybutynin chloride TABS 5 MG</i> | 1B | |
| Proton Pump Inhibitors | | | <i>oxybutynin chloride TB24</i> | 1B | |
| <i>dexlansoprazole</i> | 3 | QL(1 ea daily) | <i>solifenacin succinate TABS</i> | 1B | QL(1 ea daily); PA |
| <i>esomeprazole magnesium CPDR 20 MG</i> | 1B | QL(2 ea daily); RX/OTC | <i>tolterodine tartrate CP24</i> | 1B | QL(1 ea daily) |
| <i>esomeprazole magnesium CPDR 40 MG</i> | 3 | QL(1 ea daily) | <i>tolterodine tartrate TABS</i> | 1B | |
| <i>esomeprazole magnesium TBEC</i> | 1B | QL(2 ea daily) | <i>trosipium chloride CP24</i> | 1B | QL(1 ea daily) |
| <i>lansoprazole CPDR 30 MG</i> | 1B | | <i>trosipium chloride TABS</i> | 1B | QL(3 ea daily) |
| <i>lansoprazole CPDR 15 MG</i> | 1B | QL(2 ea daily); RX/OTC | | | |
| <i>NEXIUM 24HR TBEC (esomeprazole magnesium)</i> | 1B | QL(2 ea daily) | | | |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| Urinary Antispasmodics - Cholinergic Agonists | | |
| <i>bethanechol chloride 25 MG</i> | 1B | |
| <i>bethanechol chloride 5 MG, 10 MG, 50 MG</i> | 1B | QL(4 ea daily) |
| Urinary Antispasmodics - Direct Muscle Relaxants | | |
| <i>flavoxate hcl</i> | 1B | |
| VACCINES | | |
| Bacterial Vaccines | | |
| ACTHIB SOLR IM | 0 | |
| BEXSERO | 0 | |
| HIBERIX SOLR IJ | 0 | |
| MENACTRA | 0 | |
| MENQUADFI | 0 | |
| MENVEO SOLR | 0 | |
| PEDVAX HIB SUSP | 0 | |
| PNEUMOVAX 23 | 0 | |
| PNEUMOVAX 23/1 DOSE | 0 | |
| PREVNAR 13 | 0 | |
| PREVNAR 20 | 0 | 1 rtl MAX fill; 999 rtl day(s) supply |
| TRUMENBA | 0 | |
| VAXNEUVANCE | 0 | 4 rtl MAX fill; 999 rtl day(s) supply |
| Viral Vaccines | | |
| ABRYSVO | 0 | |
| AFLURIA QUADRIVALENT 2021-2022 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| AFLURIA QUADRIVALENT 2021-2022 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|--|
| AFLURIA QUADRIVALENT 2022-2023 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| AFLURIA QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| AFLURIA QUADRIVALENT 2023-2024 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| AFLURIA QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| AREXVY | 0 | |
| COMIRNATY 2023-24 SUSP | 0 | |
| COMIRNATY 2023-24 SUSY | 0 | |
| COMIRNATY SUSP | 0 | |
| ENGERIX-B SUSP 20 MCG/ML | 0 | 3 rtl MAX fill; 365 rtl day(s) supply; 3 mail MAX fill |
| ENGERIX-B SUSY | 0 | 3 rtl MAX fill; 365 rtl day(s) supply; 3 mail MAX fill |
| FLUAD QUADRIVALENT 2021-2022 | 0 | 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUAD QUADRIVALENT 2022-2023 | 0 | 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUAD QUADRIVALENT 2023-2024 | 0 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---------------------------------------|-----------|--|---------------------------------------|-----------|--|
| FLUARIX QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season; 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 |
| FLUARIX QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 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 |
| FLUBLOK QUADRIVALENT 2021-2022 | 0 | Limit 1 dose per season; 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 |
| FLUBLOK QUADRIVALENT 2022-2023 | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLULAVAL QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUBLOK QUADRIVALENT 2023-2024 | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLUMIST QUADRIVALENT | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2021-2022 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLUZONE HIGH-DOSE PF 2021-2022 | 0 | 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2021-2022 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLUZONE HIGH-DOSE PF 2022-2023 | 0 | 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2022-2023 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLUZONE HIGH-DOSE PF 2023-2024 | 0 | 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLUZONE QUADRIVALENT 2021-2022 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2023-2024 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLUZONE QUADRIVALENT 2021-2022 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| | | | FLUZONE QUADRIVALENT 2022-2023 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |

Ambetter Formulary Updated May 1, 2024

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| 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 |
| 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 50 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 |
| VAGINAL AND RELATED PRODUCTS | | |
| Miscellaneous Vaginal Products | | |
| INTRAROSA | 3 | QL(1 ea daily); PA |

Ambetter Formulary Updated May 1, 2024

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| Spermicides | | |
| TODAY SPONGE MISC | 0 | |
| Vaginal Anti-infectives | | |
| <i>clindamycin phosphate vaginal CREA</i> | 1B | |
| <i>clotrimazole vaginal CREA 1 %</i> | 1B | |
| GYNAZOLE-1 | 3 | QL(5 gm per 30 days retail; 5 gm per 30 days mail) |
| <i>metronidazole vaginal</i> | 1B | |
| <i>miconazole nitrate vaginal SUPP 200 MG</i> | 1B | |
| <i>terconazole vaginal CREA</i> | 1B | |
| <i>terconazole vaginal CREA</i> | 1B | |
| <i>terconazole vaginal SUPP</i> | 1B | |
| Vaginal Anti-inflammatory Agents | | |
| <i>hydrocortisone vaginal</i> | 1B | QL(15.15 gm daily) |
| Vaginal Contraceptive - pH Modulators | | |
| PHEXXI | 0 | PV |
| Vaginal Estrogens | | |
| <i>estradiol vaginal CREA</i> | 1B | QL(2 gm daily) |
| <i>estradiol vaginal TABS</i> | 1B | |
| FEMRING | 3 | PA |
| PREMARIN | 2 | QL(1.5 gm daily) |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| Anaphylaxis Therapy Agents | | |
| <i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i> | 1B | 2 rtl MAX fill; 365 rtl day(s) supply; 2 mail MAX fill; QL(2 ea per fill retail; 2 per fill mail) |

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

INDEX

| | | | | | |
|---|----|--|----|---|----|
| abacavir sulfate SOLN | 29 | acyclovir CAPS | 31 | AIRDUO DIGIHALER 232/14 | 9 |
| abacavir sulfate TABS | 29 | acyclovir SUSP | 31 | AIRDUO DIGIHALER 55/14 | 9 |
| abacavir sulfate-lamivudine | 29 | acyclovir TABS OR | 31 | AIRSUPRA | 9 |
| ABELCET | 17 | acyclovir topical CREA | 39 | AKYNZEO | 17 |
| abiraterone acetate 250 MG | 24 | acyclovir topical OINT | 39 | albendazole | 7 |
| abiraterone acetate 500 MG | 24 | ADACEL SUSP | 62 | albuterol sulfate AERS | 9 |
| ABRYSCO | 64 | ADALIMUMAB-ADAZ SOAJ | 3 | albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML | 9 |
| acamprosate calcium | 60 | ADALIMUMAB-ADAZ SOSY | 3 | albuterol sulfate SYRP | 9 |
| acarbose | 14 | adapalene CREA | 36 | albuterol sulfate TABS | 9 |
| acebutolol hcl CAPS | 31 | adapalene GEL 0.1 % | 36 | alclometasone dipropionate CREA | 39 |
| acetaminophen w/ codeine SOLN .. | 6 | adapalene GEL 0.3 % | 36 | alclometasone dipropionate OINT | 39 |
| acetaminophen w/ codeine TABS 15 MG-300 MG | 6 | adapalene-benzoyl peroxide GEL 2.5 %-0.1 % | 36 | ALDURAZYME | 44 |
| acetaminophen w/ codeine TABS 30 MG-300 MG | 6 | ADCETRIS | 23 | ALECENSA | 25 |
| acetaminophen w/ codeine TABS 60 MG-300 MG | 6 | adefovir dipivoxil | 30 | alendronate sodium TABS 35 MG, 70 MG | 43 |
| acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG | 6 | ADEMPAS | 33 | alendronate sodium TABS 5 MG, 10 MG | 43 |
| acetazolamide CP12 | 42 | ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG | 62 | alfuzosin hcl | 46 |
| acetazolamide sodium | 42 | AFLURIA QUADRIVALENT 2021- 2022 SUSP | 64 | ALINIA SUSR | 21 |
| acetazolamide TABS 125 MG | 42 | AFLURIA QUADRIVALENT 2021- 2022 SUSY | 64 | aliskiren fumarate | 20 |
| acetazolamide TABS 250 MG | 42 | AFLURIA QUADRIVALENT 2022- 2023 SUSP | 64 | allopurinol | 47 |
| acetic acid (otic) | 58 | AFLURIA QUADRIVALENT 2022- 2023 SUSY | 64 | almotriptan malate 12.5 MG | 52 |
| acetic acid 0.25 % | 46 | AFLURIA QUADRIVALENT 2023- 2024 SUSP | 64 | almotriptan malate 6.25 MG | 52 |
| acetylcysteine SOLN | 36 | AFLURIA QUADRIVALENT 2023- 2024 SUSY | 64 | ALOCRIAL | 58 |
| acitretin 10 MG, 17.5 MG | 38 | AFLURIA QUADRIVALENT 2023- 2024 SUSY | 64 | alogliptin benzoate | 15 |
| acitretin 25 MG | 38 | AIMOVIG | 52 | alogliptin-metformin hcl | 14 |
| ACTHAR | 43 | AIMSCO LUBRICATED MISC | 50 | alogliptin-pioglitazone 15 MG-12.5 MG, 30 MG-12.5 MG, 45 MG-12.5 MG | 14 |
| ACTHIB SOLR IM | 64 | AIRDUO DIGIHALER 113/14 | 9 | alogliptin-pioglitazone 15 MG-25 MG, | |
| ACTIMMUNE | 26 | | | | |

| | | | | | |
|---|----|---|----|--|----|
| 30 MG-25 MG, 45 MG-25 MG | 14 | amlodipine besylate TABS | 32 | amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG | 1 |
| ALOMIDE | 58 | amlodipine besylate-atorvastatin calcium | 32 | 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 |
| alose tron hcl | 46 | amlodipine besylate-benazepril hcl 19 | | amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG | 1 |
| alprazolam TABS 0.25 MG, 0.5 MG, 1 MG | 8 | amlodipine besylate-olmesartan medoxomil | 19 | amphotericin b IV | 17 |
| alprazolam TABS 2 MG | 8 | amlodipine besylate-valsartan | 19 | amphotericin b liposome | 17 |
| alprazolam TB24 | 8 | amlodipine-valsartan- hydrochlorothiazide | 19 | ampicillin & sulbactam sodium IV 10 GM-5 GM | 59 |
| alprazolam TBDP | 8 | amoxapine | 14 | ampicillin CAPS 500 MG | 59 |
| ALREX SUSP (lote prednol etabonate) | 57 | amoxicillin & pot clavulanate CHEW | 59 | ampicillin sodium IJ 1 GM | 59 |
| ALTABAX | 37 | amoxicillin & pot clavulanate SUSR | 59 | anagrelide hcl | 47 |
| ALUNBRIG TABS | 25 | amoxicillin & pot clavulanate TABS | 59 | anastrozole | 24 |
| ALUNBRIG TBPk | 25 | amoxicillin & pot clavulanate TB12 | 59 | ANDRODERM PT24 2 MG/24HR, 4 MG/24HR | 7 |
| ALVESCO | 9 | amoxicillin CAPS | 59 | ANNOVERA | 35 |
| alvimopan | 46 | amoxicillin CHEW 125 MG, 250 MG | 59 | ANORO ELLIPTA | 9 |
| amantadine hcl CAPS | 27 | amoxicillin SUSR 125 MG/5ML | 59 | ANZEMET TABS 50 MG | 16 |
| amantadine hcl SOLN | 27 | amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML | 59 | APIDRA SOLN | 15 |
| amantadine hcl TABS | 27 | amoxicillin TABS | 59 | APIDRA SOLOSTAR SOPN | 15 |
| ambrisentan | 33 | amoxicillin-clarithromycin w/ lansoprazole THPK | 63 | apomorphine hydrochloride SOCT | 27 |
| amcinonide CREA | 39 | amphetamine sulfate TABS | 1 | apraclonidine hcl | 57 |
| amcinonide LOTN | 39 | 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 | aprepitant CAPS 40 MG, 125 MG | 17 |
| amcinonide OINT | 39 | amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG- 3.75 MG | 1 | aprepitant CAPS 80 MG | 17 |
| amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML | 2 | | | aprepitant CAPS | 17 |
| amiloride & hydrochlorothiazide | 43 | | | | |
| amiloride hcl TABS | 43 | | | | |
| aminocaproic acid TABS | 48 | | | | |
| aminophylline SOLN | 10 | | | | |
| amiodarone hcl SOLN 50 MG/ML | 8 | | | | |
| amiodarone hcl TABS | 8 | | | | |
| amitriptyline hcl TABS | 14 | | | | |

| | | | | | |
|--|----|--|----|--|----|
| aprepitant MISC | 17 | atazanavir sulfate CAPS 200 MG .. | 29 | azithromycin SUSR | 49 |
| APTIOM | 11 | atenolol & chlorthalidone | 19 | azithromycin TABS 250 MG | 49 |
| APTIVUS CAPS | 29 | atenolol TABS | 31 | azithromycin TABS 500 MG | 49 |
| ARANESP ALBUMIN FREE SOLN 25 MCG/ML | 48 | ATGAM | 54 | azithromycin TABS 600 MG | 49 |
| ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML | 48 | atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG | 1 | aztreonam 1 GM | 21 |
| ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML | 48 | atomoxetine hcl 60 MG, 80 MG, 100 MG | 1 | bacitracin (ophthalmic) | 57 |
| ARCALYST | 3 | atorvastatin calcium TABS | 18 | bacitracin | 20 |
| AREXVY | 64 | atovaquone | 21 | baclofen TABS 10 MG, 20 MG | 56 |
| arformoterol tartrate | 9 | atovaquone-proguanil hcl | 22 | BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) | 34 |
| ARIKAYCE | 2 | atracurium besylate 100 MG/10ML 57 | | balsalazide disodium CAPS | 46 |
| aripiprazole SOLN OR | 29 | atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML | 62 | BALVERSA | 25 |
| aripiprazole TABS | 29 | atropine sulfate SOSY IJ 0.25 MG/5ML | 62 | BANZEL TABS 200 MG (rufinamide) 11 | |
| armodafinil | 1 | ATROVENT HFA | 8 | BANZEL TABS 400 MG (rufinamide) 11 | |
| ARMOUR THYROID TABS | 62 | AUSTEDO TABS | 60 | BARACLUDE SOLN | 30 |
| ARNUITY ELLIPTA | 9 | AVONEX PEN AJKT | 60 | BASAGLAR KWIKPEN SOPN | 15 |
| arsenic trioxide 10 MG/10ML | 26 | AVONEX PSKT | 60 | BAXDELA SOLR | 45 |
| ARZERRA | 23 | AYVAKIT | 25 | BAXDELA TABS | 45 |
| ascorbic acid SOLN IJ | 67 | azacitidine SUSR | 23 | BELSOMRA | 49 |
| asenapine maleate 2.5 MG | 28 | AZASITE | 57 | benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG ... | 19 |
| asenapine maleate 5 MG, 10 MG .. | 28 | AZATHIOPRINE | 54 | benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG .. | 20 |
| aspirin CHEW | 4 | azathioprine TABS | 54 | benazepril hcl | 19 |
| aspirin TABS 325 MG | 4 | azelaic acid GEL | 41 | bendamustine hcl SOLR | 22 |
| aspirin TBEC 325 MG | 4 | azelastine hcl (ophth) | 58 | BENZEPRO CREAMY WASH LIQD . 36 | |
| aspirin TBEC 81 MG | 4 | azelastine hcl | 56 | benzonatate 100 MG | 36 |
| aspirin-dipyridamole | 47 | AZELEX | 36 | benzonatate 150 MG | 36 |
| atazanavir sulfate CAPS 150 MG, 300 MG | 29 | azithromycin PACK | 49 | benzonatate 200 MG | 36 |
| | | azithromycin SOLR | 49 | | |

| | | |
|--|--|---|
| benzoyl peroxide FOAM 5.3 %, 9.8 %36 | bethanechol chloride 5 MG, 10 MG, 50 MG64 | brinzolamide58 |
| benzoyl peroxide GEL 10 %36 | bexarotene (topical)38 | BRIVIACT SOLN OR 10 MG/ML .. 11 |
| benzoyl peroxide GEL 5 %36 | bexarotene26 | BRIVIACT TABS11 |
| benzoyl peroxide LIQD 4 %, 7 %, 10 %36 | BEXSERO64 | bromfenac sodium (ophth) 0.09 % .58 |
| benzoyl peroxide-erythromycin GEL . 36 | bicalutamide24 | bromocriptine mesylate CAPS27 |
| benztropine mesylate SOLN27 | BIKTARVY29 | bromocriptine mesylate TABS 2.5 MG27 |
| benztropine mesylate TABS27 | bimatoprost SOLN58 | BRUKINSA25 |
| bepotastine besilate58 | bisacodyl SUPP49 | budesonide (inhalation) SUSP9 |
| BESIVANCE57 | bisacodyl TBEC49 | budesonide (intrarectal)7 |
| betaine44 | bisoprolol & hydrochlorothiazide ..20 | budesonide (nasal)56 |
| betamethasone dipropionate (topical) CREA39 | bisoprolol fumarate31 | budesonide CPEP35 |
| betamethasone dipropionate (topical) LOTN39 | bleomycin sulfate 15 UNIT25 | budesonide-formoterol fumarate dihydrate9 |
| betamethasone dipropionate (topical) OINT39 | BOOSTRIX SUSP62 | bumetanide SOLN 0.25 MG/ML ...43 |
| betamethasone dipropionate augmented CREA39 | BOOSTRIX SUSY62 | bumetanide TABS43 |
| betamethasone dipropionate augmented LOTN39 | bortezomib SOLR IJ25 | buprenorphine hcl SOLN6 |
| betamethasone dipropionate augmented OINT39 | BORTEZOMIB SOLR IV 3.5 MG ..25 | buprenorphine hcl SUBL6 |
| betamethasone valerate CREA ...39 | bosentan TABS 125 MG33 | buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG6 |
| betamethasone valerate FOAM ...39 | bosentan TABS 62.5 MG33 | buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG6 |
| betamethasone valerate LOTN39 | BOSULIF TABS 100 MG, 500 MG 25 | buprenorphine hcl-naloxone hcl dihydrate SUBL6 |
| betamethasone valerate OINT39 | BOSULIF TABS 400 MG25 | buprenorphine PTWK6 |
| BETASERON KIT60 | BRAFTOVI 75 MG25 | bupropion hcl (smoking deterrent) 61 |
| betaxolol hcl (ophth) SOLN57 | BREO ELLIPTA (fluticasone furoate- vilanterol)9 | bupropion hcl TABS12 |
| betaxolol hcl31 | BREO ELLIPTA9 | bupropion hcl TB12 100 MG13 |
| bethanechol chloride 25 MG64 | BREZTRI AEROSPHERE9 | bupropion hcl TB12 150 MG12 |
| | BRILINTA47 | bupropion hcl TB12 200 MG12 |
| | brimonidine tartrate (topical)41 | bupropion hcl TB24 150 MG13 |
| | brimonidine tartrate 0.15 %, 0.2 % 57 | |
| | brimonidine tartrate-timolol maleate . 57 | |

| | | |
|--|--|--|
| bupropion hcl TB24 300 MG13 | dipropionate SUSP39 | carbidopa-levodopa TBCR 27 |
| bupirone hcl 5 MG 8 | calcitonin (salmon) NA43 | carbidopa-levodopa TBDP28 |
| bupirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG8 | calcitriol (topical)38 | carbidopa-levodopa-entacapone .27 |
| busulfan SOLN22 | calcitriol CAPS 44 | carbinoxamine maleate SOLN17 |
| butalbital-acetaminophen TABS 50 MG-325 MG4 | calcitriol SOLN IV 44 | carbinoxamine maleate TABS 4 MG . 17 |
| butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG 4 | calcium acetate (phosphate binder) CAPS46 | carboplatin SOLN 50 MG/5ML22 |
| butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG 4 | calcium acetate (phosphate binder) TABS46 | carisoprodol TABS56 |
| butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG 4 | calcium chloride (dihydrate) SOLN 53 | carisoprodol w/ aspirin & codeine .56 |
| butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG6 | calcium polycarbophil TABS49 | carmustine22 |
| butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG6 | CALQUENCE 25 | carteolol hcl (ophth) 57 |
| butalbital-aspirin-caffeine CAPS 4 | candesartan cilexetil19 | carvedilol 31 |
| butalbital-aspirin-caffeine w/cod6 | candesartan cilexetil- hydrochlorothiazide 20 | carvedilol phosphate 31 |
| butenafine hcl 37 | CAPASTAT SULFATE22 | casprofungin acetate17 |
| butorphanol tartrate IJ 1 MG/ML, 2 MG/ML7 | capecitabine23 | CAYA DPRH50 |
| butorphanol tartrate NA 10 MG/ML .7 | CAPRELSA25 | CAYSTON21 |
| cabergoline45 | captopril 12.5 MG19 | cefaclor CAPS 33 |
| CABLIVI 47 | captopril 25 MG, 50 MG, 100 MG .19 | cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML 33 |
| CABOMETYX TABS25 | carbamazepine CHEW11 | cefadroxil CAPS33 |
| calcipotriene CREA38 | carbamazepine CP12 100 MG11 | cefadroxil SUSR 33 |
| calcipotriene OINT38 | carbamazepine CP12 200 MG11 | cefadroxil TABS33 |
| calcipotriene SOLN38 | carbamazepine CP12 300 MG11 | cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG 33 |
| calcipotriene-betamethasone dipropionate OINT 39 | carbamazepine SUSP 11 | cefdinir CAPS34 |
| calcipotriene-betamethasone | carbamazepine TABS11 | cefdinir SUSR34 |
| | carbamazepine TB12 100 MG, 400 MG 11 | cefepime hcl SOLR IV 2 GM34 |
| | carbamazepine TB12 200 MG11 | cefixime CAPS34 |
| | carbidopa27 | cefixime SUSR34 |
| | carbidopa-levodopa TABS27 | cefotaxime sodium IJ 1 GM, 2 GM 34 |
| | | cefotetan disodium IJ 1 GM, 2 GM 33 |

| | | |
|---|--|---|
| cefoxitin sodium IV 1 GM, 2 GM ...33 | MG 22 | ciprofloxacin hcl TABS 45 |
| cefepodoxime proxetil SUSR34 | chlorpromazine hcl SOLN 29 | ciprofloxacin in d5w 5 %-200 MG/100ML 45 |
| cefepodoxime proxetil TABS34 | chlorpromazine hcl TABS29 | ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML 45 |
| cefprozil SUSR33 | chlorthalidone 25 MG, 50 MG 43 | ciprofloxacin-dexamethasone58 |
| cefprozil TABS33 | chlorzoxazone TABS 500 MG 56 | ciprofloxacin-fluocinolone acetonide . 58 |
| ceftazidime IJ 1 GM, 6 GM 34 | CHOLBAM 45 | cisplatin SOLN 100 MG/100ML22 |
| ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG34 | cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT67 | citalopram hydrobromide SOLN ... 13 |
| ceftriaxone sodium IJ 250 MG34 | cholecalciferol TABS 10 MCG, 400 UNIT67 | citalopram hydrobromide TABS 10 MG 13 |
| cefuroxime axetil TABS33 | cholestyramine light PACK 18 | citalopram hydrobromide TABS 20 MG 13 |
| cefuroxime sodium IJ 750 MG33 | cholestyramine light POWD18 | citalopram hydrobromide TABS 40 MG 13 |
| celecoxib3 | cholestyramine PACK18 | clarithromycin SUSR49 |
| CELONTIN (methsuximide) 12 | cholestyramine POWD18 | clarithromycin TABS 49 |
| cephalexin CAPS 33 | choline fenofibrate18 | clarithromycin TB2449 |
| cephalexin SUSR33 | CHORIONIC GONADOTROPIN IM 44 | CLASSIC PRENATAL TABS 55 |
| CERDELGA47 | ciclopirox GEL37 | clemastine fumarate SYRP 17 |
| CEREZYME 400 UNIT 47 | ciclopirox olamine CREA37 | clemastine fumarate TABS 2.68 MG . 17 |
| cetirizine hcl TABS 18 | ciclopirox olamine SUSP37 | CLIMARA PRO 45 |
| cevimeline hcl 55 | ciclopirox SHAM 37 | clindamycin hcl21 |
| CHEMET 16 | ciclopirox SOLN37 | clindamycin palmitate hydrochloride . 21 |
| CHEMSTRIP-K STRP 42 | cidofovir30 | clindamycin phosphate (topical) FOAM 36 |
| chloramphenicol sodium succinate 21 | cilostazol47 | clindamycin phosphate (topical) GEL 36 |
| chlordiazepoxide hcl CAPS 8 | CIMDUO29 | clindamycin phosphate (topical) LOTN36 |
| chlordiazepoxide hcl-clidinium bromide62 | cimetidine TABS 63 | clindamycin phosphate (topical) |
| chlordiazepoxide-amitriptyline60 | cinacalcet hcl44 | |
| chlorhexidine gluconate (mouth- throat)55 | CIPRO SUSR 45 | |
| chloroquine phosphate TABS 250 MG 22 | ciprofloxacin hcl (ophth) SOLN 57 | |
| chloroquine phosphate TABS 500 | ciprofloxacin hcl (otic) 58 | |

| | | | | | |
|--|----|---|----|---|----|
| SOLN | 36 | clomipramine hcl | 14 | COMETRIQ KIT | 25 |
| clindamycin phosphate (topical) SWAB | 36 | clonazepam TABS | 11 | COMIRNATY 2023-24 SUSP | 64 |
| clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML | 21 | clonidine | 19 | COMIRNATY 2023-24 SUSY | 64 |
| clindamycin phosphate vaginal CREA | 67 | clonidine hcl (adhd) TB12 | 1 | COMIRNATY SUSP | 64 |
| clindamycin phosphate-benzoyl peroxide (refrigerate) | 37 | clonidine hcl TABS | 19 | COMPLERA | 29 |
| clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % | 37 | clopidogrel bisulfate 300 MG | 47 | CONTRACE | 1 |
| clindamycin phosphate-tretinoin .. | 37 | clopidogrel bisulfate 75 MG | 47 | COPIKTRA | 25 |
| CLINIMIX 4.25%/DEXTROSE 10% 57 | | clorazepate dipotassium TABS | 8 | CORDRAN TAPE | 40 |
| CLINIMIX 4.25%/DEXTROSE 5% | 57 | clotrimazole (topical) CREA | 37 | CORLANOR SOLN | 33 |
| CLINIMIX E 5%/DEXTROSE 20% 57 | | clotrimazole (topical) SOLN | 37 | CORLANOR TABS | 33 |
| clobazam SUSP | 10 | clotrimazole | 55 | CORTISPORIN-TC | 58 |
| clobazam TABS | 10 | clotrimazole vaginal CREA 1 % ... | 67 | COSENTYX SENSOREADY PEN SOAJ | 38 |
| clobetasol propionate CREA 0.05 % . 40 | | clotrimazole w/ betamethasone CREA | 37 | COSENTYX SOSY 150 MG/ML ... | 38 |
| clobetasol propionate emollient base 0.05 % | 39 | clotrimazole w/ betamethasone LOTN | 37 | COSENTYX SOSY 75 MG/0.5ML . | 38 |
| clobetasol propionate FOAM | 40 | clozapine TABS | 28 | COSENTYX UNOREADY SOAJ .. | 38 |
| clobetasol propionate GEL 0.05 % | 40 | clozapine TBDP 100 MG | 28 | CREON CPEP | 42 |
| clobetasol propionate OINT 0.05 % 40 | | clozapine TBDP 12.5 MG, 150 MG 28 | | CRESEMBA CAPS 186 MG | 17 |
| clobetasol propionate SOLN 0.05 % . 40 | | clozapine TBDP 25 MG | 28 | cromolyn sodium (ophth) | 58 |
| clocortolone pivalate | 40 | COARTEM | 22 | cromolyn sodium NEBU | 8 |
| clofarabine | 23 | codeine sulfate TABS 30 MG | 5 | crotamiton LOTN | 41 |
| clomiphene citrate TABS | 44 | CODEINE SULFATE TABS | 5 | CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG- 263 MG-11 UNIT-4000 UNIT | 55 |
| | | colchicine TABS | 47 | cyanocobalamin SOLN IJ 1000 MCG/ML | 47 |
| | | colchicine w/ probenecid | 47 | cyclobenzaprine hcl TABS 5 MG, 10 MG | 56 |
| | | colesevelam hcl PACK | 18 | cyclophosphamide CAPS | 23 |
| | | colesevelam hcl TABS | 18 | cyclophosphamide SOLR IJ | 23 |
| | | colestipol hcl GRAN | 18 | cycloserine | 22 |
| | | colestipol hcl PACK | 18 | | |
| | | colestipol hcl TABS | 18 | | |

| | | | | | |
|---|----|--|----|--|----|
| cyclosporine (ophth) EMUL | 57 | darunavir TABS | 29 | (biphasic) | 34 |
| cyclosporine CAPS | 54 | DAURISMO | 24 | desogestrel-ethinyl estradiol (triphasic) | 34 |
| cyclosporine modified (for microemulsion) CAPS | 54 | DEBACTEROL | 55 | desonide CREA | 40 |
| cyclosporine modified (for microemulsion) SOLN | 54 | decitabine | 23 | desonide LOTN | 40 |
| cyclosporine SOLN IV 50 MG/ML . | 54 | deferasirox PACK | 16 | desonide OINT | 40 |
| CYLTEZO AJKT | 3 | deferasirox TABS | 16 | desoximetasone CREA 0.25 % | 40 |
| CYLTEZO PSKT 10 MG/0.2ML | 3 | deferasirox TBSO | 16 | desoximetasone GEL | 40 |
| CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML | 3 | deferiprone TABS 500 MG | 16 | desoximetasone OINT 0.25 % | 40 |
| CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT | 3 | deflazacort TABS | 35 | desvenlafaxine succinate 100 MG . | 14 |
| CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT | 3 | DELESTROGEN 10 MG/ML (estradiol valerate) | 45 | desvenlafaxine succinate 25 MG, 50 MG | 14 |
| cyproheptadine hcl SYRP | 18 | DELSTRIGO | 29 | dexamethasone ELIX | 35 |
| cyproheptadine hcl TABS | 18 | demeclocycline hcl TABS | 62 | DEXAMETHASONE INTENSOL CONC | 35 |
| CYSTAGON CAPS | 46 | DEPO-ESTRADIOL | 45 | dexamethasone sodium phosphate (ophth) | 58 |
| CYSTARAN | 58 | DEPO-MEDROL SUSP | 35 | dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML | 35 |
| cytarabine SOLN | 23 | DEPO-SUBQ PROVERA 104 SUSY SC | 35 | dexamethasone sodium phosphate SOSY IJ 4 MG/ML | 35 |
| dabigatran etexilate mesylate CAPS . 10 | | desipramine hcl TABS | 14 | dexamethasone SOLN | 35 |
| dacarbazine SOLR 200 MG | 27 | desloratadine TABS | 18 | dexamethasone TABS 0.5 MG, 0.75 MG | 35 |
| dactinomycin | 25 | desloratadine TBDP 2.5 MG | 18 | dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG | 35 |
| dalfampridine | 60 | desmopressin acetate SOLN IJ ... | 44 | dexchlorpheniramine maleate SOLN . 17 | |
| danazol CAPS | 7 | DESMOPRESSIN ACETATE SOLN NA | 44 | dexlansoprazole | 63 |
| dantrolene sodium CAPS | 56 | desmopressin acetate spray | 44 | dexmethylphenidate hcl CP24 | 1 |
| dapsone | 21 | desmopressin acetate spray refrigerated | 44 | dexmethylphenidate hcl TABS | 1 |
| DAPTACEL | 62 | desmopressin acetate TABS 0.1 MG 44 | | dextroamphetamine sulfate CP24 10 MG, 15 MG | 1 |
| daptomycin 500 MG | 21 | desmopressin acetate TABS 0.2 MG 44 | | | |
| darifenacin hydrobromide | 63 | desogestrel & ethinyl estradiol | 34 | | |
| | | desogestrel-ethinyl estradiol | | | |

| | | | | | |
|--|----|---|----|--|----|
| dextroamphetamine sulfate CP24 5 MG | 1 | diflorasone diacetate CREA | 40 | DIPENTUM | 46 |
| dextroamphetamine sulfate TABS 5 MG, 10 MG | 1 | diflorasone diacetate OINT | 40 | diphenhydramine hcl CAPS 50 MG 17 | |
| dextrose in lactated ringers | 53 | diflunisal TABS | 4 | diphenhydramine hcl ELIX 12.5 MG/5ML | 18 |
| DIACOMIT CAPS 250 MG | 11 | difluprednate | 58 | diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML | 18 |
| DIACOMIT CAPS 500 MG | 11 | digoxin SOLN OR 0.05 MG/ML | 32 | diphenhydramine hcl SOLN 50 MG/ML | 18 |
| DIACOMIT PACK 250 MG | 11 | digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG | 32 | diphenoxylate w/ atropine LIQD ... | 16 |
| DIACOMIT PACK 500 MG | 11 | dihydroergotamine mesylate SOLN IJ 1 MG/ML | 52 | diphenoxylate w/ atropine TABS ... | 16 |
| diazepam (anticonvulsant) GEL ... | 11 | dihydroergotamine mesylate SOLN NA 4 MG/ML | 52 | DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ... | 62 |
| diazepam CONC | 8 | DILANTIN (phenytoin sodium extended) | 12 | dipyridamole | 47 |
| diazepam SOLN OR 5 MG/5ML | 8 | DILANTIN | 12 | disopyramide phosphate CAPS | 8 |
| diazepam TABS | 8 | DILANTIN INFATABS CHEW (phenytoin) | 12 | disulfiram | 60 |
| diazoxide | 15 | DILANTIN-125 SUSP (phenytoin) . | 12 | DIURIL SUSP | 43 |
| dichlorphenamide | 42 | diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG | 32 | divalproex sodium TB24 | 12 |
| diclofenac epolamine PTCH EX ... | 38 | diltiazem hcl coated beads CP24 180 MG, 240 MG | 32 | divalproex sodium TBEC | 12 |
| diclofenac potassium TABS 50 MG . | 3 | diltiazem hcl CP12 | 32 | docetaxel CONC 20 MG/ML | 27 |
| diclofenac sodium (actinic keratoses) EX | 38 | diltiazem hcl CP24 | 32 | docetaxel SOLN 20 MG/2ML | 27 |
| diclofenac sodium (ophth) | 58 | diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | 32 | docosate calcium | 49 |
| diclofenac sodium (topical) GEL EX 38 | | diltiazem hcl SOLN 50 MG/10ML .. | 32 | docosate sodium CAPS 100 MG .. | 49 |
| diclofenac sodium TB24 | 3 | DILTIAZEM HCL SOLR | 32 | docosate sodium CAPS 250 MG .. | 49 |
| diclofenac sodium TBEC | 3 | diltiazem hcl TABS | 32 | dofetilide | 8 |
| diclofenac w/ misoprostol TBEC | 3 | diltiazem hcl TB24 | 32 | donepezil hydrochloride TABS 10 MG | 60 |
| dicloxacillin sodium | 59 | dimethyl fumarate CDPK | 60 | donepezil hydrochloride TABS 5 MG . | 60 |
| dicyclomine hcl CAPS | 62 | dimethyl fumarate CPDR | 60 | donepezil hydrochloride TBDP 10 MG | 60 |
| dicyclomine hcl SOLN OR | 62 | | | donepezil hydrochloride TBDP 5 MG | |
| dicyclomine hcl TABS | 62 | | | | |
| DIFFERIN LOTN | 37 | | | | |
| DIFICID TABS | 50 | | | | |

| | | | | |
|---|--|----|--|----|
| 60 | levomefolate calcium | 34 | ELIQUIS TABS | 10 |
| DOPTELET | DROXIA CAPS | 48 | ELLA | 35 |
| dorzolamide hcl | DUAVEE | 58 | ELMIRON CAPS | 46 |
| dorzolamide hcl-timolol maleate | DULERA | 57 | EMCYT | 24 |
| DOVATO | duloxetine hcl CPEP 20 MG, 30 MG, 60 MG | 29 | EMFLAZA SUSP | 35 |
| doxazosin mesylate | duloxetine hcl CPEP 40 MG | 19 | EMFLAZA TABS (deflazacort) | 35 |
| doxepin hcl (antipruritic) | DUREX EXTRA SENSITIVE THIN DEVI | 38 | EMGALITY SOAJ | 52 |
| doxepin hcl (sleep) | dutasteride | 48 | EMGALITY SOSY 100 MG/ML | 52 |
| doxepin hcl CAPS | dutasteride-tamsulosin hcl | 14 | EMGALITY SOSY 120 MG/ML | 52 |
| doxepin hcl CONC | econazole nitrate CREA | 14 | EMSAM | 13 |
| doxercalciferol CAPS | EDARBI | 44 | emtricitabine CAPS | 29 |
| doxercalciferol SOLN | EDURANT | 44 | emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG | 29 |
| doxorubicin hcl liposomal | efavirenz CAPS 200 MG | 25 | emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG | 29 |
| doxorubicin hcl SOLN | efavirenz CAPS 50 MG | 25 | EMTRIVA SOLN | 29 |
| doxorubicin hcl SOLR 10 MG, 50 MG | efavirenz TABS | 25 | EMVERM CHEW | 7 |
| doxycycline (monohydrate) CAPS 50 MG, 100 MG | efavirenz-emtricitabine-tenofovir disoproxil fumarate | 62 | enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20 | |
| doxycycline (monohydrate) CAPS 75 MG | efavirenz-lamivudine-tenofovir disoproxil fumarate | 62 | enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20 | |
| doxycycline (monohydrate) TABS 100 MG | EGRIFTA 2 MG | 62 | enalapril maleate TABS | 19 |
| doxycycline (monohydrate) TABS 50 MG | EGRIFTA SV | 62 | ENBREL MINI SOCT | 4 |
| doxycycline hyclate CAPS | ELAPRASE | 62 | ENBREL SOLN | 4 |
| doxycycline hyclate SOLR | electrolyte-148 | 62 | ENBREL SOLR | 4 |
| doxycycline hyclate TABS 20 MG, 100 MG | electrolyte-a | 62 | ENBREL SOSY 25 MG/0.5ML | 4 |
| doxylamine-pyridoxine TBEC | ELESTRIN GEL | 17 | ENBREL SOSY 50 MG/ML | 4 |
| dronabinol CAPS | eletriptan hydrobromide | 17 | ENBREL SURECLICK SOAJ | 4 |
| drosiprenone-ethinyl estradiol | ELIGARD KIT SC 7.5 MG | 34 | ENGERIX-B SUSP 20 MCG/ML | 64 |
| drosiprenone-ethinyl estradiol- | ELIGARD SC 22.5 MG, 30 MG, 45 MG | 34 | ENGERIX-B SUSY | 64 |
| | ELIQUIS STARTER PACK TBPK | 10 | | |

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|---|----|--|----|--|----|
| enoxaparin sodium SOLN IJ 300 MG/3ML | 10 | ergocalciferol CAPS | 67 | estradiol GEL 0.06 % | 45 |
| enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML | 10 | ergocalciferol SOLN OR | 67 | estradiol GEL | 45 |
| enoxaparin sodium SOSY 30 MG/0.3ML | 10 | ergoloid mesylates TABS | 61 | estradiol PTTW | 45 |
| enoxaparin sodium SOSY 40 MG/0.4ML | 10 | ERGOMAR SUBL | 52 | estradiol PTWK | 45 |
| enoxaparin sodium SOSY 60 MG/0.6ML | 10 | ergotamine w/ caffeine TABS | 52 | estradiol TABS | 45 |
| enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML | 10 | ERIVEDGE | 24 | estradiol vaginal CREA | 67 |
| ENSPRYNG | 54 | ERLEADA 240 MG | 24 | estradiol vaginal TABS | 67 |
| entacapone | 27 | ERLEADA 60 MG | 24 | estradiol valerate | 45 |
| entecavir TABS | 30 | erlotinib hcl | 24 | ESTROGEL GEL 0.06 % (estradiol) 45 | |
| EPIDIOLEX | 11 | ERTACZO | 37 | eszopiclone | 48 |
| epinastine hcl (ophth) | 58 | ertapenem sodium IJ | 21 | ethacrynic acid | 43 |
| epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML | 67 | erythromycin (acne aid) PADS | 37 | ethambutol hcl TABS | 22 |
| epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML | 67 | erythromycin (acne aid) SOLN | 37 | ethosuximide CAPS | 12 |
| EPIVIR HBV SOLN | 30 | erythromycin (ophth) | 57 | ethosuximide SOLN | 12 |
| eplerenone | 20 | erythromycin base CPEP | 49 | ethynodiol diacet & eth estrad | 34 |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 48 | erythromycin base TABS | 49 | etodolac CAPS | 3 |
| epoprostenol sodium | 32 | erythromycin base TBEC | 49 | etodolac TABS | 3 |
| EQL PRENATAL FORMULA TABS 55 | | erythromycin ethylsuccinate SUSR 49 | | etonogestrel-ethinyl estradiol | 35 |
| EQUETRO 100 MG | 28 | erythromycin ethylsuccinate TABS 50 | | ETOPOPHOS | 27 |
| EQUETRO 200 MG | 28 | escitalopram oxalate SOLN | 13 | etoposide CAPS | 27 |
| EQUETRO 300 MG | 28 | escitalopram oxalate TABS 10 MG 13 | | etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML | 27 |
| ERAXIS | 17 | escitalopram oxalate TABS 20 MG 13 | | etravirine 100 MG | 29 |
| ERBITUX | 24 | escitalopram oxalate TABS 5 MG . 13 | | etravirine 200 MG | 29 |
| | | esomeprazole magnesium CPDR 20 MG | 63 | EUCRISA | 41 |
| | | esomeprazole magnesium CPDR 40 MG | 63 | EVAMIST SOLN | 45 |
| | | esomeprazole magnesium TBEC . 63 | | everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG | 54 |
| | | estazolam | 48 | everolimus TABS | 25 |
| | | | | EVOTAZ | 29 |

| | | | | | |
|---|----|--|----|---|----|
| exemestane | 24 | fenoprofen calcium TABS | 3 | 2024 SUSY | 65 |
| ezetimibe | 19 | FENSOLVI SC | 44 | FLUBLOK QUADRIVALENT 2021-2022 | 65 |
| ezetimibe-simvastatin | 18 | fentanyl citrate LPOP | 5 | FLUBLOK QUADRIVALENT 2022-2023 | 65 |
| famciclovir 125 MG, 250 MG | 31 | fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR | 5 | FLUBLOK QUADRIVALENT 2023-2024 | 65 |
| famciclovir 500 MG | 31 | ferrous fumarate-folic acid | 48 | FLUCELVAX QUADRIVALENT 2021-2022 SUSP | 65 |
| famotidine in nacl SOLN | 63 | ferrous sulfate SOLN 15 MG/ML .. | 48 | FLUCELVAX QUADRIVALENT 2021-2022 SUSY | 65 |
| famotidine SOLN 20 MG/2ML | 63 | ferrous sulfate TABS 65 MG, 325 MG | 48 | FLUCELVAX QUADRIVALENT 2022-2023 SUSP | 65 |
| famotidine SOLN 40 MG/4ML, 200 MG/20ML | 63 | ferrous sulfate TBEC 325 MG | 48 | FLUCELVAX QUADRIVALENT 2022-2023 SUSY | 65 |
| famotidine SUSR | 63 | fesoterodine fumarate | 63 | FLUCELVAX QUADRIVALENT 2023-2024 SUSP | 65 |
| famotidine TABS 20 MG, 40 MG .. | 63 | FETZIMA CP24 | 14 | FLUCELVAX QUADRIVALENT 2023-2024 SUSP | 65 |
| FANAPT | 28 | FETZIMA TITRATION PACK C4PK 14 | 14 | FLUCELVAX QUADRIVALENT 2023-2024 SUSY | 65 |
| FANAPT TITRATION PACK | 28 | finasteride | 47 | FLUCELVAX QUADRIVALENT 2023-2024 SUSY | 65 |
| FANTASY LUBRICATED MISC ... | 50 | fingolimod hcl | 60 | fluconazole SUSR | 17 |
| FANTASY LUBRICATED/SPERMICIDE MISC 50 | 50 | FIRDAPSE | 22 | fluconazole TABS | 17 |
| FARXIGA | 16 | FIRMAGON | 24 | flucytosine | 17 |
| FASENRA PEN SOAJ | 8 | flavoxate hcl | 64 | fludarabine phosphate SOLN | 23 |
| FASENRA SOSY | 8 | flecainide acetate | 8 | fludarabine phosphate SOLR | 23 |
| FC2 FEMALE CONDOM | 50 | floxuridine | 23 | fludrocortisone acetate TABS | 36 |
| febuxostat | 47 | FLUAD QUADRIVALENT 2021-2022 | 64 | FLULAVAL QUADRIVALENT 2021-2022 SUSY | 65 |
| felbamate SUSP | 12 | FLUAD QUADRIVALENT 2022-2023 | 64 | FLULAVAL QUADRIVALENT 2022-2023 SUSY | 65 |
| felbamate TABS 400 MG | 12 | FLUAD QUADRIVALENT 2023-2024 | 64 | FLULAVAL QUADRIVALENT 2023-2024 SUSY | 65 |
| felbamate TABS 600 MG | 12 | FLUARIX QUADRIVALENT 2021-2022 SUSY | 64 | FLUMIST QUADRIVALENT | 65 |
| felodipine | 32 | FLUARIX QUADRIVALENT 2022-2023 SUSY | 65 | flunisolide (nasal) 0.025 % | 56 |
| FEMCAP DEVI | 50 | FLUARIX QUADRIVALENT 2023- | 65 | fluocinolone acetonide (otic) | 59 |
| FEMRING | 67 | | | | |
| fenofibrate micronized 67 MG, 134 MG, 200 MG | 18 | | | | |
| fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG | 18 | | | | |

| | | |
|--|--|---|
| fluocinolone acetonide CREA 0.01 % 40 | flurbiprofen sodium58 | 2023 SUSY66 |
| fluocinolone acetonide CREA 0.025 %40 | flurbiprofen TABS3 | FLUZONE QUADRIVALENT 2023- 2024 SUSP66 |
| fluocinolone acetonide OIL40 | flutamide24 | FLUZONE QUADRIVALENT 2023- 2024 SUSY66 |
| fluocinolone acetonide OINT40 | fluticasone furoate-vilanterol9 | FML FORTE SUSP58 |
| fluocinolone acetonide SOLN40 | fluticasone propionate (inhalation) AEPB9 | FML OINT58 |
| fluocinonide CREA 0.05 %40 | fluticasone propionate (nasal) SUSP . 56 | folic acid TABS47 |
| fluocinonide emulsified base40 | fluticasone propionate CREA 0.05 % 40 | fondaparinux sodium 10 MG/0.8ML 10 |
| fluocinonide GEL40 | fluticasone propionate hfa9 | fondaparinux sodium 2.5 MG/0.5ML . 10 |
| fluocinonide OINT40 | fluticasone propionate LOTN40 | fondaparinux sodium 5 MG/0.4ML .10 |
| fluocinonide SOLN40 | fluticasone propionate OINT40 | fondaparinux sodium 7.5 MG/0.6ML . 10 |
| fluorometholone (ophth) SUSP58 | fluticasone-salmeterol AEPB9 | FORA GTEL BLOOD KETONE TEST STRIPS42 |
| fluorouracil (topical) CREA 5 %38 | fluticasone-salmeterol AERO9 | FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..42 |
| fluorouracil (topical) SOLN38 | fluvastatin sodium CAPS 20 MG ...18 | formoterol fumarate NEBU9 |
| fluorouracil 500 MG/10ML23 | fluvastatin sodium CAPS 40 MG ...18 | FORTEO SOPN (teriparatide (recombinant))43 |
| fluoxetine hcl CAPS 10 MG13 | fluvoxamine maleate TABS 100 MG . 13 | FOSAMAX PLUS D43 |
| fluoxetine hcl CAPS 20 MG13 | fluvoxamine maleate TABS 25 MG, 50 MG13 | fosamprenavir calcium TABS30 |
| fluoxetine hcl CAPS 40 MG13 | FLUZONE HIGH-DOSE PF 2021- 202265 | fosfomycin tromethamine21 |
| fluoxetine hcl CPDR13 | FLUZONE HIGH-DOSE PF 2022- 202365 | fosinopril sodium & hydrochlorothiazide20 |
| fluoxetine hcl SOLN13 | FLUZONE HIGH-DOSE PF 2023- 202465 | fosinopril sodium19 |
| fluoxetine hcl TABS 10 MG, 60 MG 13 | FLUZONE QUADRIVALENT 2021- 2022 SUSP65 | fosphenytoin sodium12 |
| fluoxetine hcl TABS 20 MG13 | FLUZONE QUADRIVALENT 2021- 2022 SUSY65 | FRAGMIN SOSY10 |
| fluphenazine hcl CONC29 | FLUZONE QUADRIVALENT 2022- 2023 SUSP65 | FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM51 |
| fluphenazine hcl ELIX29 | FLUZONE QUADRIVALENT 2022- 2023 SUSY65 | FREESTYLE LIBRE 14 |
| fluphenazine hcl SOLN29 | FLUZONE QUADRIVALENT 2022- 2023 SUSP65 | |
| fluphenazine hcl TABS29 | FLUZONE QUADRIVALENT 2022- | |
| flurandrenolide CREA40 | | |
| flurandrenolide LOTN40 | | |
| flurazepam hcl48 | | |

| | | | |
|--|----|---|---------------|
| DAY/SENSOR/FLASH MONITORING SYSTEM | 51 | galantamine hydrobromide TABS . 60 MG/2ML | 2 |
| FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM | 51 | GAMMAGARD LIQUID 1 GM/10ML 59 | GENVOYA |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM | 51 | GAMMAGARD LIQUID 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | 59 |
| FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM | 51 | GAMMAGARD LIQUID 30 GM/300ML | 59 |
| FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM | 51 | GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR | 59 |
| FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM | 51 | GAMMAKED 1 GM/10ML | 59 |
| frovatriptan succinate | 52 | GAMMAKED 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | 59 |
| fulvestrant SOSY | 24 | GAMUNEX-C 1 GM/10ML | 59 |
| furosemide SOLN OR 10 MG/ML, 40 MG/5ML | 43 | GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML | 59 |
| furosemide TABS | 43 | ganciclovir sodium SOLR | 30 |
| FUZEON SOLR | 30 | ganirelix acetate | 44 |
| FYCOMPA TABS 2 MG | 10 | GARDASIL 9 SUSP | 66 |
| FYCOMPA TABS 4 MG | 10 | GARDASIL 9 SUSY | 66 |
| FYCOMPA TABS 6 MG | 10 | gatifloxacin (ophth) | 57 |
| FYCOMPA TABS 8 MG, 10 MG, 12 MG | 10 | gefitinib | 24 |
| gabapentin CAPS | 11 | gemcitabine hcl SOLR 2 GM, 200 MG | 23 |
| gabapentin SOLN | 11 | gemfibrozil TABS | 18 |
| gabapentin TABS 600 MG, 800 MG 11 | | gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 % | 2 |
| GALAFOLD | 44 | gentamicin sulfate (ophth) OINT .. | 57 |
| galantamine hydrobromide CP24 .. | 60 | gentamicin sulfate (ophth) SOLN .. | 57 |
| galantamine hydrobromide SOLN .. | 60 | gentamicin sulfate (topical) CREA .. | 37 |
| | | gentamicin sulfate (topical) OINT .. | 37 |
| | | gentamicin sulfate IJ 40 MG/ML, 80 | |
| | | GILOTRIF | 24 |
| | | glatiramer acetate SOSY 20 MG/ML . | 60 |
| | | glatiramer acetate SOSY 40 MG/ML . | 60 |
| | | GLEOSTINE 10 MG | 23 |
| | | GLEOSTINE 40 MG, 100 MG | 23 |
| | | glimepiride 1 MG, 2 MG | 16 |
| | | glimepiride 4 MG | 16 |
| | | glipizide TABS 5 MG, 10 MG | 16 |
| | | glipizide TB24 | 16 |
| | | glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG | 14 |
| | | glipizide-metformin hcl 500 MG-5 MG | 14 |
| | | GLUCAGEN DIAGNOSTIC | 42 |
| | | glucagon (rdna) | 15 |
| | | glyburide micronized 1.5 MG, 3 MG, 6 MG | 16 |
| | | glyburide TABS | 16 |
| | | glyburide-metformin 250 MG-1.25 MG | 14 |
| | | glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG | 14 |
| | | glycine (gu irrigant) SOLN 1.5 % .. | 46 |
| | | glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML | 63 |
| | | glycopyrrolate TABS 1 MG | 63 |
| | | glycopyrrolate TABS 2 MG | 63 |
| | | GLYXAMBI | 14 |
| | | GNP PRENATAL TABS | 55 |

| | | | | | |
|--------------------------------------|----|------------------------------------|----|---------------------------------------|----|
| GOJJI BLOOD KETONE TEST STRIPS | 42 | HEPLISAV-B SOSY | 66 | MG-7.5 MG | 6 |
| granisetron hcl SOLN IV 1 MG/ML | 16 | HIBERIX SOLR IJ | 64 | hydrocodone-acetaminophen TABS | |
| granisetron hcl TABS | 16 | HUMATROPE CART IJ | 44 | 325 MG-10 MG, 325 MG-5 MG, 325 | |
| GRASTEK SUBL | 2 | HUMIRA PEDIATRIC CROHNS | | MG-7.5 MG | 6 |
| griseofulvin microsize SUSP | 17 | DISEASE STARTER PACK PSKT 80 | | hydrocodone-ibuprofen 10 MG-200 | |
| griseofulvin microsize TABS | 17 | MG/0.8ML | 3 | MG, 5 MG-200 MG | 6 |
| griseofulvin ultramicrosize | 17 | HUMIRA PEN PNKT 80 MG/0.8ML | 3 | hydrocodone-ibuprofen 7.5 MG-200 | |
| guanfacine hcl (adhd) | 1 | HUMIRA PEN PNKT | 3 | MG | 6 |
| guanfacine hcl | 19 | HUMIRA PEN-CD/UC/HS STARTER | | hydrocortisone (intrarectal) | 7 |
| GYNAZOLE-1 | 67 | PNKT | 3 | hydrocortisone (rectal) EX | 7 |
| HADLIMA PUSHTOUCH SOAJ | 3 | HUMIRA PEN-PEDIATRIC UC | | hydrocortisone (topical) CREA 1 %, | |
| HADLIMA SOSY | 3 | STARTER PACK PNKT | 3 | 2.5 % | 40 |
| HAEGARDA SOLR SC | 47 | HUMIRA PEN-PS/UV STARTER | | hydrocortisone (topical) LOTN 2.5 % . | |
| HALAVEN | 27 | PNKT | 3 | 40 | |
| halcinonide CREA | 40 | HUMIRA PSKT | 3 | hydrocortisone (topical) OINT 1 %, | |
| halobetasol propionate CREA | 40 | HUMULIN R U-500 | | 2.5 % | 40 |
| halobetasol propionate OINT | 40 | (CONCENTRATED) SOLN SC | 15 | hydrocortisone acetate (rectal) | 7 |
| HALOG OINT | 40 | HUMULIN R U-500 KWIKPEN SOPN | | hydrocortisone butyrate CREA | 40 |
| haloperidol decanoate | 28 | SC | 15 | hydrocortisone butyrate OINT | 40 |
| haloperidol lactate CONC | 28 | HYCAMTIN CAPS | 27 | hydrocortisone butyrate SOLN | 40 |
| haloperidol lactate SOLN | 28 | hydralazine hcl SOLN | 20 | hydrocortisone TABS | 35 |
| haloperidol TABS | 28 | hydralazine hcl TABS | 20 | hydrocortisone vaginal | 67 |
| HAVRIX | 66 | hydrochlorothiazide CAPS | 43 | hydrocortisone valerate CREA | 40 |
| HEALON PRO SOSY | 58 | hydrochlorothiazide TABS 12.5 MG | | hydrocortisone valerate OINT | 40 |
| HEMANGEOL SOLN OR | 31 | 43 | | hydrocortisone w/acetic acid | 59 |
| heparin sodium (porcine) SOLN IJ | | hydrochlorothiazide TABS 25 MG, 50 | | hydromorphone hcl LIQD | 5 |
| 5000 UNIT/ML, 10000 UNIT/ML, | | MG | 43 | hydromorphone hcl SOLN IJ 10 | |
| 20000 UNIT/ML | 10 | hydrocodone polistirex- | | MG/ML, 50 MG/5ML, 500 MG/50ML . | |
| HEPARIN SODIUM/NAACL 0.45% | | chlorpheniramine polistirex SUER | 36 | 5 | |
| SOLN IV 0.45 %-12500 UNIT/250ML | | hydrocodone-acetaminophen SOLN | | hydromorphone hcl TABS | 5 |
| 10 | | 108 MG/5ML-2.5 MG/5ML, 217 | | hydromorphone hcl TB24 32 MG ... | 5 |
| | | MG/10ML-5 MG/10ML, 325 | | hydromorphone hcl TB24 8 MG, 12 | |
| | | MG/15ML-7.5 MG/15ML | 6 | MG, 16 MG | 5 |
| | | hydrocodone-acetaminophen TABS | | | |
| | | 300 MG-10 MG, 300 MG-5 MG, 300 | | | |

| | | |
|--|--|---|
| hydroxychloroquine sulfate 200 MG 22 | imipramine hcl TABS14 | INTRON A SOLR 18000000 UNIT 27 |
| hydroxyurea27 | imipramine pamoate14 | IONOSOL-MB/DEXTROSE 5% ...53 |
| hydroxyzine hcl SOLN 50 MG/ML .. 8 | imiquimod 5 % 41 | IOPIDINE57 |
| hydroxyzine hcl SYRP8 | IMPAVIDO20 | IPOL INACTIVATED IPV66 |
| hydroxyzine hcl TABS8 | INCRELEX 44 | ipratropium bromide (nasal) 0.03 % 56 |
| hydroxyzine pamoate CAPS8 | INCRUSE ELLIPTA8 | ipratropium bromide (nasal) 0.06 % 56 |
| HYPERSAL NEBU36 | indapamide TABS 1.25 MG43 | ipratropium bromide SOLN 0.02 % . 9 |
| HYQVIA 59 | indapamide TABS 2.5 MG43 | ipratropium-albuterol SOLN9 |
| ibandronate sodium SOLN43 | indomethacin CAPS 25 MG, 50 MG 4 | irbesartan19 |
| ibandronate sodium TABS43 | indomethacin CPCR4 | irbesartan-hydrochlorothiazide ...20 |
| IBRANCE CAPS25 | INFANRIX62 | IRESSA (gefitinib)24 |
| IBRANCE TABS25 | INFLECTRA SOLR46 | irinotecan hcl 40 MG/2ML, 100 MG/5ML27 |
| ibuprofen SUSP 100 MG/5ML3 | INGREZZA CAPS60 | irrigation solutions, physiological ..54 |
| ibuprofen TABS 400 MG, 600 MG ..4 | INGREZZA CPPK60 | ISENTRESS CHEW30 |
| ibuprofen TABS 800 MG3 | INLYTA23 | ISENTRESS HD TABS30 |
| icatibant acetate SOLN47 | INREBIC25 | ISENTRESS TABS30 |
| icatibant acetate SOSY47 | INSULIN ASPART FLEXPEN SOPN . 15 | ISOLYTE-P/DEXTROSE 5%53 |
| ICLUSIG25 | INSULIN ASPART PENFILL SOCT 15 | ISOLYTE-S53 |
| icosapent ethyl 1 GM18 | INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN15 | isoniazid SOLN22 |
| idarubicin hcl 20 MG/20ML25 | INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP15 | isoniazid SYRP22 |
| idarubicin hcl 5 MG/5ML, 10 MG/10ML25 | INSULIN ASPART SOLN IJ15 | isoniazid TABS22 |
| ifosfamide SOLN 1 GM/20ML23 | INSULIN DEGLUDEC FLEXTOUCH SOPN15 | isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG7 |
| ifosfamide SOLR23 | INSULIN DEGLUDEC SOLN15 | isosorbide dinitrate-hydralazine hcl 32 |
| imatinib mesylate25 | INTELENCE 25 MG30 | isosorbide mononitrate TABS7 |
| IMBRUVICA CAPS 140 MG25 | INTRAROSA66 | isosorbide mononitrate TB247 |
| IMBRUVICA CAPS 70 MG25 | | isotretinoin 10 MG, 20 MG, 30 MG, 40 MG37 |
| IMBRUVICA SUSP25 | | |
| IMBRUVICA TABS25 | | |
| imipenem-cilastatin IV21 | | |

| | | | | | |
|---|----|--|----|---|----|
| isradipine CAPS | 32 | ketorolac tromethamine TABS | 4 | KOSELUGO | 26 |
| itraconazole CAPS | 17 | KETOSTIX STRP | 42 | KP PRENATAL MULTIVITAMINS TABS | 55 |
| itraconazole SOLN | 17 | ketotifen fumarate (ophth) 0.035 % 58 | | KRINTAFEL | 22 |
| ivermectin (pediculicide) | 41 | KEVZARA SOAJ | 3 | K-Y ME & YOU EXTRA LUBRICATED DEVI | 50 |
| ivermectin | 7 | KEVZARA SOSY | 3 | K-Y ME & YOU INTENSE DEVI ... | 50 |
| IXEMPRA KIT 15 MG | 27 | KIMONO COLORS DEVI | 50 | KYLEENA | 35 |
| JAKAFI | 25 | KIMONO LUBRICATED MISC | 50 | KYPROLIS | 26 |
| JANUMET TABS | 14 | KIMONO MAXX/LARGE FLARE MISC | 50 | labetalol hcl SOLN | 31 |
| JANUMET XR TB24 1000 MG-100 MG | 14 | KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 50 | | labetalol hcl TABS 100 MG, 200 MG . | 31 |
| JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG | 14 | KIMONO PLUS SPERMICIDE LUBRICATED MISC | 50 | labetalol hcl TABS 300 MG | 31 |
| JANUVIA | 15 | KIMONO PLUS SPERMICIDE LUBRICATED MISC | 50 | lacosamide SOLN OR | 11 |
| JARDIANCE | 16 | KIMONO PLUS SPERMICIDE/LUBRICATED MISC 50 | | lacosamide TABS | 11 |
| JEVTANA | 27 | KIMONO PS LUBRICATED MISC . | 50 | lactated ringer's (irrigation) | 54 |
| JULUCA | 30 | KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 50 | | lactated ringer's | 53 |
| KALYDECO TABS | 61 | KIMONO SENSATION LUBRICATED MISC | 50 | lactic acid (ammonium lactate) CREA | 41 |
| KAMELEON LUBRICATED MISC . | 50 | KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 50 | | lactic acid (ammonium lactate) LOTN 12 % | 41 |
| KANJINTI | 23 | KIMONO SPECIAL DEVI | 50 | lactulose (encephalopathy) | 46 |
| KCL 0.3%/D5W/NACL 0.9% (potassium chloride in dextrose & sodium chloride) | 53 | KINRIX SUSY | 62 | lactulose SOLN | 49 |
| KEPIVANCE 6.25 MG | 27 | KISQALI | 26 | lamivudine (hbv) TABS | 30 |
| KESIMPTA | 60 | KISQALI FEMARA 200 DOSE ... | 25 | lamivudine SOLN | 30 |
| ketoconazole (topical) CREA | 37 | KISQALI FEMARA 400 DOSE ... | 25 | lamivudine TABS 150 MG | 30 |
| ketoconazole (topical) SHAM 2 % . | 38 | KISQALI FEMARA 600 DOSE ... | 25 | lamivudine TABS 300 MG | 30 |
| ketoconazole | 17 | KLARITY-A | 57 | lamivudine-zidovudine | 30 |
| KETONE STRP | 42 | | | lamotrigine CHEW 25 MG | 11 |
| KETONE TEST STRIPS STRP | 42 | | | lamotrigine CHEW 5 MG | 11 |
| ketoprofen CAPS 50 MG | 4 | | | lamotrigine TABS | 11 |
| ketorolac tromethamine (ophth) ... | 58 | | | lamotrigine TBDP | 11 |

| | | | | | |
|---|----|---|----|--|----|
| LANOXIN SOLN IJ (digoxin) | 32 | LEVEMIR FLEXTOUCH SOPN | 15 | levothyroxine sodium TABS | 62 |
| LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin) | 32 | LEVEMIR SOLN | 15 | LEXIVA SUSP | 30 |
| lansoprazole CPDR 15 MG | 63 | levetiracetam SOLN IV 500 MG/5ML 11 | | lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 % | 49 |
| lansoprazole CPDR 30 MG | 63 | levetiracetam TABS 1000 MG | 11 | lidocaine hcl (mouth-throat) 2 % | 54 |
| lanthanum carbonate CHEW | 46 | levetiracetam TABS 250 MG, 750 MG | 11 | lidocaine hcl (mouth-throat) 4 % | 55 |
| lapatinib ditosylate | 26 | levetiracetam TABS 500 MG | 11 | lidocaine hcl GEL 2 % | 41 |
| LASTACAFT | 58 | levetiracetam TB24 | 11 | lidocaine hcl PRSY | 41 |
| latanoprost SOLN | 58 | levobunolol hcl 0.5 % | 57 | lidocaine hcl SOLN | 41 |
| leflunomide | 4 | levocetirizine dihydrochloride SOLN 18 | | lidocaine PTCH 5 % | 41 |
| lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG | 54 | levocetirizine dihydrochloride TABS 18 | | lidocaine-prilocaine CREA | 41 |
| lenalidomide 20 MG | 54 | levofloxacin (ophth) 0.5 % | 57 | LILETTA 20.1 MCG/DAY | 35 |
| LENVIMA 10 MG DAILY DOSE | 23 | levofloxacin in d5w 5 %-500 MG/100ML | 45 | lincomycin hcl | 21 |
| LENVIMA 12MG DAILY DOSE | 23 | levofloxacin SOLN OR | 45 | linezolid SUSR | 21 |
| LENVIMA 14 MG DAILY DOSE | 23 | levofloxacin TABS 250 MG, 750 MG . | 45 | linezolid TABS | 21 |
| LENVIMA 18 MG DAILY DOSE | 23 | levofloxacin TABS 500 MG | 45 | LINZESS | 46 |
| LENVIMA 20 MG DAILY DOSE | 23 | levonorgestrel & eth estradiol TABS 34 | | lithyronine sodium SOLN | 62 |
| LENVIMA 24 MG DAILY DOSE | 23 | levonorgestrel (emergency oc) 1.5 MG | 35 | lithyronine sodium TABS | 62 |
| LENVIMA 4 MG DAILY DOSE | 23 | levonorgestrel-eth estradiol (triphasic) | 34 | lisdexamfetamine dimesylate CAPS 1 | |
| LENVIMA 8 MG DAILY DOSE | 23 | levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG | 34 | lisinopril & hydrochlorothiazide ... | 20 |
| letrozole | 24 | levonorgestrel-ethinyl estradiol (continuous) | 34 | lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG | 19 |
| leucovorin calcium SOLR | 27 | levonorgestrel-ethinyl estradiol-iron 34 | | lithium | 28 |
| leucovorin calcium TABS | 27 | levorphanol tartrate TABS 2 MG | 5 | lithium carbonate CAPS | 28 |
| LEUKERAN | 23 | | | lithium carbonate TABS | 28 |
| LEUKINE SOLR IJ | 48 | | | lithium carbonate TBCR | 28 |
| leuprolide acetate KIT IJ 1 MG/0.2ML | 24 | | | LO LOESTRIN FE TABS | 34 |
| levabuterol hcl | 9 | | | LOKELMA | 54 |
| levabuterol tartrate | 9 | | | loperamide hcl CAPS | 16 |
| LEVEMIR FLEXPEN SOPN | 15 | | | lopinavir-ritonavir SOLN | 30 |
| | | | | lopinavir-ritonavir TABS | 30 |

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|-------------------------------------|----|-----------------------------------|----|------------------------------------|----|
| loratadine CAPS | 18 | LUPRON DEPOT-PED (1-MONTH) . | 44 | medroxyprogesterone acetate 2.5 | |
| loratadine CHEW | 18 | | | MG, 5 MG | 60 |
| loratadine SOLN | 18 | LUPRON DEPOT-PED (3-MONTH) | | mefenamic acid CAPS | 4 |
| loratadine TABS | 18 | 11.25 MG | 44 | mefloquine hcl | 22 |
| loratadine TBDP | 18 | LUPRON DEPOT-PED (3-MONTH) | | megestrol acetate (appetite) | 60 |
| lorazepam CONC | 8 | 30 MG | 44 | megestrol acetate SUSP | 24 |
| lorazepam TABS 0.5 MG, 2 MG | 8 | lurasidone hcl 20 MG, 40 MG, 60 | | megestrol acetate TABS | 24 |
| lorazepam TABS 1 MG | 8 | MG, 120 MG | 28 | MEKINIST SOLR | 26 |
| LORBRENA | 26 | lurasidone hcl 80 MG | 28 | MEKINIST TABS 0.5 MG | 26 |
| losartan potassium & | | LYNPARZA TABS | 26 | MEKINIST TABS 2 MG | 26 |
| hydrochlorothiazide 12.5 MG-100 | | LYSODREN | 24 | MEKTOVI | 26 |
| MG, 25 MG-100 MG | 20 | mafenide acetate PACK | 39 | meloxicam TABS | 4 |
| losartan potassium & | | magnesium sulfate IJ 50 % | 53 | melphalan | 23 |
| hydrochlorothiazide 12.5 MG-50 MG . | | malathion | 41 | melphalan hcl | 23 |
| 20 | | maraviroc TABS 150 MG | 30 | memantine hcl TABS | 60 |
| losartan potassium | 19 | maraviroc TABS 300 MG | 30 | MENACTRA | 64 |
| LOTEMAX OINT | 58 | MARPLAN | 13 | MENEST | 45 |
| loteprednol etabonate GEL | 58 | MASONATAL TABS | 55 | MENOSTAR PTWK | 45 |
| loteprednol etabonate SUSP | 58 | MATULANE | 27 | MENQUADFI | 64 |
| lovastatin TABS 10 MG, 20 MG ... | 18 | MAXIDEX SUSP OP | 58 | MENVEO SOLR | 64 |
| lovastatin TABS 40 MG | 18 | MAXX LUBRICATED MISC | 50 | meperidine hcl SOLN IJ 25 MG/ML, | |
| loxapine succinate | 28 | MAXX PLUS SPERMICIDE | | 50 MG/ML, 100 MG/ML | 5 |
| lubiprostone | 45 | LUBRICATED MISC | 50 | meperidine hcl SOLN OR 50 | |
| LUCEMYRA | 60 | meclizine hcl TABS 12.5 MG | 17 | MG/5ML | 5 |
| luliconazole | 38 | meclizine hcl TABS 25 MG | 17 | meperidine hcl TABS 50 MG | 5 |
| LUMIZYME | 44 | meclofenamate sodium CAPS | 4 | meprobamate | 8 |
| LUPRON DEPOT (1-MONTH) KIT IM | | MEDROL TABS | 35 | mercaptopurine TABS | 23 |
| | 24 | medroxyprogesterone acetate | | meropenem | 21 |
| LUPRON DEPOT (3-MONTH) KIT IM | | (contraceptive) SUSP IM | 35 | mesalamine CP24 | 46 |
| | 24 | medroxyprogesterone acetate | | mesalamine CPDR | 46 |
| LUPRON DEPOT (4-MONTH) IM . | 24 | (contraceptive) SUSY IM | 35 | mesalamine ENEM | 46 |
| LUPRON DEPOT (6-MONTH) IM . | 24 | medroxyprogesterone acetate 10 MG | | | |
| | | | 60 | | |

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| mesalamine SUPP | 46 | methoxsalen rapid | 39 | metolazone | 43 |
| mesalamine TBEC 1.2 GM | 46 | methscopolamine bromide | 63 | metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG | 20 |
| mesalamine TBEC 800 MG | 46 | methsuximide | 12 | metoprolol & hydrochlorothiazide TABS 25 MG-50 MG | 20 |
| metaxalone 800 MG | 56 | methyldopa TABS | 19 | metoprolol succinate TB24 200 MG 31 | |
| metformin hcl TABS 1000 MG | 15 | methylphenidate hcl CP24 20 MG, 40 MG | 2 | metoprolol succinate TB24 25 MG, 50 MG, 100 MG | 31 |
| metformin hcl TABS 500 MG | 15 | methylphenidate hcl CP24 30 MG .. | 2 | metoprolol tartrate SOLN IV 5 MG/5ML | 31 |
| metformin hcl TABS 850 MG | 15 | methylphenidate hcl CP24 | 1 | metoprolol tartrate TABS 25 MG, 50 MG, 100 MG | 31 |
| metformin hcl TB24 500 MG | 15 | methylphenidate hcl CPCR | 2 | metronidazole (topical) CREA | 41 |
| metformin hcl TB24 750 MG | 15 | methylphenidate hcl SOLN | 2 | metronidazole (topical) GEL 0.75 % 41 | |
| methadone hcl CONC | 5 | methylphenidate hcl TABS 10 MG, 20 MG | 2 | metronidazole (topical) GEL 1 % .. | 41 |
| methadone hcl SOLN IJ 10 MG/ML .5 | | methylphenidate hcl TABS 5 MG .. | 2 | metronidazole (topical) LOTN | 41 |
| METHADONE HCL SOLN IJ | 5 | methylphenidate hcl TB24 27 MG .. | 2 | metronidazole TABS | 20 |
| methadone hcl SOLN OR 10 MG/5ML | 5 | methylphenidate hcl TB24 36 MG, 54 MG | 2 | metronidazole vaginal | 67 |
| methadone hcl SOLN OR 5 MG/5ML 5 | | methylphenidate hcl TBCR 10 MG, 20 MG | 2 | mexiletine hcl | 8 |
| methadone hcl TABS 10 MG | 5 | methylphenidate hcl TBCR 18 MG, 27 MG | 2 | micafungin sodium | 17 |
| methadone hcl TABS 5 MG | 5 | methylphenidate hcl TBCR 36 MG, 54 MG | 2 | miconazole nitrate vaginal SUPP 200 MG | 67 |
| methadone hcl TBSO | 5 | methylphenidate PTCH | 2 | midodrine hcl | 67 |
| methamphetamine hcl | 1 | methylprednisolone acetate SUSP 35 | | miglitol | 14 |
| methazolamide TABS | 42 | methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG | 35 | miglustat | 47 |
| methenamine hippurate | 21 | methylprednisolone TABS | 35 | minocycline hcl CAPS | 62 |
| methimazole TABS | 62 | methylprednisolone TBPK | 35 | minocycline hcl TABS | 62 |
| METHITEST TABS | 7 | metoclopramide hcl SOLN IJ 5 MG/ML | 46 | minoxidil 2.5 MG, 10 MG | 20 |
| methocarbamol TABS 500 MG, 750 MG | 56 | metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML | 46 | MIRCERA 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200 | |
| METHOTREXATE | 2 | metoclopramide hcl TABS | 46 | | |
| methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML | 23 | | | | |
| methotrexate sodium SOLR | 23 | | | | |
| methotrexate sodium TABS 2.5 MG 23 | | | | | |

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|--|----|---|----|---|----|
| MCG/0.3ML | 48 | montelukast sodium TABS | 9 | nafcillin sodium IV 10 GM | 59 |
| MIRENA | 35 | morphine sulfate CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 5 | | naftifine hcl CREA 1 % | 38 |
| mirtazapine TABS 15 MG | 12 | morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML | 5 | naftifine hcl CREA 2 % | 38 |
| mirtazapine TABS 30 MG | 12 | morphine sulfate SOLN OR 10 MG/5ML | 5 | NAGLAZYME | 44 |
| mirtazapine TABS 7.5 MG, 45 MG | 12 | morphine sulfate SOLN OR 20 MG/5ML | 5 | nalbuphine hcl | 7 |
| mirtazapine TBDP 15 MG | 12 | morphine sulfate TABS | 5 | naloxone hcl LIQD | 16 |
| mirtazapine TBDP 30 MG | 12 | morphine sulfate TBCR | 5 | naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML | 16 |
| mirtazapine TBDP 45 MG | 12 | MOTOFEN | 16 | naltrexone hcl | 16 |
| misoprostol | 63 | MOVANTIK | 46 | naproxen sodium TABS 550 MG ... | 4 |
| mitomycin SOLR IV 20 MG | 25 | moxifloxacin hcl (ophth) SOLN OP | 57 | naproxen SUSP | 4 |
| mitoxantrone hcl 2 MG/ML | 25 | moxifloxacin hcl in sodium chloride | 45 | naproxen TABS | 4 |
| M-M-R II SOLR | 66 | moxifloxacin hcl TABS | 45 | naproxen TBEC 500 MG | 4 |
| M-NATAL PLUS TABS | 55 | MOZOBIL (plerixafor) | 48 | naratriptan hcl | 52 |
| modafinil 100 MG | 2 | MULPLETA | 48 | NATAACYN | 57 |
| modafinil 200 MG | 2 | MULTI PRENATAL TABS | 55 | NATAZIA | 34 |
| MODERNA COVID-19 VACCINE SUSP | 66 | mupirocin OINT | 37 | nateglinide | 16 |
| MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . | 66 | MVASI | 23 | NAYZILAM | 11 |
| MODERNA COVID-19 VACCINE6- 11Y SUSP | 66 | MYALEPT | 44 | nebivolol hcl 2.5 MG, 5 MG, 10 MG 31 | |
| MODERNA COVID-19 VACCINE6MO-5Y SUSP | 66 | mycophenolate mofetil CAPS | 54 | nebivolol hcl 20 MG | 31 |
| moexipril hcl | 19 | mycophenolate mofetil TABS | 54 | NEBUSAL NEBU | 36 |
| mometasone furoate (nasal) SUSP | 56 | mycophenolate sodium | 54 | nefazodone hcl | 13 |
| mometasone furoate CREA | 40 | MYLERAN TABS | 23 | nelarabine | 23 |
| mometasone furoate OINT | 40 | nabumetone | 4 | neomycin sulfate TABS | 2 |
| mometasone furoate SOLN | 40 | nadolol TABS 20 MG | 31 | neomycin-bacitracin zn-polymyxin | 57 |
| montelukast sodium CHEW | 9 | nadolol TABS 40 MG | 31 | neomycin-polymy-dexameth OINT | 58 |
| montelukast sodium PACK | 9 | nadolol TABS 80 MG | 31 | neomycin-polymy-dexameth SUSP | 58 |
| | | | | neomycin-polymyxin-hc (ophth) ... | 58 |
| | | | | neomycin-polymyxin-hc (otic) SOLN . | |

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|-----------------------------------|------------------------------------|----|---|----|
| 58 | nicardipine hcl SOLN | 32 | NITROGLYCERIN SOLN IV | 7 |
| neomycin-polymyxin-hc (otic) SUSP | nicotine MISC XX | 61 | nitroglycerin SUBL | 7 |
| 59 | nicotine polacrilex GUM | 61 | NIVA-PLUS TABS | 55 |
| NEONATAL COMPLETE TABS 120 | nicotine polacrilex LOZG | 61 | nizatidine CAPS | 63 |
| MG-10 MG-9.2 MG-1000 MCG-10 | nicotine PT24 TD 7 MG/24HR, 14 | 61 | nizatidine SOLN | 63 |
| MCG-12 MCG-3 MG-5 MG-20 MG- | MG/24HR, 21 MG/24HR | 61 | NORDITROPIN FLEXPPO SOPN 30 | 44 |
| 27 MG-200 MG-1.84 MG-25 MG-2 | NICOTINE TRANSDERMAL | | MG/3ML | |
| MG-1200 MCG-2 MG-0.2 MG | SYSTEM KIT | 61 | NORDITROPIN FLEXPPO SOPN 5 | 44 |
| NEONATAL PLUS TABS | NICOTROL INHALER INHA | 61 | MG/1.5ML, 10 MG/1.5ML, 15 | |
| NEONATAL PRENATAL VITAMIN | NICOTROL NS SOLN | 61 | MG/1.5ML | 44 |
| TABS | nifedipine CAPS 10 MG | 32 | norelgestromin-ethinyl estradiol | 34 |
| NEONATAL VITAMIN TABS | nifedipine CAPS 20 MG | 32 | norethin acet & estrad-fe CAPS | 34 |
| neostigmine methylsulfate SOSY | nifedipine TB24 60 MG | 32 | norethin acet & estrad-fe CHEW | 34 |
| SOSY | nifedipine TB24 90 MG | 32 | norethin acet & estrad-fe TABS 1 | |
| NEO-SYNALAR | nifedipine TB24 | 32 | MG-20 MCG-75 MG, 1.5 MG-30 | |
| NEUPRO | nilutamide | 24 | MCG-75 MG | 34 |
| NEVANAC | nimodipine CAPS | 32 | norethindrone & eth estradiol | 34 |
| nevirapine SUSP | NINLARO | 26 | norethindrone & ethinyl estradiol-fe | 34 |
| nevirapine TABS | NIPENT | 27 | norethindrone (contraceptive) | 35 |
| nevirapine TB24 100 MG | nisoldipine 8.5 MG, 17 MG, 20 MG, | 32 | norethindrone acet & eth estra | 34 |
| nevirapine TB24 400 MG | 30 MG, 34 MG, 40 MG | 32 | norethindrone acetate TABS | 60 |
| NEXIUM 24HR TBEC (esomeprazole | nitazoxanide TABS | 21 | norethindrone acetate-ethinyl | |
| magnesium) | nitisinone CAPS | 44 | estradiol | 45 |
| NEXPLANON | NITRO-BID OINT | 7 | norethindrone acetate-ethinyl | |
| NEXTSTELLIS | nitrofurantoin | 21 | estradiol-fe | 34 |
| niacin (antihyperlipidemic) TBCR | nitrofurantoin macrocrystal 50 MG, | 21 | norethindrone-eth estradiol (triphasic) | 34 |
| niacin CPCR 250 MG, 500 MG | 100 MG | 21 | norgestimate-ethinyl estradiol | |
| niacin TABS | nitrofurantoin monohyd macro | 21 | (triphasic) | 34 |
| niacin TBCR | nitroglycerin (intra-anal) | 7 | norgestimate-ethinyl estradiol | 34 |
| NIACIN TR TBCR | nitroglycerin CPCR | 7 | norgestrel & ethinyl estradiol 30 | |
| niacinamide TABS 100 MG | nitroglycerin PT24 | 7 | MCG-0.3 MG | 34 |
| niacinamide TABS 500 MG | | | NORMOSOL-M/D5W | 53 |
| nicardipine hcl CAPS | | | | |

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| NORMOSOL-R | 53 | nystatin (topical) OINT | 38 | omeprazole TBEC | 63 |
| nortriptyline hcl CAPS | 14 | nystatin (topical) POWD EX | 38 | omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG | 63 |
| nortriptyline hcl SOLN | 14 | nystatin TABS | 17 | OMNIFLEX DIAPHRAGM | 50 |
| NORVIR PACK | 30 | nystatin-triamcinolone CREA | 38 | ONCASPAR | 26 |
| NORVIR SOLN | 30 | nystatin-triamcinolone OINT | 38 | ondansetron hcl SOLN IJ 4 MG/2ML . 16 | |
| NOVA MAX PLUS KETONE TESTSTRIPS | 42 | octreotide acetate SOLN | 45 | ondansetron hcl SOLN OR 4 MG/5ML | 16 |
| NOVOLIN 70/30 FLEXPEN SUPN | 15 | ODEFSEY | 30 | ondansetron hcl SOSY | 16 |
| NOVOLIN 70/30 SUSP | 15 | ODOMZO | 24 | ondansetron hcl TABS 24 MG | 16 |
| NOVOLIN N FLEXPEN SUPN | 16 | OFEV | 61 | ondansetron hcl TABS 4 MG | 16 |
| NOVOLIN N SUSP | 16 | ofloxacin (ophth) | 57 | ondansetron hcl TABS 8 MG | 16 |
| NOVOLIN R FLEXPEN SOPN IJ .. | 16 | ofloxacin (otic) | 58 | ondansetron TBDP 4 MG | 17 |
| NOVOLIN R SOLN IJ | 16 | ofloxacin 300 MG, 400 MG | 45 | ondansetron TBDP 8 MG | 17 |
| NOXAFIL SUSP (posaconazole) .. | 17 | OGIVRI | 24 | ONE VITE WOMENS PRENATALVITAMIN PLUS TABS | 55 |
| NP THYROID 120 TABS | 62 | olanzapine SOLR | 28 | ONE VITE WOMENS PRENATALVITAMIN TABS | 55 |
| NP THYROID 15 TABS | 62 | olanzapine TABS 2.5 MG, 5 MG .. | 28 | ONETOUCH DELICA SAFETY LANCING DEVICE | 51 |
| NP THYROID 30 TABS | 62 | olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG | 29 | ONETOUCH DELICA SAFETY LANCING DEVICE 30G | 51 |
| NP THYROID 60 TABS | 62 | olanzapine TBDP 20 MG | 29 | OPILL | 35 |
| NP THYROID 90 TABS | 62 | olanzapine TBDP 5 MG, 10 MG, 15 MG | 29 | OPSUMIT | 33 |
| NUBEQA | 24 | olmesartan medoxomil | 19 | ORENITRAM TBCR | 32 |
| NUCALA SOAJ | 8 | olmesartan medoxomil-amlodipine- hydrochlorothiazide | 20 | ORILISSA | 44 |
| NUCALA SOLR | 8 | olmesartan medoxomil- hydrochlorothiazide | 20 | ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG | 61 |
| NUCALA SOSY 100 MG/ML | 8 | olopatadine hcl (nasal) | 56 | ORKAMBI TABS | 61 |
| NUCALA SOSY 40 MG/0.4ML | 8 | olopatadine hcl 0.1 % | 58 | ORLADEYO | 47 |
| NUCYNTA ER TB12 | 5 | olopatadine hcl 0.2 % | 58 | orphenadrine citrate TB12 | 56 |
| NUCYNTA TABS | 5 | omega-3-acid ethyl esters | 18 | oseltamivir phosphate CAPS | 31 |
| NUEDEXTA | 61 | omeprazole CPDR | 63 | | |
| NULOJIX | 54 | omeprazole magnesium CPDR | 63 | | |
| nystatin (mouth-throat) | 55 | | | | |
| nystatin (topical) CREA | 38 | | | | |

| | | |
|---|--|---|
| oseltamivir phosphate SUSR 31 | OZEMPIC SOPN15 | paroxetine hcl TB24 25 MG, 37.5 MG13 |
| OSMOPREP49 | paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML27 | PASER PACK22 |
| OSPHENA44 | paclitaxel protein-bound particles .27 | pazopanib hcl26 |
| OTEZLA TABS4 | paliperidone 1.5 MG, 3 MG, 9 MG .28 | PEDIARIX SUSY62 |
| OTEZLA TBPK4 | paliperidone 6 MG28 | pediatric multivitamins w/fl CHEW .55 |
| oxacillin sodium IV 10 GM59 | palonosetron hcl SOLN17 | PEDVAX HIB SUSP64 |
| oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML23 | pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML43 | peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid49 |
| oxandrolone7 | PAMIDRONATE DISODIUM SOLN 43 | peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM- 2.97 GM-5.86 GM-22.74 GM-236 GM49 |
| oxaprozin TABS4 | 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 UNIT42 | PEGASYS SOLN30 |
| oxazepam CAPS8 | PANRETIN38 | PEGASYS SOSY30 |
| OXBRYTA TABS 500 MG47 | pantoprazole sodium TBEC 20 MG 63 | PEMAZYRE26 |
| oxcarbazepine SUSP11 | pantoprazole sodium TBEC 40 MG 63 | pemetrexed disodium SOLR 500 MG 23 |
| oxcarbazepine TABS 150 MG, 300 MG11 | PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A35 | penciclovir39 |
| oxcarbazepine TABS 600 MG11 | paricalcitol CAPS44 | penicillamine CAPS54 |
| oxiconazole nitrate CREA38 | paricalcitol SOLN44 | penicillamine TABS54 |
| OXISTAT LOTN38 | paroxetine hcl SUSP13 | penicillin g potassium 5000000 UNIT 59 |
| oxybutynin chloride SOLN63 | paroxetine hcl TABS 10 MG13 | PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML59 |
| oxybutynin chloride TABS 5 MG ...63 | paroxetine hcl TABS 20 MG13 | PENICILLIN G PROCAINE59 |
| oxybutynin chloride TB2463 | paroxetine hcl TABS 30 MG13 | penicillin g sodium59 |
| oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG5 | paroxetine hcl TABS 40 MG13 | penicillin v potassium SOLR59 |
| oxycodone hcl TABS5 | paroxetine hcl TABS 12.5 MG13 | penicillin v potassium TABS59 |
| oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG6 | | PENTACEL62 |
| oxymorphone hcl TABS5 | | |
| oxymorphone hcl TB12 40 MG5 | | |
| oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 5 | | |
| OZEMPIC SOPN 2 MG/1.5ML15 | | |

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|---|----|--|----|---|----|
| pentazocine w/ naloxone hcl | 7 | phentermine hcl CAPS | 1 | 53 | |
| pentoxifylline | 47 | phenytoin CHEW | 12 | PLEGRIDY SOPN | 60 |
| perindopril erbumine 2 MG, 8 MG | 19 | phenytoin sodium extended 100 MG, 200 MG, 300 MG | 12 | PLEGRIDY SOSY SC | 61 |
| perindopril erbumine 4 MG | 19 | phenytoin sodium SOLN | 12 | PLEGRIDY STARTER PACK SOPN | 60 |
| PERJETA | 24 | phenytoin SUSP | 12 | PLEGRIDY STARTER PACK SOSY SC | 60 |
| permethrin CREA | 41 | PHEXXI | 67 | plerixafor | 48 |
| permethrin LIQD EX | 41 | PHOSLYRA SOLN | 46 | PNEUMOVAX 23 | 64 |
| perphenazine TABS | 29 | PHOTOFRIN | 27 | PNEUMOVAX 23/1 DOSE | 64 |
| perphenazine-amitriptyline | 60 | PIFELTRO | 30 | podofilox SOLN | 41 |
| PERSERIS PRSY | 28 | pilocarpine hcl (oral) | 55 | polymyxin b sulfate SOLR | 21 |
| PFIZER-BIONTECH COVID-19VACCINE SUSP | 66 | pilocarpine hcl SOLN 1 %, 2 %, 4 % | 57 | polymyxin b-trimethoprim | 57 |
| PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP | 66 | pimecrolimus | 41 | POMALYST | 25 |
| PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP | 66 | pimozide | 61 | posaconazole SUSP | 17 |
| PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP | 66 | pindolol TABS | 31 | potassium acetate SOLN 2 MEQ/ML | 53 |
| PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP | 66 | pioglitazone hcl | 16 | potassium bicarbonate TBEF | 53 |
| PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP | 66 | pioglitazone hcl-glimepiride | 14 | potassium chloride CPCR | 54 |
| PHEBURANE PLLT | 44 | pioglitazone hcl-metformin hcl TABS | 14 | 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 % | 53 |
| phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG | 47 | piperacillin sodium-tazobactam sodium | 59 | potassium chloride in dextrose 5 %-20 MEQ/L | 53 |
| phendimetrazine tartrate TABS | 1 | PIQRAY 200MG DAILY DOSE | 26 | potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 % | 53 |
| phenelzine sulfate | 13 | PIQRAY 250MG DAILY DOSE | 26 | potassium chloride microencapsulated crystals er | 53 |
| phenobarbital ELIX | 48 | PIQRAY 300MG DAILY DOSE | 26 | potassium chloride PACK OR 20 | |
| phenobarbital TABS 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG | 48 | pirfenidone CAPS | 61 | | |
| phenoxybenzamine hcl | 19 | pirfenidone TABS 267 MG, 801 MG | 61 | | |
| | | pirfenidone TABS 534 MG | 61 | | |
| | | piroxicam CAPS | 4 | | |
| | | PLASMA-LYTE A (electrolyte-a) | 53 | | |
| | | PLASMA-LYTE-148 (electrolyte-148) | | | |

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|---|----|--|----|--|----|
| MEQ | 54 | prednisolone acetate (ophth) | 58 | PRENATAL ONE DAILY TABS | 55 |
| POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 54 | | PREDNISOLONE SODIUM PHOSPHATE | 58 | PRENATAL PLUS TABS | 55 |
| potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML | 54 | prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 35 | | PRENATAL PLUS VITAMIN ANDMINERAL TABS | 55 |
| potassium chloride TBCR 8 MEQ, 10 MEQ | 54 | prednisolone sodium phosphate TBDP | 35 | PRENATAL TABS | 56 |
| POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS | 53 | prednisolone SOLN | 36 | PRENATAL VITAMIN & MINERAL TABS | 55 |
| POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl) | 53 | prednisolone TABS | 36 | PRENATAL VITAMIN TABS | 55 |
| potassium citrate (alkalinizer) TBCR 10 MEQ, 1080 MG | 46 | prednisone SOLN | 36 | PRENATAL VITAMIN/IRON TABS | 55 |
| potassium phosphates 236 MG/ML- 224 MG/ML | 53 | prednisone TABS 1 MG, 5 MG | 36 | PRENATAL VITAMINS PLUS LOW IRON TABS | 55 |
| PR BENZOYL PEROXIDE WASH LIQD | 37 | prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG | 36 | 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 | 55 |
| pralatrexate 20 MG/ML | 23 | prednisone TBPK | 36 | PRENATRIX TABS | 56 |
| pramipexole dihydrochloride TABS 0.125 MG | 28 | pregabalin (once-daily) 330 MG ... | 61 | PRENATRYL TABS | 56 |
| pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG | 28 | pregabalin (once-daily) 82.5 MG, 165 MG | 61 | PREPLUS TABS | 56 |
| prasugrel hcl | 47 | pregabalin CAPS 225 MG, 300 MG 11 | | PREVNAR 13 | 64 |
| pravastatin sodium | 19 | pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ... | 11 | PREVNAR 20 | 64 |
| praziquantel | 7 | pregabalin SOLN | 11 | PREZCOBIX | 30 |
| prazosin hcl CAPS | 19 | PREHEVBRIO | 66 | PREZISTA SUSP | 30 |
| PRECISION XTRA | 42 | PREMARIN | 67 | PREZISTA TABS (darunavir) | 30 |
| PRED MILD | 58 | PREMARIN SOLR | 45 | PREZISTA TABS 75 MG, 150 MG | 30 |
| PRED-G SUSP | 58 | PREMARIN TABS | 45 | PRIFTIN | 22 |
| prednicarbate OINT | 41 | PREMIUM CONDOMS LUBRICATED MISC | 50 | primaquine phosphate TABS | 22 |
| | | PREMPHASE | 45 | primidone 50 MG, 250 MG | 12 |
| | | PREMPRO | 45 | PRIORIX SUSR | 66 |
| | | PRENATAL MULTIVITAMIN TABS | | PROAIR DIGIHALER | 9 |
| | | 55 | | PROAIR RESPICLICK AEPB | 9 |
| | | | | probenecid | 47 |

| | | |
|---|--|---|
| procainamide hcl SOLN 500 MG/ML . 8 | PULMOZYME 61 | RA PRENATAL FORMULA/FOLICACID TABS 56 |
| prochlorperazine 29 | PX PRENATAL MULTIVITAMINS TABS 56 | RA PRENATAL TABS 56 |
| prochlorperazine maleate TABS ... 29 | pyrazinamide 22 | rabeprazole sodium TBEC 63 |
| PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 48 | pyridostigmine bromide SOLN OR 22 | raloxifene hcl 44 |
| PROCRIT 40000 UNIT/ML 48 | pyridostigmine bromide TABS 60 MG 22 | ramelteon 49 |
| progesterone CAPS 60 | pyridostigmine bromide TBCR 22 | ramipril CAPS 19 |
| PROGRAF PACK 54 | pyrimethamine 22 | ranitidine hcl TABS 150 MG 63 |
| PROGRAF SOLN 54 | QC PRENATAL TABS 56 | ranolazine TB12 1000 MG 7 |
| PROLASTIN-C SOLN 61 | QINLOCK 26 | ranolazine TB12 500 MG 7 |
| PROLEUKIN 27 | QUADRACEL SUSP 62 | rasagiline mesylate 28 |
| PROLIA SOSY 43 | QUADRACEL SUSY 62 | REALITY LATEX CONDOMS/LUBRICATED MISC .. 50 |
| promethazine hcl SOLN OR 6.25 MG/5ML 18 | quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG 29 | REALITY LATEX/ULTRA TEXTURED DEVI 50 |
| promethazine hcl SUPP 12.5 MG, 25 MG 18 | quetiapine fumarate TABS 300 MG, 400 MG 29 | REALITY LATEX/ULTRA THIN DEVI 50 |
| promethazine hcl SUPP 50 MG ... 18 | quetiapine fumarate TB24 300 MG, 400 MG 29 | REBIF REBIDOSE SOAJ 61 |
| promethazine hcl TABS 18 | quetiapine fumarate TB24 50 MG, 150 MG, 200 MG 29 | REBIF REBIDOSE TITRATIONPACK SOAJ 61 |
| propafenone hcl CP12 8 | quinapril hcl 20 MG, 40 MG 19 | REBIF SOSY 61 |
| propafenone hcl TABS 8 | quinapril hcl 5 MG, 10 MG 19 | REBIF TITRATION PACK SOSY .. 61 |
| proparacaine hcl 57 | quinapril-hydrochlorothiazide 12.5 MG-10 MG 20 | RECOMBIVAX HB SUSP 66 |
| propranolol hcl CP24 31 | quinapril-hydrochlorothiazide 12.5 MG-20 MG 20 | RECOMBIVAX HB SUSY 66 |
| propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML 31 | quinapril-hydrochlorothiazide 25 MG-20 MG 20 | RECTIV (nitroglycerin (intra-anal)) . 7 |
| propranolol hcl TABS 31 | quinidine sulfate TABS 8 | REGRANEX 41 |
| propylthiouracil 62 | quinine sulfate CAPS 324 MG 22 | RELENZA DISKHALER 31 |
| protriptyline hcl 14 | QUZYTIR SOLN IV 18 | RELEXXII TBCR 27 MG 2 |
| PROVISC SOSY 58 | QVAR REDIHALER 9 | RELEXXII TBCR 36 MG, 54 MG ... 2 |
| PTS PANELS KETONE TEST 42 | | RELION 2-IN-1 LANCET DEVICES 30G 51 |
| PULMICORT FLEXHALER AEPB .. 9 | | RELION 2-IN-1 LANCING DEVICE |

| | | | | | |
|------------------------------------|----|-------------------------------------|----|-----------------------------------|----|
| 25G | 51 | risedronate sodium TABS 35 MG .. | 43 | rufinamide TABS 400 MG | 12 |
| RELION 2-IN-1 LANCING DEVICE | | risedronate sodium TABS 5 MG, 30 | | RUKOBIA | 30 |
| 30G | 51 | MG | 43 | RUXIENCE | 23 |
| RELION KETONE TEST STRIPS | | risedronate sodium TBEC | 43 | RYBELSUS TABS | 15 |
| STRP | 42 | RISPERDAL CONSTA (risperidone | | salsalate | 4 |
| RELION TRUE METRIX | | microspheres) | 28 | SANDOSTATIN LAR DEPOT KIT .. | 45 |
| BLOODGLUCOSE TEST STRIPS | | risperidone microspheres | 28 | SANTYL OINT | 41 |
| STRP | 42 | risperidone SOLN | 28 | sapropterin dihydrochloride | 44 |
| RENFLEXIS | 46 | risperidone TABS | 28 | sapropterin dihydrochloride | 44 |
| repaglinide 0.5 MG, 1 MG | 16 | risperidone TBDP | 28 | SAVELLA TABS | 60 |
| repaglinide 2 MG | 16 | ritonavir TABS | 30 | SAVELLA TITRATION PACK MISC | |
| REPATHA PUSHTRONEX SYSTEM | | rivastigmine tartrate CAPS | 60 | 60 | |
| SOCT | 19 | rizatriptan benzoate TABS 10 MG .. | 52 | saxagliptin hcl | 15 |
| REPATHA SOSY | 19 | rizatriptan benzoate TABS 5 MG .. | 52 | saxagliptin-metformin hcl 1000 | |
| REPATHA SURECLICK SOAJ | 19 | rizatriptan benzoate TBDP 10 MG .. | 52 | 2.5 MG | 14 |
| RETACRIT | 48 | rizatriptan benzoate TBDP 5 MG .. | 52 | saxagliptin-metformin hcl 1000 | |
| RETEVMO | 26 | roflumilast | 9 | MG, 500 MG-5 MG | 14 |
| RETROVIR IV INFUSION SOLN .. | 30 | romidepsin SOLR | 26 | scopolamine | 17 |
| REXULTI | 29 | ropinirole hydrochloride TABS | 28 | SELECT INSULIN SYRINGES | 51 |
| ribavirin (hepatitis c) CAPS | 30 | ropinirole hydrochloride TB24 2 MG, | | SELECT INSULIN SYRINGES | 52 |
| ribavirin (hepatitis c) TABS 200 | | 4 MG, 6 MG | 28 | SELECT LANCETS | 51 |
| 31 | | ropinirole hydrochloride TB24 8 MG, | | selegiline hcl CAPS | 28 |
| RIDAURA | 3 | 12 MG | 28 | selegiline hcl TABS | 28 |
| rifabutin | 22 | rosuvastatin calcium TABS | 19 | selenium sulfide LOTN 2.5 % | 39 |
| rifampin CAPS | 22 | ROTARIX SUSP | 66 | SELZENTRY SOLN | 30 |
| rifampin SOLR | 22 | ROTARIX SUSR | 66 | SELZENTRY TABS 25 MG, 75 MG | |
| riluzole TABS | 56 | ROTATEQ SOLN | 66 | 30 | |
| rimantadine hydrochloride TABS .. | 31 | ROZLYTREK CAPS | 26 | SEREVENT DISKUS | 9 |
| ringer's | 53 | RUBRACA | 26 | sertraline hcl CONC | 13 |
| ringer's irrigation | 54 | rufinamide SUSP | 12 | sertraline hcl TABS 100 MG | 13 |
| RINVOQ | 2 | rufinamide TABS 200 MG | 12 | sertraline hcl TABS 25 MG, 50 | |
| risedronate sodium TABS 150 MG | 43 | | | 13 | |

| | | | | | |
|---|----|--|----|--|----|
| sevelamer carbonate PACK | 46 | sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % | 54 | SOVALDI TABS 400 MG | 31 |
| sevelamer carbonate TABS | 46 | sodium citrate & citric acid | 46 | SPIKEVAX COVID-19 VACCINE SUSP | 66 |
| SHINGRIX | 66 | sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG | 53 | SPIKEVAX COVID-19 VACCINE/2023-24 SUSP | 66 |
| SIGNIFOR | 45 | sodium phenylbutyrate POWD | 44 | SPIKEVAX COVID-19 VACCINE/2023-24 SUSY | 66 |
| sildenafil citrate (pulmonary hypertension) SOLN | 33 | sodium phenylbutyrate TABS | 44 | spinosad | 41 |
| sildenafil citrate (pulmonary hypertension) SUSR | 33 | sodium polystyrene sulfonate POWD 54 | | SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .. | 9 |
| sildenafil citrate (pulmonary hypertension) TABS | 33 | sodium polystyrene sulfonate SUSP OR 15 GM/60ML | 54 | SPIRIVA RESPIMAT AERS | 9 |
| sildenafil citrate | 32 | sodium sulfate-potassium sulfate- magnesium sulfate | 49 | spironolactone & hydrochlorothiazide | 43 |
| silodosin | 47 | SOFOSBUVIR/VELPATASVIR TABS | 31 | spironolactone TABS | 43 |
| silver sulfadiazine | 39 | SOLIFENACIN SUCCINATE TABS | 63 | SPRAVATO 56MG DOSE | 13 |
| SIMPONI ARIA SOLN | 3 | SOLU-CORTEF 100 MG, 500 MG, 1000 MG | 36 | SPRAVATO 84MG DOSE | 13 |
| SIMULECT | 54 | SOLU-CORTEF 250 MG | 36 | SPRYCEL | 26 |
| simvastatin TABS | 19 | SOLU-MEDROL 2 GM | 36 | stannous fluoride CONC | 55 |
| sirolimus TABS | 54 | SOMAVERT 10 MG, 15 MG, 20 MG . 44 | | stavudine CAPS | 30 |
| SIRTURO | 22 | SORAFENIB TOSYLATE | 26 | STELARA 130 MG/26ML | 46 |
| SIVEXTRO TABS | 21 | SORBITOL 3 % | 46 | STELARA SOLN 45 MG/0.5ML ... | 39 |
| SKYLA | 35 | SORBITOL/MANNITOL IRRIGATION | 46 | STELARA SOSY 45 MG/0.5ML ... | 39 |
| SKYRIZI PEN SOAJ | 39 | sotalol hcl (afib/af) | 31 | STELARA SOSY 90 MG/ML | 39 |
| SKYRIZI PSKT | 39 | sotalol hcl TABS 240 MG | 31 | STENDRA | 32 |
| SKYRIZI SOCT | 46 | sotalol hcl TABS 80 MG, 120 MG, 160 MG | 32 | STIMATE SOLN NA | 44 |
| SKYRIZI SOSY | 39 | SOVALDI TABS 200 MG | 31 | STIOLTO RESPIMAT | 9 |
| SLYND | 35 | | | STIVARGA | 26 |
| SM PRENATAL VITAMINS TABS . | 56 | | | streptomycin sulfate SOLR | 2 |
| SODIUM ACETATE SOLN (sodium acetate) | 53 | | | STRIBILD | 30 |
| sodium acetate SOLN | 53 | | | STRIVERDI RESPIMAT | 9 |
| sodium chloride (gu irrigant) 0.9 % | 46 | | | SUBSYS LIQD 100 MCG | 6 |
| sodium chloride (inhalant) NEBU 7 % | 36 | | | SUBSYS LIQD 200 MCG, 400 MCG, | |

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| 600 MCG | 6 | sumatriptan succinate SOCT | 52 | TAKHZYRO SOLN | 47 |
| SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG | 5 | sumatriptan succinate SOLN 6 MG/0.5ML | 52 | TAKHZYRO SOSY | 47 |
| sucralfate SUSP | 63 | sumatriptan succinate TABS | 52 | TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | 26 |
| sucralfate TABS | 63 | sumatriptan-naproxen sodium | 52 | tamoxifen citrate TABS | 24 |
| sulconazole nitrate CREA | 38 | sunitinib malate 12.5 MG, 25 MG, 50 MG | 26 | tamsulosin hcl | 47 |
| sulconazole nitrate SOLN | 38 | SUNOSI 150 MG | 1 | TASIGNA 150 MG, 200 MG | 26 |
| sulfacetamide sodium (acne) | 37 | SUNOSI 75 MG | 1 | TASIGNA 50 MG | 26 |
| sulfacetamide sodium (ophth) SOLN . 57 | | SYNAREL | 44 | tavorole | 38 |
| sulfacetamide sodium w/ sulfur CREA 10 %-5 % | 37 | SYNERA PTCH | 41 | tazarotene CREA | 39 |
| sulfacetamide sodium w/ sulfur LIQD 10 %-5 % | 37 | SYNJARDY TABS | 15 | TAZVERIK | 26 |
| sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 % | 37 | SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG | 15 | TDVAX SUSP | 62 |
| sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 % | 37 | SYNJARDY XR TB24 1000 MG-25 MG | 14 | TEFLARO | 34 |
| sulfacetamide sod-prednisolone SOLN | 58 | SYNRIBO | 27 | TEGRETOL SUSP (carbamazepine) . 12 | |
| sulfadiazine TABS | 61 | SYNTHROID TABS (levothyroxine sodium) | 62 | TEGRETOL TABS (carbamazepine) . 12 | |
| sulfamethoxazole-trimethoprim SOLN | 21 | TABLOID | 23 | TEGSEDI | 61 |
| sulfamethoxazole-trimethoprim SUSP | 21 | TABRECTA | 26 | telmisartan | 19 |
| sulfamethoxazole-trimethoprim TABS | 21 | tacrolimus (topical) OINT | 41 | telmisartan-amlodipine | 20 |
| SULFAMYLON CREA | 39 | tacrolimus CAPS | 54 | telmisartan-hydrochlorothiazide .. | 20 |
| sulfasalazine TABS | 46 | tadalafil (pulmonary hypertension) TABS | 33 | temazepam 15 MG, 30 MG | 48 |
| sulfasalazine TBEC | 46 | tadalafil 5 MG | 32 | temazepam 7.5 MG, 22.5 MG | 48 |
| sulindac TABS | 4 | TAFINLAR CAPS | 26 | TEMODAR SOLR | 23 |
| sumatriptan | 52 | TAFINLAR TBSO | 26 | temozolomide CAPS | 23 |
| sumatriptan succinate SOAJ | 52 | tafluprost | 58 | temsirolimus | 26 |
| | | TAGRISSO 40 MG | 24 | TENIVAC INJ | 62 |
| | | TAGRISSO 80 MG | 24 | tenofovir disoproxil fumarate TABS 30 | |
| | | | | terazosin hcl | 19 |
| | | | | terbinafine hcl TABS | 17 |

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| terbutaline sulfate SOLN | 9 | TIBSOVO | 26 | topiramate TABS 50 MG | 12 |
| terbutaline sulfate TABS | 9 | tigecycline | 62 | topotecan hcl SOLN | 27 |
| terconazole vaginal CREA | 67 | timolol maleate (ophth) SOLG | 57 | topotecan hcl SOLR | 27 |
| terconazole vaginal SUPP | 67 | timolol maleate (ophth) SOLN | 57 | toremifene citrate | 24 |
| teriflunomide | 61 | timolol maleate TABS | 32 | toremide TABS | 43 |
| teriparatide (recombinant) SOPN .. | 43 | tiopronin TBEC 100 MG | 47 | TRACLEER TBSO | 33 |
| TERIPARATIDE SOPN | 43 | tiopronin TBEC 300 MG | 47 | tramadol hcl TABS 50 MG | 6 |
| TESTOSTERONE CYPIONATE | | tiotropium bromide monohydrate | | tramadol hcl TB24 | 6 |
| SOLN IJ 200 MG/ML | 7 | CAPS | 9 | tramadol-acetaminophen | 6 |
| testosterone cypionate SOLN IM ... | 7 | TIVICAY TABS | 30 | trandolapril 1 MG, 2 MG | 19 |
| testosterone enanthate SOLN IM ... | 7 | tizanidine hcl CAPS | 56 | trandolapril 4 MG | 19 |
| TETANUS/DIPHThERIA TOXOIDS- | | tizanidine hcl TABS | 56 | trandolapril-verapamil hcl 180 MG-2 | |
| ADSORBED ADULT SUSP | 62 | tobramycin (ophth) SOLN | 57 | MG, 240 MG-1 MG | 20 |
| tetrabenazine | 60 | tobramycin NEBU | 2 | trandolapril-verapamil hcl 240 MG-2 | |
| tetracycline hcl CAPS | 62 | tobramycin sulfate SOLN IJ 10 | | MG, 240 MG-4 MG | 20 |
| THALOMID | 54 | MG/ML, 40 MG/ML, 80 MG/2ML ... | 2 | tranexamic acid SOLN 1000 | |
| theophylline ELIX | 10 | tobramycin-dexamethasone SUSP | | MG/10ML | 48 |
| theophylline SOLN | 10 | 58 | | tranexamic acid TABS | 48 |
| theophylline TB12 | 10 | TODAY SPONGE MISC | 67 | tranylcypromine sulfate | 13 |
| theophylline TB24 | 10 | tolcapone | 27 | travoprost SOLN | 58 |
| THERANATAL CORE NUTRITION | | tolmetin sodium CAPS | 4 | TRAZIMERA | 24 |
| TABS | 56 | tolmetin sodium TABS 600 MG | 4 | trazodone hcl TABS | 13 |
| THIOLA EC TBEC 100 MG | | TOLSURA CAPS | 17 | TRECATOR | 22 |
| (tiopronin) | 47 | tolterodine tartrate CP24 | 63 | TRELEGY ELLIPTA | 9 |
| THIOLA EC TBEC 300 MG | | tolterodine tartrate TABS | 63 | TRELSTAR MIXJECT | 24 |
| (tiopronin) | 47 | tolvaptan TABS | 45 | TREMFYA SOPN | 39 |
| thioridazine hcl | 29 | topiramate CPSP 15 MG | 12 | TREMFYA SOSY | 39 |
| thiotepa 15 MG | 23 | topiramate CPSP 25 MG | 12 | treprostinil SOLN IJ | 32 |
| thiothixene | 29 | topiramate CS24 | 12 | tretinoin (chemotherapy) | 27 |
| THYMOGLOBULIN | 54 | topiramate TABS 200 MG | 12 | tretinoin CREA 0.025 %, 0.05 %, 0.1 | |
| THYROGEN 0.9 MG | 42 | topiramate TABS 25 MG, 100 MG .. | 12 | % | 37 |
| tiagabine hcl | 12 | | | | |

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| tretinoin GEL 0.01 %, 0.025 % | 37 | trifluridine | 57 | EXTRASTRENGTH MISC | 50 |
| tretinoin microsphere 0.1 % | 37 | trihexyphenidyl hcl SOLN | 27 | TRUSTEX LUBRICATED MISC | 51 |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG | 23 | trihexyphenidyl hcl TABS | 27 | TRUSTEX LUBRICATED/RIBBED/STUDED MISC | 50 |
| triamcinolone acetonide (mouth) | 55 | TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG | 15 | TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC | 50 |
| triamcinolone acetonide (nasal) AERO | 56 | TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG | 15 | TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC | 51 |
| triamcinolone acetonide (topical) CREA 0.025 % | 41 | TRIKAFTA TBPK 100 MG-50 MG | 61 | TRUSTEX LUBRICATED/SPERMICIDE MISC | 51 |
| triamcinolone acetonide (topical) CREA 0.1 % | 41 | trimethobenzamide hcl CAPS | 17 | TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC | 51 |
| triamcinolone acetonide (topical) CREA 0.5 % | 41 | trimethoprim TABS | 20 | TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC | 51 |
| triamcinolone acetonide (topical) LOTN 0.025 % | 41 | trimipramine maleate CAPS | 14 | TRUSTEX/RIA LUBRICATED MISC | 51 |
| triamcinolone acetonide (topical) LOTN 0.1 % | 41 | TRINTELLIX | 13 | TRUSTEX/RIA LUBRICATED SPERMICIDE MISC | 51 |
| triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % | 41 | TRIUMEQ TABS | 30 | TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC | 51 |
| triamcinolone acetonide (topical) OINT 0.5 % | 41 | TRIZIVIR | 30 | TRUXIMA | 23 |
| triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML | 36 | tropicamide SOLN 0.5 % | 57 | TUKYSA | 24 |
| triamcinolone acetonide-dimethicone-silicone | 41 | tropicamide SOLN 1 % | 57 | TURALIO | 26 |
| triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG | 43 | trospium chloride CP24 | 63 | TUZISTRA XR | 36 |
| triamterene & hydrochlorothiazide TABS | 43 | trospium chloride TABS | 63 | TWINRIX SUSY | 66 |
| triamterene CAPS | 43 | TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP | 42 | TWIRLA | 35 |
| triazolam | 49 | TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN | 51 | TYBLUME CHEW | 34 |
| TRICARE TABS | 56 | TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP | 42 | TYBOST | 30 |
| trientine hcl 250 MG | 54 | TRULICITY | 15 | TYMLOS | 43 |
| trifluoperazine hcl TABS | 29 | TRUMENBA | 64 | TYVASO REFILL SOLN IN | 33 |
| | | TRUSTEX COLOR CONDOMS + LUBE MISC | 50 | | |
| | | TRUSTEX LUBRICATED EXTRALARGE MISC | 50 | | |
| | | TRUSTEX LUBRICATED | | | |

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| TYVASO SOLN IN | 33 | vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .. | 21 | vilazodone hcl TABS | 13 |
| TYVASO STARTER SOLN IN | 33 | VAQTA | 66 | vincristine sulfate | 27 |
| UBRELVY | 52 | varenicline tartrate TABS | 61 | vinorelbine tartrate 10 MG/ML | 27 |
| UCERIS (budesonide (intrarectal)) .. | 7 | varenicline tartrate TBPK | 61 | VIRACEPT TABS 250 MG | 30 |
| UDENYCA ONBODY SOSY | 48 | VARIVAX INJ | 66 | VIRACEPT TABS 625 MG | 30 |
| UDENYCA SOAJ | 48 | VARUBI TBPK | 17 | VIREAD POWD | 30 |
| UDENYCA SOSY | 48 | VAXNEUVANCE | 64 | VIREAD TABS 150 MG, 200 MG, 250 MG | 30 |
| UPTRAVI TABS 200 MCG | 33 | VECAMYL | 20 | VISTOGARD | 16 |
| UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG | 33 | VECTIBIX 100 MG/5ML | 24 | VITAMIN D2 TABS 400 UNIT | 67 |
| UPTRAVI TITRATION PACK TBPK 33 | | VELPHORO | 46 | VITATHELY/GINGER TABS | 56 |
| ursodiol CAPS | 45 | venlafaxine hcl CP24 150 MG | 14 | VITRAKVI CAPS | 26 |
| ursodiol TABS | 45 | venlafaxine hcl CP24 37.5 MG | 14 | VITRAKVI SOLN | 26 |
| UVADEX | 27 | venlafaxine hcl CP24 75 MG | 14 | VIZIMPRO | 24 |
| valacyclovir hcl 1 GM, 1000 MG ... | 31 | venlafaxine hcl TABS | 14 | VORAXAZE | 27 |
| valacyclovir hcl 500 MG | 31 | venlafaxine hcl TB24 150 MG | 14 | voriconazole TABS | 17 |
| valganciclovir hcl TABS | 30 | venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG | 14 | VOTRIENT (pazopanib hcl) | 26 |
| valproate sodium SOLN OR 250 MG/5ML | 12 | verapamil hcl CP24 100 MG, 200 MG, 300 MG | 32 | VYNDAMAX | 33 |
| valproic acid CAPS | 12 | verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG | 32 | VYNDAQEL | 33 |
| valrubicin | 25 | verapamil hcl SOLN 2.5 MG/ML ... | 32 | VYVANSE CAPS | 1 |
| valsartan TABS | 19 | verapamil hcl TABS | 32 | warfarin sodium TABS | 10 |
| valsartan-hydrochlorothiazide | 20 | verapamil hcl TBCR | 32 | water for irrigation, sterile | 54 |
| VALTOCO 10 MG DOSE LIQD ... | 11 | VEREGEN | 37 | WESTAB PLUS TABS | 56 |
| VALTOCO 15 MG DOSE LQPK ... | 11 | VERZENIO | 26 | WIDE-SEAL SILICONE DIAPHRAGM KIT 60 | 51 |
| VALTOCO 20 MG DOSE LQPK ... | 11 | VICTOZA | 15 | WIDE-SEAL SILICONE DIAPHRAGM KIT 65 | 51 |
| VALTOCO 5 MG DOSE LIQD | 11 | vigabatrin PACK | 12 | WIDE-SEAL SILICONE DIAPHRAGM KIT 70 | 51 |
| vancomycin hcl CAPS | 21 | vigabatrin TABS | 12 | WIDE-SEAL SILICONE DIAPHRAGM KIT 75 | 51 |
| vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG | 21 | VIIBRYD STARTER PACK KIT | 13 | WIDE-SEAL SILICONE | |

| | | | | |
|---|----|---|------------------------|----|
| DIAPHRAGM KIT 80 | 51 | XPOVIO 60 MG TWICE WEEKLY 25 | zidovudine SYRP | 30 |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 85 | 51 | XPOVIO 80 MG TWICE WEEKLY 25 | zidovudine TABS | 30 |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 90 | 51 | XTAMPZA ER | ZIEXTENZO | 48 |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 95 | 51 | XTANDI CAPS | zileuton TB12 | 9 |
| XALKORI CAPS | 26 | XTANDI TABS 40 MG | ziprasidone hcl | 28 |
| XARELTO STARTER PACK TBPK 10 | | XTANDI TABS 80 MG | ZIRABEV | 23 |
| XARELTO SUSR | 10 | XULTOPHY 100/3.6 | ZIRGAN GEL | 57 |
| XARELTO TABS 10 MG, 20 MG | 10 | YERVOY | ZOLADEX 10.8 MG | 24 |
| XARELTO TABS 2.5 MG, 15 MG | 10 | YONSA | ZOLADEX 3.6 MG | 24 |
| XELJANZ SOLN | 2 | zafirlukast | zoledronic acid CONC | 43 |
| XELJANZ TABS 10 MG | 2 | zaleplon 10 MG | zoledronic acid SOLN | 43 |
| XELJANZ TABS 5 MG | 2 | zaleplon 5 MG | ZOLINZA | 26 |
| XELJANZ XR TB24 | 2 | ZALTRAP 100 MG/4ML | zolmitriptan SOLN | 52 |
| XEOMIN | 56 | ZANOSAR | zolmitriptan TABS | 53 |
| XERAIVA | 61 | ZARONTIN CAPS (ethosuximide) | zolmitriptan TBDP | 53 |
| XGEVA SOLN | 43 | ZARXIO | zolpidem tartrate TABS | 49 |
| XHANCE EXHU | 56 | ZEJULA CAPS | zolpidem tartrate TBCR | 49 |
| XIFAXAN 200 MG | 21 | ZEJULA TABS 100 MG | zonisamide CAPS | 12 |
| XIFAXAN 550 MG | 21 | ZEJULA TABS 200 MG, 300 MG | ZONTIVITY | 47 |
| XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG | 15 | ZEJULA TABS 200 MG, 300 MG | ZORBTIVE SC | 44 |
| XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG | 15 | ZELBORAF | ZYDELIG | 26 |
| XOLAIR SOLR | 8 | 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 | ZYLET | 58 |
| XOLAIR SOSY 150 MG/ML | 8 | ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT | | |
| XOLAIR SOSY 75 MG/0.5ML | 8 | zidovudine CAPS | | 30 |
| XOSPATA | 26 | | | |
| XPOVIO | 25 | | | |

