



# 2024 Formulary

Effective January 1, 2024



[Ambetter.SuperiorHealthPlan.com](https://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

<b>Plan</b>	<b>Formulary</b>	<b>Summary of Benefits and Coverage</b>
Ambetter Virtual Access Gold (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Ambetter Virtual Access Gold \$0 Deductible (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Ambetter Virtual Access Silver (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Clear Gold (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Clear Gold (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Clear Silver (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Clear Silver (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Clear VALUE Silver (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Complete Gold (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Complete Gold (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>

<b>Plan</b>	<b>Formulary</b>	<b>Summary of Benefits and Coverage</b>
Complete Silver (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Complete Silver (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Complete VALUE Silver (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Everyday Gold (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Everyday VALUE Gold (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Focused Silver (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Focused Silver (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Focused VALUE Silver (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Gold 201 HSA (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Gold 202 (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Silver 201 HSA (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Silver 203 (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Ambetter Virtual Access Gold (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Ambetter Virtual Access Silver (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Gold (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Gold (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Gold VALUE (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Silver (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Silver (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Silver VALUE (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>

## 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<sub>A</sub>**- Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.

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

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

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

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

### Prior Authorization for Non-Formulary Drugs

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

### Formulary Abbreviations:

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

### Opioid Medications:

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



# 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

<b>Plan</b>	<b>Formulario</b>	<b>Resumen de beneficios y cobertura</b>
Ambetter Virtual Access Gold (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Ambetter Virtual Access Gold \$0 Deducible (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Ambetter Virtual Access Silver (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Clear Gold (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Clear Gold (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Clear Silver (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Clear Silver (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Clear VALUE Silver (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Complete Gold (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Complete Gold (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>

<b>Plan</b>	<b>Formulario</b>	<b>Resumen de beneficios y cobertura</b>
Complete Silver (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Complete Silver (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Complete VALUE Silver (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Everyday Gold (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Everyday VALUE Gold (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Focused Silver (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Focused Silver (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Focused VALUE Silver (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Gold 201 HSA (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Gold 202 (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Silver 201 HSA (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Silver 203 (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Ambetter Virtual Access Gold (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Ambetter Virtual Access Silver (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Gold (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Gold (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Gold VALUE (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Silver (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Silver (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Standard Silver VALUE (2024)	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>

## 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	Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>					
<b>Amphetamines</b>					
<i>amphetamine sulfate TABS</i>	3	PA	<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1B	
<i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1B		<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)	<i>lisdexamfetamine dimesylate CAPS</i>	1B	QL(1 ea daily); ST
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG</i>	1B	QL(1 ea daily)	<i>methamphetamine hcl</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG</i>	1B	QL(3 ea daily)	VYVANSE CAPS	3	QL(1 ea daily); ST
<i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)	<b>Anorexiants Non-Amphetamine</b>		
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B		<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 ea daily)	<i>phentermine hcl CAPS</i>	1B	PA
			<b>Anti-Obesity Agents</b>		
			CONTRACE	3	QL(4 ea daily); PA
			<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
			<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
			<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
			<i>clonidine hcl (adhd) TB12</i>	1B	
			<i>guanfacine hcl (adhd)</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
			<b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)</b>		
			SUNOSI 150 MG	3	QL(1 ea daily); PA
			SUNOSI 75 MG	3	QL(2 ea daily); PA
			<b>Stimulants - Misc.</b>		



Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil</i>	1B	QL(1 ea daily); AL(At least 17 yrs old); PA
<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 ea daily)
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 ea daily)
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 ea daily)
<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 ea daily)
<i>methylphenidate hcl CP24 20 MG, 40 MG</i>	1B	AL(At least 6 yrs old)
<i>methylphenidate hcl CP24 10 MG, 60 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1B	
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CPCR</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 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)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i>	1B	QL(1 ea daily); PA
<i>modafinil 100 MG</i>	1B	QL(1 ea daily); PA
<i>modafinil 200 MG</i>	1B	QL(2 ea daily); PA
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
Allergenic Extracts		
GRASTEK SUBL	3	PA
<b>AMEBICIDES</b>		
Amebicides		
SOLOSEC	3	PA
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	1B	
<i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i>	1B	
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>	1B	
<i>tobramycin NEBU</i>	4	QL(280 ml per 56 day(s) retail; 280 ml per 56 days mail); PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
Antirheumatic - Enzyme Inhibitors		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24	4	QL(1 ea daily); PA	HADLIMA PUSHTOUCH SOAJ	4	QL(0.172 ml daily); PA
XELJANZ XR TB24	4	QL(1 ea daily); PA	HADLIMA PUSHTOUCH SOAJ	4	QL(0.086 ml daily); PA
XELJANZ SOLN	4	QL(20 ml daily); PA	HADLIMA SOSY	4	QL(0.172 ml daily); PA
XELJANZ TABS 5 MG	4	QL(2 ea daily); SP; PA	HADLIMA SOSY	4	QL(0.086 ml daily); PA
XELJANZ TABS 10 MG	4	QL(2 ea daily); PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
Antirheumatic Antimetabolites			HUMIRA PEN-CD/UC/HS STARTER PNKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
METHOTREXATE	4	QL(1.714 ea daily); SP; PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
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 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA PSKT	4	QL(0.143 ea daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	QL(0.215 ea daily); PA	SIMPONI ARIA SOLN	4	PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	Gold Compounds		
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	4	QL(0.143 ea daily); PA	RIDAURA	3	QL(3 ea daily)
CYLTEZO AJKT	4	QL(0.215 ea daily); PA	Interleukin-1 Blockers		
CYLTEZO AJKT	4	QL(0.029 ea daily); PA	ARCALYST	4	QL(0.286 ea daily); SP; PA
CYLTEZO PSKT 10 MG/0.2ML	4	QL(0.072 ea daily); PA	Interleukin-6 Receptor Inhibitors		
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 ea daily); PA			
CYLTEZO PSKT 40 MG/0.4ML	4	QL(0.029 ea daily); PA			

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin TABS</i>	1B	
<i>piroxicam CAPS</i>	1B	
<i>sulindac TABS</i>	1B	
<i>tolmetin sodium CAPS</i>	1B	
<i>tolmetin sodium TABS 600 MG</i>	1B	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS	4	QL(2 ea daily); PA
OTEZLA TBP	4	1 package(s) per 180 day(s) retail; PA
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide</i>	1B	QL(1 ea daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT	4	QL(0.146 ml daily); PA
ENBREL SURECLICK SOAJ	4	QL(0.146 ml daily); PA
ENBREL SOLN	4	QL(0.146 ml daily); PA
ENBREL SOLR	4	QL(0.286 ea daily); SP; PA
ENBREL SOSY 50 MG/ML	4	QL(0.286 ml daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ml daily); PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 ea daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 ea daily)

Ambetter Formulary Updated July 1, 2024

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

Ambetter Formulary Updated July 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)
<b>Opioid Partial Agonists</b>		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1B	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl SOLN</i>	1B	
<i>buprenorphine hcl SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine PTWK</i>	1B	QL(0.143 ea daily); PA
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ml daily); PA
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
<i>oxandrolone</i>	1B	
<b>Androgens</b>		
<i>ANDRODERM PT24 2 MG/24HR, 4 MG/24HR</i>	2	QL(1 ea daily); PA
<i>danazol CAPS</i>	1B	
<i>METHITEST TABS</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin</i>	1B	QL(9 ea per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
<i>praziquantel</i>	1B	PA
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 ea daily)
<i>ranolazine TB12 500 MG</i>	1B	QL(3 ea daily)
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1B	
NITRO-BID OINT	3	
<i>nitroglycerin CPR</i>	1B	QL(4 ea daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
<b>ANTIANGIETY AGENTS - Drugs to Treat Anxiety</b>		
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)

Drug Name	Drug Tier	Requirements/Limits
Benzodiazepines		
<i>alprazolam TABS 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN OR 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 ea daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 1 MG</i>	1A	QL(4 ea daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>oxazepam CAPS</i>	1B	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 50 MG/ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	

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

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

Ambetter Formulary Updated July 1, 2024



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

Drug Name	Drug Tier	Requirements/Limits
<b>Coumarin Anticoagulants</b>		
<i>warfarin sodium TABS</i>	1B	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily); 1 max fill(s) per 180 day(s) retail
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ml daily)
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ml daily; 30 Day(s) limit); SP
<i>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>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ml per 180 day(s) retail; 7 ml per 180 days mail); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ml per 180 day(s) retail; 4 ml per 180 days mail); SP	<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ml per 180 day(s) retail; 4 ml per 180 days mail); SP	NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 day(s) retail; 5 ml per 180 days mail); SP	VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
FRAGMIN SOSY	4	SP; PA	VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B		VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B		VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
Thrombin Inhibitors			Anticonvulsants - Misc.		
<i>dabigatran etexilate mesylate CAPS</i>	1B		APTIOM	3	QL(2 ea daily); ST
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>			BANZEL TABS 400 MG ( <i>rufinamide</i> )	2	QL(8 ea daily); PA
AMPA Glutamate Receptor Antagonists			BANZEL TABS 200 MG ( <i>rufinamide</i> )	2	QL(2 ea daily); PA
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA	BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA	BRIVIACT TABS	3	QL(2 ea daily); PA
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA	<i>carbamazepine CHEW</i>	1B	
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA	<i>carbamazepine CP12 100 MG</i>	1B	
Anticonvulsants - Benzodiazepines			<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)
<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA	<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)
<i>clobazam TABS</i>	1B	QL(2 ea daily); PA	<i>carbamazepine SUSP</i>	1B	
<i>clonazepam TABS</i>	1A		<i>carbamazepine TABS</i>	1B	
			<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)
			<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA	<i>primidone 50 MG, 250 MG</i>	1B	
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA	<i>rufinamide SUSP</i>	1B	QL(80 ml daily); PA
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA	<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA	<i>rufinamide TABS 200 MG</i>	1B	QL(2 ea daily); PA
EPIDIOLEX	3	PA	TEGRETOL SUSP ( <i>carbamazepine</i> )	2	
<i>gabapentin CAPS</i>	1B		TEGRETOL TABS ( <i>carbamazepine</i> )	2	
<i>gabapentin SOLN</i>	1B	QL(60 ml daily)	<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1B		<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1B	QL(40 ml daily)	<i>topiramate CS24</i>	3	PA
<i>lacosamide TABS</i>	1B	QL(2 ea daily)	<i>topiramate TABS 200 MG</i>	1B	QL(2 ea daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)	<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)	<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)
<i>lamotrigine TABS</i>	1B		<i>zonisamide CAPS</i>	1B	QL(6 ea daily)
<i>lamotrigine TBP</i>	1B	QL(1 ea daily)	<b>Carbamates</b>		
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)	<i>felbamate SUSP</i>	1B	QL(30 ml daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 ea daily)	<i>felbamate TABS 400 MG</i>	1B	QL(9 ea daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)	<i>felbamate TABS 600 MG</i>	1B	QL(6 ea daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)	<b>GABA Modulators</b>		
<i>levetiracetam TB24</i>	1B	QL(4 ea daily)	<i>tiagabine hcl</i>	1B	
<i>oxcarbazepine SUSP</i>	1B	QL(40 ml daily)	<i>vigabatrin PACK</i>	4	QL(6 ea daily); SP; PA
<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 ea daily)	<i>vigabatrin TABS</i>	4	QL(6 ea daily); SP; PA
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea daily)	<b>Hydantoins</b>		
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA	DILANTIN ( <i>phenytoin sodium extended</i> )	2	
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA	DILANTIN	2	
<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA	DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	2	
			DILANTIN-125 SUSP ( <i>phenytoin</i> )	2	
			<i>fosphenytoin sodium</i>	1B	

Ambetter Formulary Updated July 1, 2024

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl SOLN</i>	1B	QL(20 ml daily)
<i>fluoxetine hcl TABS 10 MG, 60 MG</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
<i>fluvoxamine maleate TABS 100 MG</i>	1B	QL(3 ea daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl SUSP</i>	1B	QL(30 ml daily)
<i>paroxetine hcl TABS 10 MG</i>	1B	QL(6 ea daily)
<i>paroxetine hcl TABS 30 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl TABS 40 MG</i>	1B	QL(1 ea daily)
<i>paroxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl TB24 12.5 MG</i>	1B	QL(1 ea daily)
<i>sertraline hcl CONC</i>	1B	QL(10 ml daily)
<i>sertraline hcl TABS 100 MG</i>	1B	QL(2 ea daily)
<i>sertraline hcl TABS 25 MG, 50 MG</i>	1B	QL(4 ea daily)
<b>Serotonin Modulators</b>		
<i>nefazodone hcl</i>	1B	
<i>trazodone hcl TABS</i>	1B	
TRINTELLIX	3	QL(1 ea daily); PA
VIIBRYD STARTER PACK KIT	3	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail
<i>vilazodone hcl TABS</i>	1B	QL(1 ea daily)
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		

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

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

Drug Name	Drug Tier	Requirements/Limits
SOLQUA 100/33	2	QL(0.5 ml daily); PA
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)
XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
<b>Biguanides</b>		
<i>metformin hcl TABS 500 MG</i>	1B	QL(5 ea daily)
<i>metformin hcl TABS 1000 MG</i>	1B	QL(2.5 ea daily)
<i>metformin hcl TABS 850 MG</i>	0	QL(3 ea daily)
<i>metformin hcl TB24 500 MG</i>	1B	QL(4 ea daily)
<i>metformin hcl TB24 750 MG</i>	1B	QL(3 ea daily)
<b>Diabetic Other</b>		
<i>diazoxide</i>	3	
<i>glucagon (rdna)</i>	1B	QL(0.035 ea daily)
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate</i>	1B	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1B	QL(1 ea daily)

Ambetter Formulary Updated July 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N FLEXPEN SUPN	2	
NOVOLIN N SUSP	2	
NOVOLIN R FLEXPEN SOPN IJ	2	
NOVOLIN R SOLN IJ	2	
<b>Insulin Sensitizing Agents</b>		
<i>pioglitazone hcl</i>	1B	QL(1 ea daily)
<b>Meglitinide Analogues</b>		
<i>nateglinide</i>	1B	QL(3 ea daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 ea daily)
<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>		
<i>dapagliflozin propanediol</i>	2	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
<b>Sulfonylureas</b>		
<i>glimepiride 4 MG</i>	1B	QL(2 ea daily)
<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 ea daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>glipizide TB24</i>	1B	QL(2 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 ea daily)
<i>glyburide TABS</i>	1B	QL(4 ea daily)
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate w/ atropine LIQD</i>	1B	

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS</i>	1B	RX/OTC
MOTOFEN	3	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
<i>deferiprone TABS 500 MG</i>	1B	
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	1B	QL(2 ea per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 ea daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 ea daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl SOSY</i>	1B	

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



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

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

Drug Name	Drug Tier	Requirements/Limits
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	
<b>ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily); PA
<i>omega-3-acid ethyl esters</i>	1B	QL(4 ea daily)
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine light POWD</i>	1B	QL(24 gm daily)
<i>cholestyramine PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 gm daily)
<i>colesevelam hcl PACK</i>	1B	QL(1 ea daily); PA
<i>colesevelam hcl TABS</i>	1B	QL(7 ea daily)
<i>colestipol hcl GRAN</i>	1B	QL(6 gm daily)
<i>colestipol hcl PACK</i>	1B	QL(6 ea daily)
<i>colestipol hcl TABS</i>	1B	QL(16 ea daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	QL(1 ea daily)
<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 ea daily)
<i>gemfibrozil TABS</i>	1B	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 ea daily)

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

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1B		<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>moexipril hcl</i>	1B	QL(2 ea daily)	<i>amlodipine besylate-valsartan</i>	1B	QL(1 ea daily)
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 ea daily)	<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
<i>perindopril erbumine 4 MG</i>	1B		<i>atenolol &amp; chlorthalidone</i>	1B	
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 ea daily)	<i>benazepril &amp; hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B	
<i>quinapril hcl 20 MG, 40 MG</i>	1B		<i>benazepril &amp; hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 ea daily)
<i>ramipril CAPS</i>	1B		<i>bisoprolol &amp; hydrochlorothiazide</i>	1B	QL(2 ea daily)
<i>trandolapril 1 MG, 2 MG</i>	1B	QL(1 ea daily)	<i>candesartan cilexetil-hydrochlorothiazide</i>	1B	
<i>trandolapril 4 MG</i>	1B	QL(2 ea daily)	<i>enalapril maleate &amp; hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 ea daily)
<b>Agents for Pheochromocytoma</b>			<i>enalapril maleate &amp; hydrochlorothiazide 25 MG-10 MG</i>	1B	
<i>phenoxybenzamine hcl</i>	3	PA	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1B	QL(1 ea daily)
<b>Angiotensin II Receptor Antagonists</b>			<i>irbesartan-hydrochlorothiazide</i>	1B	
<i>candesartan cilexetil</i>	1B	QL(1 ea daily)	<i>lisinopril &amp; hydrochlorothiazide</i>	1B	
EDARBI	3	QL(1 ea daily); ST	<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	QL(1 ea daily)
<i>irbesartan</i>	1B	QL(1 ea daily)	<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-50 MG</i>	1B	QL(2 ea daily)
<i>losartan potassium</i>	1B	QL(1 ea daily)	<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>olmesartan medoxomil</i>	1B	QL(1 ea daily)			
<i>telmisartan</i>	1B	QL(1 ea daily)			
<i>valsartan TABS</i>	1B	QL(1 ea daily)			
<b>Antiadrenergic Antihypertensives</b>					
<i>clonidine</i>	3	QL(0.15 ea daily)			
<i>clonidine hcl TABS</i>	1B	QL(8 ea daily)			
<i>doxazosin mesylate</i>	1B				
<i>guanfacine hcl</i>	1B				
<i>methyldopa TABS</i>	1B	QL(6 ea daily)			
<i>prazosin hcl CAPS</i>	1B	QL(4 ea daily)			
<i>terazosin hcl</i>	1B				
<b>Antihypertensive Combinations</b>					
<i>amlodipine besylate-benazepril hcl</i>	1B				

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

Drug Name	Drug Tier	Requirements/Limits
<b>Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
<i>bacitracin</i>	3	
IMPAVIDO	3	QL(3 ea daily); PA
<i>metronidazole TABS</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 200 MG	3	QL(3 ea daily; 9 ea per 3 day(s) retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA
XIFAXAN 550 MG	3	QL(3 ea daily); AL(At least 12 yrs old); PA
<b>Anti-infective Misc. - Combinations</b>		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
<b>Antiprotozoal Agents</b>		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
<b>Carbapenems</b>		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	
<b>Chloramphenicols</b>		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
<b>Cyclic Lipopeptides</b>		
<i>daptomycin 500 MG</i>	1B	
<b>Glycopeptides</b>		

Ambetter Formulary Updated July 1, 2024

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

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

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

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

Ambetter Formulary Updated July 1, 2024

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily); PA
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily); SP; PA
<i>anastrozole</i>	1B	QL(1 ea daily)
<i>bicalutamide</i>	1B	QL(1 ea daily); SP
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily); SP; PA
EMCYT	4	SP; PA
ERLEADA 240 MG	4	QL(1 ea daily); PA
ERLEADA 60 MG	4	QL(4 ea daily); PA
<i>exemestane</i>	4	QL(1 ea daily); SP
FIRMAGON	4	QL(0.143 ea daily); SP; PA
<i>flutamide</i>	4	QL(6 ea daily); SP; PA
<i>fulvestrant SOSY</i>	4	QL(0.357 ml daily); SP; PA
<i>letrozole</i>	1B	
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 ea daily); SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA
LYSODREN	4	SP; PA
<i>megestrol acetate SUSP</i>	1B	
<i>megestrol acetate TABS</i>	1B	
<i>nilutamide</i>	1B	QL(2 ea daily)
NUBEQA	4	QL(4 ea daily); PA
<i>tamoxifen citrate TABS</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>toremifene citrate</i>	1B	
TRELSTAR MIXJECT	4	SP; PA
XTANDI CAPS	4	QL(4 ea daily); SP; PA
XTANDI TABS 40 MG	4	QL(4 ea daily); PA
XTANDI TABS 80 MG	4	QL(2 ea daily); PA
YONSA	4	QL(4 ea daily); PA
ZOLADEX 3.6 MG	4	QL(0.0357 ea daily); SP; PA
ZOLADEX 10.8 MG	4	QL(0.0119 ea daily); SP; PA
<b>Antineoplastic - Immunomodulators</b>		
POMALYST	4	QL(1 ea daily); PA
<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		
AYVAKIT	4	QL(1 ea daily); PA
<b>Antineoplastic - XPO1 Inhibitors</b>		
XPOVIO	4	PA
XPOVIO 60 MG TWICE WEEKLY	4	PA
XPOVIO 80 MG TWICE WEEKLY	4	PA
<b>Antineoplastic Antibiotics</b>		
<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA
<i>dactinomycin</i>	4	SP; PA
<i>doxorubicin hcl liposomal</i>	4	SP; PA
<i>doxorubicin hcl SOLN</i>	4	SP; PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP; PA
<i>valrubicin</i>	4	SP; PA

Ambetter Formulary Updated July 1, 2024



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

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS	4	PA
RUBRACA	4	QL(4 ea daily); PA
SCEMBLIX 40 MG	4	QL(10 ea daily); PA
SCEMBLIX 20 MG	4	QL(2 ea daily); PA
<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA
SPRYCEL	4	QL(1 ea daily); SP; PA
STIVARGA	4	QL(4 ea daily); SP; PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily); SP; PA
<i>sunitinib malate 37.5 MG</i>	4	QL(1 ea daily); PA
TABRECTA	4	PA
TAFINLAR CAPS	4	PA
TAFINLAR TBSO	4	PA
TALZENNA	4	QL(1 ea daily); PA
TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA
TASIGNA 50 MG	4	QL(4 ea daily); PA
TAZVERIK	4	PA
<i>temsirolimus</i>	4	QL(0.143 ml daily); SP; PA
TIBSOVO	4	PA
TURALIO	4	PA
VERZENIO	4	PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VOTRIENT ( <i>pazopanib hcl</i> )	4	QL(4 ea daily); SP; PA
XALKORI CAPS	4	QL(2 ea daily); SP; PA
XOSPATA	4	PA
ZEJULA CAPS	4	QL(3 ea daily); PA
ZEJULA TABS 100 MG	4	QL(3 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
ZELBORAF	4	SP; PA
ZOLINZA	4	QL(4 ea daily); SP; PA
ZYDELIG	4	QL(2 ea daily); PA
Antineoplastic Enzymes		
ONCASPAR	4	SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
<i>bexarotene</i>	4	SP; PA
<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
<i>hydroxyurea</i>	1B	
INTRON A SOLR 18000000 UNIT	4	SP
MATULANE	4	SP; PA
NIPENT	4	SP; PA
PHOTOFRIN	4	SP; PA
PROLEUKIN	4	SP; PA
SYNRIBO	4	SP; PA
<i>tretinoin (chemotherapy)</i>	1B	
UVADEX	4	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 6.25 MG	4	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR</i>	1B	
<i>leucovorin calcium TABS</i>	1B	
VORAXAZE	4	SP; PA
Mitotic Inhibitors		
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA
<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA

Ambetter Formulary Updated July 1, 2024

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

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

Ambetter Formulary Updated July 1, 2024

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

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl</i>	1B	
<i>trifluoperazine hcl TABS</i>	1B	
Quinolinone Derivatives		
<i>aripiprazole SOLN OR</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI	3	PA
Thioxanthenes		
<i>thiothixene</i>	1B	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ml daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 ea daily)
APTIVUS CAPS	3	QL(4 ea daily)
<i>atazanavir sulfate CAPS 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 50 MG</i>	1B	QL(3 ea daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz TABS</i>	1B	QL(1 ea daily)
<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 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 200 MG</i>	1B	QL(2 ea daily)
<i>etravirine 100 MG</i>	1B	QL(4 ea daily)
EVOTAZ	3	QL(1 ea daily)
<i>fosamprenavir calcium TABS</i>	1B	QL(4 ea daily)
FUZEON SOLR	4	SP; PA
GENVOYA	3	QL(1 ea daily)
INTELENCE 25 MG	3	QL(8 ea daily)
ISENTRESS HD TABS	3	QL(2 ea daily)
ISENTRESS CHEW	3	QL(6 ea daily)
ISENTRESS TABS	3	QL(2 ea daily)
JULUCA	3	QL(1 ea daily)
<i>lamivudine SOLN</i>	1B	QL(30 ml daily)
<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)
<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)
LEXIVA SUSP	3	QL(56 ml daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)
<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)
<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)
<i>nevirapine SUSP</i>	1B	QL(40 ml daily)
<i>nevirapine TABS</i>	1B	QL(2 ea daily)
<i>nevirapine TB24 100 MG</i>	1B	QL(3 ea daily)
<i>nevirapine TB24 400 MG</i>	1B	QL(1 ea daily)
NORVIR CAPS	2	QL(12 ea daily)
NORVIR PACK	3	QL(12 ea daily)
NORVIR SOLN	3	QL(15 ml daily)

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
Impotence Agents		
<i>sildenafil citrate</i>	1B	QL(0.1334 ea daily); PA
STENDRA	3	QL(0.134 ea daily)
<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 ea daily); PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	4	PA
ORENITRAM TBCR	4	PA
<i>treprostinil SOLN IJ</i>	4	SP; PA
TYVASO REFILL SOLN IN	4	PA
TYVASO STARTER SOLN IN	4	PA
TYVASO SOLN IN	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 ea daily); SP; PA
<i>bosentan TABS 125 MG</i>	4	QL(2 ea daily); SP; PA
<i>bosentan TABS 62.5 MG</i>	4	QL(2 ea daily); PA
OPSUMIT	4	QL(1 ea daily); PA
TRACLEER TBSO	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ml daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ml daily); PA



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

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

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

Ambetter Formulary Updated July 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
EMFLAZA SUSP	4	PA
EMFLAZA TABS ( <i>deflazacort</i> )	4	PA
<i>hydrocortisone TABS</i>	1B	
MEDROL TABS	3	
<i>methylprednisolone acetate SUSP</i>	1B	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
<i>methylprednisolone TABS</i>	1B	
<i>methylprednisolone TBPK</i>	1B	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
<i>prednisolone sodium phosphate TBP</i>	3	
<i>prednisolone SOLN</i>	1B	
<i>prednisolone TABS</i>	1B	
<i>prednisone SOLN</i>	1B	
<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone TBPK</i>	1B	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF 250 MG	3	
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate TABS</i>	1B	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)	<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old)
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)	<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)	<i>benzoyl peroxide LIQD 4 %, 7 %, 10 %</i>	1B	AL(At least 12 yrs old)
Cough/Cold/Allergy Combinations			<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B		<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 gm daily)
TUZISTRA XR	2	PA	<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)
Misc. Respiratory Inhalants			<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ml daily); AL(At least 12 yrs old)
HYPERSAL NEBU	1B		<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)
NEBUSAL NEBU	1B		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B		<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA
Mucolytics			<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
<i>acetylcysteine SOLN</i>	1B		DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>			<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
Acne Products			<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST	<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old); ST	PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); ST; RX/OTC	<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
AZELEX	3	QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST	<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old); RX/OTC	<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA			
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC			

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox SOLN</i>	1B	QL(0.22 ml daily)
<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 gm daily); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 gm daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1B	
<i>econazole nitrate CREA</i>	1B	QL(85 gm per fill retail; 85 per fill mail)
ERTACZO	3	QL(2.15 gm daily)
<i>ketoconazole (topical) CREA</i>	1B	QL(10 gm daily)
<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ml daily)
<i>luliconazole</i>	1B	PA
<i>naftifine hcl CREA 1 %</i>	1B	QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>naftifine hcl CREA 2 %</i>	1B	QL(2 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>nystatin (topical) CREA</i>	1B	QL(10 gm daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 gm daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 gm daily)
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 gm daily)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 gm daily)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene CREA</i>	1B	QL(1 gm daily)	<i>betamethasone dipropionate (topical) LOTN</i>	1B	
TREMFYA SOPN	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 gm daily)
TREMFYA SOSY	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 gm daily)
Antiseborrheic Products			<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ml daily)
<i>selenium sulfide LOTN 2.5 %</i>	1B		<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 gm daily)
Antivirals - Topical			<i>betamethasone valerate CREA</i>	1B	QL(2.5 gm daily)
<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate FOAM</i>	1B	QL(1.67 gm daily)
<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate LOTN</i>	1B	QL(5 ml daily)
<i>penciclovir</i>	3	QL(0.18 gm daily)	<i>betamethasone valerate OINT</i>	1B	QL(3 gm daily)
Burn Products			<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST
<i>mafenide acetate PACK</i>	3		<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST
<i>silver sulfadiazine</i>	1B	QL(20 gm daily)	<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 gm daily); PA
SULFAMYLON CREA	3		<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 gm daily); PA
Corticosteroids - Topical			<i>clobetasol propionate FOAM</i>	1B	QL(3 gm daily); ST
<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)	<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 gm daily); ST
<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)	<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 gm daily); PA
<i>amcinonide CREA</i>	1B	QL(60 gm per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail	<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ml daily); PA
<i>amcinonide LOTN</i>	3		<i>clocortolone pivalate</i>	3	QL(3 gm daily)
<i>amcinonide OINT</i>	3				
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)			

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



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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 gm daily)
<i>lidocaine PTCH 5 %</i>	1B	PA
SYNERA PTCH	3	QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA	3	QL(2 gm daily); PA
<b>Rosacea Agents</b>		
<i>azelaic acid GEL</i>	1B	QL(1.67 gm daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 gm daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 gm daily)
<i>metronidazole (topical) LOTN</i>	1B	
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton LOTN</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA; RX/OTC
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
<b>Wound Care Products</b>		
REGRANEX	3	QL(0.5 gm daily)
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)

Ambetter Formulary Updated July 1, 2024

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>Bone Density Regulators</b>		
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1B	QL(1 ea daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1B	QL(0.143 ea daily)
<i>calcitonin (salmon) NA</i>	1B	QL(0.14 ml daily)
FORTEO SOPN (teriparatide (recombinant))	4	QL(0.09 ml daily); SP; PA
FOSAMAX PLUS D	3	QL(0.143 ea daily); PA
<i>ibandronate sodium SOLN</i>	4	SP; PA
<i>ibandronate sodium TABS</i>	1B	QL(0.036 ea daily)
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 ea daily); PA
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 ea daily); PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 ea daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
<i>teriparatide (recombinant) SOPN</i>	4	QL(0.09 ml daily); SP; PA
TERIPARATIDE SOPN	4	QL(0.09 ml daily); PA
TYMLOS	4	PA
XGEVA SOLN	4	SP; PA
<i>zoledronic acid CONC</i>	4	SP; PA
<i>zoledronic acid SOLN</i>	4	SP; PA
<b>Corticotropin</b>		
ACTHAR	3	PA
<b>Fertility Regulators</b>		

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CHORIONIC GONADOTROPIN IM	4	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) 11.25 MG	4	PA	<i>desmopressin acetate SOLN IJ</i>	1B	PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA	DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
SYNAREL	4	SP; PA	<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 ea daily)
Metabolic Modifiers			<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 ea daily)
			STIMATE SOLN NA	4	SP; PA

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<b>Prolactin Inhibitors</b>		
<i>cabergoline</i>	1B	
<b>Somatostatic Agents</b>		
<i>octreotide acetate SOLN</i>	4	SP; PA
SANDOSTATIN LAR DEPOT KIT	4	PA
SIGNIFOR	4	PA
<b>Vasopressin Receptor Antagonists</b>		
<i>tolvaptan TABS</i>	4	QL(2 ea daily); SP; PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
CLIMARA PRO	3	
DUAVEE	3	PA
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREMPHASE	2	
PREMPRO	2	QL(1 ea daily)
<b>Estrogens</b>		
DELESTROGEN 10 MG/ML ( <i>estradiol valerate</i> )	1B	
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1B	
<i>estradiol GEL 0.06 %</i>	3	
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM</i>	1B	
<i>estradiol PTTW</i>	1B	QL(0.286 ea daily)
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	
ESTROGEL GEL ( <i>estradiol</i> )	3	

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

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

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

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride</i>	1B	QL(1 ea daily)
<i>dutasteride-tamsulosin hcl</i>	3	PA
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1B	
Urinary Stone Agents		
THIOLA EC TBEC 300 MG ( <i>tiopronin</i> )	3	QL(10 ea daily); PA
THIOLA EC TBEC 100 MG ( <i>tiopronin</i> )	3	QL(3 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
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
Gout Agents		
<i>allopurinol</i>	1B	
<i>colchicine TABS</i>	1B	QL(1 ea daily)
<i>febuxostat</i>	1B	QL(1 ea daily); PA
Uricosurics		
<i>probenecid</i>	1B	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA	4	PA
ALPROLIX	4	PA
ALTUVIIIO	4	PA
BENEFIX KIT	4	PA

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

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
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 1000 MCG/ML</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTELET	4	QL(3 ea daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily); PA

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

Ambetter Formulary Updated July 1, 2024



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

Drug Name	Drug Tier	Requirements/Limits
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		
<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	
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
Azithromycin		
<i>azithromycin PACK</i>	1B	
<i>azithromycin SOLR</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin SUSR</i>	1B		FC2 FEMALE CONDOM	0	QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 ea daily)			
<i>azithromycin TABS 500 MG</i>	1B	QL(4 ea per fill retail; 4 per fill mail)	FEMCAP DEVI	0	
<i>azithromycin TABS 250 MG</i>	1B	QL(6 ea per fill retail; 6 per fill mail)	KAMELEON LUBRICATED MISC	0	
Clarithromycin			KIMONO COLORS DEVI	0	
<i>clarithromycin SUSR</i>	1B		KIMONO LUBRICATED MISC	0	
<i>clarithromycin TABS</i>	1B		KIMONO MAXX/LARGE FLARE MISC	0	
<i>clarithromycin TB24</i>	1B		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	
Erythromycins			KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	
<i>erythromycin base CPEP</i>	3		KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	
<i>erythromycin base TABS</i>	3		KIMONO PS LUBRICATED MISC	0	
<i>erythromycin base TBEC</i>	1B		KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	
<i>erythromycin ethylsuccinate SUSR</i>	1B		KIMONO SENSATION LUBRICATED MISC	0	
<i>erythromycin ethylsuccinate TABS</i>	3		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	
Fidaxomicin			KIMONO SPECIAL DEVI	0	
DIFICID TABS	2		K-Y ME & YOU EXTRA LUBRICATED DEVI	0	
<b>MEDICAL DEVICES AND SUPPLIES</b>			K-Y ME & YOU INTENSE DEVI	0	
Contraceptives			MAXX LUBRICATED MISC	0	
AIMSCO LUBRICATED MISC	0		MAXX PLUS SPERMICIDE LUBRICATED MISC	0	
CAYA DPRH	0				
DUREX EXTRA SENSITIVE THIN DEVI	0				
DUREX EXTRA SENSITIVE THIN MISC	0				
DUREX TROPICAL MISC	0				
FANTASY LUBRICATED/SPERMICIDE MISC	0				
FANTASY LUBRICATED MISC	0				

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OMNIFLEX DIAPHRAGM	0		TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	
PREMIUM CONDOMS LUBRICATED MISC	0		TRUSTEX/RIA LUBRICATED MISC	0	
REALITY LATEX CONDOMS/LUBRICATED MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0	
REALITY LATEX/ULTRA TEXTURED DEVI	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0	
REALITY LATEX/ULTRA THIN DEVI	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0	
TRUE COVER DEVI	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
TRUSTEX LUBRICATED EXTRALARGE MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0	
TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0		<b>Diabetic Supplies</b>		
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/STUDDDED 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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA	<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)
ONETOUCH DELICA SAFETY LANCING DEVICE	1B	RX/OTC	<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	1B	RX/OTC	<b>Migraine Products</b>		
RELION 2-IN-1 LANCET DEVICES 30G	1B	RX/OTC	<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B	
RELION 2-IN-1 LANCING DEVICE 25G	1B	RX/OTC	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ml daily)
RELION 2-IN-1 LANCING DEVICE 30G	1B	RX/OTC	ERGOMAR SUBL	3	QL(0.667 ea daily)
SELECT LANCETS	1B	6.66/day	<b>Serotonin Agonists</b>		
SELECT LANCETS	1	6.66/day	<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B		<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<b>Parenteral Therapy Supplies</b>			<i>eletriptan hydrobromide</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old); ST
SELECT INSULIN SYRINGES	1B	5/day	<i>frovatriptan succinate</i>	1B	QL(0.4 ea daily); AL(At least 18 yrs old); ST
SELECT INSULIN SYRINGES	1	5/day	<i>naratriptan hcl</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>			<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antag</b>			<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
AIMOVIG	2	QL(0.04 ml daily); PA	<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
EMGALITY SOAJ	2	QL(0.07 ml daily); PA			
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA			
EMGALITY SOSY 100 MG/ML	2	QL(0.1 ml daily); PA			
UBRELVY	3	ST			
<b>Migraine Combinations</b>					

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)	<i>dextrose in lactated ringers</i>	1B	
<i>sumatriptan</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old)	<i>electrolyte-148</i>	1B	
<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	<i>electrolyte-a</i>	1B	
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	IONOSOL-MB/DEXTROSE 5%	1B	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	ISOLYTE-P/DEXTROSE 5%	1B	
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)	ISOLYTE-S	1B	
<i>zolmitriptan SOLN</i>	1B	QL(0.2 ea daily); AL(At least 12 yrs old); ST	KCL 0.3%/D5W/NACL 0.9% ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )	1B	
<i>zolmitriptan TABS</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	<i>lactated ringer's</i>	1B	
<i>zolmitriptan TBDP</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	NORMOSOL-M/D5W	1B	
<b>MINERALS &amp; ELECTROLYTES</b>			NORMOSOL-R	1B	
Bicarbonates			PLASMA-LYTE A ( <i>electrolyte-a</i> )	1B	
<i>sodium acetate SOLN</i>	1B		PLASMA-LYTE-148 ( <i>electrolyte-148</i> )	1B	
SODIUM ACETATE SOLN ( <i>sodium acetate</i> )	1B		<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	1B	
Calcium			<i>potassium chloride in dextrose &amp; sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B	
<i>calcium chloride (dihydrate) 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	
Electrolyte Mixtures			POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % ( <i>potassium chloride in nacl</i> )	1B		<b>Chelating Agents</b>		
<i>ringer's</i>	1B		<i>penicillamine CAPS</i>	1B	PA
<b>Fluoride</b>			<i>penicillamine TABS</i>	1B	QL(8 ea daily)
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)	<i>trientine hcl 250 MG</i>	4	QL(8 ea daily); SP; PA
<b>Magnesium</b>			<b>Immunomodulators</b>		
<i>magnesium sulfate IJ 50 %</i>	1B		<i>lenalidomide 20 MG</i>	4	QL(1 ea daily); PA
<b>Phosphate</b>			<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA
<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1B		THALOMID	4	QL(3 ea daily); SP; PA
<b>Potassium</b>			<b>Immunosuppressive Agents</b>		
<i>potassium acetate SOLN 2 MEQ/ML</i>	1B		ATGAM	4	SP; PA
<i>potassium bicarbonate TBEF</i>	1B		AZATHIOPRINE	1B	
<i>potassium chloride microencapsulated crystals er</i>	1B		<i>azathioprine TABS</i>	1B	
<i>potassium chloride CPCR</i>	1B		<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
<i>potassium chloride PACK OR 20 MEQ</i>	1B	PA	<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B		<i>cyclosporine CAPS</i>	1B	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML ( <i>potassium chloride</i> )	1B		<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
<i>potassium chloride TBCR</i>	1B		ENSPRYNG	4	PA
<b>Sodium</b>			<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 ea daily); PA
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B		<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 ea daily); SP; PA
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>			<i>mycophenolate mofetil CAPS</i>	1B	
			<i>mycophenolate mofetil TABS</i>	1B	
			<i>mycophenolate sodium</i>	1B	
			NULOJIX	4	SP; PA
			PROGRAF PACK	2	PA
			PROGRAF SOLN	2	

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

Drug Name	Drug Tier	Requirements/Limits
Throat Products - Misc.		
<i>cevimeline hcl</i>	1B	
<i>pilocarpine hcl (oral)</i>	1B	
<b>MULTIVITAMINS</b>		
Ped MV w/ Fluoride		
<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
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
MULTI PRENATAL TABS	2	QL(1 ea daily)
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL PRENATAL VITAMIN TABS	2	QL(1 ea daily)
NEONATAL VITAMIN TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	QL(1 ea daily); RX/OTC
PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
Central Muscle Relaxants		
<i>baclofen TABS 10 MG, 20 MG</i>	1B	
<i>carisoprodol TABS</i>	1B	
<i>chlorzoxazone TABS 500 MG</i>	1B	QL(6 ea daily)
<i>chlorzoxazone TABS 750 MG</i>	1B	QL(4 ea daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 ea daily)
<i>metaxalone 800 MG</i>	1B	QL(4 ea daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1B	
<i>orphenadrine citrate TB12</i>	1B	QL(2 ea daily)
<i>tizanidine hcl CAPS</i>	1B	
<i>tizanidine hcl TABS</i>	1B	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1B	QL(4 ea daily)
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin &amp; codeine</i>	3	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	RX/OTC
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		

Ambetter Formulary Updated July 1, 2024



Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ml daily)
<b>Nasal Steroids</b>		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal) 0.025 %</i>	1B	1 package(s) per fill retail
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ml per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 gm daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
<i>riluzole TABS</i>	3	
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
XEOMIN	3	PA
<b>Nondepolarizing Muscle Relaxants</b>		
<i>atracurium besylate 100 MG/10ML</i>	3	PA
<b>NUTRIENTS</b>		
<b>Proteins</b>		
CLINIMIX 4.25%/DEXTROSE 10%	3	
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX E 5%/DEXTROSE 20%	3	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Beta-blockers - Ophthalmic</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl (ophth) SOLN</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>levobunolol hcl 0.5 %</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B	
<b>Cycloplegic Mydriatics</b>		
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ml daily)
<i>tropicamide SOLN 1 %</i>	1B	
<b>Miotics</b>		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B	
<b>Ophthalmic Adrenergic Agents</b>		
<i>apraclonidine hcl</i>	1B	
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B	
IOPIDINE	3	
<b>Ophthalmic Anti-infectives</b>		
AZASITE	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)
<i>bacitracin (ophthalmic)</i>	3	
BESIVANCE	3	PA
<i>ciprofloxacin hcl (ophth) SOLN</i>	1B	
<i>erythromycin (ophth)</i>	1B	
<i>gatifloxacin (ophth)</i>	1B	
<i>gentamicin sulfate (ophth) OINT</i>	1B	
<i>gentamicin sulfate (ophth) SOLN</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KLARITY-A	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)	<i>neomycin-polymy-dexameth OINT</i>	1B	
<i>levofloxacin (ophth) 0.5 %</i>	1B		<i>neomycin-polymy-dexameth SUSP</i>	1B	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B		<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ml daily)
NATACYN	2		PRED MILD	3	PA
<i>neomycin-bacitracin zn-polymyxin</i>	1B		PRED-G SUSP	3	PA
<i>ofloxacin (ophth)</i>	1B		<i>prednisolone acetate (ophth)</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B		PREDNISOLONE SODIUM PHOSPHATE	3	
<i>sulfacetamide sodium (ophth) SOLN</i>	1B		<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA
<i>tobramycin (ophth) SOLN</i>	1B		<i>tobramycin-dexamethasone SUSP</i>	1B	
<i>trifluridine</i>	1B		ZYLET	3	PA
ZIRGAN GEL	2		<b>Ophthalmic Surgical Aids</b>		
<b>Ophthalmic Immunomodulators</b>			<b>Ophthalmic Surgical Aids</b>		
<i>cyclosporine (ophth) EMUL</i>	3	PA	HEALON PRO SOSY	3	PA
<b>Ophthalmic Local Anesthetics</b>			PROVISC SOSY	3	PA
<i>proparacaine hcl</i>	1B		<b>Ophthalmics - Misc.</b>		
<b>Ophthalmic Steroids</b>			ALOCRIIL	3	PA
ALREX SUSP ( <i>loteprednol etabonate</i> )	3	PA	ALOMIDE	3	PA
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ml daily)	<i>azelastine hcl (ophth)</i>	1B	
<i>difluprednate</i>	1B	PA	<i>bepotastine besilate</i>	3	PA
<i>fluorometholone (ophth) SUSP</i>	1B		<i>brinzolamide</i>	1B	
FML FORTE SUSP	3	PA	<i>bromfenac sodium (ophth)</i>	1B	
FML OINT	3	PA	<i>cromolyn sodium (ophth)</i>	1B	
LOTEMAX OINT	3	PA	CYSTARAN	2	QL(2.143 ml daily); PA
<i>loteprednol etabonate GEL</i>	1B	PA	<i>diclofenac sodium (ophth)</i>	1B	
<i>loteprednol etabonate SUSP</i>	1B	PA	<i>dorzolamide hcl</i>	1B	
MAXIDEX SUSP OP	3	PA	<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	
			LASTACFT	3	PA

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
NEVANAC	3	QL(0.2 ml daily); ST
<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ml daily); RX/OTC
<i>olopatadine hcl 0.2 %</i>	1B	RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	3	
<i>latanoprost SOLN</i>	1B	
<i>tafluprost</i>	1B	
<i>travoprost SOLN</i>	1B	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1B	QL(0.5 ml daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
Otic Combinations		
<i>ciprofloxacin-dexamethasone</i>	1B	PA
<i>ciprofloxacin-fluocinolone acetonide</i>	1B	QL(0.5 ea daily); PA
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1B	QL(2 ml daily)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1B	
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
Immune Serums		

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMUNEX-C	4	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IJ 1 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
Natural Penicillins		
<i>penicillin g potassium 500000 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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>disulfiram</i>	1B	
LUCEMYRA	3	QL(224 ea per 14 day(s) retail); PA
<b>Antidementia Agents</b>		
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide CP24</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ml daily)
<i>galantamine hydrobromide TABS</i>	1B	QL(2 ea daily)
<i>memantine hcl TABS</i>	1B	
<i>memantine hcl TABS</i>	1B	QL(2 ea daily)
<i>rivastigmine tartrate CAPS</i>	1B	
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline</i>	1B	
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA
SAVELLA TABS	2	QL(2 ea daily); PA
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO TABS	4	QL(4 ea daily); PA
INGREZZA CAPS	4	QL(1 ea daily); PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<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 40 MG/ML</i>	3	QL(0.43 ml daily)
<i>glatiramer acetate SOSY 20 MG/ML</i>	3	QL(1 ml daily)
KESIMPTA	4	QL(0.0144 ml daily); PA
PLEGRIDY STARTER PACK SOPN	4	QL(0.036 ml daily); PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
PLEGRIDY SOPN	4	QL(0.036 ml daily); PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ml daily); SP; PA
<i>teriflunomide</i>	4	QL(1 ea daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>varenicline tartrate TABS</i>	0	QL(2 ea daily)
<i>varenicline tartrate TBPK</i>	0	
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK	4	QL(2 ea daily); PA

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

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

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INFANRIX	0		<i>famotidine TABS 20 MG, 40 MG</i>	1B	
KINRIX SUSY	0		<i>nizatidine CAPS</i>	1B	
PEDIARIX SUSY	0		<i>ranitidine hcl TABS 150 MG</i>	1B	
PENTACEL	0		<b>Misc. Anti-Ulcer</b>		
QUADRACEL SUSP	0		<i>sucralfate SUSP</i>	1B	QL(40 ml daily)
QUADRACEL SUSY	0		<i>sucralfate TABS</i>	1B	QL(4 ea daily)
TDVAX SUSP	0		<b>Proton Pump Inhibitors</b>		
TENIVAC INJ	0		<i>dexlansoprazole</i>	3	QL(1 ea daily)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0		<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 ea daily); RX/OTC
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>			<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 ea daily)
<b>Antispasmodics</b>			<i>esomeprazole magnesium TBEC</i>	1B	QL(2 ea daily)
<i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>	1B		<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B		<i>lansoprazole CPDR 30 MG</i>	1B	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B		<b>NEXIUM 24HR TBEC (esomeprazole magnesium)</b>	1B	QL(2 ea daily)
<i>dicyclomine hcl CAPS</i>	1B		<i>omeprazole magnesium CPDR</i>	1B	QL(4 ea daily)
<i>dicyclomine hcl SOLN OR</i>	1B		<i>omeprazole CPDR</i>	1B	QL(2 ea daily)
<i>dicyclomine hcl TABS</i>	1B		<i>omeprazole TBEC</i>	1B	QL(2 ea daily)
<i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i>	1B		<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 ea daily)	<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 ea daily)
<i>glycopyrrolate TABS 1 MG</i>	1B		<i>rabeprazole sodium TBEC</i>	3	QL(1 ea daily)
<i>methscopolamine bromide</i>	1B		<b>Ulcer Drugs - Prostaglandins</b>		
<b>H-2 Antagonists</b>			<i>misoprostol</i>	1B	QL(4 ea daily)
<i>cimetidine TABS</i>	1B	RX/OTC	<b>Ulcer Therapy Combinations</b>		
<i>famotidine in nacl SOLN</i>	1B				
<i>famotidine SOLN 20 MG/2ML</i>	1A				
<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B				
<i>famotidine SUSR</i>	1B	QL(10 ml daily)			

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

Ambetter Formulary Updated July 1, 2024



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

Drug Name	Drug Tier	Requirements/Limits
FLUBLOK QUADRIVALENT 2022-2023	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLULAVAL QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail

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

Drug Name	Drug Tier	Requirements/Limits
PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
RECOMBIVAX HB SUSP	0	
RECOMBIVAX HB SUSY	0	
ROTARIX SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; 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 max fill(s) per 365 day(s) retail
<b>VAGINAL AND RELATED PRODUCTS</b>		
Miscellaneous Vaginal Products		
INTRAROSA	3	QL(1 ea daily); PA
Spermicides		
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)
<i>metronidazole vaginal</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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)
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	1B	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
Vasopressors		
<i>midodrine hcl</i>	1B	
<b>VITAMINS</b>		
Oil Soluble Vitamins		

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

## INDEX

abacavir sulfate SOLN .....	30	acyclovir CAPS .....	31	AIMSCO LUBRICATED MISC .....	51
abacavir sulfate TABS .....	30	acyclovir SUSP .....	31	AIRDUO DIGIHALER 113/14 .....	9
abacavir sulfate-lamivudine .....	30	acyclovir TABS OR .....	31	AIRDUO DIGIHALER 232/14 .....	9
ABELCET .....	18	acyclovir topical CREA .....	40	AIRDUO DIGIHALER 55/14 .....	9
abiraterone acetate 250 MG .....	25	acyclovir topical OINT .....	40	AIRSUPRA .....	9
abiraterone acetate 500 MG .....	25	ADACEL SUSP .....	63	AKYNZEO .....	17
ABRYSSVO .....	65	ADALIMUMAB-ADAZ SOAJ .....	3	albendazole .....	7
acamprosate calcium .....	61	ADALIMUMAB-ADAZ SOSY .....	3	albuterol sulfate AERS .....	9
acarbose .....	15	adapalene CREA .....	37	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML .....	9
acebutolol hcl CAPS .....	32	adapalene GEL .....	37	albuterol sulfate SYRP .....	9
acetaminophen w/ codeine SOLN ..	6	adapalene-benzoyl peroxide GEL 2.5 %-0.1 % .....	37	albuterol sulfate TABS .....	9
acetaminophen w/ codeine TABS 15 MG-300 MG .....	6	ADCETRIS .....	24	alclometasone dipropionate CREA	40
acetaminophen w/ codeine TABS 30 MG-300 MG .....	6	adefovir dipivoxil .....	31	alclometasone dipropionate OINT	40
acetaminophen w/ codeine TABS 60 MG-300 MG .....	6	ADEMPAS .....	34	ALDURAZYME .....	45
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG ....	6	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG ...	63	ALECENSA .....	26
acetazolamide CP12 .....	43	ADVATE .....	48	alendronate sodium TABS 35 MG, 70 MG .....	44
acetazolamide sodium .....	43	ADYNOVATE .....	48	alendronate sodium TABS 5 MG, 10 MG .....	44
acetazolamide TABS 125 MG .....	43	AFLURIA QUADRIVALENT 2021- 2022 SUSP .....	65	alfuzosin hcl .....	47
acetazolamide TABS 250 MG .....	43	AFLURIA QUADRIVALENT 2021- 2022 SUSY .....	65	ALINIA SUSR .....	21
acetic acid (otic) .....	60	AFLURIA QUADRIVALENT 2022- 2023 SUSP .....	65	aliskiren fumarate .....	21
acetic acid 0.25 % .....	47	AFLURIA QUADRIVALENT 2022- 2023 SUSY .....	65	allopurinol .....	48
acetylcysteine SOLN .....	37	AFLURIA QUADRIVALENT 2023- 2024 SUSP .....	65	almotriptan malate 12.5 MG .....	53
acitretin 10 MG, 17.5 MG .....	39	AFLURIA QUADRIVALENT 2023- 2024 SUSY .....	65	almotriptan malate 6.25 MG .....	53
ACTHAR .....	44	AFSTYLA .....	48	ALOCRIAL .....	59
ACTHIB SOLR IM .....	65	AIMOVIG .....	53	alogliptin benzoate .....	15
ACTIMMUNE 100 MCG/0.5ML ....	27			alogliptin-metformin hcl .....	15
				alogliptin-pioglitazone 15 MG-12.5 MG, 30 MG-12.5 MG, 45 MG-12.5	

MG .....	15	aminophylline SOLN .....	10	1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG .....	1
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG .....	15	amiodarone hcl SOLN 50 MG/ML .....	8	amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG .....	1
ALOMIDE .....	59	amiodarone hcl TABS .....	8	amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG .....	1
alose tron hcl .....	47	amitriptyline hcl TABS .....	14	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, 5 MG-5 MG-5 MG-5 MG .....	1
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG .....	8	amlodipine besylate TABS .....	32	amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG .....	1
alprazolam TABS 2 MG .....	8	amlodipine besylate-atorvastatin calcium .....	33	amphotericin b IV .....	18
alprazolam TB24 .....	8	amlodipine besylate-benazepril hcl 20 .....	20	amphotericin b liposome .....	18
alprazolam TBDP .....	8	amlodipine besylate-olmesartan medoxomil .....	20	ampicillin & sulbactam sodium IV 10 GM-5 GM .....	61
ALPROLIX .....	48	amlodipine besylate-valsartan .....	20	ampicillin CAPS 500 MG .....	60
ALREX SUSP (loteprednol etabonate) .....	59	amlodipine-valsartan-hydrochlorothiazide .....	20	ampicillin sodium IJ 1 GM .....	60
ALTABAX .....	38	amoxapine .....	14	anagrelide hcl .....	48
ALTUVIII O .....	48	amoxicillin & pot clavulanate CHEW 61 .....	61	anastrozole .....	25
ALUNBRIG TABS .....	26	amoxicillin & pot clavulanate SUSR 61 .....	61	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR .....	7
ALUNBRIG TBPk .....	26	amoxicillin & pot clavulanate TABS 61 .....	61	ANNOVERA .....	35
ALVESCO .....	9	amoxicillin & pot clavulanate TB12 .....	61	ANORO ELLIPTA .....	9
alvimopan .....	47	amoxicillin CAPS .....	60	ANZEMET TABS 50 MG .....	17
amantadine hcl CAPS .....	28	amoxicillin CHEW 125 MG, 250 MG .....	60	APIDRA SOLN .....	16
amantadine hcl SOLN .....	28	amoxicillin SUSR 125 MG/5ML .....	60	APIDRA SOLOSTAR SOPN .....	16
amantadine hcl TABS .....	28	amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML .....	60	apomorphine hydrochloride SOCT .....	28
ambrisentan .....	33	amoxicillin TABS .....	60		
amcinonide CREA .....	40	amoxicillin-clarithromycin w/ lansoprazole THPK .....	65		
amcinonide LOTN .....	40	amphetamine sulfate TABS .....	1		
amcinonide OINT .....	40	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-			
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML .....	2				
amiloride & hydrochlorothiazide .....	44				
amiloride hcl TABS .....	44				
aminocaproic acid TABS .....	49				

apraclonidine hcl .....	58	aspirin TBEC 81 MG .....	5	azelastine hcl .....	57
aprepitant CAPS 40 MG, 125 MG ..	17	aspirin-dipyridamole .....	48	AZELEX .....	37
aprepitant CAPS 80 MG .....	17	atazanavir sulfate CAPS 150 MG, 300 MG .....	30	azithromycin PACK .....	50
aprepitant CAPS .....	17	atazanavir sulfate CAPS 200 MG ..	30	azithromycin SOLR .....	50
aprepitant MISC .....	17	atenolol & chlorthalidone .....	20	azithromycin SUSR .....	51
APTIOM .....	11	atenolol TABS .....	32	azithromycin TABS 250 MG .....	51
APTIVUS CAPS .....	30	ATGAM .....	55	azithromycin TABS 500 MG .....	51
ARANESP ALBUMIN FREE SOLN 25 MCG/ML .....	49	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG .....	1	azithromycin TABS 600 MG .....	51
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML .....	49	atomoxetine hcl 60 MG, 80 MG, 100 MG .....	1	aztreonam 1 GM .....	22
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML ...	49	atorvastatin calcium TABS .....	19	bacitracin (ophthalmic) .....	58
ARCALYST .....	3	atovaquone .....	21	bacitracin .....	21
AREXVY .....	66	atovaquone-proguanil hcl .....	22	baclofen TABS 10 MG, 20 MG ....	57
arformoterol tartrate .....	10	atracurium besylate 100 MG/10ML 58		BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) .....	35
ARIKAYCE .....	2	atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML .....	64	balsalazide disodium CAPS .....	47
aripiprazole SOLN OR .....	30	atropine sulfate SOSY IJ 0.25 MG/5ML .....	64	BALVERSA .....	26
aripiprazole TABS .....	30	ATROVENT HFA .....	9	BANZEL TABS 200 MG (rufinamide) 11	
armodafinil .....	2	AUSTEDO TABS .....	61	BANZEL TABS 400 MG (rufinamide) 11	
ARMOUR THYROID TABS .....	63	AVONEX PEN AJKT .....	62	BARACLUDE SOLN .....	31
ARNUITY ELLIPTA .....	9	AVONEX PSKT .....	62	BASAGLAR KWIKPEN SOPN .....	16
arsenic trioxide 10 MG/10ML .....	27	AYVAKIT .....	25	BAXDELA SOLR .....	46
ARZERRA .....	24	azacitidine SUSR .....	23	BAXDELA TABS .....	46
ascorbic acid SOLN IJ .....	69	AZASITE .....	58	BELSOMRA .....	50
asenapine maleate 2.5 MG .....	29	AZATHIOPRINE .....	55	benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG ...	20
asenapine maleate 5 MG, 10 MG ..	29	azathioprine TABS .....	55	benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG ..	20
aspirin CHEW .....	5	azelaic acid GEL .....	42	benazepril hcl .....	19
aspirin TABS 325 MG .....	5	azelastine hcl (ophth) .....	59	bendamustine hcl SOLR .....	23
aspirin TBEC 325 MG .....	5			BENEFIX KIT .....	48

BENZEPRO CREAMY WASH LIQD . 37	betamethasone valerate OINT ..... 40	BRILINTA ..... 48
benzonatate 100 MG ..... 37	BETASERON KIT ..... 62	brimonidine tartrate (topical) ..... 42
benzonatate 150 MG ..... 37	betaxolol hcl (ophth) SOLN ..... 58	brimonidine tartrate 0.15 %, 0.2 % 58
benzonatate 200 MG ..... 37	betaxolol hcl ..... 32	brimonidine tartrate-timolol maleate . 58
benzoyl peroxide FOAM 5.3 %, 9.8 % ..... 37	bethanechol chloride 25 MG ..... 65	brinzolamide ..... 59
benzoyl peroxide GEL 10 % ..... 37	bethanechol chloride 5 MG, 10 MG, 50 MG ..... 65	BRIVIACT SOLN OR 10 MG/ML .. 11
benzoyl peroxide GEL 5 % ..... 37	bexarotene (topical) ..... 39	BRIVIACT TABS ..... 11
benzoyl peroxide LIQD 4 %, 7 %, 10 % ..... 37	bexarotene ..... 27	bromfenac sodium (ophth) ..... 59
benzoyl peroxide-erythromycin GEL . 37	BEXSERO ..... 65	bromocriptine mesylate CAPS ..... 28
benztropine mesylate SOLN ..... 28	bicalutamide ..... 25	bromocriptine mesylate TABS 2.5 MG ..... 28
benztropine mesylate TABS ..... 28	BIKTARVY ..... 30	BRUKINSA ..... 26
bepotastine besilate ..... 59	bimatoprost SOLN ..... 60	budesonide (inhalation) SUSP ..... 9
BESIVANCE ..... 58	bisacodyl SUPP ..... 50	budesonide (intrarectal) ..... 7
betaine ..... 45	bisacodyl TBEC ..... 50	budesonide (nasal) ..... 58
betamethasone dipropionate (topical) CREA ..... 40	bisoprolol & hydrochlorothiazide .. 20	budesonide CPEP ..... 36
betamethasone dipropionate (topical) LOTN ..... 40	bisoprolol fumarate ..... 32	budesonide-formoterol fumarate dihydrate ..... 10
betamethasone dipropionate (topical) OINT ..... 40	bleomycin sulfate 15 UNIT ..... 25	bumetanide SOLN 0.25 MG/ML ... 44
betamethasone dipropionate augmented CREA ..... 40	BOOSTRIX SUSP ..... 63	bumetanide TABS ..... 44
betamethasone dipropionate augmented LOTN ..... 40	BOOSTRIX SUSY ..... 63	buprenorphine hcl SOLN ..... 7
betamethasone dipropionate augmented OINT ..... 40	bortezomib SOLR IJ ..... 26	buprenorphine hcl SUBL ..... 7
betamethasone valerate CREA ... 40	BORTEZOMIB SOLR IV 3.5 MG .. 26	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG ..... 7
betamethasone valerate FOAM ... 40	bosentan TABS 125 MG ..... 33	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG .... 7
betamethasone valerate LOTN .... 40	bosentan TABS 62.5 MG ..... 33	buprenorphine hcl-naloxone hcl dihydrate SUBL ..... 7
	BOSULIF TABS 100 MG, 500 MG 26	buprenorphine PTWK ..... 7
	BOSULIF TABS 400 MG ..... 26	bupropion hcl (smoking deterrent) 62
	BRAFTOVI 75 MG ..... 26	
	BREO ELLIPTA (fluticasone furoate- vilanterol) ..... 10	
	BREO ELLIPTA ..... 10	
	BREZTRI AEROSPHERE ..... 10	



bupropion hcl TABS .....	13	calcipotriene CREA .....	39	MG .....	11
bupropion hcl TB12 100 MG .....	13	calcipotriene OINT .....	39	carbamazepine TB12 200 MG .....	11
bupropion hcl TB12 150 MG .....	13	calcipotriene SOLN .....	39	carbidopa .....	28
bupropion hcl TB12 200 MG .....	13	calcipotriene-betamethasone dipropionate OINT .....	40	carbidopa-levodopa TABS .....	28
bupropion hcl TB24 150 MG .....	13	calcipotriene-betamethasone dipropionate SUSP .....	40	carbidopa-levodopa TBCR .....	28
bupropion hcl TB24 300 MG .....	13	calcitonin (salmon) NA .....	44	carbidopa-levodopa TBDP .....	28
bupirone hcl 5 MG .....	8	calcitriol (topical) .....	39	carbidopa-levodopa-entacapone ..	28
bupirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG .....	8	calcitriol CAPS .....	45	carbinoxamine maleate SOLN .....	18
busulfan SOLN .....	23	calcitriol SOLN IV .....	45	carbinoxamine maleate TABS 4 MG . 18	
butalbital-acetaminophen TABS 50 MG-325 MG .....	4	calcium acetate (phosphate binder) CAPS .....	47	carboplatin SOLN 50 MG/5ML .....	23
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG .....	4	calcium acetate (phosphate binder) TABs .....	47	carisoprodol TABS .....	57
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG .....	4	calcium chloride (dihydrate) SOLN	54	carisoprodol w/ aspirin & codeine	57
butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG .....	4	calcium polycarbophil TABS .....	50	carmustine .....	23
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG .....	6	CALQUENCE .....	26	carteolol hcl (ophth) .....	58
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG .....	6	candesartan cilexetil .....	20	carvedilol .....	32
butalbital-aspirin-caffeine CAPS .....	5	candesartan cilexetil- hydrochlorothiazide .....	20	carvedilol phosphate .....	32
butalbital-aspirin-caffeine w/cod .....	6	capecitabine .....	23	casprofungin acetate .....	18
butenafine hcl .....	38	CAPRELSA .....	26	CAYA DPRH .....	51
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML .....	7	captopril 12.5 MG .....	19	CAYSTON .....	22
butorphanol tartrate NA 10 MG/ML	7	captopril 25 MG, 50 MG, 100 MG	19	cefaclor CAPS .....	34
cabergoline .....	46	carbamazepine CHEW .....	11	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....	34
CABLIVI .....	48	carbamazepine CP12 100 MG .....	11	cefadroxil CAPS .....	34
CABOMETYX TABS .....	26	carbamazepine CP12 200 MG .....	11	cefadroxil SUSR .....	34
		carbamazepine CP12 300 MG .....	11	cefadroxil TABS .....	34
		carbamazepine SUSP .....	11	cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG .....	34
		carbamazepine TABS .....	11	cefdinir CAPS .....	34
		carbamazepine TB12 100 MG, 400 MG .....	11	cefdinir SUSR .....	34
				cefepime hcl SOLR IV 2 GM .....	34

cefixime CAPS .....	34	chlorhexidine gluconate (mouth-throat) .....	56	cimetidine TABS .....	64
cefixime SUSR .....	34	chloroquine phosphate TABS 250 MG .....	22	cinacalcet hcl .....	45
cefotaxime sodium IJ 1 GM, 2 GM .....	34	chloroquine phosphate TABS 500 MG .....	22	CIPRO SUSR .....	46
cefotetan disodium IJ 1 GM, 2 GM .....	34	chlorpromazine hcl SOLN .....	29	ciprofloxacin hcl (ophth) SOLN ....	58
cefoxitin sodium IV 1 GM, 2 GM ...	34	chlorpromazine hcl TABS .....	29	ciprofloxacin hcl (otic) .....	60
cefpodoxime proxetil SUSR .....	34	chlorthalidone 25 MG, 50 MG ....	44	ciprofloxacin hcl TABS .....	46
cefpodoxime proxetil TABS .....	34	chlorzoxazone TABS 500 MG ....	57	ciprofloxacin in d5w 5 %-200 MG/100ML .....	46
cefprozil SUSR .....	34	chlorzoxazone TABS 750 MG ....	57	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....	46
cefprozil TABS .....	34	CHOLBAM .....	46	ciprofloxacin-dexamethasone ....	60
ceftazidime IJ 1 GM, 6 GM .....	34	cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT .....	69	ciprofloxacin-fluocinolone acetonide .	60
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG .....	34	cholecalciferol TABS 10 MCG, 400 UNIT .....	69	cisplatin SOLN 100 MG/100ML ....	23
ceftriaxone sodium IJ 250 MG ....	34	cholestyramine light PACK .....	19	citalopram hydrobromide SOLN ...	13
cefuroxime axetil TABS .....	34	cholestyramine light POWD .....	19	citalopram hydrobromide TABS 10 MG .....	13
cefuroxime sodium IJ 750 MG ....	34	cholestyramine PACK .....	19	citalopram hydrobromide TABS 20 MG .....	13
celecoxib .....	4	cholestyramine POWD .....	19	citalopram hydrobromide TABS 40 MG .....	13
CELONTIN (methsuximide) .....	13	choline fenofibrate .....	19	clarithromycin SUSR .....	51
cephalexin CAPS .....	34	CHORIONIC GONADOTROPIN IM 45		clarithromycin TABS .....	51
cephalexin SUSR .....	34	ciclopirox GEL .....	38	clarithromycin TB24 .....	51
CERDELGA .....	49	ciclopirox olamine CREA .....	38	CLASSIC PRENATAL TABS .....	56
CEREZYME 400 UNIT .....	49	ciclopirox olamine SUSP .....	38	clemastine fumarate SYRP .....	18
cetirizine hcl TABS .....	18	ciclopirox SHAM .....	38	clemastine fumarate TABS 2.68 MG .	18
cevimeline hcl .....	56	ciclopirox SOLN .....	38	CLIMARA PRO .....	46
CHEMET .....	17	cidofovir .....	31	clindamycin hcl .....	22
CHEMSTRIP-K STRP .....	43	cilostazol .....	48	clindamycin palmitate hydrochloride .	22
chloramphenicol sodium succinate 21		CIMDUO .....	30	clindamycin phosphate (topical)	
chlordiazepoxide hcl CAPS .....	8				
chlordiazepoxide hcl-clidinium bromide .....	64				
chlordiazepoxide-amitriptyline ....	61				

FOAM .....	37	clobetasol propionate SOLN 0.05 % .	40	colesevelam hcl PACK .....	19
clindamycin phosphate (topical) GEL	37	clocortolone pivalate .....	40	colesevelam hcl TABS .....	19
clindamycin phosphate (topical)		clofarabine .....	23	colestipol hcl GRAN .....	19
LOTN .....	37	clomiphene citrate TABS .....	45	colestipol hcl PACK .....	19
clindamycin phosphate (topical)		clomipramine hcl .....	14	colestipol hcl TABS .....	19
SOLN .....	37	clonazepam TABS .....	11	COMETRIQ KIT .....	26
clindamycin phosphate (topical)		clonidine .....	20	COMIRNATY 2023-24 SUSP .....	66
SWAB .....	37	clonidine hcl (adhd) TB12 .....	1	COMIRNATY 2023-24 SUSY .....	66
clindamycin phosphate SOLN IJ 9		clonidine hcl TABS .....	20	COMIRNATY SUSP .....	66
GM/60ML, 300 MG/2ML, 600		clopidogrel bisulfate 300 MG .....	48	COMPLERA .....	30
MG/4ML, 900 MG/6ML, 9000		clopidogrel bisulfate 75 MG .....	48	CONTRAVE .....	1
MG/60ML .....	22	clorazepate dipotassium TABS .....	8	COPIKTRA .....	26
clindamycin phosphate vaginal CREA		clotrimazole (topical) CREA .....	38	CORDRAN TAPE .....	41
.....	68	clotrimazole (topical) SOLN .....	38	CORLANOR SOLN .....	34
clindamycin phosphate-benzoyl		clotrimazole .....	56	CORLANOR TABS .....	34
peroxide (refrigerate) .....	37	clotrimazole vaginal CREA 1 % .....	68	CORTISPORIN-TC .....	60
clindamycin phosphate-benzoyl		clotrimazole w/ betamethasone		COSENTYX SENSOREADY PEN	
peroxide GEL 5 %-1 % .....	37	CREA .....	38	SOAJ .....	39
clindamycin phosphate-tretinoin ..	37	clotrimazole w/ betamethasone		COSENTYX SOSY 150 MG/ML ...	39
CLINIMIX 4.25%/DEXTROSE 10%		LOTN .....	38	COSENTYX SOSY 75 MG/0.5ML .	39
58		clozapine TABS .....	29	COSENTYX UNOREADY SOAJ ..	39
CLINIMIX 4.25%/DEXTROSE 5%	58	clozapine TBDP 100 MG .....	29	CREON CPEP .....	43
CLINIMIX E 5%/DEXTROSE 20%		clozapine TBDP 12.5 MG, 150 MG		CRESEMBA CAPS 186 MG .....	18
58		29		cromolyn sodium (ophth) .....	59
clobazam SUSP .....	11	clozapine TBDP 25 MG .....	29	cromolyn sodium NEBU .....	9
clobazam TABS .....	11	COARTEM .....	22	crotamiton LOTN .....	42
clobetasol propionate CREA 0.05 % .		codeine sulfate TABS 30 MG .....	5	CVS PRENATAL TABS 100 MG-2.6	
40		CODEINE SULFATE TABS .....	5	MG-800 MCG-400 UNIT-4 MCG-1.7	
clobetasol propionate emollient base		colchicine TABS .....	48	MG-18 MG-27 MG-1.5 MG-25 MG-	
0.05 % .....	40	colchicine w/ probenecid .....	48	263 MG-11 UNIT-4000 UNIT .....	56
clobetasol propionate FOAM .....	40			cyanocobalamin SOLN IJ 1000	
clobetasol propionate GEL 0.05 % 40				MCG/ML .....	49
clobetasol propionate OINT 0.05 %					
40					

cyclobenzaprine hcl TABS 5 MG, 10 MG .....	57	dalfampridine .....	62	desloratadine TABS .....	18
cyclophosphamide CAPS .....	23	danazol CAPS .....	7	desloratadine TBDP 2.5 MG .....	18
cyclophosphamide SOLR IJ .....	23	dantrolene sodium CAPS .....	57	desmopressin acetate SOLN IJ ...	45
cycloserine .....	23	dapagliflozin propanediol .....	16	DESMOPRESSIN ACETATE SOLN NA .....	45
cyclosporine (ophth) EMUL .....	59	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG .....	15	desmopressin acetate spray .....	45
cyclosporine CAPS .....	55	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....	15	desmopressin acetate spray refrigerated .....	45
cyclosporine modified (for microemulsion) CAPS .....	55	dapsone .....	22	desmopressin acetate TABS 0.1 MG	45
cyclosporine modified (for microemulsion) SOLN .....	55	DAPTACEL .....	63	desmopressin acetate TABS 0.2 MG	45
cyclosporine SOLN IV 50 MG/ML .	55	daptomycin 500 MG .....	21	desogestrel & ethinyl estradiol ....	35
CYLTEZO AJKT .....	3	darifenacin hydrobromide .....	65	desogestrel-ethinyl estradiol (biphasic) .....	35
CYLTEZO PSKT 10 MG/0.2ML .....	3	darunavir TABS .....	30	desogestrel-ethinyl estradiol (triphasic) .....	35
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML .....	3	DAURISMO .....	24	desonide CREA .....	41
CYLTEZO PSKT 40 MG/0.4ML .....	3	DEBACTEROL .....	56	desonide LOTN .....	41
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT .....	3	decitabine .....	24	desonide OINT .....	41
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT .....	3	deferasirox PACK .....	17	desoximetasone CREA 0.25 % ....	41
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UEITIS AJKT ...	3	deferasirox TABS .....	17	desoximetasone GEL .....	41
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UEITIS AJKT ...	3	deferasirox TBSO .....	17	desoximetasone OINT 0.25 % ....	41
cyproheptadine hcl SYRP .....	19	deferiprone TABS 500 MG .....	17	desvenlafaxine succinate 100 MG .	14
cyproheptadine hcl TABS .....	19	deflazacort SUSP .....	36	desvenlafaxine succinate 25 MG, 50 MG .....	14
CYSTAGON CAPS .....	47	deflazacort TABS .....	36	dexamethasone ELIX .....	36
CYSTARAN .....	59	DELESTROGEN 10 MG/ML (estradiol valerate) .....	46	DEXAMETHASONE INTENSOL CONC .....	36
cytarabine SOLN .....	23	DELSTRIGO .....	30	dexamethasone sodium phosphate (ophth) .....	59
dabigatran etexilate mesylate CAPS .	11	demeclocycline hcl TABS .....	63	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML .....	36
dacarbazine SOLR 200 MG .....	27	DEPO-ESTRADIOL .....	46		
dactinomycin .....	25	DEPO-MEDROL SUSP .....	36		
		DEPO-SUBQ PROVERA 104 SUSY SC .....	35		
		desipramine hcl TABS .....	14		

dexamethasone sodium phosphate SOSY IJ 4 MG/ML .....	36	diclofenac potassium TABS 50 MG .4	39	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG .....	32
dexamethasone SOLN .....	36	diclofenac sodium (actinic keratoses) EX .....	39	diltiazem hcl coated beads CP24 180 MG, 240 MG .....	32
dexamethasone TABS 0.5 MG, 0.75 MG .....	36	diclofenac sodium (ophth) .....	59	diltiazem hcl CP12 .....	32
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG .....	36	diclofenac sodium (topical) GEL EX 39		diltiazem hcl CP24 .....	32
dexchlorpheniramine maleate SOLN . 18		diclofenac sodium TB24 .....	4	diltiazem hcl extended release beads .....	32
dexlansoprazole .....	64	diclofenac sodium TBEC .....	4	diltiazem hcl SOLN 50 MG/10ML ..	32
dexmethylphenidate hcl CP24 .....	2	diclofenac w/ misoprostol TBEC ....	4	DILTIAZEM HCL SOLR .....	32
dexmethylphenidate hcl TABS .....	2	dicloxacillin sodium .....	61	diltiazem hcl TABS .....	32
dextroamphetamine sulfate CP24 10 MG, 15 MG .....	1	dicyclomine hcl CAPS .....	64	diltiazem hcl TB24 .....	33
dextroamphetamine sulfate CP24 5 MG .....	1	dicyclomine hcl SOLN OR .....	64	dimethyl fumarate CDPK .....	62
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1		dicyclomine hcl TABS .....	64	dimethyl fumarate CPDR .....	62
dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	DIFFERIN LOTN .....	37	DIPENTUM .....	47
dextrose in lactated ringers .....	54	DIFICID TABS .....	51	diphenhydramine hcl CAPS 50 MG 18	
DIACOMIT CAPS 250 MG .....	12	diflorasone diacetate CREA .....	41	diphenhydramine hcl ELIX 12.5 MG/5ML .....	18
DIACOMIT CAPS 500 MG .....	12	diflorasone diacetate OINT .....	41	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML .....	18
DIACOMIT PACK 250 MG .....	12	diflunisal TABS .....	5	diphenhydramine hcl SOLN 50 MG/ML .....	18
DIACOMIT PACK 500 MG .....	12	difluprednate .....	59	diphenoxylate w/ atropine LIQD ...	16
diazepam (anticonvulsant) GEL ...	11	digoxin SOLN OR 0.05 MG/ML ....	33	diphenoxylate w/ atropine TABS ...	17
diazepam CONC .....	8	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG .....	33	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	63
diazepam SOLN OR 5 MG/5ML ....	8	dihydroergotamine mesylate SOLN IJ 1 MG/ML .....	53	dipyridamole .....	48
diazepam TABS .....	8	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	53	disopyramide phosphate CAPS ....	8
diazoxide .....	15	DILANTIN (phenytoin sodium extended) .....	12	disulfiram .....	61
dichlorphenamide .....	43	DILANTIN .....	12	DIURIL SUSP .....	44
diclofenac epolamine PTCH EX ...	39	DILANTIN INFATABS CHEW (phenytoin) .....	12	divalproex sodium TB24 .....	13
		DILANTIN-125 SUSP (phenytoin) .	12		

divalproex sodium TBEC .....	13	doxycycline (monohydrate) CAPS 75 MG .....	63	dutasteride .....	48
docetaxel CONC 20 MG/ML .....	27	doxycycline (monohydrate) TABS 100 MG .....	63	dutasteride-tamsulosin hcl .....	48
docetaxel SOLN 20 MG/2ML .....	27	doxycycline (monohydrate) TABS 50 MG, 75 MG .....	63	econazole nitrate CREA .....	38
docusate calcium .....	50	doxycycline hyclate CAPS .....	63	EDARBI .....	20
docusate sodium CAPS 100 MG ..	50	doxycycline hyclate SOLR .....	63	EDURANT .....	30
docusate sodium CAPS 250 MG ..	50	doxycycline hyclate TABS 20 MG, 100 MG .....	63	efavirenz CAPS 200 MG .....	30
dofetilide .....	9	doxylamine-pyridoxine TBEC .....	17	efavirenz CAPS 50 MG .....	30
donepezil hydrochloride TABS 10 MG .....	61	dronabinol CAPS .....	17	efavirenz TABS .....	30
donepezil hydrochloride TABS 5 MG, 23 MG .....	61	drospirenone-ethinyl estradiol .....	35	efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	30
donepezil hydrochloride TBDP 10 MG .....	61	drospirenone-ethinyl estradiol-levomefolate calcium .....	35	efavirenz-lamivudine-tenofovir disoproxil fumarate .....	30
donepezil hydrochloride TBDP 5 MG 61		DROXIA CAPS .....	49	EGRIFTA 2 MG .....	45
DOPTELET .....	49	DUAVEE .....	46	EGRIFTA SV .....	45
dorzolamide hcl .....	59	DULERA .....	10	ELAPRASE .....	45
dorzolamide hcl-timolol maleate ..	58	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....	14	electrolyte-148 .....	54
DOVATO .....	30	duloxetine hcl CPEP 40 MG .....	14	electrolyte-a .....	54
doxazosin mesylate .....	20	DUPIXENT SOPN 200 MG/1.14ML 42		ELESTRIN GEL .....	46
doxepin hcl (antipruritic) .....	39	DUPIXENT SOPN 300 MG/2ML ..	42	eletriptan hydrobromide .....	53
doxepin hcl (sleep) .....	50	DUPIXENT SOSY 100 MG/0.67ML 42		ELIGARD KIT SC 7.5 MG .....	25
doxepin hcl CAPS .....	14	DUPIXENT SOSY 200 MG/1.14ML 42		ELIGARD SC 22.5 MG, 30 MG, 45 MG .....	25
doxepin hcl CONC .....	14	DUPIXENT SOSY 300 MG/2ML ..	42	ELIQUIS STARTER PACK TBPK ..	10
doxercalciferol CAPS .....	45	DUREX EXTRA SENSITIVE THIN DEVI .....	51	ELIQUIS TABS .....	10
doxercalciferol SOLN .....	45	DUREX EXTRA SENSITIVE THIN MISC .....	51	ELLA .....	35
doxorubicin hcl liposomal .....	25	DUREX TROPICAL MISC .....	51	ELMIRON CAPS .....	47
doxorubicin hcl SOLN .....	25			ELOCTATE .....	48
doxorubicin hcl SOLR 10 MG, 50 MG .....	25			EMCYT .....	25
doxycycline (monohydrate) CAPS 50 MG, 100 MG .....	63			EMFLAZA SUSP .....	36
				EMFLAZA TABS (deflazacort) .....	36
				EMGALITY SOAJ .....	53

EMGALITY SOSY 100 MG/ML	53	enoxaparin sodium SOSY 60 MG/0.6ML	10	ERIVEDGE	24
EMGALITY SOSY 120 MG/ML	53	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	10	ERLEADA 240 MG	25
EMSAM	13	ENSPRYNG	55	ERLEADA 60 MG	25
emtricitabine CAPS	30	entacapone	28	erlotinib hcl	24
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	30	entecavir TABS	31	ERTACZO	38
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	30	EPIDIOLEX	12	ertapenem sodium IJ	21
EMTRIVA SOLN	30	epinastine hcl (ophth)	59	erythromycin (acne aid) PADS	37
EMVERM CHEW	7	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	68	erythromycin (acne aid) SOLN	37
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20		epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	68	erythromycin (ophth)	58
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20		EPIVIR HBV SOLN	31	erythromycin base CPEP	51
enalapril maleate TABS	19	eplerenone	21	erythromycin base TABS	51
ENBREL MINI SOCT	4	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	49	erythromycin base TBEC	51
ENBREL SOLN	4	epoprostenol sodium	33	erythromycin ethylsuccinate SUSR 51	
ENBREL SOLR	4	EQL PRENATAL FORMULA TABS 56		erythromycin ethylsuccinate TABS	51
ENBREL SOSY 25 MG/0.5ML	4	EQUETRO 100 MG	29	escitalopram oxalate SOLN	13
ENBREL SOSY 50 MG/ML	4	EQUETRO 200 MG	29	escitalopram oxalate TABS 10 MG 13	
ENBREL SURECLICK SOAJ	4	EQUETRO 300 MG	29	escitalopram oxalate TABS 20 MG 13	
ENGERIX-B SUSP 20 MCG/ML	66	ERAXIS	18	escitalopram oxalate TABS 5 MG	13
ENGERIX-B SUSY	66	ERBITUX	24	esomeprazole magnesium CPDR 20 MG	64
enoxaparin sodium SOLN IJ 300 MG/3ML	10	ergocalciferol CAPS	69	esomeprazole magnesium CPDR 40 MG	64
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	10	ergocalciferol SOLN OR	69	esomeprazole magnesium TBEC	64
enoxaparin sodium SOSY 30 MG/0.3ML	10	ergoloid mesylates TABS	62	ESPEROCT	48
enoxaparin sodium SOSY 40 MG/0.4ML	10	ERGOMAR SUBL	53	estazolam	50
		ergotamine w/ caffeine TABS	53	estradiol GEL 0.06 %	46
		eribulin mesylate	28	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	46

estradiol PTTW .....	46	ezetimibe .....	19	FENSOLVI SC .....	45
estradiol PTWK .....	46	ezetimibe-simvastatin .....	19	fentanyl citrate LPOP .....	5
estradiol TABS .....	46	famciclovir 125 MG, 250 MG .....	31	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	5
estradiol vaginal CREA .....	68	famciclovir 500 MG .....	31	ferrous fumarate-folic acid .....	49
estradiol vaginal TABS .....	68	famotidine in nacl SOLN .....	64	ferrous sulfate SOLN 15 MG/ML ..	49
estradiol valerate .....	46	famotidine SOLN 20 MG/2ML .....	64	ferrous sulfate TABS 65 MG, 325 MG .....	49
ESTROGEL GEL (estradiol) .....	46	famotidine SOLN 40 MG/4ML, 200 MG/20ML .....	64	ferrous sulfate TBEC 325 MG .....	49
eszopiclone .....	50	famotidine SUSR .....	64	fesoterodine fumarate .....	65
ethacrynic acid .....	44	famotidine TABS 20 MG, 40 MG ..	64	FETZIMA CP24 .....	14
ethambutol hcl TABS .....	23	FANAPT .....	29	FETZIMA TITRATION PACK C4PK 14	
ethosuximide CAPS .....	13	FANAPT TITRATION PACK .....	29	finasteride .....	48
ethosuximide SOLN .....	13	FANTASY LUBRICATED MISC ...	51	fingolimod hcl .....	62
ethynodiol diacet & eth estrad .....	35	FANTASY LUBRICATED/SPERMICIDE MISC 51		FIRDAPSE .....	23
etodolac CAPS .....	4	FARXIGA .....	16	FIRMAGON .....	25
etodolac TABS .....	4	FASENRA PEN SOAJ .....	9	flavoxate hcl .....	65
etonogestrel-ethinyl estradiol .....	35	FASENRA SOSY 30 MG/ML .....	9	flecainide acetate .....	8
ETOPOPHOS .....	28	FC2 FEMALE CONDOM .....	51	floxuridine .....	24
etoposide CAPS .....	28	febuxostat .....	48	FLUAD QUADRIVALENT 2021-2022 .....	66
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....	28	felbamate SUSP .....	12	FLUAD QUADRIVALENT 2022-2023 .....	66
etravirine 100 MG .....	30	felbamate TABS 400 MG .....	12	FLUAD QUADRIVALENT 2023-2024 .....	66
etravirine 200 MG .....	30	felbamate TABS 600 MG .....	12	FLUARIX QUADRIVALENT 2021- 2022 SUSY .....	66
EUCRISA .....	42	felodipine .....	33	FLUARIX QUADRIVALENT 2022- 2023 SUSY .....	66
EVAMIST SOLN .....	46	FEMCAP DEVI .....	51	FLUARIX QUADRIVALENT 2023- 2024 SUSY .....	66
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG .....	55	FEMRING .....	68		
everolimus (immunosuppressant) 1 MG .....	55	fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG ...	19		
everolimus TABS .....	26	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19		
EVOTAZ .....	30	fenoprofen calcium TABS .....	4		
exemestane .....	25				



FLUBLOK QUADRIVALENT 2021-2022 .....	41	flurbiprofen sodium .....	59
FLUBLOK QUADRIVALENT 2022-2023 .....	66	flurbiprofen TABS .....	4
FLUBLOK QUADRIVALENT 2023-2024 .....	66	flutamide .....	25
FLUCELVAX QUADRIVALENT 2021-2022 SUSP .....	66	fluticasone furoate-vilanterol .....	10
FLUCELVAX QUADRIVALENT 2021-2022 SUSY .....	66	fluticasone propionate (inhalation) AEPB .....	9
FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....	66	fluticasone propionate (nasal) SUSP ..	58
FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	66	fluticasone propionate CREA 0.05 %	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSP .....	66	fluticasone propionate hfa .....	9
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	66	fluticasone propionate LOTN .....	41
fluconazole SUSR .....	18	fluticasone propionate OINT .....	41
fluconazole TABS .....	18	fluticasone-salmeterol AEPB .....	10
flucytosine .....	18	fluticasone-salmeterol AERO .....	10
fludarabine phosphate SOLN .....	24	fluvastatin sodium CAPS 20 MG ..	19
fludarabine phosphate SOLR .....	24	fluvastatin sodium CAPS 40 MG ..	19
fludrocortisone acetate TABS .....	36	fluvoxamine maleate TABS 100 MG .	14
FLULAVAL QUADRIVALENT 2021-2022 SUSY .....	66	fluvoxamine maleate TABS 25 MG,	50 MG .....
FLULAVAL QUADRIVALENT 2022-2023 SUSY .....	66	FLUZONE HIGH-DOSE PF 2021-2022 .....	67
FLULAVAL QUADRIVALENT 2023-2024 SUSY .....	67	FLUZONE HIGH-DOSE PF 2022-2023 .....	67
FLUMIST QUADRIVALENT .....	67	FLUZONE HIGH-DOSE PF 2023-2024 .....	67
flunisolide (nasal) 0.025 % .....	58	FLUZONE QUADRIVALENT 2021-2022 SUSP .....	67
fluocinolone acetonide (otic) .....	60	FLUZONE QUADRIVALENT 2021-2022 SUSY .....	67
fluocinolone acetonide CREA 0.01 %		FLUZONE QUADRIVALENT 2022-2023 SUSP .....	67
fluocinolone acetonide CREA 0.025 % .....	41	FLUZONE QUADRIVALENT 2022-	
fluocinolone acetonide OIL .....	41	fluocinolone acetonide SOLN .....	41
fluocinolone acetonide OINT .....	41	fluocinonide CREA 0.05 % .....	41
fluocinolone acetonide SOLN .....	41	fluocinonide CREA 0.1 % .....	41
fluocinonide CREA 0.05 % .....	41	fluocinonide emulsified base .....	41
fluocinonide CREA 0.1 % .....	41	fluocinonide GEL .....	41
fluocinonide emulsified base .....	41	fluocinonide OINT .....	41
fluocinonide GEL .....	41	fluocinonide SOLN .....	41
fluocinonide OINT .....	41	fluorometholone (ophth) SUSP ....	59
fluocinonide SOLN .....	41	fluorouracil (topical) CREA 5 % ...	39
fluorometholone (ophth) SUSP ....	59	fluorouracil (topical) SOLN .....	39
fluorouracil (topical) CREA 5 % ...	39	fluorouracil 500 MG/10ML .....	24
fluorouracil (topical) SOLN .....	39	fluoxetine hcl CAPS 10 MG .....	13
fluorouracil 500 MG/10ML .....	24	fluoxetine hcl CAPS 20 MG .....	13
fluoxetine hcl CAPS 10 MG .....	13	fluoxetine hcl CAPS 40 MG .....	13
fluoxetine hcl CAPS 20 MG .....	13	fluoxetine hcl CPDR .....	13
fluoxetine hcl CAPS 40 MG .....	13	fluoxetine hcl SOLN .....	14
fluoxetine hcl CPDR .....	13	fluoxetine hcl TABS 10 MG, 60 MG	14
fluoxetine hcl SOLN .....	14	fluoxetine hcl TABS 20 MG .....	14
fluoxetine hcl TABS 10 MG, 60 MG	14	fluphenazine hcl CONC .....	29
fluoxetine hcl TABS 20 MG .....	14	fluphenazine hcl ELIX .....	29
fluphenazine hcl CONC .....	29	fluphenazine hcl SOLN .....	29
fluphenazine hcl ELIX .....	29	fluphenazine hcl TABS .....	29
fluphenazine hcl SOLN .....	29	flurandrenolide CREA .....	41
fluphenazine hcl TABS .....	29	flurandrenolide LOTN .....	41
flurandrenolide CREA .....	41	flurazepam hcl .....	50
flurandrenolide LOTN .....	41		
flurazepam hcl .....	50		

2023 SUSY .....	67	DAY/SENSOR/FLASH MONITORING SYSTEM .....	52	galantamine hydrobromide TABS ..	61
FLUZONE QUADRIVALENT 2023-2024 SUSP .....	67	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....	52	GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	60
FLUZONE QUADRIVALENT 2023-2024 SUSY .....	67	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....	52	GAMMAGARD LIQUID 30 GM/300ML .....	60
FML FORTE SUSP .....	59	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM .....	52	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR .....	60
FML OINT .....	59	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	52	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	60
folic acid TABS .....	49	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....	53	GAMUNEX-C .....	60
fondaparinux sodium 10 MG/0.8ML 10		frovatriptan succinate .....	53	ganciclovir sodium SOLR .....	31
fondaparinux sodium 2.5 MG/0.5ML . 11		fulvestrant SOSY .....	25	ganirelix acetate .....	45
fondaparinux sodium 5 MG/0.4ML .11		furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....	44	GARDASIL 9 SUSP .....	67
fondaparinux sodium 7.5 MG/0.6ML . 11		furosemide TABS .....	44	GARDASIL 9 SUSY .....	67
FORA GTEL BLOOD KETONE TEST STRIPS .....	43	FUZEON SOLR .....	30	gatifloxacin (ophth) .....	58
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..	43	FYCOMPA TABS 2 MG .....	11	gefitinib .....	24
formoterol fumarate NEBU .....	10	FYCOMPA TABS 4 MG .....	11	gemcitabine hcl SOLR 2 GM, 200 MG .....	24
FORTEO SOPN (teriparatide (recombinant)) .....	44	FYCOMPA TABS 6 MG .....	11	gemfibrozil TABS .....	19
FOSAMAX PLUS D .....	44	FYCOMPA TABS 8 MG, 10 MG, 12 MG .....	11	gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 % .....	2
fosamprenavir calcium TABS .....	30	gabapentin CAPS .....	12	gentamicin sulfate (ophth) OINT ..	58
fosfomycin tromethamine .....	22	gabapentin SOLN .....	12	gentamicin sulfate (ophth) SOLN ..	58
fosinopril sodium & hydrochlorothiazide .....	20	gabapentin TABS 600 MG, 800 MG 12		gentamicin sulfate (topical) CREA ..	38
fosinopril sodium .....	19	GALAFOLD .....	45	gentamicin sulfate (topical) OINT ..	38
fosphenytoin sodium .....	12	galantamine hydrobromide CP24 ..	61	gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML .....	2
FRAGMIN SOSY .....	11	galantamine hydrobromide SOLN ..	62	GENVOYA .....	30
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....	52			GILOTRIF .....	24
FREESTYLE LIBRE 14				glatiramer acetate SOSY 20 MG/ML .	

glatiramer acetate SOSY 40 MG/ML .62	griseofulvin microsize SUSP .....18	MG/0.8ML ..... 3
GLEOSTINE 10 MG ..... 23	griseofulvin microsize TABS ..... 18	HUMIRA PEN PNKT 80 MG/0.8ML .3
GLEOSTINE 40 MG, 100 MG ..... 23	griseofulvin ultramicrosize .....18	HUMIRA PEN PNKT ..... 3
glimepiride 1 MG, 2 MG .....16	guanfacine hcl (adhd) .....1	HUMIRA PEN-CD/UC/HS STARTER PNKT ..... 3
glimepiride 4 MG ..... 16	guanfacine hcl .....20	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....3
glipizide TABS 5 MG, 10 MG ..... 16	GYNAZOLE-1 ..... 68	HUMIRA PEN-PS/UV STARTER PNKT ..... 3
glipizide TB24 ..... 16	HADLIMA PUSHTOUCH SOAJ .....3	HUMIRA PSKT ..... 3
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG .....15	HADLIMA SOSY ..... 3	HUMIRA PSKT ..... 3
glipizide-metformin hcl 500 MG-5 MG ..... 15	HAEGARDA SOLR SC ..... 48	HUMULIN R U-500 (CONCENTRATED) SOLN SC .... 16
GLUCAGEN DIAGNOSTIC ..... 42	HALAVEN (eribulin mesylate) ....28	HUMULIN R U-500 KWIKPEN SOPN SC ..... 16
glucagon (rdna) .....15	halcinonide CREA ..... 41	HYCAMTIN CAPS ..... 28
glyburide micronized 1.5 MG, 3 MG, 6 MG ..... 16	halobetasol propionate CREA ..... 41	hydralazine hcl SOLN ..... 21
glyburide TABS ..... 16	halobetasol propionate OINT ..... 41	hydralazine hcl TABS ..... 21
glyburide-metformin 250 MG-1.25 MG ..... 15	HALOG OINT ..... 41	hydrochlorothiazide CAPS ..... 44
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG ..... 15	haloperidol decanoate .....29	hydrochlorothiazide TABS 12.5 MG 44
glycine (gu irrigant) SOLN 1.5 % .. 47	haloperidol lactate CONC .....29	hydrochlorothiazide TABS 25 MG, 50 MG ..... 44
glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML ..... 64	haloperidol lactate SOLN ..... 29	hydrocodone polistirex-chlorpheniramine polistirex SUER .37
glycopyrrolate TABS 1 MG ..... 64	haloperidol TABS ..... 29	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML ..... 6
glycopyrrolate TABS 2 MG ..... 64	HAVRIX ..... 67	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG ..... 6
GLYXAMBI ..... 15	HEALON PRO SOSY ..... 59	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG ..... 6
GNP PRENATAL TABS ..... 56	HEMANGEOL SOLN OR ..... 32	hydrocodone-ibuprofen 10 MG-200
GOJJI BLOOD KETONE TEST STRIPS ..... 43	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML ..... 11	
granisetron hcl SOLN IV 1 MG/ML 17	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 11	
granisetron hcl TABS ..... 17	HEPLISAV-B SOSY ..... 67	
GRASTEK SUBL ..... 2	HIBERIX SOLR IJ ..... 65	
	HUMATROPE CART IJ ..... 45	
	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80	

MG, 5 MG-200 MG .....	6	22	imipenem-cilastatin IV .....	21	
hydrocodone-ibuprofen 7.5 MG-200 MG .....	6	hydroxyurea .....	27	imipramine hcl TABS .....	14
hydrocortisone (intrarectal) .....	7	hydroxyzine hcl SOLN 50 MG/ML ..	8	imipramine pamoate .....	14
hydrocortisone (rectal) EX .....	7	hydroxyzine hcl SYRP .....	8	imiquimod 5 % .....	42
hydrocortisone (topical) CREA 1 %, 2.5 % .....	41	hydroxyzine hcl TABS .....	8	IMPAVIDO .....	21
hydrocortisone (topical) LOTN 2.5 % .	41	hydroxyzine pamoate CAPS .....	8	INCRELEX .....	45
hydrocortisone (topical) OINT 1 %, 2.5 % .....	41	HYPERSAL NEBU .....	37	INCRUSE ELLIPTA .....	9
hydrocortisone acetate (rectal) .....	7	HYQVIA .....	60	indapamide TABS 1.25 MG .....	44
hydrocortisone butyrate CREA .....	41	ibandronate sodium SOLN .....	44	indapamide TABS 2.5 MG .....	44
hydrocortisone butyrate OINT .....	41	ibandronate sodium TABS .....	44	indomethacin CAPS 25 MG, 50 MG 4	
hydrocortisone butyrate SOLN .....	41	IBRANCE CAPS .....	26	indomethacin CPCR .....	4
hydrocortisone TABS .....	36	IBRANCE TABS .....	26	INFANRIX .....	64
hydrocortisone vaginal .....	68	ibuprofen SUSP 100 MG/5ML .....	4	INFLECTRA SOLR .....	47
hydrocortisone valerate CREA .....	41	ibuprofen TABS 400 MG, 600 MG ..	4	INGREZZA CAPS .....	61
hydrocortisone valerate OINT .....	41	ibuprofen TABS 800 MG .....	4	INGREZZA CPPK .....	61
hydrocortisone w/acetic acid .....	60	icatibant acetate SOLN .....	48	INLYTA .....	24
hydromorphone hcl LIQD .....	5	icatibant acetate SOSY .....	48	INREBIC .....	26
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML .	5	ICLUSIG .....	26	INSULIN ASPART FLEXPEN SOPN .	16
hydromorphone hcl TABS .....	5	icosapent ethyl 1 GM .....	19	INSULIN ASPART PENFILL SOCT	16
hydromorphone hcl TB24 32 MG ...	5	idarubicin hcl 20 MG/20ML .....	25	INSULIN ASPART PROTAMINE/INSULIN ASPART	
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....	5	idarubicin hcl 5 MG/5ML, 10 MG/10ML .....	25	FLEXPEN SUPN .....	16
hydroxychloroquine sulfate 100 MG	22	IDELVION .....	48	INSULIN ASPART PROTAMINE/INSULIN ASPART	
hydroxychloroquine sulfate 200 MG	22	ifosfamide SOLN 1 GM/20ML .....	23	SUSP .....	16
hydroxychloroquine sulfate 400 MG		ifosfamide SOLR .....	23	INSULIN ASPART SOLN IJ .....	16
		imatinib mesylate .....	26	INSULIN DEGLUDEC FLEXTOUCH SOPN .....	16
		IMBRUVICA CAPS 140 MG .....	26	INSULIN DEGLUDEC SOLN .....	16
		IMBRUVICA CAPS 70 MG .....	26	INTELENCE 25 MG .....	30
		IMBRUVICA SUSP .....	26		
		IMBRUVICA TABS .....	26		

INTRAROSA .....	68	40 MG .....	37	ketoprofen CAPS 50 MG .....	4
INTRON A SOLR 18000000 UNIT	27	isradipine CAPS .....	33	ketorolac tromethamine (ophth) ...	59
IONOSOL-MB/DEXTROSE 5% ...	54	itraconazole CAPS .....	18	ketorolac tromethamine TABS .....	4
IOPIDINE .....	58	itraconazole SOLN .....	18	KETOSTIX STRP .....	43
IPOL INACTIVATED IPV .....	67	ivermectin (pediculicide) .....	42	ketotifen fumarate (ophth) 0.035 %	59
ipratropium bromide (nasal) 0.03 %	58	ivermectin .....	8	KEVZARA SOAJ .....	4
ipratropium bromide (nasal) 0.06 %	58	IXEMPRA KIT 15 MG .....	28	KEVZARA SOSY .....	4
ipratropium bromide SOLN 0.02 % .	9	JAKAFI .....	26	KIMONO COLORS DEVI .....	51
ipratropium-albuterol SOLN .....	10	JANUMET TABS .....	15	KIMONO LUBRICATED MISC .....	51
irbesartan .....	20	JANUMET XR TB24 1000 MG-100	15	KIMONO MAXX/LARGE FLARE	MISC .....
irbesartan-hydrochlorothiazide ...	20	JANUMET XR TB24 1000 MG-50	15	KIMONO MICRO THIN PLUS	SPERMICIDE LUBRICATED MISC
IRESSA (gefitinib) .....	24	JANUVIA .....	15	51	
irinotecan hcl 40 MG/2ML, 100	28	JARDIANCE .....	16	KIMONO PLUS SPERMICIDE	LUBRICATED MISC .....
irrigation solutions, physiological .	56	JEVTANA .....	28	51	
ISENTRESS CHEW .....	30	JIVI .....	48	KIMONO PLUS	SPERMICIDE/LUBRICATED MISC
ISENTRESS HD TABS .....	30	JULUCA .....	30	51	
ISENTRESS TABS .....	30	KALYDECO TABS .....	62	KIMONO PS LUBRICATED MISC .	51
ISOLYTE-P/DEXTROSE 5% .....	54	KAMELEON LUBRICATED MISC .	51	KIMONO PS PLUS	SPERMICIDE/LUBRICATED MISC
ISOLYTE-S .....	54	KANJINTI .....	24	51	
isoniazid SOLN .....	23	KCL 0.3%/D5W/NACL 0.9%	54	KIMONO SENSATION	LUBRICATED MISC .....
isoniazid SYRP .....	23	(potassium chloride in dextrose &		51	
isoniazid TABS .....	23	sodium chloride) .....	54	KIMONO SENSATION PLUS	SPERMICIDE LUBRICATED MISC
isosorbide dinitrate TABS 5 MG, 10	8	KEPIVANCE 6.25 MG .....	27	51	
MG, 20 MG, 30 MG .....	8	KESIMPTA .....	62	KIMONO SPECIAL DEVI .....	51
isosorbide dinitrate-hydralazine hcl	33	ketococonazole (topical) CREA .....	38	KINRIX SUSY .....	64
isosorbide mononitrate TABS .....	8	ketococonazole (topical) SHAM 2 % .	38	KISQALI .....	26
isosorbide mononitrate TB24 .....	8	ketococonazole .....	18	KISQALI FEMARA 200 DOSE .....	26
isotretinoin 10 MG, 20 MG, 30 MG,		KETONE STRP .....	43	KISQALI FEMARA 400 DOSE .....	26
		KETONE TEST STRIPS STRP ....	43		

KISQALI FEMARA 600 DOSE	26	lamivudine-zidovudine	30	leuprolide acetate KIT IJ 1 MG/0.2ML	25
KLARITY-A	59	lamotrigine CHEW 25 MG	12	levalbuterol hcl	10
KOGENATE FS KIT	48	lamotrigine CHEW 5 MG	12	levalbuterol tartrate	10
KOSELUGO	26	lamotrigine TABS	12	LEVEMIR FLEXPEN SOPN	16
KOVALTRY	48	lamotrigine TBDP	12	LEVEMIR FLEXTOUCH SOPN	16
KP PRENATAL MULTIVITAMINS TABS	56	LANOXIN SOLN IJ (digoxin)	33	LEVEMIR SOLN	16
KRINTAFEL	22	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	33	levetiracetam SOLN IV 500 MG/5ML 12	
K-Y ME & YOU EXTRA LUBRICATED DEVI	51	lansoprazole CPDR 15 MG	64	levetiracetam TABS 1000 MG	12
K-Y ME & YOU INTENSE DEVI	51	lansoprazole CPDR 30 MG	64	levetiracetam TABS 250 MG, 750 MG	12
KYLEENA	36	lanthanum carbonate CHEW	47	levetiracetam TABS 500 MG	12
KYPROLIS	26	lapatinib ditosylate	26	levetiracetam TB24	12
labetalol hcl SOLN	32	LASTACAFT	59	levobunolol hcl 0.5 %	58
labetalol hcl TABS 100 MG, 200 MG 32		latanoprost SOLN	60	levocetirizine dihydrochloride SOLN 18	
labetalol hcl TABS 300 MG	32	leflunomide	4	levocetirizine dihydrochloride TABS 18	
lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML	12	lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	55	levofloxacin (ophth) 0.5 %	59
lacosamide TABS	12	lenalidomide 20 MG	55	levofloxacin in d5w 5 %-500 MG/100ML	46
lactated ringer's (irrigation)	56	LENVIMA 10 MG DAILY DOSE	24	levofloxacin SOLN OR	46
lactated ringer's	54	LENVIMA 12MG DAILY DOSE	24	levofloxacin TABS 250 MG, 750 MG 46	
lactic acid (ammonium lactate) CREA	42	LENVIMA 14 MG DAILY DOSE	24	levofloxacin TABS 500 MG	46
lactic acid (ammonium lactate) LOTN 12 %	42	LENVIMA 18 MG DAILY DOSE	24	levonorgestrel & eth estradiol TABS 35	
lactulose (encephalopathy)	47	LENVIMA 20 MG DAILY DOSE	24	levonorgestrel (emergency oc) 1.5 MG	35
lactulose SOLN	50	LENVIMA 24 MG DAILY DOSE	24	levonorgestrel-eth estradiol (triphasic)	35
lamivudine (hbv) TABS	31	LENVIMA 4 MG DAILY DOSE	24	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	35
lamivudine SOLN	30	LENVIMA 8 MG DAILY DOSE	24		
lamivudine TABS 150 MG	30	letrozole	25		
lamivudine TABS 300 MG	30	leucovorin calcium SOLR	27		
		leucovorin calcium TABS	27		
		LEUKERAN	23		
		LEUKINE SOLR IJ	49		

levonorgestrel-ethinyl estradiol (continuous) .....	35	LO LOESTRIN FE TABS .....	35	LUPRON DEPOT (1-MONTH) KIT IM .....	25
levonorgestrel-ethinyl estradiol-iron 35		LOKELMA .....	56	LUPRON DEPOT (3-MONTH) KIT IM .....	25
levorphanol tartrate TABS 2 MG ....	5	loperamide hcl CAPS .....	17	LUPRON DEPOT (4-MONTH) IM .	25
levothyroxine sodium TABS .....	63	lopinavir-ritonavir SOLN .....	30	LUPRON DEPOT (6-MONTH) IM .	25
LEXIVA SUSP .....	30	lopinavir-ritonavir TABS .....	30	LUPRON DEPOT-PED (1-MONTH) .	45
lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 % .....	50	loratadine CAPS .....	18	LUPRON DEPOT-PED (3-MONTH) 11.25 MG .....	45
lidocaine hcl (mouth-throat) 2 % ...	56	loratadine CHEW .....	18	LUPRON DEPOT-PED (3-MONTH) 30 MG .....	45
lidocaine hcl (mouth-throat) 4 % ...	56	loratadine SOLN .....	18		
lidocaine hcl GEL 2 % .....	42	loratadine TABS .....	18		
lidocaine hcl PRSY .....	42	loratadine TBDP .....	18		
lidocaine hcl SOLN .....	42	lorazepam CONC .....	8	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG .....	29
lidocaine PTCH 5 % .....	42	lorazepam TABS 0.5 MG, 2 MG ....	8	lurasidone hcl 80 MG .....	29
lidocaine-prilocaine CREA .....	42	lorazepam TABS 1 MG .....	8		
LILETTA 20.1 MCG/DAY .....	36	LORBRENA .....	26	LYNPARZA TABS .....	26
lincomycin hcl .....	22	losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG .....	20	LYSODREN .....	25
linezolid SUSR .....	22	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 20		mafenide acetate PACK .....	40
linezolid TABS .....	22	losartan potassium .....	20	magnesium sulfate IJ 50 % .....	55
LINZESS .....	47	LOTEMAX OINT .....	59	malathion .....	42
liothyronine sodium SOLN .....	63	loteprednol etabonate GEL .....	59	maraviroc TABS 150 MG .....	30
liothyronine sodium TABS .....	63	loteprednol etabonate SUSP .....	59	maraviroc TABS 300 MG .....	30
lisdexamphetamine dimesylate CAPS 1		lovastatin TABS 10 MG, 20 MG ...	19	MARPLAN .....	13
lisinopril & hydrochlorothiazide ...	20	lovastatin TABS 40 MG .....	19	MASONATAL TABS .....	56
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG .....	20	loxapine succinate .....	29	MATULANE .....	27
lithium .....	28	lubiprostone .....	47	MAXIDEX SUSP OP .....	59
lithium carbonate CAPS .....	29	LUCEMYRA .....	61	MAXX LUBRICATED MISC .....	51
lithium carbonate TABS .....	29	luliconazole .....	38	MAXX PLUS SPERMICIDE LUBRICATED MISC .....	51
lithium carbonate TBCR .....	29	LUMIZYME .....	45	meclizine hcl TABS 12.5 MG .....	17
				meclizine hcl TABS 25 MG .....	17
				meclofenamate sodium CAPS .....	4

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



54 MG .....	2	micafungin sodium .....	18	mometasone furoate (nasal) SUSP	58
methylphenidate PTCH .....	2	miconazole nitrate vaginal SUPP	200	mometasone furoate CREA .....	41
methylprednisolone acetate SUSP	36	MG .....	68	mometasone furoate OINT .....	41
methylprednisolone sod succ 40 MG,		midodrine hcl .....	68	mometasone furoate SOLN .....	41
125 MG, 500 MG, 1000 MG .....	36	miglitol .....	15	montelukast sodium CHEW .....	9
methylprednisolone TABS .....	36	miglustat .....	49	montelukast sodium PACK .....	9
methylprednisolone TBPK .....	36	minocycline hcl CAPS .....	63	montelukast sodium TABS .....	9
metoclopramide hcl SOLN IJ 5		minocycline hcl TABS .....	63	morphine sulfate CP24 10 MG, 20	
MG/ML .....	47	minoxidil 2.5 MG, 10 MG .....	21	MG, 30 MG, 50 MG, 60 MG, 80 MG,	
metoclopramide hcl SOLN OR 5		MIRCERA .....	49	100 MG .....	5
MG/5ML, 10 MG/10ML .....	47	MIRENA .....	36	morphine sulfate SOLN IJ 0.5	
metoclopramide hcl TABS .....	47	mirtazapine TABS 15 MG .....	13	MG/ML, 1 MG/ML .....	5
metolazone .....	44	mirtazapine TABS 30 MG .....	13	morphine sulfate SOLN OR 10	
metoprolol & hydrochlorothiazide		mirtazapine TABS 7.5 MG, 45 MG	13	MG/5ML .....	5
TABS 25 MG-100 MG, 50 MG-100		mirtazapine TBDP 15 MG .....	13	morphine sulfate SOLN OR 20	
MG .....	20	mirtazapine TBDP 30 MG .....	13	MG/5ML .....	5
metoprolol & hydrochlorothiazide		mirtazapine TBDP 45 MG .....	13	morphine sulfate TABS .....	5
TABS 25 MG-50 MG .....	21	misoprostol .....	64	morphine sulfate TBCR .....	6
metoprolol succinate TB24 200 MG		mitomycin SOLR IV 20 MG .....	25	MOTOFEN .....	17
32		mitoxantrone hcl 2 MG/ML .....	25	MOVANTIK .....	47
metoprolol succinate TB24 25 MG,		M-M-R II SOLR .....	67	moxifloxacin hcl (ophth) SOLN OP	59
50 MG, 100 MG .....	32	M-NATAL PLUS TABS .....	56	moxifloxacin hcl in sodium chloride	46
metoprolol tartrate SOLN IV 5		modafinil 100 MG .....	2	moxifloxacin hcl TABS .....	46
MG/5ML .....	32	modafinil 200 MG .....	2	MOZOBIL (plerixafor) .....	49
metoprolol tartrate TABS 25 MG, 50		MODERNA COVID-19 VACCINE		MULPLETA .....	49
MG, 100 MG .....	32	SUSP .....	67	MULTI PRENATAL TABS .....	56
metronidazole (topical) CREA .....	42	MODERNA COVID-19		mupirocin OINT .....	38
metronidazole (topical) GEL 0.75 %		VACCINE/6MO-11Y/2023-24 SUSP .		MVASI .....	24
42		67		MYALEPT .....	45
metronidazole (topical) GEL 1 % ..	42	MODERNA COVID-19		mycophenolate mofetil CAPS .....	55
metronidazole (topical) LOTN .....	42	VACCINE6MO-5Y SUSP .....	67		
metronidazole TABS .....	21	moexipril hcl .....	20		
metronidazole vaginal .....	68				
mexiletine hcl .....	8				

mycophenolate mofetil TABS .....	55	neomycin sulfate TABS .....	2	niacin TABS .....	69
mycophenolate sodium .....	55	neomycin-bacitracin zn-polymyxin	59	niacin TBCR .....	69
MYLERAN TABS .....	23	neomycin-polymy-dexameth OINT	59	NIACIN TR TBCR .....	69
nabumetone .....	4	neomycin-polymy-dexameth SUSP	59	niacinamide TABS 100 MG .....	69
nadolol TABS 20 MG .....	32	neomycin-polymyxin-hc (ophth) ..	59	niacinamide TABS 500 MG .....	69
nadolol TABS 40 MG .....	32	neomycin-polymyxin-hc (otic) SOLN .	60	nicardipine hcl CAPS .....	33
nadolol TABS 80 MG .....	32	neomycin-polymyxin-hc (otic) SUSP .	60	nicardipine hcl SOLN .....	33
naftillin sodium IV 10 GM .....	61	NEONATAL COMPLETE TABS 120		nicotine MISC XX .....	62
naftifine hcl CREA 1 % .....	38	MG-10 MG-9.2 MG-1000 MCG-10		nicotine polacrilex GUM .....	62
naftifine hcl CREA 2 % .....	38	MCG-12 MCG-3 MG-5 MG-20 MG-		nicotine polacrilex LOZG .....	62
NAGLAZYME .....	45	27 MG-200 MG-1.84 MG-25 MG-2		nicotine PT24 TD 7 MG/24HR, 14	
nalbuphine hcl .....	7	MG-1200 MCG-2 MG-0.2 MG .....	56	MG/24HR, 21 MG/24HR .....	62
naloxone hcl LIQD .....	17	NEONATAL PLUS TABS .....	56	NICOTINE TRANSDERMAL	
naloxone hcl SOLN 0.4 MG/ML, 4		NEONATAL PRENATAL VITAMIN		SYSTEM KIT .....	62
MG/10ML .....	17	TABS .....	56	NICOTROL INHALER INHA .....	62
naltrexone hcl .....	17	NEONATAL VITAMIN TABS .....	56	NICOTROL NS SOLN .....	62
naproxen sodium TABS 550 MG ...	4	neostigmine methylsulfate SOSY ..	23	nifedipine CAPS 10 MG .....	33
naproxen SUSP .....	4	NEO-SYNALAR .....	38	nifedipine CAPS 20 MG .....	33
naproxen TABS .....	4	NEUPRO .....	28	nifedipine TB24 60 MG .....	33
naproxen TBEC 500 MG .....	4	NEVANAC .....	60	nifedipine TB24 90 MG .....	33
naratriptan hcl .....	53	nevirapine SUSP .....	30	nifedipine TB24 .....	33
NATACYN .....	59	nevirapine TABS .....	30	nilutamide .....	25
NATAZIA .....	35	nevirapine TB24 100 MG .....	30	nimodipine CAPS .....	33
nateglinide .....	16	nevirapine TB24 400 MG .....	30	NINLARO .....	26
NAYZILAM .....	11	NEXIUM 24HR TBEC (esomeprazole		NIPENT .....	27
nebivolol hcl 2.5 MG, 5 MG, 10 MG		magnesium) .....	64	nisoldipine .....	33
32		NEXPLANON .....	35	nitazoxanide TABS .....	21
nebivolol hcl 20 MG .....	32	NEXTSTELLIS .....	35	nitisinone CAPS .....	45
NEBUSAL NEBU .....	37	niacin (antihyperlipidemic) TBCR ..	19	NITRO-BID OINT .....	8
nefazodone hcl .....	14	niacin CPCR 250 MG, 500 MG ...	69	nitrofurantoin .....	22
nelarabine .....	24			nitrofurantoin macrocrystal 50 MG,	

100 MG .....	22	(triphasic) .....	35	NUCYNTA ER TB12 .....	6
nitrofurantoin monohyd macro .....	22	norgestimate-ethinyl estradiol .....	35	NUCYNTA TABS .....	6
nitroglycerin (intra-anal) .....	7	norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....	35	NUEDEXTA .....	62
nitroglycerin CPR .....	8	NORMOSOL-M/D5W .....	54	NULOJIX .....	55
nitroglycerin PT24 .....	8	NORMOSOL-R .....	54	nystatin (mouth-throat) .....	56
NITROGLYCERIN SOLN IV .....	8	nortriptyline hcl CAPS .....	14	nystatin (topical) CREA .....	38
nitroglycerin SUBL .....	8	nortriptyline hcl SOLN .....	14	nystatin (topical) OINT .....	38
NIVA-PLUS TABS .....	56	NORVIR CAPS .....	30	nystatin (topical) POWD EX .....	38
nizatidine CAPS .....	64	NORVIR PACK .....	30	nystatin TABS .....	18
NORDITROPIN FLEXPEN SOPN 30 MG/3ML .....	45	NORVIR SOLN .....	30	nystatin-triamcinolone CREA .....	38
NORDITROPIN FLEXPEN SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML .....	45	NOVA MAX PLUS KETONE TESTSTRIPS .....	43	nystatin-triamcinolone OINT .....	38
norelgestromin-ethinyl estradiol .....	35	NOVOEIGHT .....	48	octreotide acetate SOLN .....	46
norethin acet & estrad-fe CAPS .....	35	NOVOLIN 70/30 FLEXPEN SUPN .....	16	ODEFSEY .....	31
norethin acet & estrad-fe CHEW .....	35	NOVOLIN 70/30 SUSP .....	16	ODOMZO .....	24
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	35	NOVOLIN N FLEXPEN SUPN .....	16	OFEV .....	63
norethindrone & eth estradiol .....	35	NOVOLIN N SUSP .....	16	ofloxacin (ophth) .....	59
norethindrone & ethinyl estradiol-fe 35 .....	35	NOVOLIN R FLEXPEN SOPN IJ .....	16	ofloxacin (otic) .....	60
norethindrone (contraceptive) .....	36	NOVOLIN R SOLN IJ .....	16	ofloxacin 300 MG, 400 MG .....	46
norethindrone acet & eth estra .....	35	NOXAFIL SUSP (posaconazole) .....	18	OGIVRI .....	24
norethindrone acetate TABS .....	61	NP THYROID 120 TABS .....	63	olanzapine SOLR .....	29
norethindrone acetate-ethinyl estradiol .....	46	NP THYROID 15 TABS .....	63	olanzapine TABS 2.5 MG, 5 MG .....	29
norethindrone acetate-ethinyl estradiol-fe .....	35	NP THYROID 30 TABS .....	63	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG .....	29
norethindrone-eth estradiol (triphasic) .....	35	NP THYROID 60 TABS .....	63	olanzapine TBDP 20 MG .....	29
norgestimate-ethinyl estradiol .....	35	NP THYROID 90 TABS .....	63	olanzapine TBDP 5 MG, 10 MG, 15 MG .....	29
		NUBEQA .....	25	olmesartan medoxomil .....	20
		NUCALA SOAJ .....	9	olmesartan medoxomil-amlodipine-hydrochlorothiazide .....	21
		NUCALA SOLR .....	9	olmesartan medoxomil-hydrochlorothiazide .....	21
		NUCALA SOSY 100 MG/ML .....	9		
		NUCALA SOSY 40 MG/0.4ML .....	9		

olopatadine hcl (nasal) .....	57	ORILISSA .....	45	325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	7
olopatadine hcl 0.1 % .....	60	ORKAMBI PACK .....	62	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....	6
olopatadine hcl 0.2 % .....	60	ORKAMBI TABS .....	63	oxymorphone hcl TABS .....	6
omega-3-acid ethyl esters .....	19	ORLADEYO .....	48	oxymorphone hcl TB12 40 MG .....	6
omeprazole CPDR .....	64	orphenadrine citrate TB12 .....	57	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	6
omeprazole magnesium CPDR .....	64	oseltamivir phosphate CAPS .....	32	OZEMPIC SOPN 2 MG/1.5ML .....	16
omeprazole TBEC .....	64	oseltamivir phosphate SUSR .....	32	OZEMPIC SOPN .....	16
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG .....	65	OSMOPREP .....	50	paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML .....	28
OMNIFLEX DIAPHRAGM .....	52	OSPHENA .....	45	paclitaxel protein-bound particles ..	28
ONCASPAR .....	27	OTEZLA TABS .....	4	paliperidone 1.5 MG, 3 MG, 9 MG ..	29
ondansetron hcl SOLN IJ 4 MG/2ML . 17		OTEZLA TBPk .....	4	paliperidone 6 MG .....	29
ondansetron hcl SOLN OR 4 MG/5ML .....	17	oxacillin sodium IV 10 GM .....	61	palonosetron hcl SOLN .....	17
ondansetron hcl SOSY .....	17	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML .....	23	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML .....	44
ondansetron hcl TABS 24 MG .....	17	oxandrolone .....	7	PAMIDRONATE DISODIUM SOLN 44	
ondansetron hcl TABS 4 MG .....	17	oxaprozin TABS .....	4	PANCREAZE CPEP 149900 UNIT- 97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT- 16800 UNIT .....	43
ondansetron hcl TABS 8 MG .....	17	oxazepam CAPS .....	8	PANRETIN .....	39
ondansetron TBPd 4 MG .....	17	OXBRYTA TABS 500 MG .....	49	pantoprazole sodium TBEC 20 MG 64	
ondansetron TBPd 8 MG .....	17	oxcarbazepine SUSP .....	12	pantoprazole sodium TBEC 40 MG 64	
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	57	oxcarbazepine TABS 150 MG, 300 MG .....	12	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A .....	35
ONE VITE WOMENS PRENATALVITAMIN TABS .....	57	oxcarbazepine TABS 600 MG .....	12		
ONETOUCH DELICA SAFETY LANCING DEVICE .....	53	oxiconazole nitrate CREA .....	39		
ONETOUCH DELICA SAFETY LANCING DEVICE 30G .....	53	OXISTAT LOTN .....	39		
OPILL .....	36	oxybutynin chloride SOLN .....	65		
OPSUMIT .....	33	oxybutynin chloride TABS 5 MG ..	65		
ORENITRAM TBCR .....	33	oxybutynin chloride TB24 .....	65		
		oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG .....	6		
		oxycodone hcl TABS .....	6		
		oxycodone w/ acetaminophen TABS			

paricalcitol CAPS .....	45	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .....	60	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....	48
paricalcitol SOLN .....	45	PENICILLIN G PROCAINE .....	60	phendimetrazine tartrate TABS .....	1
paroxetine hcl SUSP .....	14	penicillin g sodium .....	60	phenelzine sulfate .....	13
paroxetine hcl TABS 10 MG .....	14	penicillin v potassium SOLR .....	61	phenobarbital ELIX .....	50
paroxetine hcl TABS 20 MG .....	14	penicillin v potassium TABS .....	61	phenobarbital TABS .....	50
paroxetine hcl TABS 30 MG .....	14	PENTACEL .....	64	phenoxybenzamine hcl .....	20
paroxetine hcl TABS 40 MG .....	14	pentazocine w/ naloxone hcl .....	7	phentermine hcl CAPS .....	1
paroxetine hcl TB24 12.5 MG .....	14	pentoxifylline .....	48	phenytoin CHEW .....	13
paroxetine hcl TB24 25 MG, 37.5 MG .....	14	perindopril erbumine 2 MG, 8 MG .....	20	phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	13
PASER PACK .....	23	perindopril erbumine 4 MG .....	20	phenytoin sodium SOLN .....	13
pazopanib hcl .....	26	PERJETA .....	24	phenytoin SUSP .....	13
PEDIARIX SUSY .....	64	permethrin CREA .....	42	PHEXXI .....	68
pediatric multivitamins w/fl CHEW .....	56	permethrin LIQD EX .....	42	PHOSLYRA SOLN .....	47
PEDVAX HIB SUSP .....	65	perphenazine TABS .....	29	PHOTOFRIN .....	27
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....	50	perphenazine-amitriptyline .....	61	PIFELTRO .....	31
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM .....	50	PERSERIS PRSY .....	29	pilocarpine hcl (oral) .....	56
peg 3350-potassium chloride-sod bicarbonate-sod chloride .....	50	PFIZER-BIONTECH COVID-19VACCINE SUSP .....	67	pilocarpine hcl SOLN 1 %, 2 %, 4 % .....	58
PEGASYS SOLN .....	31	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP .....	67	pimecrolimus .....	42
PEGASYS SOSY .....	31	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP .....	67	pimozide .....	62
PEMAZYRE .....	26	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP .....	67	pindolol TABS .....	32
pemetrexed disodium SOLR 500 MG 24 .....	40	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP .....	67	pioglitazone hcl .....	16
peniclovir .....	40	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP .....	67	pioglitazone hcl-glimepiride .....	15
penicillamine CAPS .....	55	PHEBURANE PLLT .....	45	pioglitazone hcl-metformin hcl TABS .....	15
penicillamine TABS .....	55			piperacillin sodium-tazobactam sodium .....	61
penicillin g potassium 5000000 UNIT 60 .....	60			PIQRAY 200MG DAILY DOSE .....	26
				PIQRAY 250MG DAILY DOSE .....	26
				PIQRAY 300MG DAILY DOSE .....	26

pirfenidone CAPS .....	63	potassium chloride in dextrose 5 %- 20 MEQ/L .....	54	prazosin hcl CAPS .....	20
pirfenidone TABS 267 MG, 801 MG 63		potassium chloride in nacl 20 MEQ/L- 0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L- 0.9 % .....	54	PRECISION XTRA .....	43
pirfenidone TABS 534 MG .....	63	potassium chloride microencapsulated crystals er ....	55	PRED MILD .....	59
piroxicam CAPS .....	4	potassium chloride PACK OR 20 MEQ .....	55	PRED-G SUSP .....	59
PLASMA-LYTE A (electrolyte-a) ..	54	POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 55		prednicarbate OINT .....	41
PLASMA-LYTE-148 (electrolyte-148) .....	54	potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML .....	55	prednisolone acetate (ophth) .....	59
PLEGRIDY SOPN .....	62	potassium chloride TBCR .....	55	PREDNISOLONE SODIUM PHOSPHATE .....	59
PLEGRIDY SOSY SC .....	62	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS .....	54	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 36	
PLEGRIDY STARTER PACK SOPN . 62		POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl) .....	55	prednisolone sodium phosphate TBDP .....	36
PLEGRIDY STARTER PACK SOSY SC .....	62	potassium citrate (alkalinizer) TBCR . 47		prednisolone SOLN .....	36
plerixafor .....	49	potassium phosphates 236 MG/ML- 224 MG/ML .....	55	prednisolone TABS .....	36
PNEUMOVAX 23 .....	65	PR BENZOYL PEROXIDE WASH LIQD .....	37	prednisone SOLN .....	36
PNEUMOVAX 23/1 DOSE .....	65	pralatrexate 20 MG/ML .....	24	prednisone TABS 1 MG, 5 MG ....	36
podofilox SOLN .....	42	pramipexole dihydrochloride TABS 0.125 MG .....	28	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG .....	36
polymyxin b sulfate SOLR .....	22	pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG .....	28	prednisone TBPK .....	36
polymyxin b-trimethoprim .....	59	prasugrel hcl .....	49	pregabalin (once-daily) 330 MG ...	62
POMALYST .....	25	pravastatin sodium .....	19	pregabalin (once-daily) 82.5 MG, 165 MG .....	62
posaconazole SUSP .....	18	praziquantel .....	8	pregabalin CAPS 225 MG, 300 MG 12	
potassium acetate SOLN 2 MEQ/ML . 55				pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	12
potassium bicarbonate TBEF .....	55			pregabalin SOLN .....	12
potassium chloride CPCR .....	55			PREHEVBRIO .....	67
potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 % .....	54			PREMARIN .....	68

PREMIUM CONDOMS LUBRICATED MISC .....	52	PRIORIX SUSR .....	68	propranolol hcl TABS .....	32
PREMPHASE .....	46	PROAIR DIGIHALER .....	10	propylthiouracil .....	63
PREMPRO .....	46	PROAIR RESPICLICK AEPB .....	10	protriptyline hcl .....	14
PRENATAL MULTIVITAMIN TABS 57		probenecid .....	48	PROVISC SOSY .....	59
PRENATAL ONE DAILY TABS .....	57	procainamide hcl SOLN 500 MG/ML . 8		PTS PANELS KETONE TEST .....	43
PRENATAL PLUS TABS .....	57	prochlorperazine .....	29	PULMICORT FLEXHALER AEPB ..	9
PRENATAL PLUS VITAMIN ANDMINERAL TABS .....	57	prochlorperazine maleate TABS ..	29	PULMOZYME .....	63
PRENATAL TABS .....	57	PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	49	PX PRENATAL MULTIVITAMINS TABS .....	57
PRENATAL VITAMIN & MINERAL TABS .....	57	PROCRIT 40000 UNIT/ML .....	49	pyrazinamide .....	23
PRENATAL VITAMIN TABS .....	57	progesterone CAPS .....	61	pyridostigmine bromide SOLN OR	23
PRENATAL VITAMIN/IRON TABS 57		PROGRAF PACK .....	55	pyridostigmine bromide TABS 60 MG .....	23
PRENATAL VITAMINS PLUS LOW IRON TABS .....	57	PROGRAF SOLN .....	55	pyridostigmine bromide TBCR .....	23
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT .....	57	PROLASTIN-C SOLN .....	62	pyrimethamine .....	23
PRENATRIX TABS .....	57	PROLEUKIN .....	27	QC PRENATAL TABS .....	57
PRENATRYL TABS .....	57	PROLIA SOSY .....	44	QINLOCK .....	26
PREVNAR 13 .....	65	PROMACTA PACK .....	49	QUADRACEL SUSP .....	64
PREVNAR 20 .....	65	PROMACTA TABS .....	49	QUADRACEL SUSY .....	64
PREZCOBIX .....	31	promethazine hcl SOLN OR 6.25 MG/5ML .....	18	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG .....	29
PREZISTA SUSP .....	31	promethazine hcl SUPP 12.5 MG, 25 MG .....	18	quetiapine fumarate TABS 300 MG, 400 MG .....	29
PREZISTA TABS (darunavir) .....	31	promethazine hcl SUPP 50 MG ...	18	quetiapine fumarate TB24 300 MG, 400 MG .....	29
PREZISTA TABS 75 MG, 150 MG	31	promethazine hcl TABS .....	18	quetiapine fumarate TB24 50 MG, 150 MG, 200 MG .....	29
PRIFTIN .....	23	propafenone hcl CP12 .....	8	quinapril hcl 20 MG, 40 MG .....	20
primaquine phosphate TABS .....	23	propafenone hcl TABS .....	8	quinapril hcl 5 MG, 10 MG .....	20
primidone 50 MG, 250 MG .....	12	proparacaine hcl .....	59	quinapril-hydrochlorothiazide 12.5 MG-10 MG .....	21
		propranolol hcl CP24 .....	32	quinapril-hydrochlorothiazide 12.5 MG-20 MG .....	21
		propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML .....	32		

quinapril-hydrochlorothiazide 25 MG- 20 MG .....	21	RELENZA DISKHALER .....	32	ringer's irrigation .....	56
quinidine sulfate TABS .....	8	RELION 2-IN-1 LANCET DEVICES 30G .....	53	RINVOQ TB24 .....	3
quinine sulfate CAPS 324 MG .....	23	RELION 2-IN-1 LANCING DEVICE 25G .....	53	risedronate sodium TABS 150 MG	44
QUZYTTIR SOLN IV .....	18	RELION 2-IN-1 LANCING DEVICE 30G .....	53	risedronate sodium TABS 35 MG	44
QVAR REDHALER .....	9	RELION 2-IN-1 LANCING DEVICE 30G .....	53	risedronate sodium TABS 5 MG, 30 MG .....	44
RA PRENATAL FORMULA/FOLICACID TABS .....	57	RELION KETONE TEST STRIPS STRP .....	43	risedronate sodium TBEC .....	44
RA PRENATAL TABS .....	57	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP .....	43	RISPERDAL CONSTA (risperidone microspheres) .....	29
rabeprazole sodium TBEC .....	64	RENFLXIS .....	47	risperidone microspheres .....	29
raloxifene hcl .....	45	repaglinide 0.5 MG, 1 MG .....	16	risperidone SOLN .....	29
ramelteon .....	50	repaglinide 2 MG .....	16	risperidone TABS .....	29
ramipril CAPS .....	20	REPATHA PUSHTRONEX SYSTEM SOCT .....	19	risperidone TBDP .....	29
ranitidine hcl TABS 150 MG .....	64	REPATHA SOSY .....	19	ritonavir TABS .....	31
ranolazine TB12 1000 MG .....	8	REPATHA SURECLICK SOAJ .....	19	rivastigmine tartrate CAPS .....	61
ranolazine TB12 500 MG .....	8	RETACRIT .....	49	rizatriptan benzoate TABS 10 MG	53
rasagiline mesylate .....	28	RETEVMO .....	26	rizatriptan benzoate TABS 5 MG	53
REALITY LATEX CONDOMS/LUBRICATED MISC .....	52	RETROVIR IV INFUSION SOLN .....	31	rizatriptan benzoate TBDP 10 MG	53
REALITY LATEX/ULTRA TEXTURED DEVI .....	52	REXULTI .....	30	rizatriptan benzoate TBDP 5 MG	54
REALITY LATEX/ULTRA THIN DEVI 52		ribavirin (hepatitis c) CAPS .....	31	roflumilast .....	9
REBIF REBIDOSE SOAJ .....	62	ribavirin (hepatitis c) TABS 200 MG 31		romidepsin SOLR .....	26
REBIF REBIDOSE TITRATIONPACK SOAJ .....	62	RIDAURA .....	3	ropinirole hydrochloride TABS .....	28
REBIF SOSY .....	62	rifabutin .....	23	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG .....	28
REBIF TITRATION PACK SOSY .....	62	rifampin CAPS .....	23	ropinirole hydrochloride TB24 8 MG, 12 MG .....	28
RECOMBIVAX HB SUSP .....	68	rifampin SOLR .....	23	rosuvastatin calcium TABS .....	19
RECOMBIVAX HB SUSY .....	68	riluzole TABS .....	58	ROTARIX SUSP .....	68
RECTIV (nitroglycerin (intra-anal))	7	rimantadine hydrochloride TABS .....	32	ROTARIX SUSR .....	68
REGANEX .....	42	ringer's .....	55	ROTATEQ SOLN .....	68
				ROZLYTREK CAPS .....	27



RUBRACA .....	27	SEREVENT DISKUS .....	10	SM PRENATAL VITAMINS TABS .	57
rufinamide SUSP .....	12	sertraline hcl CONC .....	14	SODIUM ACETATE SOLN (sodium acetate) .....	54
rufinamide TABS 200 MG .....	12	sertraline hcl TABS 100 MG .....	14	sodium acetate SOLN .....	54
rufinamide TABS 400 MG .....	12	sertraline hcl TABS 25 MG, 50 MG 14		sodium chloride (gu irrigant) 0.9 %	47
RUKOBIA .....	31	sevelamer carbonate PACK .....	47	sodium chloride (inhalant) NEBU 7 % .....	37
RUXIENCE .....	24	sevelamer carbonate TABS .....	47	sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % .....	55
RYBELSUS TABS .....	16	SHINGRIX .....	68	sodium citrate & citric acid .....	47
salsalate .....	5	SIGNIFOR .....	46	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG .....	55
SANDOSTATIN LAR DEPOT KIT .	46	sildenafil citrate (pulmonary hypertension) SOLN .....	33	sodium phenylbutyrate POWD ....	45
SANTYL OINT .....	42	sildenafil citrate (pulmonary hypertension) SUSR .....	33	sodium phenylbutyrate TABS .....	45
sapropterin dihydrochloride PACK .	45	sildenafil citrate (pulmonary hypertension) TABS .....	34	sodium polystyrene sulfonate POWD 56	
sapropterin dihydrochloride TABS .	45	sildenafil citrate .....	33	sodium polystyrene sulfonate SUSP OR 15 GM/60ML .....	56
SAVELLA TABS .....	61	silodosin .....	48	sodium sulfate-potassium sulfate-magnesium sulfate .....	50
SAVELLA TITRATION PACK MISC 61		silver sulfadiazine .....	40	SOFOSBUVIR/VELPATASVIR TABS .....	31
saxagliptin hcl .....	15	SIMPONI ARIA SOLN .....	3	solifenacin succinate TABS .....	65
saxagliptin-metformin hcl 1000 MG-2.5 MG .....	15	SIMULECT .....	56	SOLQUA 100/33 .....	15
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG .....	15	simvastatin TABS .....	19	SOLOSEC .....	2
SCSEMBLIX 20 MG .....	27	sirolimus TABS .....	56	SOLU-CORTEF 100 MG, 500 MG, 1000 MG .....	36
SCSEMBLIX 40 MG .....	27	SIRTURO .....	23	SOLU-CORTEF 250 MG .....	36
scopolamine .....	17	SIVEXTRO TABS .....	22	SOLU-MEDROL 2 GM .....	36
SELECT INSULIN SYRINGES ...	53	SKYLA .....	36	SOMAVERT 10 MG, 15 MG, 20 MG .	45
SELECT LANCETS .....	53	SKYRIZI PEN SOAJ .....	39	45	
selegiline hcl CAPS .....	28	SKYRIZI PSKT .....	39	sorafenib tosylate .....	27
selegiline hcl TABS .....	28	SKYRIZI SOCT .....	47	SORBITOL 3 % .....	47
selenium sulfide LOTN 2.5 % .....	40	SKYRIZI SOLN .....	47		
SELZENTRY SOLN .....	31	SKYRIZI SOSY .....	39		
SELZENTRY TABS 25 MG, 75 MG 31		SLYND .....	36		

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

TABS .....	34	temozolomide CAPS .....	23	(tiopronin) .....	48
tadalafil 5 MG .....	33	temsirolimus .....	27	thioridazine hcl .....	30
TAFINLAR CAPS .....	27	TENIVAC INJ .....	64	thiotepa 15 MG .....	23
TAFINLAR TBSO .....	27	tenofovir disoproxil fumarate TABS 31		thiothixene .....	30
tafluprost .....	60	terazosin hcl .....	20	THYMOGLOBULIN .....	56
TAGRISSO 40 MG .....	24	terbinafine hcl TABS .....	18	THYROGEN 0.9 MG .....	43
TAGRISSO 80 MG .....	24	terbutaline sulfate SOLN .....	10	tiagabine hcl .....	12
TAKHZYRO SOLN .....	48	terbutaline sulfate TABS .....	10	TIBSOVO .....	27
TAKHZYRO SOSY .....	48	terconazole vaginal CREA .....	68	tigecycline .....	63
TALZENNA .....	27	terconazole vaginal SUPP .....	68	timolol maleate (ophth) SOLG .....	58
tamoxifen citrate TABS .....	25	teriflunomide .....	62	timolol maleate (ophth) SOLN .....	58
tamsulosin hcl .....	48	teriparatide (recombinant) SOPN .....	44	timolol maleate TABS .....	32
TASIGNA 150 MG, 200 MG .....	27	TERIPARATIDE SOPN .....	44	tiopronin TBEC 100 MG .....	48
TASIGNA 50 MG .....	27	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML .....	7	tiopronin TBEC 300 MG .....	48
tavorole .....	39	testosterone cypionate SOLN IM ...	7	tiotropium bromide monohydrate CAPS .....	9
TAVALISSE .....	48	testosterone enanthate SOLN IM ...	7	TIVICAY TABS .....	31
tazarotene CREA .....	40	TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP .....	64	tizanidine hcl CAPS .....	57
TAZVERIK .....	27	tetrabenazine .....	62	tizanidine hcl TABS .....	57
TDVAX SUSP .....	64	tetracycline hcl CAPS .....	63	tobramycin (ophth) SOLN .....	59
TEFLARO .....	34	THALOMID .....	55	tobramycin NEBU .....	2
TEGRETOL SUSP (carbamazepine) . 12		theophylline ELIX .....	10	tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML ...	2
TEGRETOL TABS (carbamazepine) . 12		theophylline SOLN .....	10	tobramycin-dexamethasone SUSP 59	
TEGSEDI .....	62	theophylline TB12 .....	10	TODAY SPONGE MISC .....	68
telmisartan .....	20	theophylline TB24 .....	10	tolcapone .....	28
telmisartan-amlodipine .....	21	THERANATAL CORE NUTRITION TABs .....	57	tolmetin sodium CAPS .....	4
telmisartan-hydrochlorothiazide ...	21	THIOLA EC TBEC 100 MG (tiopronin) .....	48	tolmetin sodium TABS 600 MG .....	4
temazepam 15 MG, 30 MG .....	50	THIOLA EC TBEC 300 MG		TOLSURA CAPS .....	18
temazepam 7.5 MG, 22.5 MG .....	50			tolterodine tartrate CP24 .....	65
TEMODAR SOLR .....	23				

tolterodine tartrate TABS .....	65	TRELSTAR MIXJECT .....	25	triamterene CAPS .....	44
tolvaptan TABS .....	46	TREMFYA SOPN .....	40	triazolam .....	50
topiramate CPSP 15 MG .....	12	TREMFYA SOSY .....	40	TRICARE TABS .....	57
topiramate CPSP 25 MG .....	12	treprostinil SOLN IJ .....	33	trientine hcl 250 MG .....	55
topiramate CS24 .....	12	tretinoin (chemotherapy) .....	27	trifluoperazine hcl TABS .....	30
topiramate TABS 200 MG .....	12	tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	38	trifluridine .....	59
topiramate TABS 25 MG, 100 MG .....	12	tretinoin GEL 0.01 %, 0.025 % .....	38	trihexyphenidyl hcl SOLN .....	28
topiramate TABS 50 MG .....	12	tretinoin microsphere 0.1 % .....	38	trihexyphenidyl hcl TABS .....	28
topotecan hcl SOLN .....	28	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	24	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG .....	15
topotecan hcl SOLR .....	28	triamcinolone acetonide (mouth) .....	56	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG .....	15
toremifene citrate .....	25	triamcinolone acetonide (nasal) AERO .....	58	TRIKAFTA TBPK .....	63
torseמידe TABS .....	44	triamcinolone acetonide (nasal) AERO .....	58	trimethobenzamide hcl CAPS .....	17
TRACLEER TBSO .....	33	triamcinolone acetonide (topical) CREA 0.025 % .....	41	trimethoprim TABS .....	21
tramadol hcl TABS 50 MG .....	6	triamcinolone acetonide (topical) CREA 0.1 % .....	41	trimipramine maleate CAPS .....	14
tramadol hcl TB24 .....	6	triamcinolone acetonide (topical) CREA 0.5 % .....	41	TRINTELLIX .....	14
tramadol-acetaminophen .....	7	triamcinolone acetonide (topical) LOTN 0.025 % .....	41	TRIUMEQ TABS .....	31
trandolapril 1 MG, 2 MG .....	20	triamcinolone acetonide (topical) LOTN 0.1 % .....	41	TRIZIVIR .....	31
trandolapril 4 MG .....	20	triamcinolone acetonide (topical) LOTN 0.1 % .....	41	tropicamide SOLN 0.5 % .....	58
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG .....	21	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % .....	42	tropicamide SOLN 1 % .....	58
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG .....	21	triamcinolone acetonide (topical) OINT 0.5 % .....	42	trospium chloride CP24 .....	65
tranexamic acid SOLN 1000 MG/10ML .....	49	triamcinolone acetonide (topical) SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML .....	36	trospium chloride TABS .....	65
tranexamic acid TABS .....	49	triamcinolone acetonide (topical) SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML .....	36	TRUE COVER DEVI .....	52
tranylcypromine sulfate .....	13	triamcinolone acetonide (topical) SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML .....	36	TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP ..	43
travoprost SOLN .....	60	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	44	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN .....	53
TRAZIMERA .....	24	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	44	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP ..	43
trazodone hcl TABS .....	14	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	44	TRUE TRACK TEST STRP .....	43
TRECATOR .....	23	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	44		
TRELEGY ELLIPTA .....	10	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	44		

TRULICITY .....	16	TWINRIX SUSY .....	68	VALTOCO 10 MG DOSE LIQD .....	11
TRUMENBA .....	65	TWIRLA .....	35	VALTOCO 15 MG DOSE LQPK .....	11
TRUSTEX COLOR CONDOMS + LUBE MISC .....	52	TYBLUME CHEW .....	35	VALTOCO 20 MG DOSE LQPK .....	11
TRUSTEX LUBRICATED EXTRALARGE MISC .....	52	TYBOST .....	31	VALTOCO 5 MG DOSE LIQD .....	11
TRUSTEX LUBRICATED EXTRASTRENGTH MISC .....	52	TYMLOS .....	44	vancomycin hcl CAPS .....	22
TRUSTEX LUBRICATED MISC .....	52	TYVASO REFILL SOLN IN .....	33	vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG .....	22
TRUSTEX LUBRICATED/RIBBED/STUDD ED MISC .....	52	TYVASO SOLN IN .....	33	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .....	22
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	52	TYVASO STARTER SOLN IN .....	33	VAQTA .....	68
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC .....	52	UBRELVY .....	53	varenicline tartrate TABS .....	62
TRUSTEX LUBRICATED/SPERMICIDE MISC 52		UCERIS (budesonide (intrarectal)) .....	7	varenicline tartrate TBPK .....	62
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC .....	52	UDENYCA ONBODY SOSY .....	49	VARIVAX INJ .....	68
TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDD ED MISC .....	52	UDENYCA SOAJ .....	49	VARUBI TBPK .....	17
TRUSTEX/RIA LUBRICATED MISC .....	52	UDENYCA SOSY .....	49	VAXNEUVANCE .....	65
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC .....	52	UPTRAVI TABS 200 MCG .....	34	VECAMYL .....	21
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 52		UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG .....	34	VECTIBIX 100 MG/5ML .....	24
TRUXIMA .....	24	UPTRAVI TITRATION PACK TBPK 34		VELPHORO .....	47
TUKYSA .....	24	ursodiol CAPS .....	46	venlafaxine hcl CP24 150 MG .....	14
TURALIO .....	27	ursodiol TABS .....	46	venlafaxine hcl CP24 37.5 MG .....	14
TUZISTRA XR .....	37	UVADEX .....	27	venlafaxine hcl CP24 75 MG .....	14
		valacyclovir hcl 1 GM, 1000 MG .....	31	venlafaxine hcl TABS .....	14
		valacyclovir hcl 500 MG .....	31	venlafaxine hcl TB24 150 MG .....	14
		valganciclovir hcl TABS .....	31	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG .....	14
		valproate sodium SOLN OR 250 MG/5ML .....	13	verapamil hcl CP24 100 MG, 200 MG, 300 MG .....	33
		valproic acid CAPS .....	13	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG .....	33
		valrubicin .....	25	verapamil hcl SOLN 2.5 MG/ML .....	33
		valsartan TABS .....	20	verapamil hcl TABS .....	33
		valsartan-hydrochlorothiazide .....	21	verapamil hcl TBCR .....	33

VEREGEN .....	38	WIDE-SEAL SILICONE DIAPHRAGM KIT 65 .....	52	MG-5 MG .....	15
VERZENIO .....	27	WIDE-SEAL SILICONE DIAPHRAGM KIT 70 .....	52	XOLAIR SOAJ 150 MG/ML, 300 MG/2ML .....	9
VICTOZA .....	16	WIDE-SEAL SILICONE DIAPHRAGM KIT 75 .....	52	XOLAIR SOAJ 75 MG/0.5ML .....	9
vigabatrin PACK .....	12	WIDE-SEAL SILICONE DIAPHRAGM KIT 80 .....	52	XOLAIR SOLR .....	9
vigabatrin TABS .....	12	WIDE-SEAL SILICONE DIAPHRAGM KIT 85 .....	52	XOLAIR SOSY 150 MG/ML, 300 MG/2ML .....	9
VIIBRYD STARTER PACK KIT .....	14	WIDE-SEAL SILICONE DIAPHRAGM KIT 90 .....	52	XOLAIR SOSY 75 MG/0.5ML .....	9
vilazodone hcl TABS .....	14	WIDE-SEAL SILICONE DIAPHRAGM KIT 95 .....	52	XOSPATA .....	27
vincristine sulfate .....	28	XALKORI CAPS .....	27	XPOVIO .....	25
vinorelbine tartrate 10 MG/ML .....	28	XARELTO STARTER PACK TBPK 10		XPOVIO 60 MG TWICE WEEKLY 25	
VIRACEPT TABS 250 MG .....	31	XARELTO SUSR .....	10	XPOVIO 80 MG TWICE WEEKLY 25	
VIRACEPT TABS 625 MG .....	31	XARELTO TABS 10 MG, 20 MG ..	10	XTAMPZA ER .....	6
VIREAD POWD .....	31	XARELTO TABS 2.5 MG, 15 MG ..	10	XTANDI CAPS .....	25
VIREAD TABS 150 MG, 200 MG, 250 MG .....	31	XELJANZ SOLN .....	3	XTANDI TABS 40 MG .....	25
VISTOGARD .....	17	XELJANZ TABS 10 MG .....	3	XTANDI TABS 80 MG .....	25
VITAMIN D2 TABS 400 UNIT .....	69	XELJANZ TABS 5 MG .....	3	XULTOPHY 100/3.6 .....	15
VITATHELY/GINGER TABS .....	57	XELJANZ XR TB24 .....	3	XYNTHA .....	48
VITRAKVI CAPS .....	27	XEOMIN .....	58	XYNTHA SOLOFUSE .....	48
VITRAKVI SOLN .....	27	XERAVA .....	63	YERVOY .....	24
VIZIMPRO .....	24	XGEVA SOLN .....	44	YONSA .....	25
VORAXAZE .....	27	XHANCE EXHU .....	58	zafirlukast .....	9
voriconazole TABS .....	18	XIFAXAN 200 MG .....	21	zaleplon 10 MG .....	50
VOTRIENT (pazopanib hcl) .....	27	XIFAXAN 550 MG .....	21	zaleplon 5 MG .....	50
VYNDAMAX .....	34	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG .....	15	ZALTRAP 100 MG/4ML .....	24
VYNDAQEL .....	34	XIGDUO XR 1000 MG-2.5 MG, 1000		ZANOSAR .....	23
VYVANSE CAPS .....	1			ZARONTIN CAPS (ethosuximide) .	13
warfarin sodium TABS .....	10			ZARXIO .....	49
water for irrigation, sterile .....	56			ZEJULA CAPS .....	27
WESTAB PLUS TABS .....	57				
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 .....	52				

ZEJULA TABS 100 MG .....	27	ZONTIVITY .....	49
ZEJULA TABS 200 MG, 300 MG ..	27	ZORBTIVE SC .....	45
ZELBORAF .....	27	ZYDELIG .....	27
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT- 15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT .....	43	ZYLET .....	59
ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT .....	43		
zidovudine CAPS .....	31		
zidovudine SYRP .....	31		
zidovudine TABS .....	31		
ZIEXTENZO .....	49		
zileuton TB12 .....	9		
ziprasidone hcl .....	29		
ZIRABEV .....	24		
ZIRGAN GEL .....	59		
ZOLADEX 10.8 MG .....	25		
ZOLADEX 3.6 MG .....	25		
zoledronic acid CONC .....	44		
zoledronic acid SOLN .....	44		
ZOLINZA .....	27		
zolmitriptan SOLN .....	54		
zolmitriptan TABS .....	54		
zolmitriptan TBDP .....	54		
zolpidem tartrate TABS .....	50		
zolpidem tartrate TBCR .....	50		
zonisamide CAPS .....	12		

Ambetter from Superior HealthPlan includes EPO products that are underwritten by Celtic Insurance Company, and HMO products that are underwritten by Superior HealthPlan, Inc. These companies are each Qualified Health Plan issuers in the Texas Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, ©2024 Superior HealthPlan, Inc. All rights reserved. [Ambetter.SuperiorHealthPlan.com](https://Ambetter.SuperiorHealthPlan.com). If you, or someone you're helping, have questions about Ambetter from Superior HealthPlan, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you're helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive translation or auxiliary services, please contact Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). For more information on your right to receive an Ambetter from Superior HealthPlan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.