



2024 Formulary

Effective January 1, 2024



Ambetter.LouisianaHealthConnect.com

Formulary Introduction

FORMULARY

The Ambetter from Louisiana Healthcare Connections Formulary, 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.

Not all dosage forms or strengths of a drug may be covered.

FORMULARY CHANGES

The Ambetter from Louisiana Healthcare Connection Formulary is reviewed at least quarterly and updated monthly. Positive formulary changes, such as addition of products to the formulary, removal of utilization management restrictions (Prior Authorization, Quantity Limit, etc.) can take place monthly. Negative formulary changes, such as removal of products from the formulary and addition of utilization management techniques will take place only at the beginning of each new benefit year. If you are affected by a negative formulary change, you will be notified in writing at least 60 days in advance of such change.

USING THE FORMULARY

The Ambetter from Louisiana Healthcare Connection Formulary is structured in two parts. The first part of the formulary lists covered medications by conditions that they treat. You can utilize this section to quickly find all medications that we cover for your specific condition. The second part of the formulary lists all products alphabetically. You can use this part of the formulary to look up your specific medication by the name. Products are listed on the formulary on several tiers each corresponding to associated copay or co-insurance you may be responsible for. Drug list key below provides a general overview of tiers.

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 limits apply.

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

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

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

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

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

The formulary contains other important information. Utilization management restrictions such as Prior Authorization, Step Therapy, Quantity Limits, Age Limits and other restrictions are described next to each product.

Prior Authorization

Medication listed on the formulary with abbreviation PA are restricted by Prior Authorization requirement. Prior to obtaining this medication, your provider will have to submit a request to Ambetter from Louisiana Healthcare Connections to approve this product for you.

Step Therapy

Medications listed on the formulary with abbreviation ST are restricted by Step Therapy requirement. If you have tried the required product prior to requesting a fill for a medication restricted by ST, your claim will process. If we do not have a record that you tried required product, your prescriber can reach out to Ambetter from Louisiana Healthcare Connections to obtain an authorization

Quantity Limit

A Quantity Limit restricts medications listed on the formulary with abbreviation QL. We list each quantity limit in units that can be obtained per time period (i.e. 2 tablets per day).

Age Limit

Medications listed on the formulary with abbreviation AL are restricted to certain ages. We list each age limit based on FDA approval for medications.

Non-formulary

Medications listed on the formulary with abbreviation NF are non-formulary medications. To obtain access to non-formulary medications your prescriber can reach out to Ambetter from Louisiana Healthcare Connection to obtain an authorization. More information is provided in the section below.

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.

DISCLOSURE ON EXCESS COST

Any savings or rebates we received on the cost of drugs purchased under this contract from drug manufacturers are used to stabilize rates. You may be subject to an excess consumer cost burden when covered prescription drugs are purchased under this contract.

EXCEPTION TO STEP THERAPY

We will grant exception to step therapy or fail first protocol when:

- (1) The prescribing physician can demonstrate to the health coverage plan, based on sound clinical evidence, that the preferred treatment required under step therapy or fail first protocol has been ineffective in the treatment of the insured's disease or medical condition.
- (2) The prescribing physician can demonstrate to the health coverage plan, based on sound clinical evidence, that the preferred treatment required under the step therapy or fail first protocol is reasonably expected to be ineffective based on the known relevant physical or mental characteristics and medical history of the insured and known characteristics of the drug regimen.
- (3) The prescribing physician can demonstrate to the health coverage plan, based on sound clinical evidence, that the preferred treatment required under the step therapy or fail first protocol will cause or will likely cause an adverse reaction or other physical harm to the insured.

To obtain exception to Step Therapy your provider can follow regular Prior Authorization process

Formulary Abbreviations:

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

Opioid Medications:

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

Introducción al Formulario

FORMULARIO

El Formulario de Ambetter from Louisiana Healthcare Connections 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.

Es posible que no estén cubiertas todas las formas farmacéuticas o concentraciones de un medicamento.

CAMBIOS EN EL FORMULARIO

El Formulario de Ambetter from Louisiana Healthcare Connections se revisa al menos trimestralmente y se actualiza todos los meses. Los cambios positivos en el Formulario, como la incorporación de productos al Formulario y la eliminación de restricciones de administración de la utilización (autorizaciones previas, límite de cantidad, etc.) se pueden producir una vez por mes. Los cambios negativos, como la eliminación de productos del Formulario y la incorporación de técnicas de administración de la utilización se pueden producir únicamente al comienzo de cada nuevo año de beneficios. Si usted se ve afectado por un cambio negativo en el Formulario, será notificado por escrito al menos 60 días antes de que se produzca.

USO DEL FORMULARIO

El Formulario de Ambetter from Louisiana Healthcare Connections está estructurado en dos partes. La primera parte del Formulario cita los medicamentos cubiertos por las condiciones que tratan. Puede utilizar esta sección para encontrar rápidamente todos los medicamentos que están cubiertos para su condición específica. La segunda parte del Formulario cita todos los productos alfabéticamente. Puede utilizar esta parte del Formulario para buscar su medicamento específico por nombre. Los productos aparecen en el Formulario en varios niveles, cada uno correspondiente a un copago o coseguro asociado del que usted puede ser responsable. La clave de la lista de medicamentos a continuación brinda una visión general de los niveles.

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. Se aplican ciertos límites.

Nivel 1a - El copago más bajo para aquellos medicamentos 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.

El Formulario contiene otra información importante. Las restricciones de administración de la utilización, como la autorización previa, la terapia escalonada, los límites de cantidad, los límites de edad y otras están descritas junto a cada producto.

Autorización previa

Los medicamentos que figuran en el Formulario con la abreviatura PA están restringidos por el requisito de autorización previa. Antes de obtener este medicamento, su proveedor deberá presentar una solicitud a Ambetter from Louisiana Healthcare Connections para que le apruebe este producto.

Terapia escalonada

Los medicamentos que figuran en el Formulario con la abreviatura ST están restringidos por el requisito de terapia escalonada. Si ha probado el producto requerido antes de solicitar un surtido para un medicamento restringido por ST, su reclamo será procesado. Si no tenemos registro de que usted haya probado el producto requerido, el profesional que expide sus recetas puede ponerse en contacto con Ambetter from Louisiana Healthcare Connections para obtener una autorización

Límite de cantidad

Un límite de cantidad restringe los medicamentos que figuran en el Formulario con la abreviatura QL. Detallamos cada límite de cantidad en unidades que se pueden obtener por período de tiempo (p.ej., 2 comprimidos por día).

Límite de edad

Los medicamentos que figuran en el Formulario con la abreviatura AL están restringidos a determinadas edades. Cada límite de edad aparece en función de la aprobación de la FDA para los medicamentos.

No incluido en el Formulario

Los medicamentos que figuran en el Formulario con la abreviatura NF son medicamentos no incluidos en el Formulario. Para obtener acceso a medicamentos no incluidos en el Formulario, el profesional que expide sus recetas puede ponerse en contacto con Ambetter from Louisiana Healthcare Connections para obtener una autorización. En la sección siguiente encontrará más información.

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.

DIVULGACIÓN SOBRE COSTO EXCEDENTE

Cualquier ahorro o reembolso que recibamos de los fabricantes sobre el costo de los medicamentos comprados bajo este contrato de medicamentos se utiliza para estabilizar las tarifas. Usted puede estar sujeto a una carga por exceso de costos para el consumidor cuando los medicamentos recetados cubiertos se compran bajo este contrato.

EXCEPCIÓN A LA TERAPIA ESCALONADA

Otorgaremos una excepción a la terapia escalonada o al protocolo *fail first* cuando:

- (1) El médico que expide sus recetas pueda demostrar al plan de cobertura médica, basado en evidencias clínicas sólidas, que el tratamiento preferido requerido en el marco de la terapia escalonada o del protocolo *fail first* ha sido ineficaz en el tratamiento de la enfermedad o condición médica del asegurado.
- (2) El médico que expide sus recetas pueda demostrar al plan de cobertura médica, basado en evidencias clínicas sólidas, que el tratamiento preferido solicitado en el marco de la terapia escalonada o del protocolo *fail first* se espera razonablemente que sea ineficaz sobre la base de las características físicas o mentales relevantes conocidas y los antecedentes médicos del asegurado y las características conocidas del régimen del medicamento.
- (3) El médico que expide sus recetas pueda demostrar al plan de cobertura médica, basado en evidencias clínicas sólidas, que el tratamiento preferido requerido en el marco de la terapia escalonada o del protocolo *fail first* causará o podría causar una reacción adversa u otro daño físico al asegurado.

Para obtener una excepción a la terapia escalonada, su proveedor puede seguir el procedimiento regular de la autorización previa

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 establezca con el medicamento. Una vez transcurridos 90 días desde que comenzó a tomar este medicamento, es posible que esta restricción ya no se aplique.

Medicamentos opioides:

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

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

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

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

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

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

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

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	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	QL(2 ea daily); PA
OTEZLA TBP	4	1 package(s) per 180 day(s) retail; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1B	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	QL(0.146 ml daily); PA
ENBREL SURECLICK SOAJ	4	QL(0.146 ml daily); PA
ENBREL SOLN	4	QL(0.146 ml daily); PA
ENBREL 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
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<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)

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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
Salicylates			<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ml per fill retail)
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>aspirin TBEC 325 MG</i>	1A		<i>methadone hcl CONC</i>	1B	QL(10 ml daily)
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>methadone hcl SOLN 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)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	METHADONE HCL SOLN IJ	1B	
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 ea daily)
<i>fentanyl citrate LPOP</i>	1B	QL(4 ea daily); PA	<i>methadone hcl TABS 5 MG</i>	1B	QL(4 ea daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 ea daily)	<i>methadone hcl TBSO</i>	1B	QL(2 ea daily)
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 ea daily); PA
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B		<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)	<i>morphine sulfate SOLN OR 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ml daily)
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 ea daily); PA	<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA	<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)

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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 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 ea daily)
NUCYNTA ER TB12	2	QL(2 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
NUCYNTA TABS	2	QL(6 ea daily); PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply
<i>oxycodone hcl 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 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 ea daily)
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	3	QL(8 ea daily); PA	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
<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			
Opioid Combinations					
<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ml daily)			
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)			
<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)			

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)
Opioid Partial Agonists		
<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 IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ml daily); PA
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>oxandrolone</i>	1B	
Androgens		
<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	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	4	QL(3.2 gm daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
UCERIS (<i>budesonide (intrarectal)</i>)	4	QL(3.2 gm daily); PA
Rectal Steroids		
<i>hydrocortisone (rectal) EX</i>	1B	RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1B	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 gm daily)
RECTIV (<i>nitroglycerin (intra-anal)</i>)	3	QL(2 gm daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1B	PA
EMVERM CHEW	2	QL(2 ea daily; 6 ea per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin</i>	1B	QL(9 ea per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
<i>praziquantel</i>	1B	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 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	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>buspirone hcl 5 MG</i>	1A	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B	
<i>hydroxyzine hcl SYRP</i>	1B	
<i>hydroxyzine hcl TABS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B	
<i>meprobamate</i>	1B	QL(6 ea daily)

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 0.5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>lorazepam TABS 1 MG</i>	1A	QL(4 ea daily)
<i>oxazepam CAPS</i>	1B	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 50 MG/ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide</i>	1B	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ml daily); PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ml daily); PA
NUCALA SOAJ	4	QL(0.1073 ml daily); PA
NUCALA SOLR	4	QL(0.1073 ea daily); PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ml daily); PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ml daily); PA
XOLAIR SOAJ 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)

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

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

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 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 day(s) retail; 5 ml per 180 days mail); SP	NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA
<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	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
ANTICONVULSANTS - Drugs to Treat Seizures			BANZEL TABS 200 MG (<i>rufinamide</i>)	2	QL(2 ea daily); PA
AMPA Glutamate Receptor Antagonists			BANZEL TABS 400 MG (<i>rufinamide</i>)	2	QL(8 ea daily); PA
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA	BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA	BRIVIACT TABS	3	QL(2 ea daily); PA
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA	<i>carbamazepine CHEW</i>	1B	
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA	<i>carbamazepine CP12 100 MG</i>	1B	
Anticonvulsants - Benzodiazepines			<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)
<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA	<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)
<i>clobazam TABS</i>	1B	QL(2 ea daily); PA	<i>carbamazepine SUSP</i>	1B	
<i>clonazepam TABS</i>	1A		<i>carbamazepine TABS</i>	1B	
			<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)
			<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
EPIDIOLEX	3	PA
<i>gabapentin CAPS</i>	1B	
<i>gabapentin SOLN</i>	1B	QL(60 ml daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1B	
<i>lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1B	QL(40 ml daily)
<i>lacosamide TABS</i>	1B	QL(2 ea daily)
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)
<i>lamotrigine TABS</i>	1B	
<i>lamotrigine TBDP</i>	1B	QL(1 ea daily)
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 ea daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)
<i>levetiracetam TB24</i>	1B	QL(4 ea daily)
<i>oxcarbazepine SUSP</i>	1B	QL(40 ml daily)
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea daily)
<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 ea daily)
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA
<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>primidone 50 MG, 250 MG</i>	1B	
<i>rufinamide SUSP</i>	1B	QL(80 ml daily); PA
<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA
<i>rufinamide TABS 200 MG</i>	1B	QL(2 ea daily); PA
TEGRETOL SUSP (<i>carbamazepine</i>)	2	
TEGRETOL TABS (<i>carbamazepine</i>)	2	
<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>topiramate CS24</i>	3	PA
<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>topiramate TABS 200 MG</i>	1B	QL(2 ea daily)
<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)
<i>zonisamide CAPS</i>	1B	QL(6 ea daily)
Carbamates		
<i>felbamate SUSP</i>	1B	QL(30 ml daily)
<i>felbamate TABS 400 MG</i>	1B	QL(9 ea daily)
<i>felbamate TABS 600 MG</i>	1B	QL(6 ea daily)
GABA Modulators		
<i>tiagabine hcl</i>	1B	
<i>vigabatrin PACK</i>	4	QL(6 ea daily); SP; PA
<i>vigabatrin TABS</i>	4	QL(6 ea daily); SP; PA
Hydantoins		
DILANTIN	2	
DILANTIN (<i>phenytoin sodium extended</i>)	2	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>phenytoin</i>)	2	
<i>fosphenytoin sodium</i>	1B	

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acarbose</i>	1B	QL(3 ea daily)	SOLIQUA 100/33	2	QL(0.5 ml daily); PA
<i>migliolol</i>	1B	QL(3 ea daily)	SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
Antidiabetic Combinations			SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
<i>alogliptin-metformin hcl</i>	1B	QL(2 ea daily); PA	SYNJARDY TABS	2	QL(2 ea daily)
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 ea daily); PA	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)
<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	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily)	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily)	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	QL(4 ea daily)	XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	QL(2 ea daily)	Biguanides		
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	QL(4 ea daily)	<i>metformin hcl TABS 1000 MG</i>	1B	QL(2.5 ea daily)
<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	QL(2 ea daily)	<i>metformin hcl TABS 850 MG</i>	0	QL(3 ea daily)
GLYXAMBI	2	QL(1 ea daily)	<i>metformin hcl TABS 500 MG</i>	1B	QL(5 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)	<i>metformin hcl TB24 500 MG</i>	1B	QL(4 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)	<i>metformin hcl TB24 750 MG</i>	1B	QL(3 ea daily)
JANUMET TABS	2	QL(2 ea daily)	Diabetic Other		
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 ea daily)	<i>diazoxide</i>	3	
<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 ea daily)	<i>glucagon (rdna)</i>	1B	QL(0.035 ea daily)
<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 ea daily)	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 ea daily)	<i>alogliptin benzoate</i>	1B	QL(1 ea daily)
			JANUVIA	2	QL(1 ea daily)
			<i>saxagliptin hcl</i>	1B	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
Incretin Mimetic Agents		
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA
OZEMPIC SOPN	2	QL(0.108 ml daily); PA
RYBELSUS TABS	2	QL(1 ea daily); PA
TRULICITY	2	QL(0.143 ml daily); PA
VICTOZA	2	QL(0.3 ml daily); PA
Insulin		
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	
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1B	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1B	QL(3 ea daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 ea daily)
<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<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)
Sulfonylureas		
<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)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS</i>	1B	RX/OTC
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
<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	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 ea daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 ea daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 ea daily)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>palonosetron hcl SOLN</i>	1B	
Antiemetics - Anticholinergic		
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 ea daily)
<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 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant MISC</i>	1B	PA
VARUBI TBPk	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
<i>caspofungin acetate</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ERAXIS	3		<i>clemastine fumarate SYRP</i>	1B	
<i>micafungin sodium</i>	1B	PA	<i>clemastine fumarate TABS 2.68 MG</i>	1B	
Antifungals			<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
ABELCET	3		<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
<i>amphotericin b IV</i>	3		<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ml daily)
<i>amphotericin b liposome</i>	3		<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B	
<i>flucytosine</i>	1B		Antihistamines - Non-Sedating		
<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)	<i>cetirizine hcl TABS</i>	1A	QL(1 ea daily)
<i>griseofulvin microsize TABS</i>	1B		<i>desloratadine TABS</i>	1B	QL(1 ea daily)
<i>griseofulvin ultramicrosize</i>	1B		<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 ea daily)
<i>nystatin TABS</i>	1B		<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>terbinafine hcl TABS</i>	1B	QL(1 ea daily)	<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 ea daily); RX/OTC
Imidazole-Related Antifungals			<i>loratadine CAPS</i>	1B	
CRESEMBA CAPS 186 MG	3	PA	<i>loratadine CHEW</i>	1B	
<i>fluconazole SUSR</i>	1B		<i>loratadine SOLN</i>	1B	
<i>fluconazole TABS</i>	1B		<i>loratadine TABS</i>	1A	
<i>itraconazole CAPS</i>	1B	QL(4 ea daily); PA	<i>loratadine TBDP</i>	1B	
<i>itraconazole SOLN</i>	1B	QL(20 ml daily); PA	QUZYTIR SOLN IV	3	PA
<i>ketoconazole</i>	1B		Antihistamines - Phenothiazines		
NOXAFIL SUSP (<i>posaconazole</i>)	3	QL(20 ml daily)	<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1B	
<i>posaconazole SUSP</i>	1B	QL(20 ml daily)	<i>promethazine hcl SUPP 50 MG</i>	1B	
TOLSURA CAPS	4	PA	<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)
<i>voriconazole TABS</i>	1B	QL(4 ea daily)	<i>promethazine hcl TABS</i>	1B	
ANTIHISTAMINES - Drugs to Treat Allergies					
Antihistamines - Alkylamines					
<i>dexchlorpheniramine maleate SOLN</i>	1B		Antihistamines - Piperidines		
Antihistamines - Ethanolamines					
<i>carbinoxamine maleate SOLN</i>	1B		<i>cyproheptadine hcl SYRP</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B		<i>cyproheptadine hcl TABS</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily); PA
<i>omega-3-acid ethyl esters</i>	1B	QL(4 ea daily)
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine light POWD</i>	1B	QL(24 gm daily)
<i>cholestyramine PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 gm daily)
<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)
<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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
ANTHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl</i>	1B	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 ea daily)
<i>captopril 12.5 MG</i>	1B	
<i>enalapril maleate TABS</i>	1B	
<i>fosinopril sodium</i>	1B	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1B	
<i>moexipril hcl</i>	1B	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 ea daily)
<i>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)
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
Vasodilators		
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	
<i>minoxidil 2.5 MG, 10 MG</i>	1B	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin</i>	3	

Drug Name	Drug Tier	Requirements/Limits
IMPAVIDO	3	QL(3 ea daily); PA
<i>metronidazole TABS</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 550 MG	3	QL(3 ea daily); AL(At least 12 yrs old); PA
XIFAXAN 200 MG	3	QL(3 ea daily; 9 ea per 3 day(s) retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1B	QL(4 ea daily; 40 ea per fill retail)

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

ANTIMALARIALS - Drugs to Treat Malaria

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin SOLR</i>	1B	
SIRTURO	3	PA
TRECTOR	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>bendamustine hcl SOLR</i>	4	SP; PA
<i>busulfan SOLN</i>	4	SP; PA
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA
<i>cyclophosphamide CAPS</i>	1B	PA
<i>cyclophosphamide SOLR IJ</i>	4	
GLEOSTINE 10 MG	4	SP; PA
GLEOSTINE 40 MG, 100 MG	4	PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA
LEUKERAN	4	SP; PA
<i>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

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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
Antineoplastic - Angiogenesis Inhibitors		
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
Antineoplastic - Antibodies		
ADCETRIS	4	SP; PA
ARZERRA	4	SP; PA
RUXIENCE	4	PA
TRUXIMA	4	PA
YERVOY	4	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	4	PA
OGIVRI	4	PA
PERJETA	4	SP; PA
TRAZIMERA	4	PA
TUKYSA	4	PA
Antineoplastic - EGFR Inhibitors		
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
TAGRISSE 80 MG	4	QL(1 ea daily); PA
TAGRISSE 40 MG	4	QL(2 ea daily); PA
VECTIBIX 100 MG/5ML	4	SP; PA
VIZIMPRO	4	QL(1 ea daily); PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	PA
ERIVEDGE	4	QL(1 ea daily); SP; PA
ODOMZO	4	QL(1 ea daily); PA

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

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

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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 100 MG, 500 MG	4	QL(1 ea daily); SP; PA	KYPROLIS	4	PA
BOSULIF TABS 400 MG	4	QL(1 ea daily); 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(4 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(3 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

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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	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1B	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1B	
<i>benztropine mesylate TABS</i>	1B	
<i>trihexyphenidyl hcl SOLN</i>	1B	
<i>trihexyphenidyl hcl TABS</i>	1B	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1B	QL(8 ea daily)
<i>tolcapone</i>	1B	

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 8 MG, 12 MG</i>	1B	QL(2 ea daily); ST
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily); ST
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1B	QL(1 ea daily); PA
<i>selegiline hcl CAPS</i>	1B	
<i>selegiline hcl TABS</i>	1B	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate CAPS</i>	1B		<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 ea daily); PA
<i>lithium carbonate TABS</i>	1B		<i>asenapine maleate 2.5 MG</i>	1B	QL(4 ea daily); PA
<i>lithium carbonate TBCR</i>	1B		<i>clozapine TABS</i>	1B	
Antipsychotics - Misc.			<i>clozapine TBDP 100 MG</i>	1B	QL(9 ea daily)
EQUETRO 200 MG	3	QL(8 ea daily); ST	<i>clozapine TBDP 25 MG</i>	1B	QL(3 ea daily)
EQUETRO 300 MG	3	QL(4 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>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 25 MG, 50 MG, 100 MG, 200 MG</i>	1B	QL(4 ea daily); AL(At least 10 yrs old)
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 ea daily)	<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 ea daily); AL(At least 10 yrs old)
<i>paliperidone 6 MG</i>	1B	QL(2 ea daily)	<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily); PA	<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 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					

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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	
ANTIVIRALS - Drugs to Treat Viral Infections		
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 625 MG	3	QL(4 ea daily)
VIRACEPT TABS 250 MG	3	QL(10 ea daily)
VIREAD POWD	3	QL(7.5 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 ea daily)
<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> 500 MG	1B	QL(4 ea daily)
<i>famciclovir</i> 125 MG, 250 MG	1B	QL(3 ea daily)
<i>valacyclovir hcl</i> 1 GM, 1000 MG	1B	QL(4 ea daily)
<i>valacyclovir hcl</i> 500 MG	1B	QL(2 ea daily)
Influenza Agents		

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)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
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 20 MG</i>	1B	QL(3 ea daily)
<i>nadolol TABS 80 MG</i>	1B	
<i>nadolol TABS 40 MG</i>	1B	QL(6 ea daily)
<i>pindolol TABS</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl TABS</i>	1B	
<i>sotalol hcl (afib/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	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1B	
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 ea daily)
<i>diltiazem hcl extended release beads</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 90 MG</i>	1B	QL(1 ea daily)
<i>nifedipine TB24</i>	1B	
<i>nifedipine TB24 60 MG</i>	1B	QL(2 ea daily)
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine</i>	1B	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 ea daily)
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<i>verapamil hcl SOLN 2.5 MG/ML</i>	1B	
<i>verapamil hcl TABS</i>	1B	
<i>verapamil hcl TBCR</i>	1B	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN OR 0.05 MG/ML</i>	1B	
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
LANOXIN SOLN IJ (<i>digoxin</i>)	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		

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
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1B	
<i>cefadroxil SUSR</i>	1B	
<i>cefadroxil TABS</i>	1B	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B	
<i>cephalexin CAPS</i>	1B	
<i>cephalexin SUSR</i>	1B	

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	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
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	

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)
Progestin Contraceptives - IUD		
KYLEENA	0	
LILETTA 20.1 MCG/DAY	0	
MIRENA	0	
SKYLA	0	
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	0	
OPILL	0	
SLYND	0	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<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 0.5 MG, 0.75 MG</i>	1A	
<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	

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

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 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)	<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old)
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)	<i>benzoyl peroxide LIQD 4 %, 7 %, 10 %</i>	1B	AL(At least 12 yrs old)
Cough/Cold/Allergy Combinations			<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B		<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 gm daily)
TUZISTRA XR	2	PA	<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)
Misc. Respiratory Inhalants			<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ml daily); AL(At least 12 yrs old)
HYPERSAL NEBU	1B		<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)
NEBUSAL NEBU	1B		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B		<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA
Mucolytics			<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
<i>acetylcysteine SOLN</i>	1B		DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<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
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(1 gm daily)
Antibiotics - Topical		
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
Antifungals - Topical		
<i>butenafine hcl</i>	1B	QL(6 gm daily); RX/OTC
<i>ciclopirox olamine CREA</i>	1B	QL(90 gm per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciclopirox olamine SUSP</i>	1B	
<i>ciclopirox GEL</i>	1B	QL(3.35 gm daily)
<i>ciclopirox SHAM</i>	1B	QL(10 ml daily)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; QL(45 gm per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ml daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	Antipsoriatics		
<i>sulconazole nitrate CREA</i>	1B		<i>acitretin 25 MG</i>	1B	QL(2 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 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)
<i>tavaborole</i>	1B	PA	<i>calcipotriene CREA</i>	1B	QL(4 gm daily); PA
Anti-inflammatory Agents - Topical			<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)
Antineoplastic or Premalignant Lesion Agents - Topical			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)
Antipruritics - Topical			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 90 MG/ML	4	QL(0.018 ml daily); SP; PA
			STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily); 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 0.025 %</i>	1B	QL(15.15 gm daily)
<i>fluocinonide OINT</i>	1B	QL(2 gm daily)	<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 gm daily)
<i>fluocinonide SOLN</i>	1B	QL(2 ml daily)	<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 gm daily)
<i>flurandrenolide CREA</i>	2	QL(2 gm daily)	<i>triamcinolone acetonide (topical) LOTN 0.025 %</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 0.025 %, 0.1 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 gm daily)
Eczema Agents		
DUPIXENT SOPN 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOPN 300 MG/2ML	4	QL(0.29 ml daily); PA
DUPIXENT SOSY 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
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 gm daily); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1B	QL(12 ea per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1B	QL(3 gm daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	1B	
Local Anesthetics - Topical		
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ml daily)
<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
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 gm daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1B	QL(1.67 gm daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 gm daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 gm daily)
<i>metronidazole (topical) LOTN</i>	1B	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA; RX/OTC
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
Wound Care Products		
REGRANEX	3	QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)

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

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

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

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

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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 0.1 MG</i>	1B	QL(6 ea daily)
Metabolic Modifiers			<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 ea daily)
			STIMATE SOLN NA	4	SP; PA

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

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

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

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

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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 300 MG</i>	3	QL(10 ea daily); PA
<i>tiopronin TBEC 100 MG</i>	3	QL(3 ea daily); PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
Gout Agents		
<i>allopurinol</i>	1B	
<i>colchicine TABS</i>	1B	QL(1 ea daily)
<i>febuxostat</i>	1B	QL(1 ea daily); PA
Uricosurics		
<i>probenecid</i>	1B	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA	4	PA
ALPROLIX	4	PA
ALTUVIIIIO	4	PA
BENEFIX KIT	4	PA

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	

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Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 ea daily); PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	QL(3 ea daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS 500 MG	4	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTELET	4	QL(3 ea daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 40000 UNIT/ML	4	SP; PA
PROMACTA PACK	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
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
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
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 15 MG, 30 MG</i>	1A	QL(1 ea daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 ea daily)
<i>triazolam</i>	1B	
<i>zaleplon 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)
LAXATIVES - Bowel Treatment Drugs		
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	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1B	
<i>azithromycin SOLR</i>	1B	

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 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	
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 ea daily)	KIMONO COLORS DEVI	0	
Clarithromycin			KIMONO LUBRICATED MISC	0	
<i>clarithromycin SUSR</i>	1B		KIMONO MAXX/LARGE FLARE MISC	0	
<i>clarithromycin TABS</i>	1B		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	
<i>clarithromycin TB24</i>	1B		KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	
Erythromycins			KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	
<i>erythromycin base CPEP</i>	3		KIMONO PS LUBRICATED MISC	0	
<i>erythromycin base TABS</i>	3		KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	
<i>erythromycin base TBEC</i>	1B		KIMONO SENSATION LUBRICATED MISC	0	
<i>erythromycin ethylsuccinate SUSR</i>	1B		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	
<i>erythromycin ethylsuccinate TABS</i>	3		KIMONO SPECIAL DEVI	0	
Fidaxomicin			K-Y ME & YOU EXTRA LUBRICATED DEVI	0	
DIFICID TABS	2		K-Y ME & YOU INTENSE DEVI	0	
MEDICAL DEVICES AND SUPPLIES					
Contraceptives					
AIMSCO LUBRICATED MISC	0		MAXX LUBRICATED MISC	0	
CAYA DPRH	0		MAXX PLUS SPERMICIDE LUBRICATED MISC	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				

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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		Diabetic Supplies		
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	Migraine Products		
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	Serotonin Agonists		
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
Parenteral Therapy Supplies			<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)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 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 100 MG/ML	2	QL(0.1 ml daily); PA			
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA			
UBRELVY	3	QL(10 ea per 30 day(s) retail); ST			
Migraine Combinations					

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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 & 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	
MINERALS & ELECTROLYTES			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 & 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		Chelating Agents		
<i>ringer's</i>	1B		<i>penicillamine CAPS</i>	1B	PA
Fluoride			<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
Magnesium			Immunomodulators		
<i>magnesium sulfate IJ 50 %</i>	1B		<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA
Phosphate			<i>lenalidomide 20 MG</i>	4	QL(1 ea daily); PA
<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1B		THALOMID	4	QL(3 ea daily); SP; PA
Potassium			Immunosuppressive Agents		
<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
Sodium			<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 ea daily); SP; PA
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B		<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 ea daily); PA
MISCELLANEOUS THERAPEUTIC CLASSES			<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	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	
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	
MULTIVITAMINS		
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
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen TABS 10 MG, 20 MG</i>	1B	
<i>carisoprodol TABS</i>	1B	
<i>chlorzoxazone TABS 500 MG</i>	1B	QL(6 ea daily)
<i>chlorzoxazone TABS 750 MG</i>	1B	QL(4 ea daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 ea daily)
<i>metaxalone 800 MG</i>	1B	QL(4 ea daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1B	
<i>orphenadrine citrate TB12</i>	1B	QL(2 ea daily)
<i>tizanidine hcl CAPS</i>	1B	
<i>tizanidine hcl TABS</i>	1B	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1B	QL(4 ea daily)
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine</i>	3	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	RX/OTC
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		

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

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	
Cycloplegic Mydriatics		
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ml daily)
<i>tropicamide SOLN 1 %</i>	1B	
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B	
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	1B	
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B	
IOPIDINE	3	
Ophthalmic Anti-infectives		
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		Ophthalmic Surgical Aids		
Ophthalmic Immunomodulators			Ophthalmic Surgical Aids		
<i>cyclosporine (ophth) EMUL</i>	3	PA	HEALON PRO SOSY	3	PA
Ophthalmic Local Anesthetics			PROVISC SOSY	3	PA
<i>proparacaine hcl</i>	1B		Ophthalmics - Misc.		
Ophthalmic Steroids			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

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

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMUNEX-C	4	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IJ 1 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
Natural Penicillins		
<i>penicillin g potassium 5000000 UNIT</i>	1B	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1B	
<i>amoxicillin & pot clavulanate SUSR</i>	1B	
<i>amoxicillin & pot clavulanate TABS</i>	1B	
<i>amoxicillin & pot clavulanate TB12</i>	1B	
<i>ampicillin & sulbactam sodium IV 10 GM-5 GM</i>	1B	
<i>piperacillin sodium-tazobactam sodium</i>	1B	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<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	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<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
Antidementia Agents		
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 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	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	1B	
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA
SAVELLA TABS	2	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	4	QL(4 ea daily); PA
INGREZZA CAPS	4	QL(1 ea daily); PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA

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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 20 MG/ML</i>	3	QL(1 ml daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	3	QL(0.43 ml daily)
KESIMPTA	4	QL(0.0144 ml daily); PA
PLEGRIDY STARTER PACK SOPN	4	QL(0.036 ml daily); PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
PLEGRIDY SOPN	4	QL(0.036 ml daily); PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 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) 330 MG</i>	3	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	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
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK	4	QL(2 ea daily); PA

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

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)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1B	
<i>propylthiouracil</i>	1B	
Thyroid Hormones		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
ARMOUR THYROID TABS	2	QL(1 ea daily)
<i>levothyroxine sodium TABS</i>	1B	
<i>liothyronine sodium SOLN</i>	1B	
<i>liothyronine sodium TABS</i>	1B	
NP THYROID 120 TABS	1B	QL(1 ea daily)
NP THYROID 15 TABS	1B	QL(1 ea daily)
NP THYROID 30 TABS	1B	QL(1 ea daily)
NP THYROID 60 TABS	1B	QL(1 ea daily)
NP THYROID 90 TABS	1B	QL(1 ea daily)
SYNTHROID TABS (<i>levothyroxine sodium</i>)	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
BOOSTRIX SUSY	0	
DAPTACEL	0	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	

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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		Misc. Anti-Ulcer		
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		Proton Pump Inhibitors		
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
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 ea daily)
Antispasmodics			<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 30 MG</i>	1B	
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B		<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B		NEXIUM 24HR TBEC (esomeprazole magnesium)	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 1 MG</i>	1B		<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 ea daily)
<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 ea daily)	<i>rabeprazole sodium TBEC</i>	3	QL(1 ea daily)
<i>methscopolamine bromide</i>	1B		Ulcer Drugs - Prostaglandins		
H-2 Antagonists			<i>misoprostol</i>	1B	QL(4 ea daily)
<i>cimetidine TABS</i>	1B	RX/OTC	Ulcer Therapy Combinations		
<i>famotidine in nacl SOLN</i>	1B				
<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B				
<i>famotidine SOLN 20 MG/2ML</i>	1A				
<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	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			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)	Viral Vaccines		
<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 25 MG</i>	1B		AFLURIA QUADRIVALENT 2022-2023 SUSY	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 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		VACCINES		
VACCINES			Bacterial Vaccines		
ACTHIB SOLR IM	0		Bacterial Vaccines		
BEXSERO	0		ACTHIB SOLR IM		
HIBERIX SOLR IJ	0		BEXSERO		
			HIBERIX SOLR IJ		

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

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 500 MG</i>	1A	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
<i>niacin TABS</i>	1A	
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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	18	deferiprone TABS 500 MG	17	desvenlafaxine succinate 100 MG .	14
cyproheptadine hcl TABS	18	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	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	32
dexamethasone SOLN	36	diclofenac sodium (actinic keratoses) EX	diltiazem hcl coated beads CP24 180 MG, 240 MG	32
dexamethasone TABS 0.5 MG, 0.75 MG	36	diclofenac sodium (ophth)	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	diltiazem hcl extended release beads	32
dexlansoprazole	64	diclofenac sodium TBEC	diltiazem hcl SOLN 50 MG/10ML ..	32
dexmethylphenidate hcl CP24	2	diclofenac w/ misoprostol TBEC	DILTIAZEM HCL SOLR	32
dexmethylphenidate hcl TABS	2	dicloxacillin sodium	diltiazem hcl TABS	32
dextroamphetamine sulfate CP24 10 MG, 15 MG	1	dicyclomine hcl CAPS	diltiazem hcl TB24	33
dextroamphetamine sulfate CP24 5 MG	1	dicyclomine hcl SOLN OR	dimethyl fumarate CDPK	62
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1		dicyclomine hcl TABS	dimethyl fumarate CPDR	62
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	DIFFERIN LOTN	DIPENTUM	47
dextrose in lactated ringers	54	DIFICID TABS	diphenhydramine hcl CAPS 50 MG 18	
DIACOMIT CAPS 250 MG	12	diflorasone diacetate CREA	diphenhydramine hcl ELIX 12.5 MG/5ML	18
DIACOMIT CAPS 500 MG	12	diflorasone diacetate OINT	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	18
DIACOMIT PACK 250 MG	12	diflunisal TABS	diphenhydramine hcl SOLN 50 MG/ML	18
DIACOMIT PACK 500 MG	12	difluprednate	diphenoxylate w/ atropine LIQD ...	16
diazepam (anticonvulsant) GEL ...	11	digoxin SOLN OR 0.05 MG/ML	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	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	63
diazepam SOLN OR 5 MG/5ML	8	dihydroergotamine mesylate SOLN IJ 1 MG/ML	dipyridamole	48
diazepam TABS	8	dihydroergotamine mesylate SOLN NA 4 MG/ML	disopyramide phosphate CAPS	8
diazoxide	15	DILANTIN (phenytoin sodium extended)	disulfiram	61
dichlorphenamide	43	DILANTIN	DIURIL SUSP	44
diclofenac epolamine PTCH EX ...	39	DILANTIN INFATABS CHEW (phenytoin)	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,	14
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 11		frovatriptan succinate	53	ganciclovir sodium SOLR	31
fondaparinux sodium 2.5 MG/0.5ML . 10		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 SUSP18	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 ultramicrosize18	HUMIRA PEN PNKT 3
glimepiride 1 MG, 2 MG16	guanfacine hcl (adhd)1	HUMIRA PEN-CD/UC/HS STARTER PNKT 3
glimepiride 4 MG 16	guanfacine hcl20	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT3
glipizide TABS 5 MG, 10 MG 16	GYNAZOLE-1 68	HUMIRA PEN-PS/UV STARTER PNKT 3
glipizide TB24 16	HADLIMA PUSHTOUCH SOAJ3	HUMIRA PSKT 3
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG15	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	HYCANTIN CAPS 28
glyburide micronized 1.5 MG, 3 MG, 6 MG 16	halobetasol propionate CREA 41	hydalazine hcl SOLN 21
glyburide TABS 16	halobetasol propionate OINT 41	hydalazine 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 decanoate29	hydrochlorothiazide TABS 12.5 MG 44
glycine (gu irrigant) SOLN 1.5 % .. 47	haloperidol lactate CONC29	hydrochlorothiazide TABS 25 MG, 50 MG 44
glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML 64	haloperidol lactate SOLN29	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	HAVRIX67	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG6
GLYXAMBI 15	HEALON PRO SOSY59	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG6
GNP PRENATAL TABS 56	HEMANGEOL SOLN OR 32	hydrocodone-ibuprofen 10 MG-200
GOJJI BLOOD KETONE TEST STRIPS43	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 SOSY67	
GRASTEK SUBL2	HIBERIX SOLR IJ65	
	HUMATROPE CART IJ45	
	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	19	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 TABS 5 MG ..	2
MENVEO SOLR	65	methadone hcl TBSO	5	methylphenidate hcl TB24 18 MG, 27 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 TB24 36 MG, 54 MG	2
meperidine hcl TABS 50 MG	5	methenamine hippurate	22	methylphenidate hcl TBCR 10 MG, 20 MG	2
meprobamate	8	methimazole TABS	63	methylphenidate hcl TBCR 18 MG, 27 MG	2
		METHITEST TABS	7	methylphenidate hcl TBCR 18 MG, 27 MG	2
		methocarbamol TABS 500 MG, 750 MG	57	methylphenidate hcl TBCR 36 MG,	

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	20	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	19		
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 R FLEXPEN SOPN IJ	16	ofloxacin (ophth)	59
norethindrone & ethinyl estradiol-fe 35	35	NOVOLIN R SOLN IJ	16	ofloxacin (otic)	60
norethindrone (contraceptive)	36	NOXAFIL SUSP (posaconazole)	18	ofloxacin 300 MG, 400 MG	46
norethindrone acet & eth estra	35	NP THYROID 120 TABS	63	OGIVRI	24
norethindrone acetate TABS	61	NP THYROID 15 TABS	63	olanzapine SOLR	29
norethindrone acetate-ethinyl estradiol	46	NP THYROID 30 TABS	63	olanzapine TABS 2.5 MG, 5 MG	29
norethindrone acetate-ethinyl estradiol-fe	35	NP THYROID 60 TABS	63	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	29
norethindrone-eth estradiol (triphasic)	35	NP THYROID 90 TABS	63	olanzapine TBDP 20 MG	29
norgestimate-ethinyl estradiol	35	NUBEQA	25	olanzapine TBDP 5 MG, 10 MG, 15 MG	29
		NUCALA SOAJ	9	olmesartan medoxomil	20
		NUCALA SOLR	9	olmesartan medoxomil-amlodipine-hydrochlorothiazide	20
		NUCALA SOSY 100 MG/ML	9	olmesartan medoxomil-hydrochlorothiazide	21
		NUCALA SOSY 40 MG/0.4ML	9		

olopatadine hcl (nasal)	57	ORLISSA	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		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				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	sorafenib tosylate	27
selegiline hcl CAPS	28	SKYRIZI PSKT	39	SORBITOL 3 %	47
selegiline hcl TABS	28	SKYRIZI SOCT	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/afib)	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
				tadalafil (pulmonary hypertension)	

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

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 (topical) CREA 0.025 %	41	trimethobenzamide hcl CAPS	17
TRACLEER TBSO	33	triamcinolone acetonide (topical) CREA 0.1 %	41	trimethoprim TABS	21
tramadol hcl TABS 50 MG	6	triamcinolone acetonide (topical) CREA 0.5 %	41	trimipramine maleate CAPS	14
tramadol hcl TB24	6	triamcinolone acetonide (topical) LOTN 0.025 %	41	TRINTELLIX	14
tramadol-acetaminophen	7	triamcinolone acetonide (topical) LOTN 0.1 %	41	TRIUMEQ TABS	31
trandolapril 1 MG, 2 MG	20	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	42	TRIZIVIR	31
trandolapril 4 MG	20	triamcinolone acetonide (topical) OINT 0.5 %	42	tropicamide SOLN 0.5 %	58
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	21	triamcinolone acetonide (topical) SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML	36	tropicamide SOLN 1 %	58
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	21	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	42	trospium chloride CP24	65
tranexamic acid SOLN 1000 MG/10ML	49	triamcinolone acetonide (topical) OINT 0.5 %	42	trospium chloride TABS	65
tranexamic acid TABS	49	triamcinolone acetonide (topical) OINT 0.5 %	42	TRUE COVER DEVI	52
tranylcypromine sulfate	13	triamcinolone acetonide (topical) OINT 0.5 %	42	TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP ..	43
travoprost SOLN	60	triamcinolone acetonide (topical) OINT 0.5 %	42	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	53
TRAZIMERA	24	triamcinolone acetonide (topical) OINT 0.5 %	42	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP ..	43
trazodone hcl TABS	14	triamcinolone acetonide (topical) OINT 0.5 %	42	TRUE TRACK TEST STRP	43
TRECATOR	23	triamcinolone acetonide (topical) OINT 0.5 %	42		
TRELEGY ELLIPTA	10	triamcinolone acetonide (topical) OINT 0.5 %	42		
		triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	44		
		triamterene & hydrochlorothiazide TABS	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	21
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/STUDED 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/STUDED 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	10	XPOVIO 60 MG TWICE WEEKLY 25	25
VIRACEPT TABS 250 MG	31	XARELTO SUSR	10	XPOVIO 80 MG TWICE WEEKLY 25	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		

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