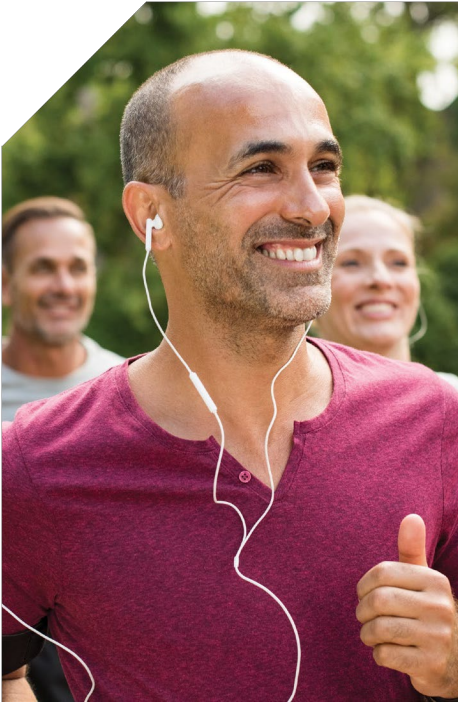




FROM |  coordinated care.



2025 FORMULARY

CASCADE AND
CASCADE SELECT

EFFECTIVE JANUARY 1, 2025



Ambetter.CoordinatedCareHealth.com

Formulary Introduction

FORMULARY

The Ambetter from Coordinated Care Corporation (Cascade and Cascade Select) Formulary, or Prescription Drug List, is a guide to available brand and generic drugs that are approved by the Food and Drug Administration (FDA) and covered through your prescription drug benefit. Generic drugs have the same active ingredients as their brand name counterparts and should be considered the first line of treatment. The FDA requires generics to be safe and work the same as brand name drugs. If there is no generic available, there may be more than one brand name drug to treat a condition.

Preferred brand name drugs are listed on Tier 2 to help identify brand drugs that are clinically appropriate, safe, and cost-effective treatment options, if a generic medication on the formulary is not suitable for your condition.

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

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

Drug List Key:

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

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

Tier 0 - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age limits may apply.

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

Tier 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.

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

Opioid Medications:

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

Introducción al Formulario

FORMULARIO

El Formulario de Ambetter from Coordinated Care Corporation (Cascade y Cascade Select), o la Lista de medicamentos recetados, es una guía de los medicamentos de marca y genéricos disponibles que están aprobados por la Administración de Alimentos y Medicamentos (FDA) y que están cubiertos a través de su beneficio de medicamentos recetados. Los medicamentos genéricos tienen los mismos principios activos que los de marca y deben considerarse la primera línea de tratamiento.

La FDA exige que los medicamentos genéricos sean seguros y funcionen igual que los medicamentos de marca. Si no hay un genérico disponible, podría haber más de un medicamento de marca para tratar una condición. Los medicamentos de marca preferidos figuran en el nivel 2 para ayudar a identificar los medicamentos de marca que son opciones de tratamiento clínicamente adecuadas, seguras y rentables, si un medicamento genérico del Formulario no es adecuado para su condición.

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

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

Clave de la lista de medicamentos:

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

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

Nivel 0 - Sin copago para aquellos medicamentos que se usan para prevención y son obligatorios según la Ley de Cuidado de Salud Asequible. Los anticonceptivos orales seleccionados, la vitamina D, el ácido fólico para mujeres en edad fértil, las aspirinas de venta libre (OTC) y los productos para dejar de fumar pueden estar cubiertos en este nivel. Es posible que se apliquen ciertos límites de edad.

Nivel 1 - El copago más bajo para medicamentos seleccionados que ofrecen el mayor valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.

Nivel 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 “hemoflia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemoflia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
<i>amphetamine sulfate TABS</i>	3	PA
<i>amphetamine-dextroamphetamine CP24 15 MG</i>	1	
<i>amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG</i>	1	QL(2 EA daily)
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG</i>	1	QL(3 EA daily)
<i>amphetamine-dextroamphetamine TABS 30 MG</i>	1	QL(2 EA daily)
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1	QL(4 EA daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	QL(4 EA daily)
<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1	
<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 EA daily); ST
<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 EA daily); ST
<i>methamphetamine hcl</i>	1	QL(5 EA daily); AL(At least 6 yrs old)
Anorexiants Non-Amphetamine		

Drug Name	Drug Tier	Requirements/ Limits
<i>phendimetrazine tartrate TABS</i>	1	PA
<i>phentermine hcl CAPS</i>	1	PA
Anti-Obesity Agents		
CONTRAVE	3	QL(4 EA daily); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 EA daily); AL(At least 6 yrs old)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 EA daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	1	
<i>guanfacine hcl (adhd)</i>	1	QL(1 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 75 MG	3	QL(2 EA daily); PA
SUNOSI 150 MG	3	QL(1 EA daily); PA
Stimulants - Misc.		
<i>armodafinil</i>	1	QL(1 EA daily); AL(At least 17 yrs old); PA
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 EA daily)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW 5 MG</i>	1	QL(6 EA daily)
<i>methylphenidate hcl CHEW 10 MG</i>	1	QL(5 EA daily)
<i>methylphenidate hcl CHEW 2.5 MG</i>	1	QL(2 EA daily)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	1	QL(1 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl CP24 30 MG</i>	1	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)
<i>methylphenidate hcl CPCR</i>	1	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	1	QL(30 ML daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	1	QL(6 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1	QL(5 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(3 EA daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i>	1	QL(1 EA daily); PA
<i>modafinil 200 MG</i>	1	QL(2 EA daily); PA
<i>modafinil 100 MG</i>	1	QL(1 EA daily); PA

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

Allergenic Extracts

GRASTEK SUBL	3	PA
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AMEBICIDES

Amebicides

SOLOSEC	3	PA
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AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

Drug Name	Drug Tier	Requirements/Limits
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1	
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>	1	
<i>gentamicin sulfate IJ 40 MG/ML</i>	1	
<i>neomycin sulfate TABS</i>	1	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin sulfate SOLN IJ 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	1	
<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

RINVOQ LQ SOLN	4	QL(12 ML daily); PA
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

Anti-TNF-alpha - Monoclonal Antibodies

CYLTEZO (2 PEN) AJKT	4	QL(0.215 EA daily); PA
CYLTEZO (2 PEN) AJKT	4	QL(0.072 EA daily); PA
CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CYLTEZO (2 SYRINGE) PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 EA daily); PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO-CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO-CD/UC/HS STARTER AJKT	4	QL(0.215 EA daily); PA	SIMPONI ARIA SOLN	4	PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	YUFLYMA (1 PEN) AJKT	4	QL(0.143 EA daily); PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	QL(0.143 EA daily); PA	YUFLYMA (2 PEN) AJKT	4	QL(0.29 EA daily); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	QL(0.072 EA daily); PA	YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT	4	QL(0.143 EA daily); PA	YUFLYMA-CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
HUMIRA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	Gold Compounds		
HUMIRA-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	AURANOFIN 3 MG	3	QL(3 EA daily)
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	RIDAURA	3	QL(3 EA daily)
HUMIRA-PED>=40KG CROHNS START PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	Interleukin-1 Blockers		
HUMIRA-PED>=40KG UC STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	ARCALYST	4	QL(0.286 EA daily); SP; PA
			Interleukin-6 Receptor Inhibitors		
			ACTEMRA ACTPEN SOAJ	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA
			ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	4	QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); SP; PA
			ACTEMRA SOLN 80 MG/4ML	4	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ACTEMRA SOSY	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA
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>	1	QL(2 EA daily)
<i>diclofenac potassium TABS 50 MG</i>	1	
<i>diclofenac sodium TB24</i>	1	
<i>diclofenac sodium TBEC</i>	1	
<i>diclofenac w/ misoprostol TBEC</i>	1	
<i>etodolac CAPS</i>	1	
<i>etodolac TABS</i>	1	
<i>fenoprofen calcium TABS</i>	1	QL(4 EA daily); ST
<i>flurbiprofen TABS</i>	1	
<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	1	RX/OTC
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>indomethacin CPCR</i>	1	
<i>ketoprofen CAPS 50 MG</i>	1	
<i>ketorolac tromethamine TABS</i>	1	QL(0.667 EA daily)
<i>meclofenamate sodium CAPS</i>	1	
<i>mefenamic acid CAPS</i>	1	Must try ibuprofen. ; QL(5 EA daily); ST
<i>meloxicam TABS</i>	1	QL(1 EA daily)
<i>nabumetone</i>	1	
<i>naproxen sodium TABS 550 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen SUSP</i>	1	PA
<i>naproxen TABS</i>	1	
<i>naproxen TBEC 500 MG</i>	1	QL(3 EA daily)
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS</i>	1	
<i>sulindac TABS</i>	1	
<i>tolmetin sodium CAPS</i>	1	
<i>tolmetin sodium TABS 600 MG</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	4	QL(1 EA daily); PA
OTEZLA/OTEZLA XR INITIATION PK TBPk	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OTEZLA TABS	4	QL(2 EA daily); PA
OTEZLA TBPk	4	1 package(s) per 180 day(s) retail; PA
OTEZLA TBPk	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1	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 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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Analgesic Combinations			<i>hydrocodone bitartrate CP12</i>	3	QL(2 EA daily); PA
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1		<i>hydrocodone bitartrate T24A</i>	3	QL(2 EA daily); PA
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1	QL(6 EA daily)	<i>hydromorphone hcl LIQD</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(6 EA daily)	<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	QL(6 EA daily)	<i>hydromorphone hcl TABS</i>	1	New starts limited to 7 day supply; QL(8 EA daily)
<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 EA daily)	<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(2 EA daily); PA
Salicylates			<i>hydromorphone hcl TB24 32 MG</i>	1	QL(1 EA daily); PA
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>levorphanol tartrate TABS 2 MG</i>	1	New starts limited to 7 day supply
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1	
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1	New starts limited to 7 day supply; QL(500 ML per fill retail)
<i>aspirin TBEC 325 MG</i>	1		<i>meperidine hcl TABS 50 MG</i>	1	New starts limited to 7 day supply; QL(6 EA daily)
<i>diflunisal TABS</i>	1		<i>methadone hcl CONC</i>	1	QL(10 ML daily)
<i>salsalate</i>	1		<i>methadone hcl SOLN IJ 10 MG/ML</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>methadone hcl SOLN PO 10 MG/5ML</i>	1	QL(50 ML daily)
Opioid Agonists			<i>methadone hcl SOLN PO 5 MG/5ML</i>	1	QL(100 ML daily)
<i>codeine sulfate TABS 30 MG</i>	1	New starts limited to 7 day supply	<i>METHADONE HCL SOLN IJ (methadone hcl)</i>	1	
CODEINE SULFATE TABS	1	New starts limited to 7 day supply	<i>methadone hcl TABS 10 MG</i>	1	QL(10 EA daily)
<i>fentanyl citrate LPOP</i>	1	QL(4 EA daily); PA			
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	QL(0.34 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hcl TABS 5 MG</i>	1	QL(4 EA daily)
<i>methadone hcl TBSO</i>	1	QL(2 EA daily)
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 EA daily); PA
<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1	
<i>morphine sulfate SOLN PO 10 MG/5ML</i>	1	New starts limited to 7 day supply; QL(100 ML daily)
<i>morphine sulfate SOLN PO 20 MG/5ML</i>	1	New starts limited to 7 day supply; QL(50 ML daily)
<i>morphine sulfate TABS</i>	1	New starts limited to 7 day supply; QL(6 EA daily)
<i>morphine sulfate TBCR</i>	1	QL(2 EA daily)
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(2 EA daily); PA
<i>oxycodone hcl TABS</i>	1	New starts limited to 7 day supply; QL(12 EA daily)
<i>oxymorphone hcl TABS</i>	1	QL(12 EA daily); PA
<i>oxymorphone hcl TB12 40 MG</i>	1	QL(4 EA daily); PA
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1	QL(2 EA daily); PA
<i>SUBSYS LIQD 800 MCG</i>	3	QL(8 EA daily); PA
<i>tramadol hcl TABS 50 MG</i>	1	New starts limited to 7 day supply; QL(8 EA daily)
<i>tramadol hcl TB24</i>	1	QL(1 EA daily)
Opioid Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine SOLN</i>	1	New starts limited to 7 day supply; QL(75 ML daily)
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	New starts limited to 7 day supply; QL(6 EA daily)
<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1	New starts limited to 7 day supply; QL(12 EA daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1	New starts limited to 7 day supply; QL(13 EA daily)
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1	New starts limited to 7 day supply
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	New starts limited to 7 day supply; QL(6 EA daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	New starts limited to 7 day supply
<i>butalbital-aspirin-caffeine w/cod</i>	1	New starts limited to 7 day supply; QL(6 EA daily)
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	1	New starts limited to 7 day supply
<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>	1	New starts limited to 7 day supply; QL(180 ML daily)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	New starts limited to 7 day supply; QL(12 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	1	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	1	New starts limited to 7 day supply; QL(13 EA daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1	PA
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1	New starts limited to 7 day supply; QL(5 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	New starts limited to 7 day supply; QL(13 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	New starts limited to 7 day supply; QL(12 EA daily)
<i>tramadol-acetaminophen</i>	1	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>	1	QL(3 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 EA daily)
<i>buprenorphine hcl SOLN</i>	1	
<i>buprenorphine hcl SUBL</i>	1	QL(3 EA daily)
<i>buprenorphine PTWK</i>	1	QL(0.143 EA daily); PA
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1	
<i>butorphanol tartrate NA 10 MG/ML</i>	1	QL(0.34 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>nalbuphine hcl</i>	1	QL(8 ML daily)
<i>pentazocine w/ naloxone hcl</i>	1	New starts limited to 7 day supply
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
<i>ANDRODERM PT24 2 MG/24HR, 4 MG/24HR</i>	2	QL(1 EA daily); PA
<i>danazol CAPS</i>	1	
<i>methyltestosterone TABS</i>	1	
<i>testosterone cypionate SOLN IM</i>	1	
<i>TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML</i>	1	
<i>testosterone enanthate SOLN IM</i>	1	
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>	1	
Rectal Steroids		
<i>hydrocortisone (rectal) EX</i>	1	
<i>hydrocortisone acetate (rectal)</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1	QL(2 GM daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
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
<i>ivermectin</i>	1	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>	1	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1	QL(2 EA daily)
<i>ranolazine TB12 500 MG</i>	1	QL(3 EA daily)
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>isosorbide mononitrate TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	3	
<i>nitroglycerin CPR</i>	1	QL(4 EA daily)
<i>nitroglycerin PT24</i>	1	
NITROGLYCERIN SOLN IV	1	
<i>nitroglycerin SUBL</i>	1	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>amiodarone hcl SOLN 150 MG/3ML</i>	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	1	
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
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); PA
NUCALA SOAJ	4	QL(0.1073 ML daily); PA
NUCALA SOLR	4	QL(0.1073 EA daily); PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ML daily); PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ML daily); PA
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ML daily); PA
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ML daily); PA
XOLAIR SOLR	4	QL(0.286 EA daily); PA
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ML daily); PA
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ML daily); PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	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>	1	QL(15 ML daily)
SPIRIVA RESPIMAT AERS IN	2	QL(0.14 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>tiotropium bromide CAPS IN 18 MCG</i>	1	QL(1 EA daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily)
<i>zafirlukast</i>	1	QL(2 EA daily)
<i>zileuton TB12</i>	3	QL(4 EA daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	3	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	3	PA
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ML daily); PA
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
<i>fluticasone propionate (inhalation) AEPB</i>	1	
<i>fluticasone propionate hfa</i>	1	QL(0.8 GM daily)
PULMICORT FLEXHALER AEPB	2	
QVAR REDIHALER	2	
Sympathomimetics		
AIRDUO DIGIHALER	3	
AIRSUPRA	3	
<i>albuterol sulfate AERS</i>	1	
<i>albuterol sulfate NEBU</i>	1	

Ambetter Formulary Updated December 2025

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate SYRP</i>	1	
<i>albuterol sulfate TABS</i>	1	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	2	QL(2 EA daily)
<i>arformoterol tartrate</i>	1	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>	1	
COMBIVENT RESPIMAT AERS	2	QL(0.16 GM daily)
DULERA	2	
<i>fluticasone furoate-vilanterol</i>	1	
<i>fluticasone-salmeterol AEPB</i>	1	
<i>fluticasone-salmeterol AERO</i>	1	
<i>formoterol fumarate NEBU</i>	1	QL(4 ML daily)
<i>ipratropium-albuterol SOLN</i>	1	QL(18 ML daily)
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	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>	1	
<i>terbutaline sulfate TABS</i>	1	
TRELEGY ELLIPTA	2	QL(2 EA daily)
<i>umeclidinium-vilanterol</i>	2	QL(2 EA daily)
Xanthines		

Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline ELIX</i>	1	
<i>theophylline SOLN</i>	1	QL(56 ML daily)
<i>theophylline TB12</i>	1	
<i>theophylline TB24</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE 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)
<i>rivaroxaban SUSR 1 MG/ML</i>	1	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)
<i>rivaroxaban TABS 2.5 MG</i>	1	QL(2 EA daily)
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	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 2.5 MG, 15 MG (<i>rivaroxaban</i>)	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 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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ML daily)	FYCOMPA TABS 4 MG (<i>perampanel</i>)	3	QL(3 EA daily); PA
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ML daily); SP	FYCOMPA TABS 6 MG (<i>perampanel</i>)	3	QL(2 EA daily); PA
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ML daily; 30 Day(s) limit); SP	<i>perampanel TABS 2 MG</i>	1	QL(6 EA daily); PA
<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>perampanel TABS 8 MG, 10 MG, 12 MG</i>	1	QL(1 EA daily); PA
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail); SP	<i>perampanel TABS 6 MG</i>	1	QL(2 EA daily); 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	<i>perampanel TABS 4 MG</i>	1	QL(3 EA daily); PA
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail); SP	Anticonvulsants - Benzodiazepines		
FRAGMIN SOSY	4	SP; PA	<i>clobazam SUSP</i>	1	QL(16 ML daily); PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	1		<i>clobazam TABS</i>	1	QL(2 EA daily); PA
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1		<i>clonazepam TABS</i>	1	
Thrombin Inhibitors			<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
<i>dabigatran etexilate mesylate CAPS</i>	1		NAYZILAM	3	QL(10 EA per 30 day(s) retail); PA
ANTICONVULSANTS - Drugs to Treat Seizures			VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
AMPA Glutamate Receptor Antagonists			VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
FYCOMPA TABS 2 MG (<i>perampanel</i>)	3	QL(6 EA daily); PA	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG (<i>perampanel</i>)	3	QL(1 EA daily); PA	VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
			Anticonvulsants - Misc.		
			APTIOM 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3	QL(2 EA daily); ST
			BANZEL TABS 400 MG (<i>rufinamide</i>)	2	QL(8 EA daily); PA
			BANZEL TABS 200 MG (<i>rufinamide</i>)	2	QL(2 EA daily); PA

Ambetter Formulary Updated December 2025

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BRIVIACT SOLN PO 10 MG/ML	3	QL(20 ML daily); PA	<i>levetiracetam SOLN IV 500 MG/5ML</i>	1	QL(30 ML daily)
BRIVIACT TABS	3	QL(2 EA daily); PA	<i>levetiracetam TABS 1000 MG</i>	1	QL(3 EA daily)
<i>carbamazepine CHEW 100 MG</i>	1		<i>levetiracetam TABS 500 MG</i>	1	QL(6 EA daily)
<i>carbamazepine CP12 200 MG</i>	1	QL(6 EA daily)	<i>levetiracetam TABS 250 MG, 750 MG</i>	1	QL(4 EA daily)
<i>carbamazepine CP12 100 MG</i>	1		<i>levetiracetam TB24</i>	1	QL(4 EA daily)
<i>carbamazepine CP12 300 MG</i>	1	QL(4 EA daily)	<i>oxcarbazepine SUSP</i>	1	QL(40 ML daily)
<i>carbamazepine SUSP</i>	1		<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1	QL(3 EA daily)
<i>carbamazepine TABS</i>	1		<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 EA daily)
<i>carbamazepine TB12 200 MG</i>	1	QL(6 EA daily)	<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 EA daily); PA
<i>carbamazepine TB12 100 MG, 400 MG</i>	1	QL(4 EA daily)	<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 EA daily); PA
DIACOMIT CAPS 250 MG	4	QL(12 EA daily); PA	<i>pregabalin SOLN</i>	3	QL(30 ML daily); PA
DIACOMIT CAPS 500 MG	4	QL(6 EA daily); PA	<i>primidone 50 MG, 250 MG</i>	1	
DIACOMIT PACK 250 MG	4	QL(12 EA daily); PA	<i>rufinamide SUSP</i>	1	QL(80 ML daily); PA
DIACOMIT PACK 500 MG	4	QL(6 EA daily); PA	<i>rufinamide TABS 400 MG</i>	1	QL(8 EA daily); PA
EPIDIOLEX	3	PA	<i>rufinamide TABS 200 MG</i>	1	QL(2 EA daily); PA
<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	1	QL(2 EA daily); ST	TEGRETOL SUSP (<i>carbamazepine</i>)	2	
<i>gabapentin CAPS</i>	1		TEGRETOL TABS (<i>carbamazepine</i>)	2	
<i>gabapentin SOLN</i>	1	QL(60 ML daily)	<i>topiramate CPSP 25 MG</i>	1	QL(8 EA daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1		<i>topiramate CPSP 15 MG</i>	1	QL(6 EA daily)
<i>lacosamide SOLN IV 200 MG/20ML</i>	1	QL(40 ML daily)	<i>topiramate CS24</i>	3	PA
<i>lacosamide TABS</i>	1	QL(2 EA daily)	<i>topiramate TABS 25 MG, 100 MG</i>	1	QL(4 EA daily)
<i>lamotrigine CHEW 5 MG</i>	1	QL(100 EA daily)	<i>topiramate TABS 200 MG</i>	1	QL(2 EA daily)
<i>lamotrigine CHEW 25 MG</i>	1	QL(20 EA daily)	<i>topiramate TABS 50 MG</i>	1	QL(6 EA daily)
<i>lamotrigine TABS</i>	1		<i>zonisamide CAPS</i>	1	QL(6 EA daily)
<i>lamotrigine TBDP</i>	1	QL(1 EA daily)	Carbamates		

Ambetter Formulary Updated December 2025

Drug Name	Drug Tier	Requirements/ Limits
<i>felbamate SUSP</i>	1	QL(30 ML daily)
<i>felbamate TABS 600 MG</i>	1	QL(6 EA daily)
<i>felbamate TABS 400 MG</i>	1	QL(9 EA daily)
GABA Modulators		
<i>tiagabine hcl</i>	1	
<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	
DILANTIN SUSP (<i>phenytoin</i>)	2	
<i>fosphenytoin sodium</i>	1	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>phenytoin sodium SOLN</i>	1	
<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
<i>ethosuximide CAPS</i>	1	QL(6 EA daily)
<i>ethosuximide SOLN</i>	1	QL(30 ML daily)
<i>methsuximide</i>	1	QL(4 EA daily)
ZARONTIN CAPS (<i>ethosuximide</i>)	2	QL(6 EA daily)
Valproic Acid		
<i>divalproex sodium TB24</i>	1	
<i>divalproex sodium TBEC</i>	1	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>valproic acid CAPS</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	
<i>mirtazapine TBDP</i>	1	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	+
<i>bupropion hcl TB12</i>	1	+
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	2	QL(6 EA daily)
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	4	PA
SPRAVATO (84 MG DOSE)	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide SOLN</i>	1	
<i>citalopram hydrobromide TABS</i>	1	#
<i>escitalopram oxalate SOLN</i>	1	
<i>escitalopram oxalate TABS</i>	1	+
<i>fluoxetine hcl CAPS</i>	1	#
<i>fluoxetine hcl CPDR</i>	1	
<i>fluoxetine hcl SOLN</i>	1	
<i>fluoxetine hcl TABS</i>	1	
<i>fluvoxamine maleate TABS</i>	1	+
<i>paroxetine hcl SUSP</i>	1	

Ambetter Formulary Updated December 2025

Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hcl TABS</i>	1	#
<i>paroxetine hcl TB24</i>	1	
<i>sertraline hcl CONC</i>	1	
<i>sertraline hcl TABS</i>	1	#
Serotonin Modulators		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl TABS</i>	1	
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>	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>desvenlafaxine succinate</i>	1	
<i>duloxetine hcl CPEP</i>	1	#
FETZIMA TITRATION C4PK	3	PA
FETZIMA CP24	3	QL(1 EA daily); PA
<i>venlafaxine hcl CP24</i>	1	+
<i>venlafaxine hcl TABS</i>	1	#
<i>venlafaxine hcl TB24</i>	1	
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1	#
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl TABS</i>	1	
<i>doxepin hcl CAPS</i>	1	
<i>doxepin hcl CONC</i>	1	
<i>imipramine hcl TABS</i>	1	+
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	1	
<i>protriptyline hcl</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>trimipramine maleate CAPS</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	QL(3 EA daily)
<i>miglitol</i>	1	QL(3 EA daily)
Antidiabetic Combinations		
<i>alogliptin-metformin hcl</i>	1	QL(2 EA daily); PA
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1	QL(1 EA daily); PA
<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1	QL(2 EA daily); PA
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 EA daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 EA daily)
<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1	++; QL(2 EA daily)
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1	++; QL(4 EA daily)
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1	++; QL(4 EA daily)
<i>glyburide-metformin 250 MG-1.25 MG</i>	1	++; QL(2 EA daily)
GLYXAMBI	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET TABS	2	QL(2 EA daily)
<i>pioglitazone hcl-glimepiride</i>	1	QL(1 EA daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1	QL(1 EA daily)
<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1	QL(2 EA daily)
SOLIQUA	2	QL(0.5 ML daily); PA
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 EA daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 EA daily)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 EA daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 EA daily)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 EA daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
XULTOPHY	2	QL(0.5 ML daily); PA
Biguanides		
<i>metformin hcl TABS 500 MG</i>	1	+; QL(5 EA daily)
<i>metformin hcl TABS 1000 MG</i>	1	+; QL(2.5 EA daily)
<i>metformin hcl TABS 850 MG</i>	0	QL(3 EA daily)
<i>metformin hcl TB24 500 MG</i>	1	+; QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl TB24 750 MG</i>	1	+; QL(3 EA daily)
Diabetic Other		
<i>diazoxide</i>	3	
<i>glucagon SOLR IJ 1 MG</i>	1	+; QL(0.035 EA daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	1	QL(1 EA daily)
JANUVIA	2	QL(1 EA daily)
<i>saxagliptin hcl</i>	1	QL(1 EA daily)
Incretin Mimetic Agents		
<i>liraglutide</i>	1	QL(0.3 ML daily)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.054 ML daily); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(0.108 ML daily); PA
OZEMPIC (2 MG/DOSE) 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 (<i>liraglutide</i>)	2	QL(0.3 ML daily); PA
Insulin		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
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 ASP PROT & ASP FLEXPEN SUPN	1	#
INSULIN ASPART FLEXPEN SOPN	1	#

Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART PENFILL SOCT	1	#
INSULIN ASPART PROT & ASPART SUSP	1	#
INSULIN ASPART SOLN IJ	1	#
INSULIN DEGLUDEC FLEXTouch SOPN	2	#
INSULIN DEGLUDEC SOLN	2	#
INSULIN GLARGINE-YFGN SOLN	2	
INSULIN GLARGINE-YFGN SOPN	2	
INSULIN LISPRO (1 UNIT DIAL) SOPN	1	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1	
INSULIN LISPRO PROT & LISPRO SUPN	1	
INSULIN LISPRO SOLN IJ	1	
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	#
REZVOGLAR KWIKPEN	3	PA
SEMGLEE (YFGN) SOLN	2	
SEMGLEE (YFGN) SOPN	2	
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1	+; QL(1 EA daily)
Meglitinide Analogues		
<i>nateglinide</i>	1	QL(3 EA daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1	QL(4 EA daily)
<i>repaglinide 2 MG</i>	1	QL(8 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 EA daily)
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	1	+; QL(4 EA daily)
<i>glimepiride 4 MG</i>	1	+; QL(2 EA daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1	+; QL(4 EA daily)
<i>glipizide TB24</i>	1	+; QL(2 EA daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	+; QL(4 EA daily)
<i>glyburide TABS</i>	1	+; QL(4 EA daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
<i>loperamide hcl CAPS</i>	1	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
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl LIQD</i>	1	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>	1	
<i>naltrexone hcl</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ANZEMET TABS 50 MG</i>	3	QL(0.167 EA daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1	
<i>granisetron hcl TABS</i>	1	QL(0.34 EA daily)
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	QL(3.34 ML daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1	
<i>ondansetron hcl SOSY</i>	1	
<i>ondansetron hcl TABS 8 MG</i>	1	QL(3 EA daily; 45 EA per fill retail; 45 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	1	QL(0.143 EA daily)
<i>ondansetron hcl TABS 4 MG</i>	1	QL(4 EA daily; 60 EA per fill retail; 60 per fill mail)
<i>ondansetron TBDP 4 MG</i>	1	QL(1 EA daily)
<i>ondansetron TBDP 8 MG</i>	1	
<i>palonosetron hcl SOLN</i>	1	
Antiemetics - Anticholinergic		
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
<i>scopolamine</i>	1	QL(0.34 EA daily)
<i>trimethobenzamide hcl CAPS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Antiemetics - Miscellaneous		
<i>AKYNZEO</i>	3	PA
<i>doxylamine-pyridoxine TBEC</i>	1	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>	1	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS 80 MG</i>	1	QL(0.134 EA daily)
<i>aprepitant CAPS</i>	1	PA
<i>aprepitant CAPS 40 MG, 125 MG</i>	1	QL(0.067 EA daily)
<i>VARUBI (180 MG DOSE) TBPK</i>	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
<i>caspofungin acetate</i>	1	
<i>ERAXIS</i>	3	
<i>micafungin sodium</i>	1	PA
Antifungals		
<i>amphotericin b IV</i>	3	
<i>amphotericin b liposome</i>	3	
<i>flucytosine</i>	1	
<i>griseofulvin microsize SUSP</i>	1	AL(At least 2 yrs old)
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 EA daily)
Imidazole-Related Antifungals		
<i>CRESEMBA CAPS 186 MG</i>	3	PA
<i>fluconazole SUSR</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluconazole TABS</i>	1		<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 EA daily); RX/OTC
<i>itraconazole CAPS</i>	1	QL(4 EA daily); PA	<i>loratadine CAPS</i>	1	
<i>itraconazole SOLN</i>	1	QL(20 ML daily); PA	<i>loratadine CHEW</i>	1	
<i>ketoconazole</i>	1		<i>loratadine SOLN</i>	1	
<i>posaconazole SUSP</i>	3	QL(20 ML daily)	<i>loratadine TABS</i>	1	
TOLSURA CAPS	4	PA	<i>loratadine TBDP</i>	1	
<i>voriconazole TABS</i>	1	QL(4 EA daily)	QUZYTIR SOLN IV	3	PA
ANTIHISTAMINES - Drugs to Treat Allergies			Antihistamines - Phenothiazines		
Antihistamines - Alkylamines			<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1	
<i>dexchlorpheniramine maleate SOLN</i>	1		<i>promethazine hcl SUPP 50 MG</i>	1	
Antihistamines - Ethanolamines			<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	QL(6 EA daily)
<i>carbinoxamine maleate SOLN</i>	1		<i>promethazine hcl TABS</i>	1	
<i>carbinoxamine maleate TABS 4 MG</i>	1		Antihistamines - Piperidines		
<i>clemastine fumarate SYRP</i>	1		<i>ciproheptadine hcl SYRP</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1		<i>ciproheptadine hcl TABS</i>	1	
<i>diphenhydramine hcl CAPS 50 MG</i>	1		ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1		Antihyperlipidemics - Combinations		
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1	QL(20 ML daily)	<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1		Antihyperlipidemics - Misc.		
Antihistamines - Non-Sedating			<i>icosapent ethyl 1 GM</i>	1	QL(4 EA daily); PA
<i>cetirizine hcl TABS</i>	1	QL(1 EA daily)	<i>omega-3-acid ethyl esters</i>	1	+; QL(4 EA daily)
<i>desloratadine TABS</i>	1	QL(1 EA daily)	Bile Acid Sequestrants		
<i>desloratadine TBDP 2.5 MG</i>	1	QL(1 EA daily)	<i>cholestyramine light PACK</i>	1	QL(6 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	1	QL(10 ML daily); RX/OTC	<i>cholestyramine light POWD</i>	1	QL(24 GM daily)
			<i>cholestyramine PACK</i>	1	QL(6 EA daily)
			<i>cholestyramine POWD</i>	1	QL(25.2 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>colesevelam hcl PACK</i>	1	QL(1 EA daily); PA
<i>colesevelam hcl TABS</i>	1	QL(7 EA daily)
<i>colestipol hcl GRAN</i>	1	QL(6 GM daily)
<i>colestipol hcl PACK</i>	1	QL(6 EA daily)
<i>colestipol hcl TABS</i>	1	QL(16 EA daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1	+; QL(1 EA daily)
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1	+; QL(1 EA daily)
<i>fenofibrate micronized 43 MG, 130 MG</i>	1	QL(1 EA daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1	+; QL(1 EA daily)
<i>gemfibrozil TABS</i>	1	+; QL(2 EA daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1	+; QL(1 EA daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1	QL(2 EA daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1	QL(1 EA daily)
<i>lovastatin TABS 40 MG</i>	1	+; QL(2 EA daily); PV
<i>lovastatin TABS 10 MG, 20 MG</i>	1	+; QL(1 EA daily); PV
<i>pravastatin sodium</i>	1	+; QL(1 EA daily)
<i>rosuvastatin calcium TABS</i>	3	QL(1 EA daily)
<i>simvastatin TABS</i>	1	+; QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	+; QL(1 EA daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	QL(2 EA daily)
Proprotein Convertase Subtilisin/Kexin Type 9		

Drug Name	Drug Tier	Requirements/ Limits
Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ML daily); PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ML daily); PA
REPATHA SOSY	4	QL(0.0714 ML daily); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl</i>	1	+
<i>captopril 25 MG, 50 MG, 100 MG</i>	1	QL(3 EA daily)
<i>captopril 12.5 MG</i>	1	
<i>enalapril maleate TABS</i>	1	+
<i>fosinopril sodium</i>	1	+
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	+
<i>moexipril hcl</i>	1	QL(2 EA daily)
<i>perindopril erbumine 4 MG</i>	1	
<i>perindopril erbumine 2 MG, 8 MG</i>	1	QL(2 EA daily)
<i>quinapril hcl 5 MG, 10 MG</i>	1	QL(2 EA daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1	
<i>ramipril CAPS</i>	1	+
<i>trandolapril 1 MG, 2 MG</i>	1	+; QL(1 EA daily)
<i>trandolapril 4 MG</i>	1	+; QL(2 EA daily)
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl</i>	3	PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	QL(1 EA daily)
EDARBI	3	QL(1 EA daily); ST
<i>irbesartan</i>	1	+; QL(1 EA daily)

Ambetter Formulary Updated December 2025

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium</i>	1	+; QL(1 EA daily)	<i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i>	1	
<i>olmesartan medoxomil</i>	1	+; QL(1 EA daily)	<i>fosinopril sodium & hydrochlorothiazide</i>	1	QL(1 EA daily)
<i>telmisartan</i>	1	QL(1 EA daily)	<i>irbesartan-hydrochlorothiazide</i>	1	+
<i>valsartan TABS</i>	1	+; QL(1 EA daily)	<i>lisinopril & hydrochlorothiazide</i>	1	+
Antiadrenergic Antihypertensives			<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1	+; QL(2 EA daily)
<i>clonidine hcl TABS</i>	1	+; QL(8 EA daily)	<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1	+; QL(1 EA daily)
<i>clonidine PTWK</i>	3	QL(0.15 EA daily)	<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1	
<i>doxazosin mesylate</i>	1		<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1	QL(1 EA daily)
<i>guanfacine hcl</i>	1		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>methyldopa TABS</i>	1	QL(6 EA daily)	<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>prazosin hcl CAPS</i>	1	QL(4 EA daily)	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 EA daily)
<i>terazosin hcl</i>	1		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
Antihypertensive Combinations			<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 EA daily)
<i>amlodipine besylate-benazepril hcl</i>	1		<i>telmisartan-amlodipine</i>	1	QL(1 EA daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	1	ST	<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 EA daily)
<i>amlodipine besylate-valsartan</i>	1	QL(1 EA daily)	<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 EA daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3				
<i>atenolol & chlorthalidone</i>	1				
<i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1	QL(1 EA daily)			
<i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1				
<i>bisoprolol & hydrochlorothiazide</i>	1	QL(2 EA daily)			
<i>candesartan cilexetil-hydrochlorothiazide</i>	1				
<i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i>	1	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>trandolapril-verapamil hcl</i> 180 MG-2 MG, 240 MG-1 MG	3	
<i>valsartan-hydrochlorothiazide</i>	1	QL(1 EA daily)
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1	QL(1 EA daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
Vasodilators		
<i>hydralazine hcl</i> SOLN	1	
<i>hydralazine hcl</i> TABS	1	+
<i>minoxidil</i> 2.5 MG, 10 MG	1	+
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
IMPAVIDO	3	QL(3 EA daily); PA
<i>metronidazole</i> TABS 250 MG, 500 MG	1	
<i>trimethoprim</i> TABS	1	
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</i> SOLN	1	
<i>sulfamethoxazole-trimethoprim</i> SUSP	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfamethoxazole-trimethoprim</i> TABS	1	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1	
<i>nitazoxanide</i> TABS	1	PA
Carbapenems		
<i>ertapenem sodium</i> IJ	1	
<i>imipenem-cilastatin</i> IV	1	
<i>meropenem</i>	1	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
Cyclic Lipopeptides		
<i>daptomycin</i> 500 MG	1	
Glycopeptides		
<i>vancomycin hcl</i> CAPS	1	QL(4 EA daily; 40 EA per fill retail)
<i>vancomycin hcl</i> SOLR IV 1 GM, 10 GM, 500 MG	1	
<i>vancomycin hcl</i> SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	1	QL(300 ML per fill retail)
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate</i> SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML	1	
<i>lincomycin hcl</i>	1	
Monobactams		

Drug Name	Drug Tier	Requirements/ Limits
<i>aztreonam 1 GM</i>	1	
CAYSTON	4	QL(3 ML daily); PA
Oxazolidinones		
<i>linezolid SUSR</i>	1	
<i>linezolid TABS</i>	1	QL(2 EA daily); PA
SIVEXTRO TABS	3	PA
Polymyxins		
<i>polymyxin b sulfate SOLR</i>	1	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	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

Drug Name	Drug Tier	Requirements/ Limits
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>	1	QL(3 EA daily)
<i>chloroquine phosphate TABS 500 MG</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	QL(3 EA daily)
<i>hydroxychloroquine sulfate 100 MG</i>	1	QL(4 EA daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1	QL(1 EA daily)
KRINTAFEL	3	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	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>	1	QL(3 EA daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>neostigmine methylsulfate SOSY</i>	3	PA	<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA
<i>pyridostigmine bromide SOLN PO</i>	1		<i>ifosfamide SOLR</i>	4	SP; PA
<i>pyridostigmine bromide TABS 60 MG</i>	1		LEUKERAN	4	SP; PA
<i>pyridostigmine bromide TBCR</i>	1		<i>melphalan</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			<i>melphalan hcl IV</i>	1	
Antimycobacterial Agents			MYLERAN TABS	4	SP; PA
<i>cycloserine</i>	1	QL(4 EA daily)	<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA
<i>ethambutol hcl TABS</i>	1		TEMODAR SOLR	4	
<i>isoniazid SOLN</i>	1		<i>temozolomide CAPS</i>	4	SP; PA
<i>isoniazid SYRP</i>	1		<i>thiotepa 15 MG</i>	4	SP; PA
<i>isoniazid TABS</i>	1		ZANOSAR	4	SP; PA
PRIFTIN	3		Antimetabolites		
<i>pyrazinamide</i>	1		<i>azacitidine SUSR</i>	4	SP; PA
<i>rifabutin</i>	1	PA	<i>capecitabine</i>	4	SP; PA
<i>rifampin CAPS</i>	1		<i>clofarabine</i>	4	SP; PA
<i>rifampin SOLR</i>	1		<i>cytarabine SOLN</i>	4	SP; PA
SIRTURO	3	PA	<i>decitabine</i>	4	SP; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			<i>floxuridine</i>	4	SP; PA
Alkylating Agents			<i>fludarabine phosphate SOLN</i>	4	SP; PA
<i>bendamustine hcl SOLR</i>	4	SP; PA	<i>fludarabine phosphate SOLR</i>	4	SP; PA
<i>busulfan SOLN</i>	4	SP; PA	<i>fluorouracil 500 MG/10ML</i>	4	SP; PA
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA	<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA	<i>mercaptopurine TABS</i>	1	
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA	<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1	
<i>cyclophosphamide CAPS</i>	1	PA	<i>methotrexate sodium SOLR</i>	1	SP
<i>cyclophosphamide SOLR IJ</i>	4		<i>methotrexate sodium TABS 2.5 MG</i>	1	SP
GLEOSTINE 10 MG	4	SP; PA	<i>nelarabine</i>	4	SP; PA
GLEOSTINE 40 MG, 100 MG	4	PA	<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA
			<i>pralatrexate 20 MG/ML</i>	4	SP; PA

Ambetter Formulary Updated December 2025

Drug Name	Drug Tier	Requirements/ Limits
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 (12 MG 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
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
LOQTORZI	4	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

Drug Name	Drug Tier	Requirements/ Limits
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
TAGRISSO 40 MG	4	QL(2 EA daily); PA
TAGRISSO 80 MG	4	QL(1 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
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate 500 MG</i>	4	QL(2 EA daily); PA
<i>abiraterone acetate 250 MG</i>	4	QL(4 EA daily); SP; PA
<i>anastrozole</i>	1	QL(1 EA daily)
<i>bicalutamide</i>	1	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 60 MG	4	QL(4 EA daily); PA
ERLEADA 240 MG	4	QL(1 EA daily); PA
<i>exemestane</i>	4	QL(1 EA daily); SP
FIRMAGON 80 MG	4	QL(0.143 EA daily); SP; PA
FIRMAGON (240 MG DOSE)	4	QL(0.143 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fulvestrant SOSY</i>	4	QL(0.357 ML daily); SP; PA	Antineoplastic - XPO1 Inhibitors		
<i>letrozole</i>	1		XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA	XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 EA daily); SP; PA	XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	PA
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA	XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 EA daily); SP; PA	XPOVIO (60 MG TWICE WEEKLY)	4	PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 EA daily); SP; PA	XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	PA
LYSODREN	4	SP; PA	XPOVIO (80 MG TWICE WEEKLY)	4	PA
<i>megestrol acetate SUSP</i>	1		Antineoplastic Antibiotics		
<i>megestrol acetate TABS</i>	1		<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA
<i>nilutamide</i>	1	QL(2 EA daily)	<i>dactinomycin</i>	4	SP; PA
NUBEQA	4	QL(4 EA daily); PA	<i>doxorubicin hcl liposomal SUSP</i>	4	SP; PA
ORGOVYX	4	PA	<i>doxorubicin hcl SOLN</i>	4	SP; PA
<i>tamoxifen citrate TABS</i>	0		<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA
<i>toremifene citrate</i>	1		<i>idarubicin hcl 20 MG/20ML</i>	4	PA
TRELSTAR MIXJECT	4	SP; PA	<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA
VABRINTY SC 22.5 MG, 30 MG, 45 MG	4	SP; PA	<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA
XTANDI CAPS	4	QL(4 EA daily); SP; PA	<i>mitoxantrone hcl 25 MG/12.5ML</i>	4	SP; PA
XTANDI TABS 40 MG	4	QL(4 EA daily); PA	<i>valrubicin</i>	4	SP; PA
XTANDI TABS 80 MG	4	QL(2 EA daily); PA	Antineoplastic Combinations		
YONSA	4	QL(4 EA daily); PA	KISQALI FEMARA (200 MG DOSE)	4	QL(2 EA daily); PA
ZOLADEX 3.6 MG	4	QL(0.0357 EA daily); SP; PA	KISQALI FEMARA (400 MG DOSE)	4	QL(2.5 EA daily); PA
ZOLADEX 10.8 MG	4	QL(0.0119 EA daily); SP; PA	KISQALI FEMARA (600 MG DOSE)	4	QL(3.25 EA daily); PA
Antineoplastic - Immunomodulators			Antineoplastic Enzyme Inhibitors		
POMALYST	4	QL(1 EA daily); PA			
Antineoplastic - PDGFR-alpha Inhibitors					
AYVAKIT	4	QL(1 EA daily); PA			

Ambetter Formulary Updated December 2025

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALECENSA	4	QL(8 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 (200 MG DOSE)	4	QL(2 EA daily); PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA	KISQALI (400 MG DOSE)	4	QL(2 EA daily); PA
BOSULIF TABS 400 MG	4	QL(1 EA daily); PA	KISQALI (600 MG DOSE)	4	QL(2.5 EA daily); PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 EA daily); SP; PA	KOSELUGO	4	PA
BRAFTOVI 75 MG	4	QL(6 EA daily); SP; PA	KYPROLIS	4	PA
BRUKINSA	4	PA	<i>lapatinib ditosylate</i>	4	QL(6 EA daily); SP; PA
CABOMETYX TABS	4	QL(1 EA daily); PA	LORBRENA	4	QL(1 EA daily); PA
CALQUENCE	4	QL(2 EA daily); PA	LUMAKRAS 320 MG	3	QL(3 EA daily); PA
CAPRELSA	4	QL(1 EA daily); SP; PA	LUMAKRAS 120 MG, 240 MG	3	QL(2 EA daily); PA
COMETRIQ (100 MG DAILY DOSE) KIT	4	QL(2 EA daily); SP; PA	LYNPARZA TABS	4	QL(4 EA daily); PA
COMETRIQ (140 MG DAILY DOSE) KIT	4	QL(4 EA daily); SP; PA	MEKINIST SOLR	4	QL(40 ML daily); PA
COMETRIQ (60 MG DAILY DOSE) KIT	4	QL(3 EA daily); SP; PA	MEKINIST TABS 2 MG	4	QL(1 EA daily); PA
COPIKTRA	4	PA	MEKINIST TABS 0.5 MG	4	QL(3 EA daily); PA
<i>dasatinib</i>	4	QL(1 EA daily); SP; PA	MEKTOVI	4	QL(6 EA daily); SP; PA
<i>everolimus TABS</i>	4	QL(1 EA daily); SP; PA	<i>nilotinib hcl 50 MG</i>	4	QL(4 EA daily); PA
IBRANCE CAPS	4	QL(1 EA daily); PA	<i>nilotinib hcl 150 MG, 200 MG</i>	4	QL(4 EA daily); SP; PA
IBRANCE TABS	4	QL(1 EA daily); PA	NINLARO	4	QL(0.143 EA daily); PA
ICLUSIG	4	QL(1 EA daily); PA	<i>pazopanib hcl</i>	4	QL(4 EA daily); SP; PA
<i>imatinib mesylate TABS</i>	4	QL(2 EA daily); SP; PA	PEMAZYRE	4	QL(1 EA daily); PA
IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); PA	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	4	QL(1 EA daily); SP; PA
IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PIQRAY (200 MG DAILY DOSE)	4	QL(1 EA daily); PA	VITRAKVI CAPS	4	PA
PIQRAY (250 MG DAILY DOSE)	4	QL(2 EA daily); PA	VITRAKVI SOLN	4	PA
PIQRAY (300 MG DAILY DOSE)	4	QL(2 EA daily); PA	XALKORI CAPS	4	QL(2 EA daily); SP; PA
QINLOCK	4	PA	XOSPATA	4	PA
RETEVMO CAPS	4	PA	ZEJULA CAPS	4	QL(3 EA daily); PA
<i>romidepsin SOLR</i>	4	SP; PA	ZEJULA TABS 100 MG	4	QL(3 EA daily); PA
ROZLYTREK CAPS	4	PA	ZEJULA TABS 200 MG, 300 MG	4	QL(1 EA daily); PA
RUBRACA	4	QL(4 EA daily); PA	ZELBORAF	4	QL(8 EA daily); SP; PA
SCEMBLIX 100 MG	4	QL(4 EA daily); PA	ZOLINZA	4	QL(4 EA daily); SP; PA
SCEMBLIX 20 MG, 40 MG	4	QL(2 EA daily); PA	ZYDELIG	4	QL(2 EA daily); PA
<i>sorafenib tosylate</i>	4	QL(4 EA daily); SP; PA	Antineoplastic Enzymes		
SPRYCEL (<i>dasatinib</i>)	4	QL(1 EA daily); SP; PA	ONCASPAR	4	SP; PA
STIVARGA	4	QL(4 EA daily); SP; PA	Antineoplastics Misc.		
<i>sunitinib malate 37.5 MG</i>	4	QL(1 EA daily); PA	ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 EA daily); SP; PA	<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
TABRECTA	4	QL(4 EA daily); PA	<i>bexarotene</i>	4	SP; PA
TAFINLAR CAPS	4	QL(4 EA daily); PA	<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
TAFINLAR TBSO	4	QL(30 EA daily); PA	<i>hydroxyurea</i>	1	
TALZENNA	4	QL(1 EA daily); PA	MATULANE	4	SP; PA
TASIGNA 50 MG (<i>nilotinib hcl</i>)	4	QL(4 EA daily); PA	NIPENT	4	SP; PA
TASIGNA 150 MG, 200 MG (<i>nilotinib hcl</i>)	4	QL(4 EA daily); SP; PA	PHOTOFRIN	4	SP; PA
TAZVERIK	4	PA	PROLEUKIN	4	SP; PA
<i>temsirolimus</i>	4	QL(0.143 ML daily); SP; PA	SYNRIBO	4	SP; PA
TIBSOVO	4	PA	<i>tretinoin (chemotherapy)</i>	1	
TURALIO 125 MG	4	PA	UVADEX	4	SP; PA
VERZENIO	4	QL(2 EA daily); PA	Chemotherapy Rescue/Antidote/Protective Agents		
			<i>leucovorin calcium SOLR</i>	1	
			<i>leucovorin calcium TABS</i>	1	
			VORAXAZE	4	SP; PA

Ambetter Formulary Updated December 2025

Drug Name	Drug Tier	Requirements/ Limits
Mitotic Inhibitors		
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA
<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA
<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 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		
HYCANTIN 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>	1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1	
<i>benztropine mesylate TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1	QL(8 EA daily)
<i>tolcapone</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl SOLN</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>apomorphine hydrochloride SOCT</i>	4	PA
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR</i>	1	
<i>carbidopa-levodopa TBDP</i>	1	
NEUPRO	2	
<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1	QL(4 EA daily)
<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1	
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1	QL(1 EA daily); ST
<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1	QL(2 EA daily); ST
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1	QL(1 EA daily); PA
<i>selegiline hcl CAPS</i>	1	
<i>selegiline hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS</i>	1	
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
Antipsychotics - Misc.		
EQUETRO 100 MG	3	QL(2 EA daily); ST
EQUETRO 300 MG	3	QL(4 EA daily); ST
EQUETRO 200 MG	3	QL(8 EA daily); ST
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1	QL(1 EA daily)
<i>lurasidone hcl 80 MG</i>	1	QL(2 EA daily)
<i>ziprasidone hcl</i>	1	QL(2 EA daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT	2	QL(2 EA daily); PA
FANAPT TITRATION PACK A	2	PA
<i>paliperidone</i>	1	
PERSERIS PRSY	2	QL(0.072 EA daily); PA
<i>risperidone microspheres</i>	1	QL(0.072 EA daily); PA
<i>risperidone SOLN</i>	1	
<i>risperidone TABS</i>	1	
<i>risperidone TBDP</i>	1	
Butyrophenones		
<i>haloperidol decanoate</i>	1	QL(0.036 ML daily)
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol lactate SOLN</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		

Drug Name	Drug Tier	Requirements/ Limits
<i>asenapine maleate 2.5 MG</i>	1	QL(4 EA daily); PA
<i>asenapine maleate 5 MG, 10 MG</i>	1	QL(2 EA daily); PA
<i>clozapine TABS</i>	1	
<i>clozapine TBDP 100 MG</i>	1	QL(9 EA daily)
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1	QL(6 EA daily)
<i>clozapine TBDP 25 MG</i>	1	QL(3 EA daily)
<i>loxapine succinate</i>	1	
<i>olanzapine SOLR</i>	1	QL(0.215 EA daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1	QL(2 EA daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1	QL(4 EA daily)
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1	QL(2 EA daily)
<i>olanzapine TBDP 20 MG</i>	1	QL(1 EA daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1	AL(At least 10 yrs old)
<i>quetiapine fumarate TB24</i>	1	
Phenothiazines		
<i>chlorpromazine hcl SOLN</i>	3	
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine hcl CONC</i>	1	
<i>fluphenazine hcl ELIX</i>	1	
<i>fluphenazine hcl SOLN</i>	1	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		

Ambetter Formulary Updated December 2025

Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole SOLN PO</i>	1	QL(30 ML daily); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	1	QL(1 EA daily); AL(At least 6 yrs old)
REXULTI	3	PA
Thioxanthenes		
<i>thiothixene</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	1	QL(32 ML daily)
<i>abacavir sulfate TABS</i>	1	QL(2 EA daily)
APTIVUS CAPS	3	QL(4 EA daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1	QL(2 EA daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1	QL(1 EA daily)
BIKTARVY	3	QL(1 EA daily)
CIMDUO	3	QL(1 EA daily); ST
COMPLERA 200 MG-300 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	3	QL(1 EA daily)
<i>darunavir TABS</i>	1	
DELSTRIGO	3	QL(1 EA daily)
DOVATO	3	QL(1 EA daily)
EDURANT	3	QL(1 EA daily)
<i>efavirenz CAPS 200 MG</i>	1	QL(2 EA daily)
<i>efavirenz CAPS 50 MG</i>	1	QL(3 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)
<i>efavirenz TABS</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine CAPS</i>	1	QL(1 EA daily)
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 EA daily)
EMTRIVA SOLN	3	QL(24 ML daily)
<i>etravirine 100 MG</i>	1	QL(4 EA daily)
<i>etravirine 200 MG</i>	1	QL(2 EA daily)
EVOTAZ	3	QL(1 EA daily)
<i>fosamprenavir calcium TABS</i>	1	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)
KALETRA SOLN	2	QL(12.5 ML daily)
<i>lamivudine SOLN</i>	1	QL(30 ML daily)
<i>lamivudine TABS 150 MG</i>	1	QL(2 EA daily)
<i>lamivudine TABS 300 MG</i>	1	QL(1 EA daily)
<i>lamivudine-zidovudine</i>	1	QL(2 EA daily)
LEXIVA SUSP	3	QL(56 ML daily)
<i>lopinavir-ritonavir SOLN</i>	1	QL(12.5 ML daily)
<i>lopinavir-ritonavir TABS</i>	1	QL(4 EA daily)
<i>maraviroc TABS 300 MG</i>	1	QL(4 EA daily)
<i>maraviroc TABS 150 MG</i>	1	QL(2 EA daily)
<i>nevirapine SUSP</i>	1	QL(40 ML daily)
<i>nevirapine TABS</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>nevirapine TB24 400 MG</i>	1	QL(1 EA daily)
NORVIR CAPS	2	QL(12 EA daily)
NORVIR PACK	3	QL(12 EA daily)
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 75 MG, 150 MG	3	QL(2 EA daily)
RETROVIR SOLN	3	
<i>ritonavir TABS</i>	1	QL(12 EA daily)
SELZENTRY SOLN	3	QL(30 ML daily)
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 EA daily)
STRIBILD	3	QL(1 EA daily)
<i>tenofovir disoproxil fumarate TABS</i>	1	
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 CAPS</i>	1	QL(6 EA daily)
<i>zidovudine SYRP</i>	1	QL(60 ML daily)
<i>zidovudine TABS</i>	1	QL(2 EA daily)
CMV Agents		
<i>cidofovir</i>	3	
<i>ganciclovir sodium SOLR</i>	1	
<i>valganciclovir hcl TABS</i>	1	QL(4 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
Hepatitis Agents		
<i>adefovir dipivoxil</i>	4	QL(1 EA daily); SP
<i>entecavir TABS</i>	4	QL(1 EA daily); SP
<i>lamivudine (hbv) TABS</i>	1	QL(3 EA daily); SP
PEGASYS SOLN	4	QL(0.0714 ML daily); SP; PA
PEGASYS SOSY	4	QL(0.072 ML daily); PA
<i>ribavirin (hepatitis c) CAPS</i>	1	QL(7 EA daily)
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	QL(7 EA daily)
SOFOSBUVIR-VELPATASVIR TABS	1	QL(1 EA daily); PA
SOVALDI TABS 400 MG	4	QL(1 EA daily); SP; PA
SOVALDI TABS 200 MG	4	QL(1 EA daily); PA
VOSEVI	4	QL(1 EA daily); PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)
<i>acyclovir SUSP</i>	1	QL(13.34 ML daily)
<i>acyclovir TABS PO</i>	1	QL(5 EA daily)
<i>famciclovir 125 MG, 250 MG</i>	1	QL(3 EA daily)
<i>famciclovir 500 MG</i>	1	QL(4 EA daily)
<i>valacyclovir hcl 1 GM</i>	1	QL(4 EA daily)
<i>valacyclovir hcl 500 MG</i>	1	QL(2 EA daily)
Influenza Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate CAPS</i>	1	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>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1	+
<i>oseltamivir phosphate SUSR</i>	1	Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail	<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 EA daily)
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail	<i>nebivolol hcl 20 MG</i>	3	QL(2 EA daily)
<i>rimantadine hydrochloride TABS</i>	1	QL(2 EA daily)	Beta Blockers Non-Selective		
BETA BLOCKERS - Drugs to Treat High Blood Pressure			HEMANGEOL SOLN PO	4	QL(75 ML daily); PA
Alpha-Beta Blockers			<i>nadolol TABS 80 MG</i>	1	
<i>carvedilol</i>	1	+	<i>nadolol TABS 40 MG</i>	1	QL(6 EA daily)
<i>carvedilol phosphate</i>	3	QL(1 EA daily)	<i>nadolol TABS 20 MG</i>	1	QL(3 EA daily)
<i>labetalol hcl SOLN</i>	1		<i>pindolol TABS</i>	1	
<i>labetalol hcl TABS 300 MG</i>	1	++; QL(8 EA daily)	<i>propranolol hcl CP24</i>	1	QL(2 EA daily)
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1	+	<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	
Beta Blockers Cardio-Selective			<i>propranolol hcl TABS</i>	1	
<i>acebutolol hcl CAPS</i>	1		<i>sotalol hcl (afib/af)</i>	1	
<i>atenolol TABS</i>	1	+	<i>sotalol hcl TABS 240 MG</i>	1	
<i>betaxolol hcl</i>	1		<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 EA daily)
<i>bisoprolol fumarate</i>	1	+	<i>timolol maleate TABS</i>	1	
<i>metoprolol succinate TB24 200 MG</i>	1	++; QL(2 EA daily)	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	+	Calcium Channel Blockers		
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1		<i>amlodipine besylate TABS</i>	1	+
			<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1	QL(2 EA daily)
			<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1	
			<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	1	+
			<i>diltiazem hcl extended release beads 420 MG</i>	1	
			<i>diltiazem hcl CP12</i>	1	QL(2 EA daily)
			<i>diltiazem hcl CP24</i>	1	+

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1	
DILTIAZEM HCL SOLR	1	
<i>diltiazem hcl TABS</i>	1	+
<i>diltiazem hcl TB24</i>	1	
<i>felodipine</i>	1	+
<i>isradipine CAPS</i>	1	
<i>nicardipine hcl CAPS</i>	1	
<i>nicardipine hcl SOLN</i>	1	
<i>nifedipine CAPS 10 MG</i>	1	
<i>nifedipine CAPS 20 MG</i>	1	QL(9 EA daily)
<i>nifedipine TB24</i>	1	
<i>nifedipine TB24 30 MG</i>	1	+
<i>nifedipine TB24 60 MG</i>	1	+; QL(2 EA daily)
<i>nifedipine TB24 90 MG</i>	1	+; QL(1 EA daily)
<i>nimodipine CAPS</i>	1	
<i>nisoldipine</i>	1	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1	QL(1 EA daily)
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1	
<i>verapamil hcl SOLN 2.5 MG/ML</i>	1	
<i>verapamil hcl TABS</i>	1	+
<i>verapamil hcl TBCR</i>	1	+
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1	
LANOXIN SOLN IJ (<i>digoxin</i>)	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1	QL(1 EA daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<i>sacubitril-valsartan TABS</i>	1	QL(2 EA daily)
Impotence Agents		
<i>avanafil</i>	1	QL(0.134 EA daily)
<i>sildenafil citrate</i>	1	QL(0.1334 EA daily); PA
STENDRA (<i>avanafil</i>)	3	QL(0.134 EA daily)
<i>tadalafil 5 MG</i>	1	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 KIT SOLN IN	4	PA
TYVASO STARTER KIT SOLN IN	4	PA
TYVASO SOLN IN	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 EA daily); SP; PA
<i>bosentan TABS 62.5 MG</i>	4	QL(2 EA daily); PA
<i>bosentan TABS 125 MG</i>	4	QL(2 EA daily); SP; PA
<i>bosentan TBSO 32 MG</i>	4	QL(2 EA daily); SP; PA
OPSUMIT	4	QL(1 EA daily); PA
TRACLEER TBSO 32 MG (<i>bosentan</i>)	4	QL(2 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ML daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ML daily); PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 EA daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION 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		
<i>ivabradine hcl TABS</i>	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>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1	
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 250 MG/5ML</i>	1	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1	
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1	
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<i>cefuroxime axetil TABS</i>	1	
<i>cefuroxime sodium IJ 750 MG</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	
<i>cefdinir SUSR</i>	1	
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	ST
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
<i>ceftazidime IJ 1 GM, 6 GM</i>	1	
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	1	
Cephalosporins - 4th Generation		
<i>cefepime hcl SOLR IV 2 GM</i>	1	
Cephalosporins - 5th Generation		
TEFLARO	3	

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

Drug Name	Drug Tier	Requirements/ Limits
DEPO-SUBQ PROVERA 104 SUSY SC	0	
<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 (52 MG)	0	
MIRENA (52 MG)	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>	1	QL(3 EA daily)
<i>deflazacort SUSP</i>	4	PA
<i>deflazacort TABS</i>	4	PA
DEPO-MEDROL SUSP	3	
DEXAMETHASONE INTENSOL CONC	1	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1	
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
EMFLAZA SUSP (<i>deflazacort</i>)	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone sod succinate 100 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>hydrocortisone TABS</i>	1	
MEDROL TABS	3	
<i>methylprednisolone acetate SUSP</i>	1	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPk</i>	1	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1	
<i>prednisolone sodium phosphate TBPk</i>	3	
<i>prednisolone SOLN</i>	1	
<i>prednisolone TABS</i>	1	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPk</i>	1	
SOLU-CORTEF 250 MG	3	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF (<i>hydrocortisone sod succinate</i>)	3	2 max fill(s) per 30 day(s) retail
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetate SUSP 40 MG/ML</i>	1	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 100 MG</i>	1	QL(6 EA daily)
<i>benzonatate 200 MG</i>	1	QL(3 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1	AL(At least 12 yrs old)
<i>tretinoin microsphere 0.1 %</i>	1	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>	1	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
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>	1	QL(1 GM daily)
<i>gentamicin sulfate (topical) OINT</i>	1	
<i>mupirocin OINT</i>	1	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>	1	QL(6 GM daily)
<i>ciclopirox olamine CREA</i>	1	QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciclopirox olamine SUSP</i>	1	
<i>ciclopirox GEL</i>	1	QL(3.35 GM daily)
<i>ciclopirox SHAM</i>	1	QL(10 ML daily)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxiconazole nitrate CREA</i>	1	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>	1		<i>acitretin 10 MG, 17.5 MG</i>	1	QL(1 EA daily)
<i>sulconazole nitrate SOLN</i>	1	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	<i>acitretin 25 MG</i>	1	QL(2 EA daily)
<i>tavaborole</i>	1	PA	<i>calcipotriene CREA</i>	1	QL(4 GM daily); PA
Anti-inflammatory Agents - Topical			<i>calcipotriene OINT</i>	1	QL(4 GM daily); PA
<i>diclofenac epolamine PTCH EX</i>	1	QL(2 EA daily); PA	<i>calcipotriene SOLN</i>	1	QL(4 ML daily); PA
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(3.34 GM daily); RX/OTC	<i>calcitriol (topical)</i>	1	QL(3.34 GM daily)
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX (300 MG DOSE) SOSY	4	QL(0.072 ML daily); PA
<i>bexarotene (topical)</i>	4	SP; PA	COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1	QL(3.34 GM daily); PA	COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(4 GM daily)	COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); PA
<i>fluorouracil (topical) SOLN</i>	1	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)	COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); PA
Antipruritics - Topical			<i>methoxsalen rapid</i>	1	QL(4 EA daily)
			SKYRIZI PEN SOAJ	4	QL(0.025 ML daily); PA
			SKYRIZI SOSY	4	QL(0.025 ML daily); PA
			STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); PA
			STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
STELARA SOSY 90 MG/ML	4	QL(0.018 ML daily); PA
<i>tazarotene CREA 0.1 %</i>	1	QL(1 GM daily)
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	4	QL(0.018 ML daily); PA
TREMFYA PEN SOAJ 100 MG/ML	4	QL(0.018 ML daily); PA
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); PA
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	1	
Antivirals - Topical		
<i>acyclovir topical CREA</i>	1	1 package(s) per fill retail; 1 package(s) per fill mail
<i>acyclovir topical OINT</i>	1	1 package(s) per fill retail; 1 package(s) per fill mail
<i>penciclovir</i>	3	QL(0.18 GM daily)
Burn Products		
<i>mafenide acetate PACK</i>	3	
<i>silver sulfadiazine</i>	1	QL(20 GM daily)
SULFAMYLON CREA	3	
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	1	QL(2 GM daily)
<i>alclometasone dipropionate OINT</i>	1	QL(3 GM daily)
<i>amcinonide CREA</i>	1	QL(60 GM per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
<i>amcinonide LOTN</i>	3	
<i>amcinonide OINT</i>	3	

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine-prilocaine CREA</i>	1	QL(1 GM daily)
<i>lidocaine PTCH 5 %</i>	1	PA
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 GM daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1	QL(1.67 GM daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 GM daily); PA
<i>metronidazole (topical) CREA</i>	1	QL(3 GM daily)
<i>metronidazole (topical) GEL 1 %</i>	1	QL(5 GM daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(3 GM daily)
<i>metronidazole (topical) LOTN</i>	1	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	1	PA
<i>ivermectin (pediculicide)</i>	1	PA
<i>malathion</i>	1	
<i>permethrin CREA</i>	1	
<i>permethrin LIQD EX</i>	1	
<i>spinosad</i>	1	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 EA daily)
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	1	#
FORA GTEL BLOOD KETONE TEST	1	#

Drug Name	Drug Tier	Requirements/ Limits
FORA TEST N'GO ADV-VOICE-6 CON	1	#
GOJJI BLOOD KETONE TEST	1	#
KETONE TEST STRP	1	#
KETOSTIX STRP	1	#
NOVA MAX PLUS KETONE TEST	1	#
PRECISION XTRA KETONE	1	#
RELION KETONE TEST STRP	1	#
RELION TRUE METRIX TEST STRIPS STRP	1	#; QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1	QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1	#; QL(3.34 EA daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	
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
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		

Drug Name	Drug Tier	Requirements/ Limits
Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium</i>	1	
<i>acetazolamide CP12</i>	1	QL(2 EA daily)
<i>acetazolamide TABS 125 MG</i>	1	QL(8 EA daily)
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)
<i>dichlorphenamide</i>	4	QL(4 EA daily); PA
<i>methazolamide TABS</i>	1	QL(6 EA daily)
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS</i>	1	
Loop Diuretics		
<i>bumetanide SOLN 0.25 MG/ML</i>	1	
<i>bumetanide TABS</i>	1	QL(5 EA daily)
<i>ethacrynic acid</i>	1	QL(16 EA daily)
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	
<i>furosemide TABS</i>	1	
<i>torsemide TABS</i>	1	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1	
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	1	QL(3 EA daily)
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	2	QL(20 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrochlorothiazide CAPS</i>	1	QL(2 EA daily)
<i>hydrochlorothiazide TABS</i>	1	QL(2 EA daily)
<i>indapamide TABS 2.5 MG</i>	1	QL(2 EA daily)
<i>indapamide TABS 1.25 MG</i>	1	QL(1 EA daily)
<i>metolazone</i>	1	QL(2 EA daily)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.143 EA daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>calcitonin (salmon) NA</i>	1	QL(0.14 ML daily)
FOSAMAX PLUS D	3	QL(0.143 EA daily); PA
<i>ibandronate sodium SOLN</i>	4	SP; PA
<i>ibandronate sodium TABS</i>	1	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 35 MG</i>	1	QL(0.143 EA daily); PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 EA daily); PA
<i>risedronate sodium TABS 150 MG</i>	1	QL(0.036 EA daily); PA
<i>risedronate sodium TBEC</i>	1	PA
<i>teriparatide SOPN</i>	4	QL(0.09 ML daily); SP; PA
TYMLOS	4	PA
XGEVA SOLN	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>zoledronic acid CONC</i>	4	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	4	SP; PA
Corticotropin		
ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	3	PA
ACTHAR GEL	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
<i>clomiphene citrate TABS</i>	3	PA
NOVAREL IM 10000 UNIT	4	PA
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
ORILISSA	2	PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FENSOLVI (6 MONTH) SC	4	SP; PA	<i>desmopressin acetate SOLN IJ</i>	1	PA
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA	DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA	<i>desmopressin acetate TABS 0.1 MG</i>	1	QL(6 EA daily)
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA	<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(8 EA daily)
SYNAREL	4	SP; PA	Prolactin Inhibitors		
Metabolic Modifiers			<i>cabergoline</i>	1	
ALDURAZYME	4	SP; PA	Somatostatic Agents		
<i>betaine</i>	4	SP; PA	<i>octreotide acetate SOLN</i>	4	SP; PA
<i>calcitriol CAPS</i>	1		SIGNIFOR	4	PA
<i>calcitriol SOLN IV</i>	1		Vasopressin Receptor Antagonists		
<i>cinacalcet hcl</i>	4	QL(4 EA daily); SP; PA	JYNARQUE TBPK 15 MG (<i>tolvaptan</i>)	4	SP; PA
<i>doxercalciferol CAPS</i>	1		<i>tolvaptan TABS</i>	4	QL(2 EA daily); SP; PA
<i>doxercalciferol SOLN</i>	1		<i>tolvaptan TBPK 15 MG</i>	4	SP; PA
ELAPRASE	4	SP; PA	ESTROGENS - Hormone Replacement/Modifying Drugs		
LUMIZYME	4	SP; PA	Estrogen Combinations		
MYALEPT	4	PA	ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	3	
<i>nitisinone CAPS</i>	4	PA	ANGELIQ	3	
<i>paricalcitol CAPS</i>	1		BIJUVA	3	
<i>paricalcitol SOLN</i>	1		CLIMARA PRO	3	
PHEBURANE PLLT	4	PA	COMBIPATCH PTTW	3	
<i>sapropterin dihydrochloride PACK</i>	4	PA	DUAVEE	3	
<i>sapropterin dihydrochloride TABS</i>	4	PA	<i>esterified estrogens & methyltestosterone</i>	3	
<i>sodium phenylbutyrate POWD</i>	1	PA	<i>estradiol & norethindrone acetate TABS</i>	3	
<i>sodium phenylbutyrate TABS</i>	1	PA	<i>norethindrone acetate-ethinyl estradiol</i>	1	
STRENSIQ	4	PA	PREMPHASE	2	
Posterior Pituitary Hormones			PREMPRO	2	QL(1 EA daily)
<i>desmopressin acetate spray</i>	1				
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1				

Drug Name	Drug Tier	Requirements/ Limits
Estrogens		
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1	
<i>estradiol GEL</i>	1	
<i>estradiol GEL</i>	3	
<i>estradiol PTTW</i>	1	QL(0.572 EA daily)
<i>estradiol PTWK</i>	1	
<i>estradiol TABS</i>	1	
ESTROGEL GEL (<i>estradiol</i>)	3	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	1	QL(1 EA daily)
EVAMIST SOLN	3	
MENEST 2.5 MG	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens, conjugated</i>)	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>	1	
<i>ciprofloxacin in d5w 200 MG/100ML</i>	3	
<i>levofloxacin in d5w 500 MG/100ML</i>	1	
<i>levofloxacin SOLN PO</i>	1	
<i>levofloxacin TABS</i>	1	
<i>moxifloxacin hcl in sodium chloride</i>	1	
<i>moxifloxacin hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin 300 MG, 400 MG</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
<i>prucalopride succinate</i>	1	QL(1 EA daily)
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	2	QL(1 EA daily)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	SP; PA
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	1	QL(3 EA daily)
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1	QL(2 EA daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1	QL(60 ML daily)
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1	
<i>metoclopramide hcl TABS</i>	1	QL(6 EA daily)
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily)
DIPENTUM	2	
INFLECTRA SOLR	4	PA
<i>mesalamine CP24</i>	1	
<i>mesalamine CPDR</i>	1	
<i>mesalamine ENEM</i>	3	
<i>mesalamine SUPP</i>	3	
<i>mesalamine TBEC 800 MG</i>	3	QL(6 EA daily)
<i>mesalamine TBEC 1.2 GM</i>	3	
RENFLEXIS	4	PA

Drug Name	Drug Tier	Requirements/ Limits
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>	1	
<i>sulfasalazine TBEC</i>	1	
TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(0.072 ML daily); PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	4	QL(0.143 ML daily); PA
TREMFYA SOLN IV	4	QL(0.72 ML daily); PA
TREMFYA SOSY SC 200 MG/2ML	4	QL(0.072 ML daily); PA
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1	QL(2 EA daily)
LINZESS	2	QL(1 EA daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1	
MOVANTIK	3	QL(1 EA daily); PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>lanthanum carbonate CHEW</i>	1	
<i>sevelamer carbonate PACK</i>	1	
<i>sevelamer carbonate TABS</i>	1	
VELPHORO	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS -		

Drug Name	Drug Tier	Requirements/ Limits
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>sodium citrate & citric acid</i>	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	1	
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
SORBITOL 3 %	1	
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 EA daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 EA daily)
<i>dutasteride</i>	1	QL(1 EA daily)
<i>dutasteride-tamsulosin hcl</i>	3	PA
<i>finasteride</i>	1	5 mg only
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1	
Urinary Stone Agents		
THIOLA EC TBEC 100 MG (<i>tiopronin</i>)	3	QL(3 EA daily); PA
THIOLA EC TBEC 300 MG (<i>tiopronin</i>)	3	QL(10 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tiopronin TBEC 100 MG</i>	3	QL(3 EA daily); PA
<i>tiopronin TBEC 300 MG</i>	3	QL(10 EA daily); PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	1	
<i>colchicine TABS</i>	1	QL(1 EA daily)
<i>febuxostat</i>	1	QL(1 EA daily); PA
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	PA
ALPROLIX	4	PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	PA
BENEFIX KIT	4	PA
ELOCTATE	4	PA
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	4	PA
IDELVION	4	PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	PA
KOGENATE FS KIT	4	PA
KOVALTRY	4	PA

Drug Name	Drug Tier	Requirements/ Limits
NOVOEIGHT	4	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOSY</i>	4	QL(9 ML daily); PA
Complement Inhibitors		
GOHIBIC	4	PA
HAEGARDA SOLR SC	4	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 EA daily); SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	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>	1	
<i>aspirin-dipyridamole</i>	1	QL(2 EA daily); PA
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	2	QL(2 EA daily)
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 EA daily)
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>dipyridamole</i>	1	
<i>prasugrel hcl</i>	1	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CERDELGA	4	QL(2 EA daily); PA	PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
CEREZYME 400 UNIT	4	SP; PA	PROCRIT 40000 UNIT/ML	4	SP; PA
<i>miglustat</i>	4	QL(3 EA daily); SP; PA	PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
Agents for Sickle Cell Disease			PROMACTA PACK 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	4	QL(1 EA daily); PA
DROXIA CAPS	3		PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	4	QL(1 EA daily); PA
Cobalamins			RETACRIT	4	PA
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	QL(1 ML daily)	UDENYCA ONBODY SOSY	4	PA
Folic Acid/Folates			UDENYCA SOAJ	4	PA
<i>folic acid TABS</i>	0		UDENYCA SOSY	4	PA
Hematopoietic Growth Factors			ZARXIO	4	PA
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	4	SP; PA	Hematopoietic Mixtures		
ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA	HEMATINIC/FOLIC ACID	1	QL(1 EA daily)
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA	Iron		
DOPTelet	4	QL(3 EA daily); PA	<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	4	QL(1 EA daily); PA	<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	0	
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	4	QL(1 EA daily); PA	<i>ferrous sulfate TBEC 325 MG</i>	0	
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA	Stem Cell Mobilizers		
LEUKINE SOLR IJ	4	SP; PA	<i>plerixafor</i>	4	SP; PA
MIRCERA	4	PA	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
MULPLETA	4	QL(1 EA daily); PA	Hemostatics - Systemic		
NYVEPRIA	4	PA	<i>aminocaproic acid TABS</i>	1	PA
			<i>tranexamic acid SOLN 1000 MG/10ML</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1	
Laxatives - Miscellaneous		
<i>lactulose SOLN</i>	1	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1	
<i>bisacodyl TBEC</i>	1	
Surfactant Laxatives		
<i>docusate calcium</i>	1	QL(1 EA daily)
<i>docusate sodium CAPS 100 MG</i>	1	QL(4 EA daily)
<i>docusate sodium CAPS 250 MG</i>	1	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1	
<i>azithromycin SOLR</i>	1	
<i>azithromycin SUSR</i>	1	
<i>azithromycin TABS 500 MG</i>	1	QL(4 EA per fill retail; 4 per fill mail)
<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail; 6 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>azithromycin TABS 600 MG</i>	1	QL(0.286 EA daily)	FEMCAP DEVI	0	
Clarithromycin			KAMELEON LUBRICATED MISC	0	
<i>clarithromycin SUSR</i>	1		KIMONO COLORS DEVI	0	
<i>clarithromycin TABS</i>	1		KIMONO MAXX-LARGE FLARE MISC	0	
<i>clarithromycin TB24</i>	1		KIMONO MICRO THIN PLUS MISC	0	
Erythromycins			KIMONO PLUS MISC	0	
<i>erythromycin base CPEP</i>	3		KIMONO PS PLUS MISC	0	
<i>erythromycin base TABS</i>	3		KIMONO PS MISC	0	
<i>erythromycin base TBEC</i>	1		KIMONO SENSATION PLUS MISC	0	
<i>erythromycin ethylsuccinate SUSR</i>	1		KIMONO SENSATION MISC	0	
<i>erythromycin ethylsuccinate TABS</i>	3		KIMONO SPECIAL DEVI	0	
Fidaxomicin			KIMONO MISC	0	
DIFICID TABS 200 MG (<i>fidaxomicin</i>)	2		K-Y ME & YOU EXTRA LUBRICATED DEVI	0	
<i>fidaxomicin TABS 200 MG</i>	1		K-Y ME & YOU INTENSE DEVI	0	
MEDICAL DEVICES AND SUPPLIES			MAXX PLUS MISC	0	
Contraceptives			MAXX MISC	0	
AIMSCO LUBRICATED MISC	0		OMNIFLEX DIAPHRAGM	0	
CAYA DPRH	0		REALITY LATEX CONDOMS MISC	0	
DUREX EXTRA SENSITIVE THIN DEVI	0		REALITY LATEX/ULTRA TEXTURED DEVI	0	
DUREX EXTRA SENSITIVE THIN MISC	0		REALITY LATEX/ULTRA THIN DEVI	0	
DUREX TROPICAL MISC	0		TROJAN BARESKIN DEVI	0	
FANTASY LUBRICATED/SPERMICIDE MISC	0		TROJAN MAGNUM MISC	0	
FANTASY LUBRICATED MISC	0		TROJAN ULTRA THIN/SPERMICIDAL MISC	0	
FC2 FEMALE CONDOM	0	QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	TROJAN ULTRA THIN MISC	0	
			TROJAN-ENZ LUBRICATED MISC	0	
			TROJAN-ENZ/SPERMICIDAL MISC	0	

Ambetter Formulary Updated December 2025

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUE COVER DEVI	0		WIDE-SEAL DIAPHRAGM 95	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0		Diabetic Supplies		
TRUSTEX LUB/RIBBED/STUDDERED MISC	0		FREESTYLE LIBRE 14 DAY READER	3	PA
TRUSTEX LUB/SPERMICIDE EX ST MISC	0		FREESTYLE LIBRE 14 DAY SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUB/SPERMICIDE XL MISC	0		FREESTYLE LIBRE 2 PLUS SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED EX LARGE MISC	0		FREESTYLE LIBRE 2 READER	3	PA
TRUSTEX LUBRICATED EXTRA ST MISC	0		FREESTYLE LIBRE 2 SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED/SPERMICIDE MISC	0		FREESTYLE LIBRE 3 PLUS SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED MISC	0		FREESTYLE LIBRE 3 READER	3	QL(1 EA per 365 day(s) retail); PA
TRUSTEX NATURAL CONDOMS + LUBE MISC	0		FREESTYLE LIBRE 3 SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX RIA LUB/SPERMICIDE MISC	0		FREESTYLE LIBRE READER	3	PA
TRUSTEX RIA LUBRICATED MISC	0		ONETOUCH DELICA SAFETY LANCING	1	#; RX/OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	0		RELION LANCET DEVICES 30G	1	#; RX/OTC
WIDE-SEAL DIAPHRAGM 60	0		RELION LANCETS	1	#; RX/OTC
WIDE-SEAL DIAPHRAGM 65	0		SELECT LANCETS	1B	6.66/day
WIDE-SEAL DIAPHRAGM 70	0		SELECT LANCETS	1	6.66/day
WIDE-SEAL DIAPHRAGM 75	0		TRUE METRIX LEVEL 3 SOLN	1	#
WIDE-SEAL DIAPHRAGM 80	0		Parenteral Therapy Supplies		
WIDE-SEAL DIAPHRAGM 85	0		BD PEN NEEDLE NANO 2ND GEN	1	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 90	0		EMBECTA AUTOSHIELD DUO	1	QL(5 EA daily); RX/OTC
			EMBECTA PEN NEEDLE NANO	1	QL(5 EA daily); RX/OTC
			EMBECTA PEN NEEDLE NANO 2 GEN	1	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMBECTA PEN NEEDLE ULTRAFINE	1	QL(5 EA daily); RX/OTC	<i>almotriptan malate 12.5 MG</i>	1	QL(0.4 EA daily); AL(At least 12 yrs old); ST
SELECT INSULIN SYRINGES	1B	5/day; #	<i>almotriptan malate 6.25 MG</i>	1	QL(0.3 EA daily); AL(At least 12 yrs old); ST
SELECT INSULIN SYRINGES	1	5/day	<i>eletriptan hydrobromide</i>	1	QL(0.2 EA daily); AL(At least 18 yrs old); ST
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			<i>frovatriptan succinate</i>	1	QL(0.4 EA daily); AL(At least 18 yrs old); ST
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	2	QL(0.134 ML daily); AL(At least 18 yrs old)
AIMOVIG	2	QL(0.04 ML daily); PA	<i>naratriptan hcl</i>	1	QL(0.3 EA daily); AL(At least 18 yrs old)
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA	<i>rizatriptan benzoate TABS 5 MG</i>	1	QL(0.4 EA daily); AL(At least 6 yrs old)
EMGALITY SOAJ	2	QL(0.07 ML daily); PA	<i>rizatriptan benzoate TABS 10 MG</i>	1	QL(0.6 EA daily); AL(At least 6 yrs old)
EMGALITY SOSY	2	QL(0.07 ML daily); PA	<i>rizatriptan benzoate TBDP 10 MG</i>	1	QL(0.6 EA daily); AL(At least 6 yrs old)
UBRELVY	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); ST	<i>rizatriptan benzoate TBDP 5 MG</i>	1	QL(0.4 EA daily); AL(At least 6 yrs old)
Migraine Combinations			<i>sumatriptan</i>	1	QL(0.2 EA daily); AL(At least 18 yrs old)
<i>ergotamine w/ caffeine TABS</i>	1	QL(1.5 EA daily)	<i>sumatriptan succinate SOAJ</i>	1	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)	<i>sumatriptan succinate SOCT</i>	1	QL(0.134 ML daily); AL(At least 18 yrs old)
Migraine Products					
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1				
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	QL(0.267 ML daily)			
ERGOMAR SUBL	3	QL(0.667 EA daily)			
Serotonin Agonists					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(0.134 ML daily); AL(At least 18 yrs old)	<i>lactated ringer's</i>	1	
<i>sumatriptan succinate TABS</i>	1	QL(0.3 EA daily); AL(At least 18 yrs old)	NORMOSOL-M IN D5W	1	
<i>zolmitriptan SOLN</i>	1	QL(0.2 EA daily); AL(At least 12 yrs old); ST	NORMOSOL-R PH 7.4	1	
<i>zolmitriptan TABS</i>	1	QL(0.3 EA daily); AL(At least 12 yrs old); ST	PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	1	
<i>zolmitriptan TBDP</i>	1	QL(0.3 EA daily); AL(At least 12 yrs old); ST	PLASMA-LYTE A (electrolyte-a)	1	
MINERALS & ELECTROLYTES			<i>potassium chloride in dextrose 20 MEQ/L</i>	1	
Bicarbonates			<i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 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>	1	
<i>sodium acetate SOLN</i>	1		<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1	
SODIUM ACETATE SOLN (sodium acetate)	1		POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 % (potassium chloride in nacl)	1	
Calcium			<i>ringer's</i>	1	
<i>calcium chloride (dihydrate) SOLN</i>	1		Fluoride		
Electrolyte Mixtures			<i>sodium fluoride CHEW</i>	0	QL(1 EA daily)
<i>dextrose in lactated ringers</i>	1		Magnesium		
<i>electrolyte-148</i>	1		<i>magnesium sulfate IJ 50 %</i>	1	
<i>electrolyte-a</i>	1		Phosphate		
IONOSOL-MB IN D5W	1		<i>potassium phosphates 45 MMOLE/15ML</i>	1	
ISOLYTE-P IN D5W	1		Potassium		
ISOLYTE-S	1		<i>potassium acetate SOLN 2 MEQ/ML</i>	1	
KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (potassium chloride in dextrose & sodium chloride)	1				
KCL-LACTATED RINGERS-D5W	1				

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

Ambetter Formulary Updated December 2025

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1		EQL PRENATAL FORMULA TABS	2	QL(1 EA daily)
MOUTH/THROAT/DENTAL AGENTS			FT PRENATAL TABS	2	QL(1 EA daily)
Anesthetics Topical Oral			GNP PRENATAL/FOLIC ACID TABS	2	QL(1 EA daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1		GNP PRENATAL TABS	2	QL(1 EA daily)
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(4 ML daily)	KP PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)
Anti-infectives - Throat			MASONATAL TABS	2	QL(1 EA daily)
<i>clotrimazole</i>	1		M-NATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
<i>nystatin (mouth-throat)</i>	1		MULTI PRENATAL TABS	2	QL(1 EA daily)
Antiseptics - Mouth/Throat			NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 EA daily); RX/OTC
<i>chlorhexidine gluconate (mouth-throat)</i>	1		NEONATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
DEBACTEROL	2		NEONATAL PRENATAL TABS	2	QL(1 EA daily)
Dental Products			NEONATAL VITAMIN TABS	2	QL(1 EA daily)
<i>stannous fluoride CONC</i>	0	RX/OTC	NIVA-PLUS TABS	2	QL(1 EA daily); RX/OTC
Steroids - Mouth/Throat/Dental			ONE VITE WOMENS PLUS TABS	2	QL(1 EA daily); RX/OTC
<i>triamcinolone acetonide (mouth)</i>	1		ONE VITE WOMENS TABS	2	QL(1 EA daily)
Throat Products - Misc.			PRENATAL ONE DAILY TABS	2	QL(1 EA daily)
<i>cevimeline hcl</i>	1		PRENATAL PLUS VITAMIN/MINERAL TABS	2	QL(1 EA daily); RX/OTC
<i>pilocarpine hcl (oral)</i>	1		PRENATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
MULTIVITAMINS			PRENATAL VITAMIN AND MINERAL TABS	2	QL(1 EA daily)
Ped MV w/ Fluoride					
<i>pediatric multivitamins w/fl CHEW</i>	1	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)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 EA daily)	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 EA daily)
PRENATAL/IRON TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 EA daily)	<i>metaxalone 800 MG</i>	1	QL(4 EA daily)
PRENATAL TABS	2	QL(1 EA daily)	<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
PRENATRIX TABS	2	QL(1 EA daily); RX/OTC	<i>orphenadrine citrate TB12</i>	1	QL(2 EA daily)
PRENATRYL TABS	2	QL(1 EA daily); RX/OTC	<i>tizanidine hcl CAPS</i>	1	
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)	<i>tizanidine hcl TABS</i>	1	
QC PRENATAL TABS	2	QL(1 EA daily)	Direct Muscle Relaxants		
SM PRENATAL VITAMINS TABS	2	QL(1 EA daily)	<i>dantrolene sodium CAPS</i>	1	QL(4 EA daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 EA daily); RX/OTC	NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
TRICARE TABS	2	QL(1 EA daily); RX/OTC	Nasal Antiallergy		
VITATHELY WITH GINGER TABS	2	QL(1 EA daily); RX/OTC	<i>azelastine hcl</i>	1	
WESTAB PLUS TABS	2	QL(1 EA daily); RX/OTC	<i>olopatadine hcl (nasal)</i>	1	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			Nasal Anticholinergics		
Central Muscle Relaxants			<i>ipratropium bromide (nasal) 0.03 %</i>	1	QL(1 ML daily)
<i>baclofen TABS</i>	1		<i>ipratropium bromide (nasal) 0.06 %</i>	1	
<i>carisoprodol TABS</i>	1		Nasal Steroids		
<i>chlorzoxazone TABS 500 MG</i>	1	QL(6 EA daily)	<i>budesonide (nasal)</i>	1	
<i>chlorzoxazone TABS 750 MG</i>	1	QL(4 EA daily)	<i>flunisolide (nasal)</i>	1	1 package(s) per fill retail
			<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(32 ML per 30 day(s) retail); RX/OTC
			<i>mometasone furoate (nasal) SUSP</i>	1	QL(1.14 GM daily); RX/OTC
			<i>triamcinolone acetonide (nasal) AERO</i>	1	
			XHANCE EXHU	3	PA
			NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
			ALS Agents		
			<i>riluzole TABS</i>	3	

Ambetter Formulary Updated December 2025

Drug Name	Drug Tier	Requirements/ Limits
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	3	PA
NUTRIENTS		
Proteins		
CLINIMIX E/DEXTROSE (5/20)	3	
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	1	
<i>brimonidine tartrate-timolol maleate</i>	1	
<i>carteolol hcl (ophth)</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1	
<i>timolol maleate (ophth) SOLN</i>	1	
Cycloplegic Mydriatics		
<i>tropicamide SOLN 1 %</i>	1	
<i>tropicamide SOLN 0.5 %</i>	1	QL(2.5 ML daily)
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
<i>bacitracin (ophthalmic)</i>	3	
BESIVANCE	3	PA
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) SOLN</i>	1	
<i>levofloxacin (ophth) 0.5 %</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
<i>trifluridine</i>	1	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	3	PA
Ophthalmic Local Anesthetics		
<i>proparacaine hcl</i>	1	
Ophthalmic Steroids		
ALREX SUSP (<i>loteprednol etabonate</i>)	3	PA
<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(0.4 ML daily)
<i>difluprednate</i>	1	PA
<i>fluorometholone (ophth) SUSP</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FML FORTE SUSP	3	PA	<i>dorzolamide hcl</i>	1	
LOTEMAX OINT	3	PA	<i>epinastine hcl (ophth)</i>	1	
<i>loteprednol etabonate GEL</i>	1	PA	<i>flurbiprofen sodium</i>	1	
<i>loteprednol etabonate SUSP</i>	1	PA	<i>ketorolac tromethamine (ophth)</i>	1	
MAXIDEX SUSP OP	3	PA	<i>ketotifen fumarate (ophth) 0.035 %</i>	1	
<i>neomycin-polymy-dexameth OINT</i>	1		LASTACRAFT	3	PA
<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1		NEVANAC	3	QL(0.2 ML daily); ST
<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(2.5 ML daily)	<i>olopatadine hcl 0.1 %</i>	1	QL(0.34 ML daily)
PRED MILD	3	PA	<i>olopatadine hcl 0.2 %</i>	1	RX/OTC
<i>prednisolone acetate (ophth)</i>	1		Prostaglandins - Ophthalmic		
PREDNISOLONE SODIUM PHOSPHATE	3		<i>bimatoprost SOLN</i>	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA	<i>latanoprost SOLN</i>	1	
<i>tobramycin-dexamethasone SUSP</i>	1		<i>tafluprost</i>	1	
ZYLET	3	PA	<i>travoprost SOLN</i>	1	
Ophthalmic Surgical Aids			OTIC AGENTS - Drugs to Treat the Ear		
HEALON PRO SOSY	3	PA	Otic Agents - Miscellaneous		
PROVISC SOSY	3	PA	<i>acetic acid (otic)</i>	1	QL(0.5 ML daily)
Ophthalmics - Misc.			Otic Anti-infectives		
ALOCRIAL	3	PA	<i>ciprofloxacin hcl (otic)</i>	1	
ALOMIDE	3	PA	<i>ofloxacin (otic)</i>	1	
<i>azelastine hcl (ophth)</i>	1		Otic Combinations		
<i>bepotastine besilate</i>	3	PA	<i>ciprofloxacin-dexamethasone</i>	1	
<i>brinzolamide</i>	1		<i>ciprofloxacin-fluocinolone acetamide</i>	1	QL(0.5 EA daily); PA
<i>bromfenac sodium (ophth)</i>	1		CORTISPORIN-TC	3	
<i>cromolyn sodium (ophth)</i>	1		<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(2 ML daily)
CYSTARAN	2	QL(2.143 ML daily); PA	<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
<i>diclofenac sodium (ophth)</i>	1		Otic Steroids		
			<i>fluocinolone acetamide (otic)</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone w/acetic acid</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD 30 GM/300ML	4	PA
GAMMAGARD S/D LESS IGA 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
Monoclonal Antibodies		
BEYFORTUS	0	
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin sodium IV 10 GM</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1	
<i>penicillin g potassium 5000000 UNIT</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
<i>ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium IV 10 GM</i>	1	
<i>oxacillin sodium IV 10 GM</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	
<i>megestrol acetate (appetite)</i>	1	PA
<i>norethindrone acetate TABS</i>	0	
<i>progesterone CAPS</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acamprosate calcium</i>	1		AUSTEDO XR PATIENT TITRATION TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>disulfiram</i>	1		AUSTEDO XR TB24	4	QL(1 EA daily); PA
<i>lofexidine hcl</i>	1	QL(224 EA per 14 day(s) retail); PA	AUSTEDO TABS	4	QL(4 EA daily); PA
LUCEMYRA (<i>lofexidine hcl</i>)	3	QL(224 EA per 14 day(s) retail); PA	INGREZZA CAPS	4	QL(1 EA daily); PA
Antidementia Agents			INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA
<i>donepezil hydrochloride TABS 10 MG</i>	1	QL(2 EA daily)	INGREZZA CPSP	4	QL(1 EA daily); PA
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1	QL(1 EA daily)	<i>tetrabenazine</i>	4	QL(3 EA daily); SP; PA
<i>donepezil hydrochloride TBDP 5 MG</i>	1	QL(1 EA daily)	Multiple Sclerosis Agents		
<i>donepezil hydrochloride TBDP 10 MG</i>	1	QL(2 EA daily)	AVONEX PEN AJKT	4	QL(0.0714 EA daily); SP; PA
<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)	AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); SP; PA
<i>galantamine hydrobromide SOLN</i>	1	QL(6 ML daily)	BETASERON KIT	4	QL(0.5 EA daily); SP; PA
<i>galantamine hydrobromide TABS</i>	1	QL(2 EA daily)	<i>dalfampridine</i>	4	QL(2 EA daily); SP; PA
<i>memantine hcl TABS</i>	1	QL(2 EA daily)	<i>dimethyl fumarate CDPK</i>	1	QL(2 EA daily)
<i>memantine hcl TABS</i>	1		<i>dimethyl fumarate CPDR</i>	1	QL(2 EA daily)
<i>rivastigmine tartrate CAPS</i>	1		<i> fingolimod hcl</i>	4	QL(1 EA daily)
Combination Psychotherapeutics			<i>glatiramer acetate SOSY 40 MG/ML</i>	4	QL(0.43 ML daily)
<i>chlordiazepoxide-amitriptyline</i>	1		<i>glatiramer acetate SOSY 20 MG/ML</i>	4	QL(1 ML daily)
<i>perphenazine-amitriptyline</i>	1	QL(4 EA daily)	LEMTRADA	4	QL(1.2 ML daily); PA
Fibromyalgia Agents			PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ML daily); PA
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA	PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ML daily); PA
SAVELLA TABS	2	QL(2 EA daily); PA	PLEGRIDY SOAJ	4	QL(0.036 ML daily); PA
Movement Disorder Drug Therapy			PLEGRIDY SOSY SC	4	QL(0.036 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
REBIF REBIDOSE TITRATION PACK 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
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 EA daily); PA
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	3	QL(2 EA daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	
<i>pimozide</i>	1	
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 KIT	0	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 EA daily)
NICOTROL NS SOLN	0	
NICOTROL INHA	0	
<i>varenicline tartrate TABS</i>	0	QL(2 EA daily)
<i>varenicline tartrate TBPK</i>	0	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
PROLASTIN-C SOLR	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 EA daily); SP; PA
ORKAMBI PACK	4	QL(2 EA daily); PA
ORKAMBI TABS	4	QL(4 EA daily); PA
PULMOZYME	4	QL(2.5 ML daily); SP; PA
TRIKAFTA TBPK	4	QL(3 EA daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 EA daily); PA
<i>pirfenidone CAPS</i>	4	QL(1 EA daily); PA
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 EA daily); PA
<i>pirfenidone TABS 534 MG</i>	4	QL(3 EA daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Fluorocyclines		
XERAVA	4	PA
Glycylcyclines		
<i>tigecycline</i>	1	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1	
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1	
<i>doxycycline (monohydrate) TABS 100 MG</i>	1	QL(2 EA daily)
<i>doxycycline hyclate CAPS</i>	1	QL(2 EA daily)
<i>doxycycline hyclate SOLR</i>	1	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1	QL(2 EA daily)
<i>minocycline hcl CAPS</i>	1	QL(3 EA daily)
<i>minocycline hcl TABS</i>	1	QL(3 EA daily)
<i>tetracycline hcl CAPS</i>	1	QL(8 EA daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	
<i>propylthiouracil</i>	1	
Thyroid Hormones		
<i>ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG</i>	2	
<i>ARMOUR THYROID TABS</i>	2	QL(1 EA daily)
<i>EVEXITHROID TABS 180 MG</i>	2	QL(1 EA daily)
<i>levothyroxine sodium TABS</i>	1	
<i>liothyronine sodium SOLN</i>	1	
<i>liothyronine sodium TABS</i>	1	
<i>NP THYROID TABS</i>	1	QL(1 EA daily)
<i>SYNTHROID TABS (levothyroxine sodium)</i>	2	
TOXOIDS		
Toxoid Combinations		
<i>ADACEL SUSP</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
<i>ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML</i>	0	
<i>BOOSTRIX SUSP</i>	0	
<i>BOOSTRIX SUSY</i>	0	
<i>DAPTACEL</i>	0	
<i>INFANRIX</i>	0	
<i>KINRIX SUSY</i>	0	
<i>PEDIARIX SUSY</i>	0	
<i>PENTACEL</i>	0	
<i>QUADRACEL SUSP</i>	0	
<i>QUADRACEL SUSY</i>	0	
<i>TDVAX SUSP</i>	0	
<i>TENIVAC SUSP 2 LFU-5 LFU</i>	0	
<i>TETANUS-DIPHTHERIA TOXOIDS TD SUSP</i>	0	
<i>VAXELIS SUSP</i>	0	
<i>VAXELIS SUSY</i>	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
<i>dicyclomine hcl CAPS</i>	1	
<i>dicyclomine hcl SOLN PO</i>	1	
<i>dicyclomine hcl TABS</i>	1	
<i>glycopyrrolate SOLN IJ 4 MG/20ML</i>	1	
<i>glycopyrrolate TABS 2 MG</i>	1	QL(6 EA daily)
<i>glycopyrrolate TABS 1 MG</i>	1	
<i>methscopolamine bromide</i>	1	
H-2 Antagonists		
<i>cimetidine TABS</i>	1	RX/OTC

Ambetter Formulary Updated December 2025

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

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1	QL(1 EA daily); RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	QL(1 EA daily)
<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
<i>oxybutynin chloride SOLN</i>	1	
<i>oxybutynin chloride TABS 5 MG</i>	1	
<i>oxybutynin chloride TB24</i>	1	
<i>solifenacin succinate TABS</i>	1	QL(1 EA daily)
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1	
<i>trospium chloride CP24</i>	1	QL(1 EA daily)
<i>trospium chloride TABS</i>	1	QL(3 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 25 MG</i>	1	
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1	QL(4 EA daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO 0.5 ML	0	
CAPVAXIVE	0	
HIBERIX SOLR IJ	0	

Drug Name	Drug Tier	Requirements/ Limits
MENACTRA	0	
MENQUADFI 0.5 ML	0	
MENVEO SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PENBRAYA	0	
PENMENVY SUSR IM	0	AL(At least 10 yrs old - Up to 25 yrs old)
PNEUMOVAX 23 SOLN	0	
PNEUMOVAX 23 SOSY	0	
PREVNAR 13	0	
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail
TRUMENBA 0.5 ML	0	
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail
Viral Vaccines		
ABRYSVO	0	
AFLURIA PRESERVATIVE FREE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT SUSY 0.5 ML	0	1 max fill(s) per 180 day(s) retail
AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail
AREXVY	0	
AUDENZ EMUL	0	
AUDENZ PRSY	0	
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	0	
COMIRNATY SUSP	0	
COMIRNATY SUSY	0	

Drug Name	Drug Tier	Requirements/ Limits
ENGRIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
ENGRIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
FLUAD	0	1 max fill(s) per 180 day(s) retail
FLUAD QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail
FLUARIX SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX SUSP	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX SUSY	0	1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail	IPOLE IJ	0	
FLULAVAL SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	JYNNEOS	0	
FLUMIST	0	1 max fill(s) per 180 day(s) retail	M-M-R II SOLR	0	2 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	MNEXSPIKE SUSY 10 MCG/0.2ML	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 BIVALENT	0	
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC 6M-11Y SUSP	0	
FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC 6M-11Y SUSY	0	
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE SUSP	0	
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail	MRESVIA	0	
FLUZONE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE SUSP	0	
GARDASIL 9 SUSP 0.5 ML	0	3 max fill(s) per 365 day(s) retail	NOVAVAX COVID-19 VACCINE SUSY	0	
GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 365 day(s) retail	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0	
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0		PFIZER COVID-19 VAC BIVALENT	0	
HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
			PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
			PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0	
			PFIZER-BIONTECH COVID-19 VACC SUSP	0	
			PREHEVBRIQ	0	3 max fill(s) per 365 day(s) retail
			PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
			PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail
			RECOMBIVAX HB SUSP	0	
			RECOMBIVAX HB SUSY	0	

Ambetter Formulary Updated December 2025

Drug Name	Drug Tier	Requirements/ Limits
ROTARIX SUSP	0	
ROTATEQ SOLN	0	
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0	
SPIKEVAX SUSP	0	
SPIKEVAX SUSY	0	
TWINRIX SUSY	0	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	
VAQTA	0	
VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail
VAGINAL AND RELATED PRODUCTS		
Spermicides		
TODAY SPONGE MISC	0	
VCF VAGINAL CONTRACEPTIVE FILM	0	
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	1	
<i>clotrimazole vaginal CREA 1 %</i>	1	
GYNAZOLE-1	3	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
<i>metronidazole vaginal</i>	1	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	1	QL(15.15 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
Vaginal Contraceptive - pH Modulators		
PHEXX	0	PV
PHEXXI	0	PV
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1	QL(2 GM daily)
<i>estradiol vaginal TABS</i>	1	
ESTRING RING 7.5 MCG/24HR	3	
FEMRING	3	
PREMARIN	2	QL(1.5 GM daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	1	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>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	1	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	1	
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 ER TBCR	1	
<i>niacinamide TABS</i>	1	

Ambetter Formulary Updated December 2025

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

INDEX

abacavir sulfate SOLN	30	ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	44	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	48
abacavir sulfate TABS	30	ACTHAR GEL	44	AIMOVIG	53
abacavir sulfate-lamivudine	30	ACTHIB SOLR IM	64	AIMSCO LUBRICATED MISC	51
abiraterone acetate 250 MG	24	ACTIMMUNE 100 MCG/0.5ML	27	AIRDUO DIGIHALER	9
abiraterone acetate 500 MG	24	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 45		AIRSUPRA	9
ABRYSVO	65	acyclovir CAPS	31	AKYNZEO	17
acamprosate calcium	61	acyclovir SUSP	31	albendazole	7
acarbose	14	acyclovir TABS PO	31	albuterol sulfate AERS	9
acebutolol hcl CAPS	32	acyclovir topical CREA	40	albuterol sulfate NEBU	9
acetaminophen w/ codeine SOLN ..	6	acyclovir topical OINT	40	albuterol sulfate SYRP	10
acetaminophen w/ codeine TABS 15 MG-300 MG	6	ADACEL SUSP	63	albuterol sulfate TABS	10
acetaminophen w/ codeine TABS 30 MG-300 MG	6	ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	63	alclometasone dipropionate CREA	40
acetaminophen w/ codeine TABS 60 MG-300 MG	6	adapalene CREA	37	alclometasone dipropionate OINT	40
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	6	adapalene GEL	37	ALDURAZYME	45
acetazolamide CP12	43	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	37	ALECENSA	26
acetazolamide sodium	43	ADCETRIS	24	alendronate sodium TABS 35 MG, 70 MG	44
acetazolamide TABS 125 MG	43	adefovir dipivoxil	31	alendronate sodium TABS 5 MG, 10 MG	44
acetazolamide TABS 250 MG	43	ADEMPAS	34	alfuzosin hcl	47
acetic acid (otic)	59	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	63	ALINIA SUSR	21
acetic acid 0.25 %	47	ADVATE	48	aliskiren fumarate	21
acetylcysteine SOLN	37	ADYNOVATE	48	allopurinol 100 MG, 300 MG	48
acitretin 10 MG, 17.5 MG	39	AFLURIA PRESERVATIVE FREE SUSY	65	almotriptan malate 12.5 MG	53
acitretin 25 MG	39	AFLURIA QUADRIVALENT SUSP	65	almotriptan malate 6.25 MG	53
ACTEMRA ACTPEN SOAJ	3	AFLURIA QUADRIVALENT SUSY 0.5 ML	65	ALOCRIAL	59
ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	3	AFLURIA SUSP	65	alogliptin benzoate	15
ACTEMRA SOLN 80 MG/4ML	3			alogliptin-metformin hcl	14
ACTEMRA SOSY	4			alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG	14

alogliptin-pioglitazone 30 MG-12.5 MG	14	amiodarone hcl TABS	9	amphetamine-dextroamphetamine TABS 30 MG	1
ALOMIDE	59	amitriptyline hcl TABS	14	amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG	1
alosetron hcl	47	amlodipine besylate TABS	32	amphotericin b IV	17
alprazolam TABS	8	amlodipine besylate-atorvastatin calcium	33	amphotericin b liposome	17
alprazolam TB24	8	amlodipine besylate-benazepril hcl 20		ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM	60
alprazolam TBDP	8	amlodipine besylate-olmesartan medoxomil	20	ampicillin CAPS 500 MG	60
ALPROLIX	48	amlodipine besylate-valsartan	20	ampicillin sodium IV 10 GM	60
ALREX SUSP (lorteprednol etabonate)	58	amlodipine-valsartan-hydrochlorothiazide	20	anagrelide hcl	48
ALTABAX	38	amoxapine	14	anastrozole	24
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	48	amoxicillin & pot clavulanate CHEW 60		ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	7
ALUNBRIG TABS	26	amoxicillin & pot clavulanate SUSR 60		ANGELIQ	45
ALUNBRIG TBPK	26	amoxicillin & pot clavulanate TABS 60		ANNOVERA	35
ALVESCO	9	amoxicillin & pot clavulanate TABS 60		ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (umeclidinium-vilanterol) 10	
alvimopan	47	amoxicillin & pot clavulanate TB12 60		ANZEMET TABS 50 MG	17
amantadine hcl CAPS	28	amoxicillin CAPS	60	APIDRA SOLN	15
amantadine hcl SOLN	28	amoxicillin CHEW 125 MG, 250 MG 60		APIDRA SOLOSTAR SOPN	15
amantadine hcl TABS	28	amoxicillin SUSR	60	apomorphine hydrochloride SOCT 28	
ambrisentan	33	amoxicillin TABS	60	apraclonidine hcl	58
amcinonide CREA	40	amoxicillin-clarithromycin w/ lansoprazole THPK	64	aprepitant CAPS 40 MG, 125 MG .	17
amcinonide LOTN	40	amphetamine sulfate TABS	1	aprepitant CAPS 80 MG	17
amcinonide OINT	40	amphetamine-dextroamphetamine CP24 15 MG	1	aprepitant CAPS	17
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	2	amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG	1	APTIOM 200 MG, 400 MG, 600 MG, 800 MG (eslicarbazine acetate) .	11
amiloride & hydrochlorothiazide ..	43	amphetamine-dextroamphetamine CP24 5 MG, 10 MG	1	APTIVUS CAPS	30
amiloride hcl TABS	43			ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	49
aminocaproic acid TABS	49				
amiodarone hcl SOLN 150 MG/3ML .	9				

ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML49	ATGAM55	azithromycin PACK 50
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML ...49	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG1	azithromycin SOLR 50
ARCALYST3	atomoxetine hcl 60 MG, 80 MG, 100 MG1	azithromycin SUSR 50
AREXVY65	atorvastatin calcium TABS19	azithromycin TABS 250 MG 50
arformoterol tartrate10	atovaquone21	azithromycin TABS 500 MG 50
ARIKAYCE2	atovaquone-proguanil hcl 22	azithromycin TABS 600 MG 51
aripiprazole SOLN PO30	atracurium besylate 50 MG/5ML, 100 MG/10ML58	aztreonam 1 GM22
aripiprazole TABS30	atropine sulfate SOSY IJ 0.25 MG/5ML63	bacitracin (ophthalmic)58
armodafinil1	ATROVENT HFA9	baclofen TABS57
ARMOUR THYROID TABS63	AUDENZ EMUL65	balsalazide disodium CAPS 46
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate (inhalation)) 9	AUDENZ PRSY65	BALVERSA26
arsenic trioxide 10 MG/10ML27	AURANOFIN 3 MG3	BANZEL TABS 200 MG (rufinamide) 11
ARZERRA24	AUSTEDO TABS61	BANZEL TABS 400 MG (rufinamide) 11
ascorbic acid SOLN IJ67	AUSTEDO XR PATIENT TITRATION TEPK61	BAXDELA SOLR46
asenapine maleate 2.5 MG29	AUSTEDO XR TB2461	BAXDELA TABS46
asenapine maleate 5 MG, 10 MG . 29	avanafil33	BD PEN NEEDLE NANO 2ND GEN . 52
aspirin CHEW5	AVERI TABS PO35	BELSOMRA50
aspirin TABS 325 MG5	AVONEX PEN AJKT61	benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG ...20
aspirin TBEC 325 MG5	AVONEX PREFILLED PSKT 61	benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG .. 20
aspirin TBEC 81 MG5	AYVAKIT 25	benazepril hcl19
aspirin-dipyridamole48	azacitidine SUSR 23	bendamustine hcl SOLR23
atazanavir sulfate CAPS 150 MG, 300 MG30	AZATHIOPRINE SODIUM 55	BENEFIX KIT 48
atazanavir sulfate CAPS 200 MG .30	azathioprine TABS55	BENZEPRO CREAMY WASH LIQD . 37
atenolol & chlorthalidone20	azelaic acid GEL42	BENZEPRO FOAM 5.3 % 37
atenolol TABS32	azelastine hcl (ophth) 59	benzonatate 100 MG36
	azelastine hcl57	benzonatate 150 MG37
	AZELEX37	

benzonatate 200 MG36	bethanechol chloride 5 MG, 10 MG, 50 MG64	brimonidine tartrate (topical) 42
benzoyl peroxide FOAM 5.3 %, 9.8 %37	bexarotene (topical)39	brimonidine tartrate 0.15 %, 0.2 % 58
benzoyl peroxide GEL 10 %37	bexarotene 27	brimonidine tartrate-timolol maleate . 58
benzoyl peroxide GEL 5 % 37	BEXSERO 0.5 ML 64	brinzolamide59
benzoyl peroxide LIQD 4 %, 10 % .37	BEYFORTUS60	BRIVIACT SOLN PO 10 MG/ML ...12
benzoyl peroxide-erythromycin GEL . 37	bicalutamide24	BRIVIACT TABS12
benztropine mesylate SOLN28	BIJUVA45	bromfenac sodium (ophth)59
benztropine mesylate TABS28	BIKTARVY30	bromocriptine mesylate CAPS28
bepotastine besilate59	bimatoprost SOLN 59	bromocriptine mesylate TABS 2.5 MG 28
BESIVANCE58	bisacodyl SUPP50	BRUKINSA26
betaine45	bisacodyl TBEC50	budesonide (inhalation) SUSP9
betamethasone dipropionate (topical) CREA40	bisoprolol & hydrochlorothiazide ..20	budesonide (intrarectal) 7
betamethasone dipropionate (topical) LOTN40	bisoprolol fumarate32	budesonide (nasal)57
betamethasone dipropionate (topical) OINT40	bleomycin sulfate 15 UNIT25	budesonide CPEP 36
betamethasone dipropionate augmented CREA40	BOOSTRIX SUSP 63	budesonide-formoterol fumarate dihydrate10
betamethasone dipropionate augmented LOTN40	BOOSTRIX SUSY 63	bumetanide SOLN 0.25 MG/ML ...43
betamethasone dipropionate augmented OINT40	bortezomib SOLR IJ 26	bumetanide TABS 43
betamethasone valerate CREA ...40	BORTEZOMIB SOLR IV 3.5 MG ..26	buprenorphine hcl SOLN7
betamethasone valerate FOAM ...40	bosentan TABS 125 MG33	buprenorphine hcl SUBL7
betamethasone valerate LOTN40	bosentan TABS 62.5 MG33	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG7
betamethasone valerate OINT40	bosentan TBSO 32 MG33	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG7
BETASERON KIT61	BOSULIF TABS 100 MG, 500 MG 26	buprenorphine hcl-naloxone hcl dihydrate SUBL7
betaxolol hcl (ophth) SOLN58	BOSULIF TABS 400 MG 26	buprenorphine PTWK7
betaxolol hcl32	BRAFTOVI 75 MG26	bupropion hcl (smoking deterrent) 62
bethanechol chloride 25 MG64	BREO ELLIPTA (fluticasone furoate-vilanterol)10	bupropion hcl TABS13
	BREO ELLIPTA 10	
	BREZTRI AEROSPHERE10	
	BRILINTA 60 MG, 90 MG (ticagrelor) 48	

bupropion hcl TB12	13	calcitonin (salmon) NA	44	carbidopa-levodopa TBDP	28
bupropion hcl TB24 150 MG, 300 MG	13	calcitriol (topical)	39	carbidopa-levodopa-entacapone ..	28
buspirone hcl	8	calcitriol CAPS	45	carbinoxamine maleate SOLN	18
busulfan SOLN	23	calcitriol SOLN IV	45	carbinoxamine maleate TABS 4 MG .	18
butalbital-acetaminophen TABS 50 MG-325 MG	5	calcium acetate (phosphate binder) CAPS	47	carboplatin SOLN 50 MG/5ML	23
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	5	calcium acetate (phosphate binder) TABs	47	carisoprodol TABS	57
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	5	calcium chloride (dihydrate) SOLN	54	carmustine	23
butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG	5	calcium polycarbophil TABS	50	carteolol hcl (ophth)	58
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	6	CALQUENCE	26	carvedilol	32
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	6	candesartan cilexetil	19	carvedilol phosphate	32
butalbital-aspirin-caffeine CAPS	5	candesartan cilexetil- hydrochlorothiazide	20	casprofungin acetate	17
butalbital-aspirin-caffeine w/cod	6	capecitabine	23	CAYA DPRH	51
butenafine hcl	38	CAPRELSA	26	CAYSTON	22
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	7	captopril 12.5 MG	19	cefaclor CAPS	34
butorphanol tartrate NA 10 MG/ML .	7	captopril 25 MG, 50 MG, 100 MG .	19	cefaclor SUSR 250 MG/5ML	34
cabergoline	45	CAPVAXIVE	64	cefadroxil CAPS	34
CABOMETYX TABS	26	carbamazepine CHEW 100 MG ...	12	cefadroxil SUSR	34
calcipotriene CREA	39	carbamazepine CP12 100 MG	12	cefadroxil TABS	34
calcipotriene OINT	39	carbamazepine CP12 200 MG	12	cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG	34
calcipotriene SOLN	39	carbamazepine CP12 300 MG	12	cefdinir CAPS	34
calcipotriene-betamethasone dipropionate OINT	40	carbamazepine CP12 300 MG	12	cefdinir SUSR	34
calcipotriene-betamethasone dipropionate SUSP	40	carbamazepine SUSP	12	cefepime hcl SOLR IV 2 GM	34
		carbamazepine TABS	12	cefixime CAPS	34
		carbamazepine TB12 100 MG, 400 MG	12	cefixime SUSR	34
		carbamazepine TB12 200 MG	12	cefotetan disodium IJ 1 GM, 2 GM	34
		carbidopa	28	cefoxitin sodium IV 1 GM, 2 GM ...	34
		carbidopa-levodopa TABS	28	cefpodoxime proxetil SUSR	34
		carbidopa-levodopa TBCR	28	cefpodoxime proxetil TABS	34
				cefprozil SUSR	34

cefprozil TABS	34	CHOLBAM	46	citalopram hydrobromide TABS ...	13
ceftazidime IJ 1 GM, 6 GM	34	cholecalciferol CAPS	67	clarithromycin SUSR	51
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	34	cholecalciferol TABS 10 MCG, 400 UNIT	67	clarithromycin TABS	51
cefuroxime axetil TABS	34	cholestyramine light PACK	18	clarithromycin TB24	51
cefuroxime sodium IJ 750 MG	34	cholestyramine light POWD	18	CLASSIC PRENATAL TABS	56
celecoxib	4	cholestyramine PACK	18	clemastine fumarate SYRP	18
cephalexin CAPS	34	cholestyramine POWD	18	clemastine fumarate TABS 2.68 MG . 18	
cephalexin SUSR	34	choline fenofibrate	19	CLIMARA PRO	45
CERDELGA	49	CHORIONIC GONADOTROPIN IM 44		clindamycin hcl	21
CEREZYME 400 UNIT	49	ciclopirox GEL	38	clindamycin palmitate hydrochloride . 21	
cetirizine hcl TABS	18	ciclopirox olamine CREA	38	clindamycin phosphate (topical) FOAM	37
cevimeline hcl	56	ciclopirox olamine SUSP	38	clindamycin phosphate (topical) GEL 37	
CHEMET	16	ciclopirox SHAM	38	clindamycin phosphate (topical) LOTN	37
CHEMSTRIP K STRP	42	ciclopirox SOLN	38	clindamycin phosphate (topical) SOLN	37
chloramphenicol sodium succinate 21		cidofovir	31	clindamycin phosphate (topical) SWAB	37
chlordiazepoxide hcl CAPS	8	cilostazol	48	clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML	21
chlordiazepoxide hcl-clidinium bromide	63	CIMDUO	30	clindamycin phosphate vaginal CREA	67
chlordiazepoxide-amitriptyline	61	cimetidine TABS	63	clindamycin phosphate-benzoyl peroxide (refrigerate)	37
chlorhexidine gluconate (mouth- throat)	56	cinacalcet hcl	45	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	37
chloroquine phosphate TABS 250 MG	22	ciprofloxacin hcl (ophth) SOLN	58	clindamycin phosphate-tretinoin ..	37
chloroquine phosphate TABS 500 MG	22	ciprofloxacin hcl (otic)	59	CLINIMIX E/DEXTROSE (5/20) ..	58
chlorpromazine hcl SOLN	29	ciprofloxacin hcl TABS	46		
chlorpromazine hcl TABS	29	ciprofloxacin in d5w 200 MG/100ML . 46			
chlorthalidone 25 MG, 50 MG	43	ciprofloxacin-dexamethasone	59		
chlorzoxazone TABS 500 MG	57	ciprofloxacin-fluocinolone acetonide . 59			
chlorzoxazone TABS 750 MG	57	cisplatin SOLN 100 MG/100ML	23		
		citalopram hydrobromide SOLN ...	13		

CLINIMIX/DEXTROSE (4.25/10) .58	LOTN38	COPIKTRA26
CLINIMIX/DEXTROSE (4.25/5) ...58	clozapine TABS29	CORDRAN TAPE41
clobazam SUSP11	clozapine TBDP 100 MG29	CORTISPORIN-TC59
clobazam TABS11	clozapine TBDP 12.5 MG, 150 MG 29	COSENTYX (300 MG DOSE) SOSY . 39
clobetasol propionate CREA 0.05 % . 40	clozapine TBDP 25 MG29	COSENTYX SENSOREADY (300 MG) SOAJ39
clobetasol propionate emollient base 0.05 %40	COARTEM22	COSENTYX SENSOREADY PEN SOAJ39
clobetasol propionate FOAM40	codeine sulfate TABS 30 MG5	COSENTYX SOSY 150 MG/ML ...39
clobetasol propionate GEL 0.05 % 40	CODEINE SULFATE TABS5	COSENTYX SOSY 75 MG/0.5ML .39
clobetasol propionate OINT 0.05 % 40	colchicine TABS48	COSENTYX UNOREADY SOAJ ..39
clobetasol propionate SOLN 0.05 % . 40	colchicine w/ probenecid48	CREON CPEP43
clocortolone pivalate41	colesevelam hcl PACK19	CRESEMBA CAPS 186 MG17
clofarabine23	colesevelam hcl TABS19	cromolyn sodium (ophth)59
clomiphene citrate TABS44	colestipol hcl GRAN19	cromolyn sodium NEBU9
clomipramine hcl14	colestipol hcl PACK19	crotamiton LOTN42
clonazepam TABS11	colestipol hcl TABS19	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 UNIT56
clonidine hcl (adhd) TB121	COMBIPATCH PTTW45	cyanocobalamin SOLN IJ 1000 MCG/ML49
clonidine hcl TABS20	COMBIVENT RESPIMAT AERS ..10	cyclobenzaprine hcl TABS 5 MG, 10 MG57
clonidine PTWK20	COMETRIQ (100 MG DAILY DOSE) KIT26	cyclophosphamide CAPS23
clopidogrel bisulfate 300 MG48	COMETRIQ (140 MG DAILY DOSE) KIT26	cyclophosphamide SOLR IJ23
clopidogrel bisulfate 75 MG48	COMETRIQ (60 MG DAILY DOSE) KIT26	cycloserine23
clorazepate dipotassium TABS8	COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML65	cyclosporine (ophth) EMUL58
clotrimazole (topical) CREA38	COMIRNATY SUSP65	cyclosporine CAPS55
clotrimazole (topical) SOLN38	COMIRNATY SUSY65	cyclosporine modified (for microemulsion) CAPS55
clotrimazole56	COMPLERA 200 MG-300 MG-25 MG (emtricitabine- rilpivirine-tenofovir disoproxil fumarate)30	cyclosporine modified (for
clotrimazole vaginal CREA 1 % ...67	CONTRAIVE1	
clotrimazole w/ betamethasone CREA38		
clotrimazole w/ betamethasone		

microemulsion) SOLN	55	darunavir TABS	30	desogestrel-ethinyl estradiol (triphasic)	35
cyclosporine SOLN IV 50 MG/ML .	55	dasatinib	26	desonide CREA	41
CYLTEZO (2 PEN) AJKT	2	DAURISMO	24	desonide LOTN	41
CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 40 MG/0.4ML	2	DEBACTEROL	56	desonide OINT	41
CYLTEZO (2 SYRINGE) PSKT 20 MG/0.4ML, 40 MG/0.8ML	3	decitabine	23	desoximetasone CREA 0.25 %	41
CYLTEZO-CD/UC/HS STARTER AJKT	3	deferasirox PACK	16	desoximetasone GEL	41
CYLTEZO-PSORIASIS/UV STARTER AJKT	3	deferasirox TABS	16	desoximetasone OINT 0.25 %	41
cyproheptadine hcl SYRP	18	deferasirox TBSO	16	desvenlafaxine succinate	14
cyproheptadine hcl TABS	18	deflazacort SUSP	36	dexamethasone ELIX	36
CYSTAGON CAPS	47	deflazacort TABS	36	DEXAMETHASONE INTENSOL CONC	36
CYSTARAN	59	DELSTRIGO	30	dexamethasone sodium phosphate (ophth)	58
cytarabine SOLN	23	demeclocycline hcl TABS	62	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	36
dabigatran etexilate mesylate CAPS . 11		DEPO-ESTRADIOL	46	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	36
dacarbazine SOLR 200 MG	27	DEPO-MEDROL SUSP	36	dexamethasone SOLN	36
dactinomycin	25	DEPO-SUBQ PROVERA 104 SUSY SC	36	dexamethasone TABS	36
dalfampridine	61	desipramine hcl TABS	14	dexchlorpheniramine maleate SOLN . 18	
danazol CAPS	7	desloratadine TABS	18	dexlansoprazole	64
dantrolene sodium CAPS	57	desloratadine TBDP 2.5 MG	18	dexmethylphenidate hcl CP24	1
dapagliflozin propanediol	16	desmopressin acetate SOLN IJ ...	45	dexmethylphenidate hcl TABS	1
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	14	DESMOPRESSIN ACETATE SOLN NA	45	dextroamphetamine sulfate CP24 10 MG, 15 MG	1
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	14	desmopressin acetate spray	45	dextroamphetamine sulfate CP24 5 MG	1
dapsone	21	desmopressin acetate spray refrigerated 0.01 %	45	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1	
DAPTACEL	63	desmopressin acetate TABS 0.1 MG 45		dextroamphetamine sulfate TABS 5	
daptomycin 500 MG	21	desmopressin acetate TABS 0.2 MG 45			
darifenacin hydrobromide	64	desogestrel & ethinyl estradiol	35		
		desogestrel-ethinyl estradiol (biphasic)	35		

MG, 10 MG 1	diflunisal TABS 5	DIPENTUM 46
dextrose in lactated ringers 54	difluprednate 58	diphenhydramine hcl CAPS 50 MG 18
DIACOMIT CAPS 250 MG 12	digoxin SOLN PO 0.05 MG/ML ... 33	diphenhydramine hcl ELIX 12.5 MG/5ML 18
DIACOMIT CAPS 500 MG 12	digoxin TABS 62.5 MCG, 125 MCG, 250 MCG 33	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML 18
DIACOMIT PACK 250 MG 12	dihydroergotamine mesylate SOLN IJ 1 MG/ML 53	diphenhydramine hcl SOLN 50 MG/ML 18
DIACOMIT PACK 500 MG 12	dihydroergotamine mesylate SOLN NA 4 MG/ML 53	diphenoxylate w/ atropine LIQD ... 16
diazepam (anticonvulsant) GEL ... 11	DILANTIN (phenytoin sodium extended) 13	diphenoxylate w/ atropine TABS ... 16
diazepam CONC 8	DILANTIN 13	dipyridamole 48
diazepam SOLN PO 5 MG/5ML ... 8	DILANTIN INFATABS CHEW (phenytoin) 13	disopyramide phosphate CAPS 8
diazepam TABS 8	DILANTIN SUSP (phenytoin) 13	disulfiram 61
diazoxide 15	DILANTIN-125 SUSP (phenytoin) . 13	DIURIL SUSP 43
dichlorphenamide 43	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG 32	divalproex sodium TB24 13
diclofenac epolamine PTCH EX ... 39	diltiazem hcl coated beads CP24 180 MG, 240 MG 32	divalproex sodium TBEC 13
diclofenac potassium TABS 50 MG . 4	diltiazem hcl CP12 32	docetaxel CONC 20 MG/ML 28
diclofenac sodium (actinic keratoses) EX 39	diltiazem hcl CP24 32	docetaxel SOLN 20 MG/2ML 28
diclofenac sodium (ophth) 59	diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG 32	docusate calcium 50
diclofenac sodium (topical) GEL EX 39	diltiazem hcl extended release beads 420 MG 32	docusate sodium CAPS 100 MG .. 50
diclofenac sodium TB24 4	diltiazem hcl SOLN 50 MG/10ML .. 33	docusate sodium CAPS 250 MG .. 50
diclofenac sodium TBEC 4	DILTIAZEM HCL SOLR 33	dofetilide 9
diclofenac w/ misoprostol TBEC 4	diltiazem hcl TABS 33	donepezil hydrochloride TABS 10 MG 61
dicloxacillin sodium 60	diltiazem hcl TB24 33	donepezil hydrochloride TABS 5 MG, 23 MG 61
dicyclomine hcl CAPS 63	dimethyl fumarate CDPK 61	donepezil hydrochloride TBDP 10 MG 61
dicyclomine hcl SOLN PO 63	dimethyl fumarate CPDR 61	DOPTELET 49
dicyclomine hcl TABS 63		
DIFFERIN LOTN 37		
DIFICID TABS 200 MG (fidaxomicin) 51		
diflorasone diacetate CREA 41		
diflorasone diacetate OINT 41		

dorzolamide hcl	59	DUAVEE	45	ELIGARD KIT SC 7.5 MG	24
dorzolamide hcl-timolol maleate ..	58	DULERA	10	ELIGARD SC 22.5 MG, 30 MG, 45 MG	24
DOVATO	30	duloxetine hcl CPEP	14	ELIQUIS DVT/PE STARTER PACK TBPK	10
doxazosin mesylate	20	DUPIXENT SOAJ 200 MG/1.14ML 42		ELIQUIS TABS	10
doxepin hcl (antipruritic)	39	DUPIXENT SOAJ 300 MG/2ML ...	42	ELLA	35
doxepin hcl (sleep)	50	DUPIXENT SOSY 200 MG/1.14ML 42		ELMIRON CAPS	47
doxepin hcl CAPS	14	DUPIXENT SOSY 300 MG/2ML ...	42	ELOCTATE	48
doxepin hcl CONC	14	DUREX EXTRA SENSITIVE THIN DEVI	51	eltrombopag olamine PACK 12.5 MG, 25 MG	49
doxercalciferol CAPS	45	DUREX EXTRA SENSITIVE THIN MISC	51	eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	49
doxercalciferol SOLN	45	DUREX TROPICAL MISC	51	EMBECTA AUTOSHIELD DUO ...	52
doxorubicin hcl liposomal SUSP ...	25	dutasteride	47	EMBECTA PEN NEEDLE NANO .	52
doxorubicin hcl SOLN	25	dutasteride-tamsulosin hcl	47	EMBECTA PEN NEEDLE NANO 2 GEN	52
doxorubicin hcl SOLR 10 MG, 50 MG	25	econazole nitrate CREA	38	EMBECTA PEN NEEDLE ULTRAFINE	53
doxycycline (monohydrate) CAPS 50 MG, 100 MG	62	EDARBI	19	EMCYT	24
doxycycline (monohydrate) CAPS 75 MG	63	EDURANT	30	EMFLAZA SUSP (deflazacort)	36
doxycycline (monohydrate) TABS 100 MG	63	efavirenz CAPS 200 MG	30	EMGALITY (300 MG DOSE) SOSY 53	
doxycycline (monohydrate) TABS 50 MG, 75 MG	63	efavirenz CAPS 50 MG	30	EMGALITY SOAJ	53
doxycycline hyclate CAPS	63	efavirenz TABS	30	EMGALITY SOSY	53
doxycycline hyclate SOLR	63	efavirenz-emtricitabine-tenofovir disoproxil fumarate	30	EMSAM	13
doxycycline hyclate TABS 20 MG, 100 MG	63	efavirenz-lamivudine-tenofovir disoproxil fumarate	30	emtricitabine CAPS	30
doxylamine-pyridoxine TBEC	17	EGRIFTA SV	44	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	30
dronabinol CAPS	17	ELAPRASE	45	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	30
drospirenone-ethinyl estradiol	35	electrolyte-148	54	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	30
drospirenone-ethinyl estradiol- levomefolate calcium	35	electrolyte-a	54		
DROXIA CAPS	49	ELESTRIN GEL	46		
		eletriptan hydrobromide	53		

EMTRIVA SOLN	30	eplerenone	21	erythromycin ethylsuccinate SUSR	51
EMVERM CHEW	8	EPOGEN 2000 UNIT/ML, 3000		erythromycin ethylsuccinate TABS	51
enalapril maleate &		UNIT/ML, 4000 UNIT/ML, 10000		escitalopram oxalate SOLN	13
hydrochlorothiazide 12.5 MG-5 MG		UNIT/ML, 20000 UNIT/ML	49	escitalopram oxalate TABS	13
20		epoprostenol sodium	33	eslicarbazepine acetate 200 MG, 400	
enalapril maleate &		EQL PRENATAL FORMULA TABS		MG, 600 MG, 800 MG	12
hydrochlorothiazide 25 MG-10 MG	20	56		esomeprazole magnesium CPDR 20	
enalapril maleate TABS	19	EQUETRO 100 MG	29	MG	64
ENBREL MINI SOCT	4	EQUETRO 200 MG	29	esomeprazole magnesium CPDR 40	
ENBREL SOLN	4	EQUETRO 300 MG	29	MG	64
ENBREL SOSY 25 MG/0.5ML	4	ERAXIS	17	esomeprazole magnesium TBEC .	64
ENBREL SOSY 50 MG/ML	4	ERBITUX	24	ESPEROCT 500 UNIT, 1000 UNIT,	
ENBREL SURECLICK SOAJ	4	ergocalciferol CAPS	67	1500 UNIT, 2000 UNIT, 3000 UNIT	
ENGERIX-B SUSP 20 MCG/ML ...	65	ergocalciferol SOLN PO 200		48	
ENGERIX-B SUSY	65	MCG/ML	67	estazolam	50
enoxaparin sodium SOLN IJ 300		ergoloid mesylates TABS	62	esterified estrogens &	
MG/3ML	10	ERGOMAR SUBL	53	methyltestosterone	45
enoxaparin sodium SOSY 100		ergotamine w/ caffeine TABS	53	estradiol & norethindrone acetate	
MG/ML, 150 MG/ML	11	eribulin mesylate	28	TABS	45
enoxaparin sodium SOSY 30		ERIVEDGE	24	estradiol GEL	46
MG/0.3ML	11	ERLEADA 240 MG	24	estradiol PTTW	46
enoxaparin sodium SOSY 40		ERLEADA 60 MG	24	estradiol PTWK	46
MG/0.4ML	11	erlotinib hcl	24	estradiol TABS	46
enoxaparin sodium SOSY 60		ERTACZO	38	estradiol vaginal CREA	67
MG/0.6ML	10	ertapenem sodium IJ	21	estradiol vaginal TABS	67
enoxaparin sodium SOSY 80		erythromycin (acne aid) PADS	37	estradiol valerate	46
MG/0.8ML, 120 MG/0.8ML	10	erythromycin (acne aid) SOLN	37	ESTRING RING 7.5 MCG/24HR ..	67
ENSPRYNG	55	erythromycin (ophth)	58	ESTROGEL GEL (estradiol)	46
entacapone	28	erythromycin base CPEP	51	estrogens, conjugated TABS 0.3 MG,	
entecavir TABS	31	erythromycin base TABS	51	0.45 MG, 0.625 MG, 0.9 MG, 1.25	
EPIDIOLEX	12	erythromycin base TBEC	51	MG	46
epinastine hcl (ophth)	59			eszopiclone	50
epinephrine (anaphylaxis) SOAJ ..	67				

ethacrynic acid	43	famotidine SUSR	64	MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	5
ethambutol hcl TABS	23	famotidine TABS 20 MG, 40 MG ..	64	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	49
ethosuximide CAPS	13	FANAPT	29	ferrous sulfate TABS 325 MG, 65 MG, 325 MG	49
ethosuximide SOLN	13	FANAPT TITRATION PACK A	29	ferrous sulfate TBEC 325 MG	49
ethynodiol diacet & eth estrad	35	FANTASY LUBRICATED/SPERMICIDE MISC 51		fesoterodine fumarate	64
etodolac CAPS	4	FARXIGA (dapagliflozin propanediol)	16	FETZIMA CP24	14
etodolac TABS	4	FASENRA PEN SOAJ	9	FETZIMA TITRATION C4PK	14
etonogestrel-ethinyl estradiol	35	FASENRA SOSY 10 MG/0.5ML	9	fidaxomicin TABS 200 MG	51
ETOPOPHOS	28	FASENRA SOSY 30 MG/ML	9	finasteride	47
etoposide CAPS	28	FC2 FEMALE CONDOM	51	fingolimod hcl	61
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	28	febuxostat	48	FIRDAPSE	22
etravirine 100 MG	30	felbamate SUSP	13	FIRMAGON (240 MG DOSE)	24
etravirine 200 MG	30	felbamate TABS 400 MG	13	FIRMAGON 80 MG	24
EUCRISA	42	felbamate TABS 600 MG	13	flavoxate hcl	64
EVAMIST SOLN	46	felodipine	33	flecainide acetate	8
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	55	FEMCAP DEVI	51	floxuridine	23
everolimus (immunosuppressant) 1 MG	55	FEMLYV TBDP	35	FLUAD	65
everolimus TABS	26	FEMRING	67	FLUAD QUADRIVALENT	65
EVEXITHROID TABS 180 MG	63	fenofibrate micronized 43 MG, 130 MG	19	FLUARIX QUADRIVALENT SUSY 65	
EVOTAZ	30	fenofibrate micronized 67 MG, 134 MG, 200 MG	19	FLUARIX SUSY	65
exemestane	24	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	19	FLUBLOK QUADRIVALENT	65
ezetimibe	19	fenoprofen calcium TABS	4	FLUBLOK SOSY	65
ezetimibe-simvastatin	18	FENSOLVI (6 MONTH) SC	45	FLUCELVAX QUADRIVALENT SUSP	65
famciclovir 125 MG, 250 MG	31	fentanyl citrate LPOP	5	FLUCELVAX QUADRIVALENT SUSY	65
famciclovir 500 MG	31	fentanyl PT72 12 MCG/HR, 25		FLUCELVAX SUSP	65
famotidine in nacl SOLN	64			FLUCELVAX SUSY	65
famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	64			fluconazole SUSR	17

fluconazole TABS18	fluoxetine hcl SOLN13	FLUZONE QUADRIVALENT SUSP 66
flucytosine17	fluoxetine hcl TABS13	FLUZONE QUADRIVALENT SUSY 66
fludarabine phosphate SOLN23	fluphenazine hcl CONC29	FLUZONE SUSP66
fludarabine phosphate SOLR23	fluphenazine hcl ELIX29	FLUZONE SUSY66
fludrocortisone acetate TABS36	fluphenazine hcl SOLN29	FML FORTE SUSP59
FLULAVAL QUADRIVALENT SUSY . 66	fluphenazine hcl TABS29	folic acid TABS49
FLULAVAL SUSY66	flurandrenolide CREA41	fondaparinux sodium 10 MG/0.8ML 11
FLUMIST66	flurandrenolide LOTN41	fondaparinux sodium 2.5 MG/0.5ML . 11
FLUMIST QUADRIVALENT66	flurazepam hcl50	fondaparinux sodium 5 MG/0.4ML .11
flunisolide (nasal)57	flurbiprofen sodium59	fondaparinux sodium 7.5 MG/0.6ML . 11
fluocinolone acetonide (otic)59	flurbiprofen TABS4	FORA GTEL BLOOD KETONE TEST42
fluocinolone acetonide CREA 0.01 % 41	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT9	FORA TEST N'GO ADV-VOICE-6 CON43
fluocinolone acetonide CREA 0.025 %41	fluticasone furoate-vilanterol10	formoterol fumarate NEBU10
fluocinolone acetonide OIL41	fluticasone propionate (inhalation) AEPB9	FOSAMAX PLUS D44
fluocinolone acetonide OINT41	fluticasone propionate (nasal) SUSP . 57	fosamprenavir calcium TABS30
fluocinolone acetonide SOLN41	fluticasone propionate CREA 0.05 % 41	fosfomycin tromethamine22
fluocinonide CREA 0.05 %41	fluticasone propionate hfa9	fosinopril sodium & hydrochlorothiazide20
fluocinonide CREA 0.1 %41	fluticasone propionate LOTN41	fosinopril sodium19
fluocinonide emulsified base41	fluticasone propionate OINT41	fosphenytoin sodium13
fluocinonide GEL41	fluticasone-salmeterol AEPB10	FRAGMIN SOSY11
fluocinonide OINT41	fluticasone-salmeterol AERO10	FREESTYLE LIBRE 14 DAY READER52
fluocinonide SOLN41	fluvastatin sodium CAPS 20 MG ...19	FREESTYLE LIBRE 14 DAY SENSOR52
fluorometholone (ophth) SUSP58	fluvastatin sodium CAPS 40 MG ...19	FREESTYLE LIBRE 2 PLUS SENSOR52
fluorouracil (topical) CREA 5 %39	fluvoxamine maleate TABS13	
fluorouracil (topical) SOLN39	FLUZONE HIGH-DOSE QUADRIVALENT66	
fluorouracil 500 MG/10ML23	FLUZONE HIGH-DOSE SUSY66	
fluoxetine hcl CAPS13		
fluoxetine hcl CPDR13		

FREESTYLE LIBRE 2 READER ..52	GAMMAGARD S/D LESS IGA SOLR ..60	glimepiride 4 MG16
FREESTYLE LIBRE 2 SENSOR ..52	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML60	glipizide TABS 5 MG, 10 MG16
FREESTYLE LIBRE 3 PLUS SENSOR52	GAMUNEX-C60	glipizide TB2416
FREESTYLE LIBRE 3 READER ..52	ganciclovir sodium SOLR31	glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG14
FREESTYLE LIBRE 3 SENSOR ..52	ganirelix acetate44	glipizide-metformin hcl 500 MG-5 MG14
FREESTYLE LIBRE READER52	GARDASIL 9 SUSP 0.5 ML66	GLUCAGEN DIAGNOSTIC42
frovatriptan succinate53	GARDASIL 9 SUSY 0.5 ML66	glucagon SOLR IJ 1 MG15
FT PRENATAL TABS56	gatifloxacin (ophth)58	glyburide micronized 1.5 MG, 3 MG, 6 MG16
fulvestrant SOSY25	gefitinib24	glyburide TABS16
furosemide SOLN PO 8 MG/ML, 10 MG/ML43	gemcitabine hcl SOLR 2 GM, 200 MG23	glyburide-metformin 250 MG-1.25 MG14
furosemide TABS43	gemfibrozil TABS19	glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG14
FUZEON SOLR30	GENOTROPIN CART SC44	glycine (gu irrigant) SOLN 1.5 % ..47
FYCOMPA TABS 2 MG (perampanel)11	GENOTROPIN MINIQUICK PRSY 44	glycopyrrolate SOLN IJ 4 MG/20ML 63
FYCOMPA TABS 4 MG (perampanel)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	glycopyrrolate TABS 1 MG63
FYCOMPA TABS 6 MG (perampanel)11	gentamicin sulfate (ophth) SOLN ..58	glycopyrrolate TABS 2 MG63
FYCOMPA TABS 8 MG, 10 MG, 12 MG (perampanel)11	gentamicin sulfate (topical) CREA .38	GLYXAMBI14
gabapentin CAPS12	gentamicin sulfate (topical) OINT ..38	GNP PRENATAL TABS56
gabapentin SOLN12	gentamicin sulfate IJ 40 MG/ML2	GNP PRENATAL/FOLIC ACID TABS56
gabapentin TABS 600 MG, 800 MG 12	GENVOYA30	GOHIBIC48
galantamine hydrobromide CP24 ..61	GILOTRIF24	GOJJI BLOOD KETONE TEST ...43
galantamine hydrobromide SOLN .61	glatiramer acetate SOSY 20 MG/ML .61	granisetron hcl SOLN IV 1 MG/ML 17
galantamine hydrobromide TABS .61	glatiramer acetate SOSY 40 MG/ML .61	granisetron hcl TABS17
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML60	GLEOSTINE 10 MG23	GRASTEK SUBL2
GAMMAGARD 30 GM/300ML60	GLEOSTINE 40 MG, 100 MG23	griseofulvin microsize SUSP17
	glimepiride 1 MG, 2 MG16	griseofulvin microsize TABS17

griseofulvin ultramicrosize	17	HUMIRA-CD/UC/HS STARTER AJKT	3	325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	6
guanfacine hcl (adhd)	1	HUMIRA-PED<40KG CROHNS STARTER PSKT	3	hydrocodone-acetaminophen TABS 325 MG-2.5 MG	7
guanfacine hcl	20	HUMIRA-PED>=40KG CROHNS START PSKT	3	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG	7
GYNAZOLE-1	67	HUMIRA-PED>=40KG UC STARTER AJKT	3	hydrocodone-ibuprofen 7.5 MG-200 MG	7
HAEGARDA SOLR SC	48	HUMIRA-PS/UV/ADOL HS STARTER AJKT	3	hydrocortisone (intrarectal)	7
HALAVEN (eribulin mesylate)	28	HUMIRA-PSORIASIS/UEIT STARTER AJKT	3	hydrocortisone (rectal) EX	7
halcinonide CREA	41	HUMULIN R U-500 (CONCENTRATED) SOLN SC	15	hydrocortisone (topical) CREA 1 %, 2.5 %	41
halobetasol propionate CREA	41	HUMULIN R U-500 KWIKPEN SOPN SC	15	hydrocortisone (topical) LOTN 2.5 % . 41	
halobetasol propionate OINT	41	HYCAMTIN CAPS	28	hydrocortisone (topical) OINT 1 %, 2.5 %	41
HALOG OINT	41	hydralazine hcl SOLN	21	hydrocortisone acetate (rectal)	7
haloperidol decanoate	29	hydralazine hcl TABS	21	hydrocortisone butyrate CREA	41
haloperidol lactate CONC	29	hydrochlorothiazide CAPS	44	hydrocortisone butyrate OINT	41
haloperidol lactate SOLN	29	hydrochlorothiazide TABS	44	hydrocortisone butyrate SOLN	41
haloperidol TABS	29	hydrocodone bitartrate CP12	5	hydrocortisone sod succinate 100 MG	36
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	66	hydrocodone bitartrate T24A	5	hydrocortisone TABS	36
HEALON PRO SOSY	59	hydrocodone polistirex- chlorpheniramine polistirex SUER .	37	hydrocortisone vaginal	67
HEMANGEOL SOLN PO	32	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	6	hydrocortisone valerate CREA	41
HEMATINIC/FOLIC ACID	49	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	6	hydrocortisone valerate OINT	41
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML 11		hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	7	hydrocortisone w/acetic acid	60
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	11	hydromorphone hcl LIQD	5	hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 5	
HEPLISAV-B SOSY	66	hydromorphone hcl TABS	5	hydromorphone hcl TB24 32 MG ...	5
HIBERIX SOLR IJ	64				
HUMATROPE CART IJ	44				
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	3				
HUMIRA (2 PEN) AJKT	3				
HUMIRA (2 SYRINGE) PSKT	3				

hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	5	imatinib mesylate TABS	26	INSULIN ASPART PROT & ASPART SUSP	16
hydroxychloroquine sulfate 100 MG 22		IMBRUVICA CAPS 140 MG	26	INSULIN ASPART SOLN IJ	16
hydroxychloroquine sulfate 200 MG 22		IMBRUVICA CAPS 70 MG	26	INSULIN DEGLUDEC FLEXTOUCH SOPN	16
hydroxychloroquine sulfate 400 MG 22		IMBRUVICA SUSP	26	INSULIN DEGLUDEC SOLN	16
hydroxyurea	27	IMBRUVICA TABS	26	INSULIN GLARGINE-YFGN SOLN 16	
hydroxyzine hcl SOLN 50 MG/ML ..	8	imipenem-cilastatin IV	21	INSULIN GLARGINE-YFGN SOPN 16	
hydroxyzine hcl SYRP	8	imipramine hcl TABS	14	INSULIN LISPRO (1 UNIT DIAL) SOPN	16
hydroxyzine hcl TABS	8	imipramine pamoate	14	INSULIN LISPRO JUNIOR KWIKPEN SOPN	16
hydroxyzine pamoate CAPS	8	imiquimod 5 %	42	INSULIN LISPRO PROT & LISPRO SUPN	16
HYPERSAL NEBU	37	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	53	INSULIN LISPRO SOLN IJ	16
HYQVIA	60	IMPAVIDO	21	INTELENCE 25 MG	30
ibandronate sodium SOLN	44	INCRELEX	44	IONOSOL-MB IN D5W	54
ibandronate sodium TABS	44	INCRUSE ELLIPTA	9	IOPIDINE	58
IBRANCE CAPS	26	indapamide TABS 1.25 MG	44	IPOL IJ	66
IBRANCE TABS	26	indapamide TABS 2.5 MG	44	ipratropium bromide (nasal) 0.03 % 57	
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	4	indomethacin CAPS 25 MG, 50 MG 4		ipratropium bromide (nasal) 0.06 % 57	
ibuprofen TABS 400 MG, 600 MG, 800 MG	4	indomethacin CPCR	4	ipratropium bromide SOLN 0.02 % . 9	
icatibant acetate SOSY	48	INFANRIX	63	ipratropium-albuterol SOLN	10
ICLUSIG	26	INFLECTRA SOLR	46	irbesartan	19
icosapent ethyl 1 GM	18	INGREZZA CAPS	61	irbesartan-hydrochlorothiazide	20
idarubicin hcl 20 MG/20ML	25	INGREZZA CPPK	61	irinotecan hcl 40 MG/2ML, 100 MG/5ML	28
idarubicin hcl 5 MG/5ML, 10 MG/10ML	25	INGREZZA CPSP	61	irrigation solutions, physiological ..	55
IDELVION	48	INLYTA	24	ISENTRESS CHEW	30
ifosfamide SOLN 1 GM/20ML	23	INREBIC	26		
ifosfamide SOLR	23	INSULIN ASP PROT & ASP FLEXPEN SUPN	15		
		INSULIN ASPART FLEXPEN SOPN . 15			
		INSULIN ASPART PENFILL SOCT 16			

ISENTRESS HD TABS	30	UNIT, 3000 UNIT	48	KIMONO PS MISC	51
ISENTRESS TABS	30	JULUCA	30	KIMONO PS PLUS MISC	51
ISOLYTE-P IN D5W	54	JYNARQUE TBPK 15 MG (tolvaptan)	45	KIMONO SENSATION MISC	51
ISOLYTE-S	54	JYNNEOS	66	KIMONO SENSATION PLUS MISC	51
isoniazid SOLN	23	KALETRA SOLN	30	KIMONO SPECIAL DEVI	51
isoniazid SYRP	23	KALYDECO TABS	62	KINRIX SUSY	63
isoniazid TABS	23	KAMELEON LUBRICATED MISC	51	KISQALI (200 MG DOSE)	26
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	8	KANJINTI	24	KISQALI (400 MG DOSE)	26
isosorbide dinitrate-hydralazine hcl 33		KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (potassium chloride in dextrose & sodium chloride)	54	KISQALI (600 MG DOSE)	26
isosorbide mononitrate TABS	8	KCL-LACTATED RINGERS-D5W	54	KISQALI FEMARA (200 MG DOSE)	25
isosorbide mononitrate TB24	8	ketoconazole (topical) CREA	38	KISQALI FEMARA (400 MG DOSE)	25
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	37	ketoconazole (topical) SHAM 2 %	38	KISQALI FEMARA (600 MG DOSE)	25
isradipine CAPS	33	ketoconazole	18	KOGENATE FS KIT	48
itraconazole CAPS	18	KETONE TEST STRP	43	KOSELUGO	26
itraconazole SOLN	18	ketoprofen CAPS 50 MG	4	KOVALTRY	48
ivabradine hcl TABS	34	ketorolac tromethamine (ophth)	59	KP PRENATAL MULTIVITAMINS TABS	56
ivermectin (pediculicide)	42	ketorolac tromethamine TABS	4	KRINTAFEL	22
ivermectin	8	KETOSTIX STRP	43	K-Y ME & YOU EXTRA LUBRICATED DEVI	51
IXEMPRA KIT 15 MG	28	ketotifen fumarate (ophth) 0.035 %	59	K-Y ME & YOU INTENSE DEVI	51
JAKAFI	26	KEVZARA SOAJ	4	KYLEENA	36
JANUMET TABS	14	KEVZARA SOSY	4	KYPROLIS	26
JANUMET XR TB24 1000 MG-100 MG	14	KIMONO COLORS DEVI	51	labetalol hcl SOLN	32
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	14	KIMONO MAXX-LARGE FLARE MISC	51	labetalol hcl TABS 100 MG, 200 MG	32
JANUVIA	15	KIMONO MICRO THIN PLUS MISC	51	labetalol hcl TABS 300 MG	32
JARDIANCE	16	KIMONO MISC	51	lacosamide SOLN IV 200 MG/20ML	12
JEVTANA	28	KIMONO PLUS MISC	51		
JIVI 500 UNIT, 1000 UNIT, 2000					

lacosamide TABS	12	lenalidomide 20 MG	55	46	
lactated ringer's (irrigation)	55	LENVIMA (10 MG DAILY DOSE) ..	24	levofloxacin SOLN PO	46
lactated ringer's	54	LENVIMA (12 MG DAILY DOSE) ..	24	levofloxacin TABS	46
lactic acid (ammonium lactate) CREA	42	LENVIMA (14 MG DAILY DOSE) ..	24	levonorgestrel & eth estradiol TABS	35
lactic acid (ammonium lactate) LOTN 12 %	42	LENVIMA (18 MG DAILY DOSE) ..	24	levonorgestrel (emergency oc) 1.5 MG	35
lactulose (encephalopathy)	47	LENVIMA (20 MG DAILY DOSE) ..	24	levonorgestrel-eth estradiol (triphasic)	35
lactulose SOLN	50	LENVIMA (24 MG DAILY DOSE) ..	24	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	35
lamivudine (hbv) TABS	31	LENVIMA (4 MG DAILY DOSE) ..	24	levonorgestrel-ethinyl estradiol (continuous)	35
lamivudine SOLN	30	LENVIMA (8 MG DAILY DOSE) ..	24	levonorgestrel-ethinyl estradiol-iron	35
lamivudine TABS 150 MG	30	letrozole	25	levorphanol tartrate TABS 2 MG	5
lamivudine TABS 300 MG	30	leucovorin calcium SOLR	27	levothyroxine sodium TABS	63
lamivudine-zidovudine	30	leucovorin calcium TABS	27	LEXIVA SUSP	30
lamotrigine CHEW 25 MG	12	LEUKERAN	23	lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %	50
lamotrigine CHEW 5 MG	12	LEUKINE SOLR IJ	49	lidocaine hcl (mouth-throat) 2 % ...	56
lamotrigine TABS	12	leuprolide acetate KIT IJ 1 MG/0.2ML	25	lidocaine hcl (mouth-throat) 4 % ...	56
lamotrigine TBDP	12	levalbuterol hcl	10	lidocaine hcl GEL 2 %	42
LANOXIN SOLN IJ (digoxin)	33	levalbuterol tartrate	10	lidocaine hcl PRSY	42
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	33	levetiracetam SOLN IV 500 MG/5ML 12		lidocaine hcl SOLN	42
lansoprazole CPDR 15 MG	64	levetiracetam TABS 1000 MG	12	lidocaine PTCH 5 %	42
lansoprazole CPDR 30 MG	64	levetiracetam TABS 250 MG, 750 MG	12	lidocaine-prilocaine CREA	42
lanthanum carbonate CHEW	47	levetiracetam TABS 500 MG	12	LILETTA (52 MG)	36
lapatinib ditosylate	26	levetiracetam TB24	12	lincomycin hcl	21
LASTACFT	59	levobunolol hcl 0.5 %	58	linezolid SUSR	22
latanoprost SOLN	59	levocetirizine dihydrochloride SOLN 18		linezolid TABS	22
leflunomide	4	levocetirizine dihydrochloride TABS 18		LINZESS	47
LEMTRADA	61	levofloxacin (ophth) 0.5 %	58		
lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	55	levofloxacin in d5w 500 MG/100ML			

liothyronine sodium SOLN	63	MG, 25 MG-100 MG	20	LYSODREN	25
liothyronine sodium TABS	63	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 20		mafenide acetate PACK	40
liraglutide	15	losartan potassium	20	magnesium sulfate IJ 50 %	54
lisdexamphetamine dimesylate CAPS 1		LOTEMAX OINT	59	malathion	42
lisdexamphetamine dimesylate CHEW . 1		loteprednol etabonate GEL	59	maraviroc TABS 150 MG	30
lisinopril & hydrochlorothiazide ...	20	loteprednol etabonate SUSP	59	maraviroc TABS 300 MG	30
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	19	lovastatin TABS 10 MG, 20 MG ...	19	MARPLAN	13
lithium	29	lovastatin TABS 40 MG	19	MASONATAL TABS	56
lithium carbonate CAPS	29	loxapine succinate	29	MATULANE	27
lithium carbonate TABS	29	lubiprostone	46	MAXIDEX SUSP OP	59
lithium carbonate TBCR	29	LUCEMYRA (lofexidine hcl)	61	MAXX MISC	51
LO LOESTRIN FE TABS	35	luliconazole	38	MAXX PLUS MISC	51
lofexidine hcl	61	LUMAKRAS 120 MG, 240 MG	26	meclizine hcl TABS 12.5 MG, 25 MG 17	
LOKELMA	55	LUMAKRAS 320 MG	26	meclofenamate sodium CAPS	4
loperamide hcl CAPS	16	LUMIZYME	45	MEDROL TABS	36
lopinavir-ritonavir SOLN	30	LUPRON DEPOT (1-MONTH) KIT IM	25	medroxyprogesterone acetate (contraceptive) SUSP IM	36
lopinavir-ritonavir TABS	30	LUPRON DEPOT (3-MONTH) KIT IM	25	medroxyprogesterone acetate (contraceptive) SUSY IM	36
LOQTORZI	24	LUPRON DEPOT (4-MONTH) IM .	25	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	60
loratadine CAPS	18	LUPRON DEPOT (6-MONTH) IM .	25	mefenamic acid CAPS	4
loratadine CHEW	18	LUPRON DEPOT-PED (1-MONTH) . 45		mefloquine hcl	22
loratadine SOLN	18	LUPRON DEPOT-PED (3-MONTH) 11.25 MG	45	megestrol acetate (appetite)	60
loratadine TABS	18	LUPRON DEPOT-PED (3-MONTH) 30 MG	45	megestrol acetate SUSP	25
loratadine TBDP	18	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	29	megestrol acetate TABS	25
lorazepam CONC	8	lurasidone hcl 80 MG	29	MEKINIST SOLR	26
lorazepam TABS 0.5 MG, 2 MG	8	LYNPARZA TABS	26	MEKINIST TABS 0.5 MG	26
lorazepam TABS 1 MG	8			MEKINIST TABS 2 MG	26
LORBRENA	26			MEKTOVI	26
losartan potassium & hydrochlorothiazide 12.5 MG-100					

meloxicam TABS	4	METHADONE HCL SOLN IJ (methadone hcl)	5	methylphenidate hcl CPRC	2
melphalan	23	methadone hcl SOLN IJ 10 MG/ML ..	5	methylphenidate hcl SOLN	2
melphalan hcl IV	23	methadone hcl SOLN PO 10 MG/5ML	5	methylphenidate hcl TABS 10 MG, 20 MG	2
memantine hcl TABS	61	methadone hcl SOLN PO 5 MG/5ML 5	5	methylphenidate hcl TABS 5 MG ...	2
MENACTRA	65	methadone hcl TABS 10 MG	5	methylphenidate hcl TB24 18 MG, 27 MG	2
MENEST 2.5 MG	46	methadone hcl TABS 5 MG	6	methylphenidate hcl TB24 36 MG, 54 MG	2
MENOSTAR PTWK	46	methadone hcl TBSO	6	methylphenidate hcl TBCR 10 MG, 20 MG	2
MENQUADFI 0.5 ML	65	methamphetamine hcl	1	methylphenidate hcl TBCR 18 MG, 27 MG	2
MENVEO SOLN	65	methazolamide TABS	43	methylphenidate hcl TBCR 36 MG, 54 MG	2
MENVEO SOLR	65	methenamine hippurate	22	methylphenidate PTCH	2
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	5	methimazole TABS	63	methylprednisolone acetate SUSP 36	
meperidine hcl SOLN PO 50 MG/5ML	5	methocarbamol TABS 500 MG, 750 MG	57	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	36
meperidine hcl TABS 50 MG	5	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML	23	methylprednisolone TABS	36
meprobamate	8	methotrexate sodium SOLR	23	methylprednisolone TBPK	36
mercaptopurine TABS	23	methotrexate sodium TABS 2.5 MG 23		methyltestosterone TABS	7
meropenem	21	methoxsalen rapid	39	metoclopramide hcl SOLN IJ 5 MG/ML	46
mesalamine CP24	46	methscopolamine bromide	63	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	46
mesalamine CPDR	46	methsuximide	13	metoclopramide hcl TABS	46
mesalamine ENEM	46	methyl dopa TABS	20	metolazone	44
mesalamine SUPP	46	methylphenidate hcl CHEW 10 MG .	1	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG	20
mesalamine TBEC 1.2 GM	46	methylphenidate hcl CHEW 2.5 MG	1	metoprolol & hydrochlorothiazide TABS 25 MG-50 MG	20
mesalamine TBEC 800 MG	46	methylphenidate hcl CHEW 5 MG ..	1	metoprolol succinate TB24 200 MG	
metaxalone 800 MG	57	methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG	1		
metformin hcl TABS 1000 MG	15	methylphenidate hcl CP24 30 MG ..	2		
metformin hcl TABS 500 MG	15	methylphenidate hcl CP24	2		
metformin hcl TABS 850 MG	15				
metformin hcl TB24 500 MG	15				
metformin hcl TB24 750 MG	15				
methadone hcl CONC	5				

32	MIUDELLA INTRAUTERINE	morphine sulfate TABS 6
metoprolol succinate TB24 25 MG,	COPPER 35	morphine sulfate TBCR 6
50 MG, 100 MG 32	M-M-R II SOLR 66	MOTOFEN 16
metoprolol tartrate SOLN IV 5	M-NATAL PLUS TABS 56	MOVANTIK 47
MG/5ML 32	MNEXSPIKE SUSY 10 MCG/0.2ML .	moxifloxacin hcl (ophth) SOLN OP 58
metoprolol tartrate TABS 25 MG, 50	66	moxifloxacin hcl in sodium chloride
MG, 100 MG 32	modafinil 100 MG 2	46
metronidazole (topical) CREA 42	modafinil 200 MG 2	moxifloxacin hcl TABS 46
metronidazole (topical) GEL 0.75 %	MODERNA COVID-19 BIVALENT	MRESVIA 66
42	66	MULPLETA 49
metronidazole (topical) GEL 1 % .. 42	MODERNA COVID-19 VAC 6M-11Y	MULTI PRENATAL TABS 56
metronidazole (topical) LOTN 42	SUSP 66	mupirocin OINT 38
metronidazole TABS 250 MG, 500	MODERNA COVID-19 VAC 6M-11Y	MVASI 24
MG 21	SUSY 66	MYALEPT 45
metronidazole vaginal 67	MODERNA COVID-19 VACCINE	mycophenolate mofetil CAPS 55
mexiletine hcl 8	SUSP 66	mycophenolate mofetil TABS 55
micafungin sodium 17	moexipril hcl 19	mycophenolate sodium 55
miconazole nitrate vaginal SUPP 200	mometasone furoate (nasal) SUSP	MYLERAN TABS 23
MG 67	57	nabumetone 4
midodrine hcl 67	mometasone furoate CREA 41	nadolol TABS 20 MG 32
miglitol 14	mometasone furoate OINT 41	nadolol TABS 40 MG 32
miglustat 49	mometasone furoate SOLN 41	nadolol TABS 80 MG 32
minocycline hcl CAPS 63	montelukast sodium CHEW 9	nafcillin sodium IV 10 GM 60
minocycline hcl TABS 63	montelukast sodium PACK 9	naftifine hcl CREA 1 % 38
minoxidil 2.5 MG, 10 MG 21	montelukast sodium TABS 9	naftifine hcl CREA 2 % 38
MIRCERA 49	morphine sulfate CP24 10 MG, 20	nalbuphine hcl 7
MIRENA (52 MG) 36	MG, 30 MG, 50 MG, 60 MG, 80 MG,	naloxone hcl LIQD 17
mirtazapine TABS 13	100 MG 6	naloxone hcl SOLN 0.4 MG/ML, 4
mirtazapine TBDP 13	morphine sulfate SOLN IJ 0.5	MG/10ML 17
misoprostol 64	MG/ML, 1 MG/ML 6	naltrexone hcl 17
mitomycin SOLR IV 20 MG 25	morphine sulfate SOLN PO 10	naproxen sodium TABS 550 MG ... 4
mitoxantrone hcl 25 MG/12.5ML .. 25	MG/5ML 6	
	morphine sulfate SOLN PO 20	
	MG/5ML 6	

naproxen SUSP	4	neostigmine methylsulfate SOSY ..	23	nifedipine TB24	33
naproxen TABS	4	NEO-SYNALAR	38	nilotinib hcl 150 MG, 200 MG	26
naproxen TBEC 500 MG	4	NEUPRO	28	nilotinib hcl 50 MG	26
naratriptan hcl	53	NEVANAC	59	nilutamide	25
NATACYN	58	nevirapine SUSP	30	nimodipine CAPS	33
NATAZIA	35	nevirapine TABS	30	NINLARO	26
nateglinide	16	nevirapine TB24 400 MG	31	NIPENT	27
NAYZILAM	11	NEXIUM 24HR TBEC 20 MG	64	nisoldipine	33
nebivolol hcl 2.5 MG, 5 MG, 10 MG 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 ...	68	nitrofurantoin	22
nelarabine	23	NIACIN ER TBCR	67	nitrofurantoin macrocrystal 50 MG, 100 MG	22
neomycin sulfate TABS	2	niacin TABS	68	nitrofurantoin monohyd macro	22
neomycin-bacitracin zn-polymyxin	58	niacin TBCR	68	nitroglycerin (intra-anal)	7
neomycin-polymy-dexameth OINT	59	niacinamide TABS	67	nitroglycerin CPCR	8
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	59	nicardipine hcl CAPS	33	nitroglycerin PT24	8
neomycin-polymyxin-hc (ophth) ...	59	nicardipine hcl SOLN	33	NITROGLYCERIN SOLN IV	8
neomycin-polymyxin-hc (otic) SOLN .	59	NICOTINE KIT	62	nitroglycerin SUBL	8
neomycin-polymyxin-hc (otic) SUSP .	59	nicotine polacrilex GUM	62	NIVA-PLUS TABS	56
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	56	nicotine polacrilex LOZG	62	nizatidine CAPS	64
NEONATAL PLUS TABS	56	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	62	NORDITROPIN FLEXPPO SOPN 30 MG/3ML	44
NEONATAL PRENATAL TABS ...	56	NICOTROL INHA	62	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	44
NEONATAL VITAMIN TABS	56	NICOTROL NS SOLN	62	norelgestromin-ethinyl estradiol ...	35
		nifedipine CAPS 10 MG	33	norethin acet & estrad-fe CAPS ...	35
		nifedipine CAPS 20 MG	33	norethin acet & estrad-fe CHEW ...	35
		nifedipine TB24 30 MG	33	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30	
		nifedipine TB24 60 MG	33		
		nifedipine TB24 90 MG	33		

MCG-75 MG	35	NOVOLIN 70/30 FLEXPEN SUPN	16	ofloxacin 300 MG, 400 MG	46
norethindrone & eth estradiol	35	NOVOLIN 70/30 SUSP	16	OGIVRI	24
norethindrone & ethinyl estradiol-fe 35		NOVOLIN N FLEXPEN SUPN	16	olanzapine SOLR	29
norethindrone (contraceptive)	36	NOVOLIN N SUSP	16	olanzapine TABS 2.5 MG, 5 MG ..	29
norethindrone acet & eth estra TABS 35		NOVOLIN R FLEXPEN SOPN IJ ..	16	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	29
norethindrone acetate TABS	60	NOVOLIN R SOLN IJ	16	olanzapine TBDP 20 MG	29
norethindrone acetate-ethinyl estradiol	45	NP THYROID TABS	63	olanzapine TBDP 5 MG, 10 MG, 15 MG	29
norethindrone acetate-ethinyl estradiol-fe	35	NUBEQA	25	olmesartan medoxomil	20
norethindrone-eth estradiol (triphasic)	35	NUCALA SOAJ	9	olmesartan medoxomil-amlodipine- hydrochlorothiazide	20
norgestimate-ethinyl estradiol (triphasic)	35	NUCALA SOLR	9	olmesartan medoxomil- hydrochlorothiazide	20
norgestimate-ethinyl estradiol	35	NUCALA SOSY 100 MG/ML	9	olmesartan medoxomil- hydrochlorothiazide	20
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	35	NUCALA SOSY 40 MG/0.4ML	9	olopatadine hcl (nasal)	57
NORMOSOL-M IN D5W	54	NUEDEXTA	62	olopatadine hcl 0.1 %	59
NORMOSOL-R PH 7.4	54	NULOJIX	55	olopatadine hcl 0.2 %	59
nortriptyline hcl CAPS	14	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	66	omega-3-acid ethyl esters	18
nortriptyline hcl SOLN	14	nystatin (mouth-throat)	56	omeprazole CPDR	64
NORVIR CAPS	31	nystatin (topical) CREA	38	omeprazole magnesium CPDR	64
NORVIR PACK	31	nystatin (topical) OINT	38	omeprazole TBEC	64
NOVA MAX PLUS KETONE TEST 43		nystatin (topical) POWD EX	38	omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	64
NOVAREL IM 10000 UNIT	44	nystatin TABS	17	OMNIFLEX DIAPHRAGM	51
NOVAVAX COVID-19 VACCINE SUSP	66	nystatin-triamcinolone CREA	38	ONCASPAR	27
NOVAVAX COVID-19 VACCINE SUSY	66	nystatin-triamcinolone OINT	38	ondansetron hcl SOLN IJ 4 MG/2ML . 17	
NOVOEIGHT	48	NYVEPRIA	49	ondansetron hcl SOLN PO 4 MG/5ML	17
		octreotide acetate SOLN	45	ondansetron hcl SOSY	17
		ODEFSEY	31	ondansetron hcl TABS 24 MG	17
		ODOMZO	24	ondansetron hcl TABS 4 MG	17
		OFEV	62		
		ofloxacin (ophth)	58		
		ofloxacin (otic)	59		

ondansetron hcl TABS 8 MG 17	oxcarbazepine TABS 150 MG, 300 MG 12	PANRETIN 39
ondansetron TBDP 4 MG 17	oxcarbazepine TABS 600 MG 12	pantoprazole sodium TBEC 20 MG 64
ondansetron TBDP 8 MG 17	oxiconazole nitrate CREA 39	pantoprazole sodium TBEC 40 MG 64
ONE VITE WOMENS PLUS TABS 56	OXISTAT LOTN 39	PARAGARD INTRAUTERINE COPPER 35
ONE VITE WOMENS TABS 56	oxybutynin chloride SOLN 64	paricalcitol CAPS 45
ONETOUCH DELICA SAFETY LANCING 52	oxybutynin chloride TABS 5 MG ... 64	paricalcitol SOLN 45
OPILL 36	oxybutynin chloride TB24 64	paroxetine hcl SUSP 13
OPSUMIT 33	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG 6	paroxetine hcl TABS 14
ORENITRAM TBCR 33	oxycodone hcl TABS 6	paroxetine hcl TB24 14
ORGOVYX 25	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 7	pazopanib hcl 26
ORILISSA 44	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG 7	PEDIARIX SUSY 63
ORKAMBI PACK 62	oxymorphone hcl TABS 6	pediatric multivitamins w/fl CHEW .56
ORKAMBI TABS 62	oxymorphone hcl TB12 40 MG 6	PEDVAX HIB SUSP 65
ORLADEYO 48	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 6	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 50
orphenadrine citrate TB12 57	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 15	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 50
oseltamivir phosphate CAPS 32	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML 15	peg 3350-potassium chloride-sod bicarbonate-sod chloride 50
oseltamivir phosphate SUSR 32	OZEMPIC (2 MG/DOSE) SOPN ... 15	PEGASYS SOLN 31
OSPHENA 44	paclitaxel 100 MG/16.7ML, 150 MG/25ML 28	PEGASYS SOSY 31
OTEZLA TABS 4	paclitaxel protein-bound particles .28	PEMAZYRE 26
OTEZLA TBPk 4	paliperidone 29	pemetrexed disodium SOLR 500 MG 23
OTEZLA XR TB24 PO 75 MG 4	palonosetron hcl SOLN 17	PENBRAYA 65
OTEZLA/OTEZLA XR INITIATION PK TBPk 4	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML 44	penciclovir 40
oxacillin sodium IV 10 GM 60	PAMIDRONATE DISODIUM SOLN 44	penicillamine CAPS 55
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML 23		penicillamine TABS 55
oxaprozin TABS 4		PENICILLIN G POT IN DEXTROSE
oxazepam CAPS 8		
oxcarbazepine SUSP 12		

40000 UNIT/ML, 60000 UNIT/ML .60	VACC SUSP66	sodium60
penicillin g potassium 5000000 UNIT 60	PHEBURANE PLLT45	PIQRAY (200 MG DAILY DOSE) .27
penicillin g sodium60	phenazopyridine hcl TABS 100 MG, 200 MG47	PIQRAY (250 MG DAILY DOSE) .27
penicillin v potassium SOLR60	phendimetrazine tartrate TABS1	PIQRAY (300 MG DAILY DOSE) .27
penicillin v potassium TABS60	phenelzine sulfate13	pirfenidone CAPS62
PENMENVY SUSR IM65	phenobarbital ELIX50	pirfenidone TABS 267 MG, 801 MG 62
PENTACEL63	phenobarbital TABS50	pirfenidone TABS 534 MG62
pentazocine w/ naloxone hcl7	phenoxybenzamine hcl19	piroxicam CAPS4
pentoxifylline48	phentermine hcl CAPS1	PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L54
perampanel TABS 2 MG11	phenytoin CHEW13	PLASMA-LYTE A (electrolyte-a) ..54
perampanel TABS 4 MG11	phenytoin sodium extended 100 MG, 200 MG, 300 MG13	PLEGRIDY SOAJ61
perampanel TABS 6 MG11	phenytoin sodium SOLN13	PLEGRIDY SOSY SC61
perampanel TABS 8 MG, 10 MG, 12 MG11	phenytoin SUSP13	PLEGRIDY STARTER PACK SOAJ . 61
perindopril erbumine 2 MG, 8 MG .19	PHEXX67	PLEGRIDY STARTER PACK SOSY SC61
perindopril erbumine 4 MG19	PHEXXI67	plerixafor49
PERJETA24	PHOTOFRIN27	PNEUMOVAX 23 SOLN65
permethrin CREA42	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG26	PNEUMOVAX 23 SOSY65
permethrin LIQD EX42	PIFELTRO31	podofilox SOLN42
perphenazine TABS29	pilocarpine hcl (oral)56	polymyxin b sulfate SOLR22
perphenazine-amitriptyline61	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 58	polymyxin b-trimethoprim58
PERSERIS PRSY29	pimecrolimus42	POMALYST25
PFIZER COVID-19 VAC BIVALENT . 66	pimozide62	posaconazole SUSP18
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP66	pindolol TABS32	potassium acetate SOLN 2 MEQ/ML . 54
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP66	pioglitazone hcl16	potassium bicarbonate TBEF55
PFIZER-BIONT COVID-19 VAC- TRIS SUSP66	pioglitazone hcl-glimepiride14	potassium chloride CPCR55
PFIZER-BIONTECH COVID-19	pioglitazone hcl-metformin hcl TABS . 14	potassium chloride in dextrose &
	piperacillin sodium-tazobactam	

sodium chloride 5 %-0.075 %-0.45 %, 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	prasugrel hcl48	PREMPHASE 45
potassium chloride in dextrose 20 MEQ/L54	pravastatin sodium 19	PREMPRO 45
POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 % (potassium chloride in nacl) 54	praziquantel8	PRENATAL ONE DAILY TABS56
potassium chloride in nacl 20 MEQ/L- 0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L- 0.9 %54	prazosin hcl CAPS20	PRENATAL PLUS TABS 56
potassium chloride microencapsulated crystals er 55	PRECISION XTRA KETONE 43	PRENATAL PLUS VITAMIN/MINERAL TABS56
potassium chloride PACK PO 20 MEQ55	PRED MILD 59	PRENATAL TABS 57
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 55	prednisolone acetate (ophth)59	PRENATAL VITAMIN AND MINERAL TABS 56
potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML55	PREDNISOLONE SODIUM PHOSPHATE59	PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 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 UNIT57
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ 55	prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML36	PRENATAL/IRON 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
potassium citrate (alkalinizer) TBCR . 47	prednisolone sodium phosphate TBDP36	PRENATRIX TABS 57
potassium phosphates 45 MMOLE/15ML54	prednisolone SOLN36	PRENATRYL TABS57
PR BENZOYL PEROXIDE WASH LIQD37	prednisolone TABS 36	PREVNAR 13 65
pralatrexate 20 MG/ML 23	prednisone SOLN36	PREVNAR 20 65
pramipexole dihydrochloride TABS 0.125 MG28	prednisone TABS 36	PREZCOBIX 31
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG 28	prednisone TBPK 36	PREZISTA SUSP31
	pregabalin (once-daily) 330 MG ...62	PREZISTA TABS 75 MG, 150 MG 31
	pregabalin (once-daily) 82.5 MG, 165 MG 62	PRIFTIN23
	pregabalin CAPS 225 MG, 300 MG 12	primaquine phosphate TABS22
	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ... 12	primidone 50 MG, 250 MG12
	pregabalin SOLN12	PRIORIX SUSR66
	PREHEVBRIO66	PROAIR DIGIHALER10
	PREMARIN67	PROAIR RESPIClick AEPB10
	PREMARIN SOLR46	
	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated)46	

probenecid	48	propranolol hcl TABS	32	quinidine sulfate TABS	8
procainamide hcl SOLN 500 MG/ML . 8		propylthiouracil	63	quinine sulfate CAPS 324 MG	22
prochlorperazine	29	PROQUAD SUSR	66	QUZYTIR SOLN IV	18
prochlorperazine maleate TABS ...	29	protriptyline hcl	14	QVAR REDHALER	9
PROCRT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	49	PROVISC SOSY	59	rabeprazole sodium TBEC	64
PROCRT 40000 UNIT/ML	49	prucalopride succinate	46	raloxifene hcl	44
progesterone CAPS	60	PULMICORT FLEXHALER AEPB ..	9	ramelteon	50
PROGRAF PACK	55	PULMOZYME	62	ramipril CAPS	19
PROGRAF SOLN	55	PX PRENATAL MULTIVITAMINS TABS	57	ranolazine TB12 1000 MG	8
PROLASTIN-C SOLN	62	pyrazinamide	23	ranolazine TB12 500 MG	8
PROLASTIN-C SOLR	62	pyridostigmine bromide SOLN PO	23	rasagiline mesylate	28
PROLEUKIN	27	pyridostigmine bromide TABS 60 MG	23	REALITY LATEX CONDOMS MISC . 51	
PROLIA SOSY	44	pyridostigmine bromide TBCR	23	REALITY LATEX/ULTRA TEXTURED DEVI	51
PROMACTA PACK 12.5 MG, 25 MG (eltrombopag olamine)	49	pyrimethamine	22	REALITY LATEX/ULTRA THIN DEVI 51	
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	49	QC PRENATAL TABS	57	REBIF REBIDOSE SOAJ	62
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	18	QINLOCK	27	REBIF REBIDOSE TITRATION PACK SOAJ	62
promethazine hcl SUPP 12.5 MG, 25 MG	18	QUADRACEL SUSP	63	REBIF SOSY	62
promethazine hcl SUPP 50 MG ...	18	QUADRACEL SUSY	63	REBIF TITRATION PACK SOSY ..	62
promethazine hcl TABS	18	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	29	RECOMBIVAX HB SUSP	66
propafenone hcl CP12	8	quetiapine fumarate TB24	29	RECOMBIVAX HB SUSY	66
propafenone hcl TABS	8	quinapril hcl 20 MG, 40 MG	19	RELENZA DISKHALER	32
proparacaine hcl	58	quinapril hcl 5 MG, 10 MG	19	RELION KETONE TEST STRP ...	43
propranolol hcl CP24	32	quinapril-hydrochlorothiazide 12.5 MG-10 MG	20	RELION LANCET DEVICES 30G	52
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	32	quinapril-hydrochlorothiazide 12.5 MG-20 MG	20	RELION LANCETS	52
		quinapril-hydrochlorothiazide 25 MG- 20 MG	20	RELION TRUE METRIX TEST STRIPS STRP	43
				RENFLEXIS	46
				repaglinide 0.5 MG, 1 MG	16

repaglinide 2 MG16	risperidone TBDP29	SAVELLA TABS 61
REPATHA PUSHTRONEX SYSTEM SOCT19	ritonavir TABS31	SAVELLA TITRATION PACK MISC 61
REPATHA SOSY 19	rivaroxaban SUSR 1 MG/ML 10	saxagliptin hcl 15
REPATHA SURECLICK SOAJ 19	rivaroxaban TABS 2.5 MG10	saxagliptin-metformin hcl 1000 MG- 2.5 MG 15
RETACRIT 49	rivastigmine tartrate CAPS61	saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG15
RETEVMO CAPS27	rizatriptan benzoate TABS 10 MG .53	SCEMBLIX 100 MG 27
RETROVIR SOLN 31	rizatriptan benzoate TABS 5 MG .. 53	SCEMBLIX 20 MG, 40 MG 27
REXULTI 30	rizatriptan benzoate TBDP 10 MG .53	scopolamine17
REZVOGLAR KWIKPEN16	rizatriptan benzoate TBDP 5 MG .. 53	SELECT INSULIN SYRINGES ... 53
ribavirin (hepatitis c) CAPS31	roflumilast9	SELECT LANCETS 52
ribavirin (hepatitis c) TABS 200 MG 31	romidepsin SOLR 27	selegiline hcl CAPS28
RIDAURA3	ropinirole hydrochloride TABS 28	selegiline hcl TABS 28
rifabutin23	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG28	selenium sulfide LOTN 2.5 % 40
rifampin CAPS 23	ropinirole hydrochloride TB24 8 MG, 12 MG28	SELZENTRY SOLN 31
rifampin SOLR 23	rosuvastatin calcium TABS 19	SELZENTRY TABS 25 MG, 75 MG 31
riluzole TABS57	ROTARIX SUSP67	SEMGLEE (YFGN) SOLN 16
rimantadine hydrochloride TABS .. 32	ROTATEQ SOLN67	SEMGLEE (YFGN) SOPN16
ringer's54	ROZLYTREK CAPS 27	SEREVENT DISKUS10
ringer's irrigation55	RUBRACA27	sertraline hcl CONC14
RINVOQ LQ SOLN2	rufinamide SUSP12	sertraline hcl TABS 14
RINVOQ TB24 2	rufinamide TABS 200 MG12	sevelamer carbonate PACK 47
risedronate sodium TABS 150 MG 44	rufinamide TABS 400 MG12	sevelamer carbonate TABS 47
risedronate sodium TABS 35 MG .44	RUXIENCE24	SHINGRIX67
risedronate sodium TABS 5 MG, 30 MG 44	RYBELSUS TABS 15	SIGNIFOR45
risedronate sodium TBEC 44	sacubitril-valsartan TABS33	sildenafil citrate (pulmonary hypertension) SOLN 34
risperidone microspheres 29	salsalate 5	sildenafil citrate (pulmonary hypertension) SUSR34
risperidone SOLN29	SANTYL OINT 42	
risperidone TABS29	sapropterin dihydrochloride PACK .45	
	sapropterin dihydrochloride TABS .45	

sildenafil citrate (pulmonary hypertension) TABS	34	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	56	spironolactone TABS	43
sildenafil citrate	33	sodium sulfate-potassium sulfate-magnesium sulfate	50	SPRAVATO (56 MG DOSE)	13
silodosin	47	SOFOSBUVIR-VELPATASVIR TABS	31	SPRAVATO (84 MG DOSE)	13
silver sulfadiazine	40	solifenacin succinate TABS	64	SPRYCEL (dasatinib)	27
SIMPONI ARIA SOLN	3	SOLQUA	15	stannous fluoride CONC	56
SIMULECT	55	SOLOSEC	2	STELARA 130 MG/26ML	47
simvastatin TABS	19	SOLU-CORTEF (hydrocortisone sod succinate)	36	STELARA SOLN 45 MG/0.5ML ...	39
sirolimus TABS	55	SOLU-CORTEF 100 MG, 500 MG, 1000 MG	36	STELARA SOSY 45 MG/0.5ML ...	39
SIRTURO	23	SOLU-CORTEF 250 MG	36	STELARA SOSY 90 MG/ML	40
SIVEXTRO TABS	22	SOLU-MEDROL 2 GM	36	STENDRA (avanafil)	33
SKYLA	36	sorafenib tosylate	27	STIOLTO RESPIMAT	10
SKYRIZI PEN SOAJ	39	SORBITOL 3 %	47	STIVARGA	27
SKYRIZI SOCT	47	SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	47	STRENSIQ	45
SKYRIZI SOLN	47	sotalol hcl (afib/afi)	32	streptomycin sulfate SOLR	2
SKYRIZI SOSY	39	sotalol hcl TABS 240 MG	32	STRIBILD	31
SLYND	36	sotalol hcl TABS 80 MG, 120 MG, 160 MG	32	STRIVERDI RESPIMAT	10
SM PRENATAL VITAMINS TABS ..	57	SOVALDI TABS 200 MG	31	SUBSYS LIQD 800 MCG	6
SODIUM ACETATE SOLN (sodium acetate)	54	SOVALDI TABS 400 MG	31	sucralfate SUSP	64
sodium acetate SOLN	54	SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	67	sucralfate TABS	64
sodium chloride (gu irrigant) 0.9 %	47	SPIKEVAX SUSP	67	sulconazole nitrate CREA	39
sodium chloride (inhalant) NEBU 7 %	37	SPIKEVAX SUSY	67	sulconazole nitrate SOLN	39
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	55	spinosad	42	sulfacetamide sodium (acne)	37
sodium citrate & citric acid	47	SPIRIVA RESPIMAT AERS IN	9	sulfacetamide sodium (ophth) SOLN .	58
sodium fluoride CHEW	54	spironolactone & hydrochlorothiazide	43	sulfacetamide sodium w/ sulfur CREA 10 %-5 %	37
sodium phenylbutyrate POWD	45			sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	38
sodium phenylbutyrate TABS	45			sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	37
sodium polystyrene sulfonate POWD	55			sulfacetamide sod-prednisolone SOLN	59

sulfadiazine TABS	62	TABLOID	24	telmisartan	20
sulfamethoxazole-trimethoprim SOLN	21	TABRECTA	27	telmisartan-amlodipine	20
sulfamethoxazole-trimethoprim SUSP	21	tacrolimus (topical) OINT	42	telmisartan-hydrochlorothiazide	20
sulfamethoxazole-trimethoprim TABS	21	tacrolimus CAPS	55	temazepam	50
SULFAMYLON CREA	40	tacrolimus SOLN 5 MG/ML	55	TEMODAR SOLR	23
sulfasalazine TABS	47	tadalafil (pulmonary hypertension) TABS	34	temozolomide CAPS	23
sulfasalazine TBEC	47	tadalafil 5 MG	33	temsirolimus	27
sulindac TABS	4	TAFINLAR CAPS	27	TENIVAC SUSP 2 LFU-5 LFU	63
sumatriptan	53	TAFINLAR TBSO	27	tenofovir disoproxil fumarate TABS	31
sumatriptan succinate SOAJ	53	tafluprost	59	terazosin hcl	20
sumatriptan succinate SOCT	53	TAGRISSO 40 MG	24	terbinafine hcl TABS	17
sumatriptan succinate SOLN 6 MG/0.5ML	54	TAGRISSO 80 MG	24	terbutaline sulfate SOLN	10
sumatriptan succinate TABS	54	TAKHZYRO SOLN	48	terbutaline sulfate TABS	10
sumatriptan-naproxen sodium	53	TAKHZYRO SOSY	48	terconazole vaginal CREA	67
sunitinib malate 12.5 MG, 25 MG, 50 MG	27	TALZENNA	27	terconazole vaginal SUPP	67
sunitinib malate 37.5 MG	27	tamoxifen citrate TABS	25	teriflunomide	62
SUNOSI 150 MG	1	tamsulosin hcl	47	teriparatide SOPN	44
SUNOSI 75 MG	1	TASIGNA 150 MG, 200 MG (nilotinib hcl)	27	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	7
SYNAREL	45	TASIGNA 50 MG (nilotinib hcl)	27	testosterone cypionate SOLN IM	7
SYNJARDY TABS	15	tavaborole	39	testosterone enanthate SOLN IM	7
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	15	TAVALISSE	48	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	63
SYNJARDY XR TB24 1000 MG-25 MG	15	tazarotene CREA 0.1 %	40	tetrabenazine	61
SYNRIBO	27	TAZVERIK	27	tetracycline hcl CAPS	63
SYNTHROID TABS (levothyroxine sodium)	63	TDVAX SUSP	63	THALOMID	55
		TEFLARO	34	theophylline ELIX	10
		TEGRETOL SUSP (carbamazepine)	12	theophylline SOLN	10
		TEGRETOL TABS (carbamazepine)	12	theophylline TB12	10
				theophylline TB24	10

THERANATAL CORE NUTRITION TABS	57	tolcapone	28	tranexamic acid TABS	50
THIOLA EC TBEC 100 MG (tiopronin)	47	tolmetin sodium CAPS	4	tranylcypromine sulfate	13
THIOLA EC TBEC 300 MG (tiopronin)	47	tolmetin sodium TABS 600 MG	4	travoprost SOLN	59
thioridazine hcl	29	TOLSURA CAPS	18	TRAZIMERA	24
thiotepa 15 MG	23	tolterodine tartrate CP24	64	trazodone hcl TABS	14
thiothixene	30	tolterodine tartrate TABS	64	TRELEGY ELLIPTA	10
THYMOGLOBULIN	55	tolvaptan TABS	45	TRELSTAR MIXJECT	25
THYROGEN 0.9 MG	42	tolvaptan TBPK 15 MG	45	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	40
tiagabine hcl	13	topiramate CPSP 15 MG	12	TREMFYA PEN SOAJ 100 MG/ML 40	
TIBSOVO	27	topiramate CPSP 25 MG	12	TREMFYA PEN SOAJ SC 200 MG/2ML	47
ticagrelor 60 MG, 90 MG	48	topiramate CS24	12	TREMFYA PEN SOAJ SC 200 MG/2ML	47
tigecycline	62	topiramate TABS 200 MG	12	TREMFYA SOLN IV	47
timolol maleate (ophth) SOLG	58	topiramate TABS 25 MG, 100 MG	12	TREMFYA SOSY 100 MG/ML	40
timolol maleate (ophth) SOLN	58	topiramate TABS 50 MG	12	TREMFYA SOSY SC 200 MG/2ML 47	
timolol maleate TABS	32	topotecan hcl SOLN	28	TREMFYA SOSY SC 200 MG/2ML 47	
tiopronin TBEC 100 MG	48	topotecan hcl SOLR	28	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	47
tiopronin TBEC 300 MG	48	toremifene citrate	25	treprostinil SOLN IJ	33
tiotropium bromide CAPS IN 18 MCG	9	torsemide TABS	43	tretinoin (chemotherapy)	27
TIVICAY TABS	31	TRACLEER TBSO 32 MG (bosentan)	33	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	38
tizanidine hcl CAPS	57	tramadol hcl TABS 50 MG	6	tretinoin GEL 0.01 %, 0.025 %	38
tizanidine hcl TABS	57	tramadol hcl TB24	6	tretinoin microsphere 0.1 %	38
tobramycin (ophth) SOLN	58	tramadol-acetaminophen	7	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	24
tobramycin NEBU	2	trandolapril 1 MG, 2 MG	19	triamcinolone acetonide (mouth) ..	56
tobramycin sulfate SOLN IJ 2 GM/50ML, 10 MG/ML, 80 MG/2ML ..	2	trandolapril 4 MG	19	triamcinolone acetonide (nasal) AERO	57
tobramycin-dexamethasone SUSP 59		trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	21	triamcinolone acetonide (topical) CREA 0.025 %	41
TODAY SPONGE MISC	67	trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	20	triamcinolone acetonide (topical)	
		tranexamic acid SOLN 1000 MG/10ML	49		

CREA 0.1 %	41	TRINTELLIX	14	TRUSTEX LUBRICATED EXTRA ST MISC	52
triamcinolone acetonide (topical) CREA 0.5 %	41	TRIUMEQ TABS	31	TRUSTEX LUBRICATED MISC ...	52
triamcinolone acetonide (topical) LOTN 0.025 %	41	TRIZIVIR	31	TRUSTEX LUBRICATED/SPERMICIDE MISC	52
triamcinolone acetonide (topical) LOTN 0.1 %	41	TROJAN BARESKIN DEVI	51	TRUSTEX NATURAL CONDOMS + LUBE MISC	52
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	42	TROJAN MAGNUM MISC	51	TRUSTEX RIA LUB/SPERMICIDE MISC	52
triamcinolone acetonide (topical) OINT 0.5 %	42	TROJAN ULTRA THIN MISC	51	TRUSTEX RIA LUBRICATED MISC .	52
triamcinolone acetonide SUSP 40 MG/ML	36	TROJAN ULTRA THIN/SPERMICIDAL MISC	51	TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC	52
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	43	TROJAN-ENZ LUBRICATED MISC 51		TRUXIMA	24
triamterene & hydrochlorothiazide TABS	43	TROJAN-ENZ/SPERMICIDAL MISC . 51		TUKYSA	24
triamterene CAPS	43	tropicamide SOLN 0.5 %	58	TURALIO 125 MG	27
triazolam	50	tropicamide SOLN 1 %	58	TWINRIX SUSY	67
TRICARE TABS	57	trospium chloride CP24	64	TWIRLA	35
trientine hcl 250 MG	55	trospium chloride TABS	64	TYBLUME CHEW	35
trifluoperazine hcl TABS	29	TRUE COVER DEVI	52	TYBOST	31
trifluridine	58	TRUE METRIX BLOOD GLUCOSE TEST STRP	43	TYMLOS	44
trihexyphenidyl hcl SOLN	28	TRUE METRIX LEVEL 3 SOLN ...	52	TYVASO REFILL KIT SOLN IN ...	33
trihexyphenidyl hcl TABS	28	TRULANCE	46	TYVASO SOLN IN	33
TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG .	15	TRULICITY	15	TYVASO STARTER KIT SOLN IN	33
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	15	TRUMENBA 0.5 ML	65	UBRELVY	53
TRIKAFTA TBPK	62	TRUSTEX COLOR CONDOMS + LUBE MISC	52	UDENYCA ONBODY SOSY	49
trimethobenzamide hcl CAPS	17	TRUSTEX LUB/RIBBED/STUDDED MISC	52	UDENYCA SOAJ	49
trimethoprim TABS	21	TRUSTEX LUB/SPERMICIDE EX ST MISC	52	UDENYCA SOSY	49
trimipramine maleate CAPS	14	TRUSTEX LUB/SPERMICIDE XL MISC	52	umeclidinium-vilanterol	10
		TRUSTEX LUBRICATED EX LARGE MISC	52	UPTRAVI TABS 200 MCG	34
				UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200	

MCG, 1400 MCG, 1600 MCG 34	VARIVAX SUSR 67	VIREAD POWD 31
UPTRAVI TITRATION TBPK 34	VARUBI (180 MG DOSE) TBPK ... 17	VIREAD TABS 150 MG, 200 MG, 250 MG 31
ursodiol CAPS 46	VAXELIS SUSP 63	VISTOGARD 16
ursodiol TABS 46	VAXELIS SUSY 63	VITAMIN D2 TABS 400 UNIT 67
UVADEX 27	VAXNEUVANCE 65	VITATHELY WITH GINGER TABS 57
VABRINTY SC 22.5 MG, 30 MG, 45 MG 25	VCF VAGINAL CONTRACEPTIVE FILM 67	VITRAKVI CAPS 27
valacyclovir hcl 1 GM 31	VECAMYL 21	VITRAKVI SOLN 27
valacyclovir hcl 500 MG 31	VECTIBIX 100 MG/5ML 24	VIZIMPRO 24
valganciclovir hcl TABS 31	VELPHORO 47	VORAXAZE 27
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML 13	venlafaxine hcl CP24 14	voriconazole TABS 18
valproic acid CAPS 13	venlafaxine hcl TABS 14	VOSEVI 31
valrubicin 25	venlafaxine hcl TB24 14	VYNDAMAX 34
valsartan TABS 20	verapamil hcl CP24 100 MG, 200 MG, 300 MG 33	VYNDAQEL 34
valsartan-hydrochlorothiazide 21	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG 33	warfarin sodium TABS 10
VALTOCO 10 MG DOSE LIQD 11	verapamil hcl SOLN 2.5 MG/ML ... 33	water for irrigation, sterile 55
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML 11	verapamil hcl TABS 33	WESTAB PLUS TABS 57
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML 11	verapamil hcl TBCR 33	WIDE-SEAL DIAPHRAGM 60 52
VALTOCO 5 MG DOSE LIQD 11	VEREGEN 38	WIDE-SEAL DIAPHRAGM 65 52
vancomycin hcl CAPS 21	VERZENIO 27	WIDE-SEAL DIAPHRAGM 70 52
vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG 21	VICTOZA (liraglutide) 15	WIDE-SEAL DIAPHRAGM 75 52
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML . 21	vigabatrin PACK 13	WIDE-SEAL DIAPHRAGM 80 52
VAQTA 67	vigabatrin TABS 13	WIDE-SEAL DIAPHRAGM 85 52
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML 67	VIIBRYD STARTER PACK KIT 14	WIDE-SEAL DIAPHRAGM 90 52
varenicline tartrate TABS 62	vilazodone hcl TABS 14	WIDE-SEAL DIAPHRAGM 95 52
varenicline tartrate TBPK 62	vincristine sulfate 28	XALKORI CAPS 27
	vinorelbine tartrate 10 MG/ML 28	XARELTO STARTER PACK TBPK 10
	VIRACEPT TABS 250 MG 31	XARELTO SUSR 1 MG/ML (rivaroxaban) 10
	VIRACEPT TABS 625 MG 31	

XARELTO TABS 10 MG, 20 MG .. 10	40 MG25	ZELBORAF27
XARELTO TABS 2.5 MG, 15 MG (rivaroxaban)10	XPOVIO (60 MG ONCE WEEKLY) 60 MG25	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 UNIT43
XARELTO TABS 2.5 MG, 15 MG ..10	XPOVIO (60 MG TWICE WEEKLY) . 25	ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT43
XELJANZ SOLN2	XPOVIO (80 MG ONCE WEEKLY) 40 MG25	zidovudine CAPS31
XELJANZ TABS 10 MG2	XPOVIO (80 MG TWICE WEEKLY) . 25	zidovudine SYRP31
XELJANZ TABS 5 MG2		zidovudine TABS31
XELJANZ XR TB242		zileuton TB129
XEOMIN58	XTANDI CAPS25	ziprasidone hcl29
XERAFA62	XTANDI TABS 40 MG25	ZIRABEV24
XGEVA SOLN44	XTANDI TABS 80 MG25	ZIRGAN GEL58
XHANCE EXHU57	XULTOPHY15	ZOLADEX 10.8 MG25
XIFAXAN 200 MG21	XYNTHA48	ZOLADEX 3.6 MG25
XIFAXAN 550 MG21	XYNTHA SOLOFUSE48	zoledronic acid CONC44
XIGDUO XR (dapagliflozin propanediol-metformin hcl)15	YERVOY24	zoledronic acid SOLN 5 MG/100ML 44
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG15	YONSA25	ZOLINZA27
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG15	YUFLYMA (1 PEN) AJKT3	zolmitriptan SOLN54
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML9	YUFLYMA (2 PEN) AJKT3	zolmitriptan TABS54
XOLAIR SOAJ 75 MG/0.5ML9	YUFLYMA (2 SYRINGE) PSKT3	zolmitriptan TBDP54
XOLAIR SOLR9	YUFLYMA-CD/UC/HS STARTER AJKT3	zolidem tartrate TABS50
XOLAIR SOSY 150 MG/ML, 300 MG/2ML9	zafirlukast9	zolidem tartrate TBCR50
XOLAIR SOSY 75 MG/0.5ML9	zaleplon 10 MG50	zonisamide CAPS12
XOSPATA27	zaleplon 5 MG50	ZONTIVITY48
XPOVIO (100 MG ONCE WEEKLY) 50 MG25	ZALTRAP 100 MG/4ML24	ZORBTIVE SC44
XPOVIO (40 MG ONCE WEEKLY) 40 MG25	ZANOSAR23	
XPOVIO (40 MG TWICE WEEKLY)	ZARONTIN CAPS (ethosuximide) .13	
	ZARXIO49	
	ZEJULA CAPS27	
	ZEJULA TABS 100 MG27	
	ZEJULA TABS 200 MG, 300 MG ..27	

ZYDELIG	27
ZYLET	59

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