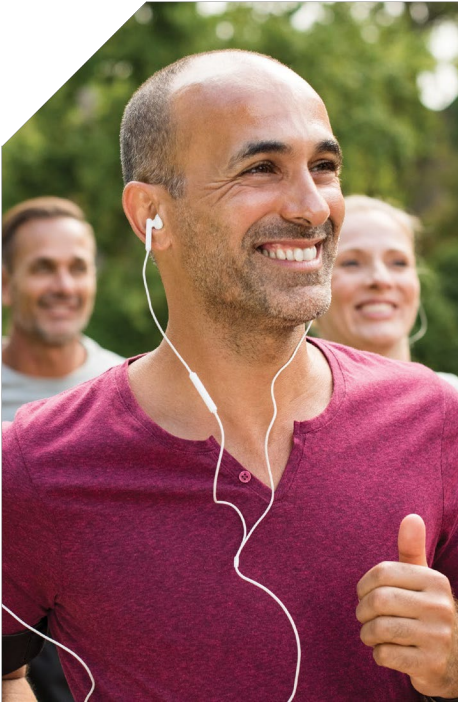




# 2025 FORMULARY

EFFECTIVE JANUARY 1, 2025



[Ambetter.MagnoliaHealthPlan.com](https://Ambetter.MagnoliaHealthPlan.com)

# Formulary Introduction

## FORMULARY

The Ambetter Formulary, or Prescription Drug List, is a guide to available brand and generic drugs that are approved by the Food and Drug Administration (FDA) and covered through your prescription drug benefit. Generic drugs have the same active ingredients as their brand name counterparts and should be considered the first line of treatment. The FDA requires generics to be safe and work the same as brand name drugs. If there is no generic available, there may be more than one brand name drug to treat a condition. Preferred brand name drugs are listed on Tier 2 to help identify brand drugs that are clinically appropriate, safe, and cost-effective treatment options, if a generic medication on the formulary is not suitable for your condition.

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

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

### Drug List Key:

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

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

- Tier 0** - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age limits may apply.
- Tier 1<sub>A</sub>** - Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.
- Tier 1<sub>B</sub>** - Low copayment for those drugs that offer great value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.
- Tier 2** - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.
- Tier 3** - High copayment covers higher cost brand name and non-preferred generic drugs. This tier may also cover non-specialty drugs that are not on the Prescription Drug List but approval has been granted for coverage.
- Tier 4** - Highest copayment is for "specialty" drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. Prescription drugs covered under the specialty tier may require fulfillment at a pharmacy that participates in Ambetter's "specialty" or "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networks, please consult Ambetter website's pharmacy information section.

### Prior Authorization for Non-Formulary Drugs

To obtain prior authorization for a non-formulary drug, your provider must fill out the Prior Authorization form. 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.                       |
| #/+          | Not applicable       | Medications on the formulary with #/+ may take alternative copays for certain benefit designs. Please consult your benefit documents for more information.                                                                                      |

### 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 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<sub>A</sub>** - 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 1<sub>B</sub>** - Copago bajo para aquellos medicamentos que ofrecen un gran valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.
- Nivel 2** - El copago medio cubre los medicamentos de marca que suelen ser más asequibles o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas condiciones.
- Nivel 3** - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no figuran en la Lista de medicamentos recetados, pero cuya cobertura ha sido aprobada.
- Nivel 4** - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “hemofilia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemofilia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.

## Autorización previa para medicamentos no incluidos en el Formulario

Para obtener autorización previa para un medicamento no incluido en el Formulario, su proveedor debe completar el formulario de autorización previa. Los servicios 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 | Plazo                        | 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.                                      |
| #/+         | No se aplica                 | Los medicamentos que aparecen en el Formulario con los símbolos #/+ pueden conllevar copagos alternativos para ciertos diseños de beneficio. Consulte sus documentos sobre los beneficios para obtener más información.                                                                                                              |

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

| Drug Name                                                      | Drug Tier | Requirements/ Limits                        |
|----------------------------------------------------------------|-----------|---------------------------------------------|
| <i>phendimetrazine tartrate TABS</i>                           | 1B        | PA                                          |
| <i>phentermine hcl CAPS</i>                                    | 1B        | PA                                          |
| <b>Anti-Obesity Agents</b>                                     |           |                                             |
| CONTRAVE                                                       | 3         | QL(4 EA daily); PA                          |
| <b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>  |           |                                             |
| <i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>              | 1B        | QL(2 EA daily); AL(At least 6 yrs old)      |
| <i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>                    | 1B        | QL(1 EA daily); AL(At least 6 yrs old)      |
| <i>clonidine hcl (adhd) TB12</i>                               | 1B        |                                             |
| <i>guanfacine hcl (adhd)</i>                                   | 1B        | QL(1 EA daily); AL(At least 6 yrs old)      |
| <b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)</b> |           |                                             |
| SUNOSI 75 MG                                                   | 3         | QL(2 EA daily); PA                          |
| SUNOSI 150 MG                                                  | 3         | QL(1 EA daily); PA                          |
| <b>Stimulants - Misc.</b>                                      |           |                                             |
| <i>armodafinil</i>                                             | 1B        | QL(1 EA daily); AL(At least 17 yrs old); PA |
| <i>dexmethylphenidate hcl CP24</i>                             | 1B        | QL(1 EA daily)                              |
| <i>dexmethylphenidate hcl TABS</i>                             | 1B        | QL(2 EA daily); AL(At least 6 yrs old)      |
| <i>methylphenidate hcl CHEW 10 MG</i>                          | 1B        | QL(5 EA daily)                              |
| <i>methylphenidate hcl CHEW 2.5 MG</i>                         | 1B        | QL(2 EA daily)                              |
| <i>methylphenidate hcl CHEW 5 MG</i>                           | 1B        | QL(6 EA daily)                              |
| <i>methylphenidate hcl CP24 30 MG</i>                          | 1B        | QL(2 EA daily); AL(At least 6 yrs old)      |

| Drug Name                                                  | Drug Tier | Requirements/ Limits                    |
|------------------------------------------------------------|-----------|-----------------------------------------|
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i> | 1B        | QL(1 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl CP24</i>                            | 1B        | QL(1 EA daily)                          |
| <i>methylphenidate hcl CPCR</i>                            | 1B        | QL(1 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl SOLN</i>                            | 1B        | QL(30 ML daily); AL(At least 6 yrs old) |
| <i>methylphenidate hcl TABS 5 MG</i>                       | 1B        | QL(6 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl TABS 10 MG, 20 MG</i>               | 1B        | QL(5 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl TB24 36 MG, 54 MG</i>               | 1B        | QL(2 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl TB24 18 MG, 27 MG</i>               | 1B        | QL(1 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl TBCR 10 MG, 20 MG</i>               | 1B        | QL(3 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl TBCR 36 MG, 54 MG</i>               | 1B        | QL(2 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate hcl TBCR 18 MG, 27 MG</i>               | 1B        | QL(1 EA daily); AL(At least 6 yrs old)  |
| <i>methylphenidate PTCH</i>                                | 1B        | QL(1 EA daily); PA                      |
| <i>modafinil 100 MG</i>                                    | 1B        | QL(1 EA daily); PA                      |
| <i>modafinil 200 MG</i>                                    | 1B        | QL(2 EA daily); PA                      |

#### ALLERGENIC EXTRACTS/BIOLOGICALS MISC

##### Allergenic Extracts

|              |   |    |
|--------------|---|----|
| GRASSTK SUBL | 3 | PA |
|--------------|---|----|

#### AMEBICIDES

##### Amebicides

|         |   |    |
|---------|---|----|
| SOLOSEC | 3 | PA |
|---------|---|----|

#### AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

| Drug Name                                                                                    | Drug Tier | Requirements/ Limits                                         |
|----------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| Aminoglycosides                                                                              |           |                                                              |
| <i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>                                            | 1B        |                                                              |
| ARIKAYCE                                                                                     | 4         | PA                                                           |
| <i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i> | 1B        |                                                              |
| <i>gentamicin sulfate IJ 40 MG/ML</i>                                                        | 1B        |                                                              |
| <i>neomycin sulfate TABS</i>                                                                 | 1B        |                                                              |
| <i>streptomycin sulfate SOLR</i>                                                             | 3         |                                                              |
| <i>tobramycin sulfate SOLN IJ 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>                             | 1B        |                                                              |
| <i>tobramycin NEBU</i>                                                                       | 4         | QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA |

#### ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions

##### Antirheumatic - Enzyme Inhibitors

|                    |   |                        |
|--------------------|---|------------------------|
| 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 10 MG | 4 | QL(2 EA daily); PA     |
| XELJANZ TABS 5 MG  | 4 | QL(2 EA daily); SP; PA |

##### Anti-TNF-alpha - Monoclonal Antibodies

|                                                   |   |                        |
|---------------------------------------------------|---|------------------------|
| CYLTEZO (2 PEN) AJKT                              | 4 | QL(0.072 EA daily); PA |
| CYLTEZO (2 PEN) AJKT                              | 4 | QL(0.215 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                               | 4         | QL(0.143 EA daily); PA                                                     | YUFLYMA (2 SYRINGE) PSKT              | 4         | QL(0.143 EA daily); PA                                                     |
| HUMIRA (2 PEN) AJKT 80 MG/0.8ML                   | 4         | QL(0.072 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 80 MG/4ML                | 4         | QL(20 ML per 28 day(s) retail; 20 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             |



| 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                                         |
| <b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b> |           |                                                                |
| <i>celecoxib</i>                                      | 1B        | QL(2 EA daily)                                                 |
| <i>diclofenac potassium TABS 50 MG</i>                | 1B        |                                                                |
| <i>diclofenac sodium TB24</i>                         | 1B        |                                                                |
| <i>diclofenac sodium TBEC</i>                         | 1B        |                                                                |
| <i>diclofenac w/ misoprostol TBEC</i>                 | 1B        |                                                                |
| <i>etodolac CAPS</i>                                  | 1B        |                                                                |
| <i>etodolac TABS</i>                                  | 1B        |                                                                |
| <i>fenoprofen calcium TABS</i>                        | 1B        | QL(4 EA daily); ST                                             |
| <i>flurbiprofen TABS</i>                              | 1B        |                                                                |
| <i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>         | 1B        | RX/OTC                                                         |
| <i>ibuprofen TABS 400 MG, 600 MG</i>                  | 1A        |                                                                |
| <i>ibuprofen TABS 800 MG</i>                          | 1B        |                                                                |
| <i>indomethacin CAPS 25 MG, 50 MG</i>                 | 1B        |                                                                |
| <i>indomethacin CPCR</i>                              | 1B        |                                                                |
| <i>ketoprofen CAPS 50 MG</i>                          | 1B        |                                                                |
| <i>ketorolac tromethamine TABS</i>                    | 1B        | QL(0.667 EA daily)                                             |
| <i>meclofenamate sodium CAPS</i>                      | 1B        |                                                                |
| <i>mefenamic acid CAPS</i>                            | 1B        | Must try ibuprofen. ; QL(5 EA daily); ST                       |
| <i>meloxicam TABS</i>                                 | 1A        | QL(1 EA daily)                                                 |
| <i>nabumetone</i>                                     | 1B        |                                                                |

| Drug Name                                            | Drug Tier | Requirements/ Limits                                                       |
|------------------------------------------------------|-----------|----------------------------------------------------------------------------|
| <i>naproxen sodium TABS 550 MG</i>                   | 1B        |                                                                            |
| <i>naproxen SUSP</i>                                 | 1B        | PA                                                                         |
| <i>naproxen TABS</i>                                 | 1B        |                                                                            |
| <i>naproxen TBEC 500 MG</i>                          | 1B        | QL(3 EA daily)                                                             |
| <i>oxaprozin TABS</i>                                | 1B        |                                                                            |
| <i>piroxicam CAPS</i>                                | 1B        |                                                                            |
| <i>sulindac TABS</i>                                 | 1B        |                                                                            |
| <i>tolmetin sodium CAPS</i>                          | 1B        |                                                                            |
| <i>tolmetin sodium TABS 600 MG</i>                   | 1B        |                                                                            |
| <b>Phosphodiesterase 4 (PDE4) Inhibitors</b>         |           |                                                                            |
| 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 |
| <b>Pyrimidine Synthesis Inhibitors</b>               |           |                                                                            |
| <i>leflunomide</i>                                   | 1B        | QL(1 EA daily)                                                             |
| <b>Soluble Tumor Necrosis Factor Receptor Agents</b> |           |                                                                            |
| ENBREL MINI SOCT                                     | 4         | QL(0.146 ML daily); PA                                                     |
| ENBREL SURECLICK SOAJ                                | 4         | QL(0.146 ML daily); PA                                                     |
| ENBREL SOLN                                          | 4         | QL(0.146 ML daily); PA                                                     |
| ENBREL SOSY 25 MG/0.5ML                              | 4         | QL(0.146 ML daily); PA                                                     |
| ENBREL SOSY 50 MG/ML                                 | 4         | QL(0.286 ML daily); SP; PA                                                 |

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

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

| Drug Name                                                                                                   | Drug Tier | Requirements/ Limits                                 |
|-------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <i>tramadol hcl TB24</i>                                                                                    | 1B        | QL(1 EA daily)                                       |
| Opioid Combinations                                                                                         |           |                                                      |
| <i>acetaminophen w/ codeine SOLN</i>                                                                        | 1A        | New starts limited to 7 day supply; QL(75 ML daily)  |
| <i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>                                                           | 1A        | New starts limited to 7 day supply; QL(12 EA daily)  |
| <i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>                                                           | 1B        | New starts limited to 7 day supply; QL(6 EA daily)   |
| <i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>                                                           | 1B        | New starts limited to 7 day supply; QL(13 EA daily)  |
| <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>                                              | 3         | New starts limited to 7 day supply; PA               |
| <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>                                              | 1B        | New starts limited to 7 day supply                   |
| <i>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>                                 | 1B        | New starts limited to 7 day supply; QL(6 EA daily)   |
| <i>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>                                 | 1B        | New starts limited to 7 day supply                   |
| <i>butalbital-aspirin-cafeine w/cod</i>                                                                     | 1B        | New starts limited to 7 day supply; QL(6 EA daily)   |
| <i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i> | 1B        | New starts limited to 7 day supply; QL(180 ML daily) |
| <i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>                                                | 1B        | New starts limited to 7 day supply                   |

| Drug Name                                                                                 | Drug Tier | Requirements/ Limits                                |
|-------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| <i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>            | 1B        | New starts limited to 7 day supply; QL(13 EA daily) |
| <i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>            | 1B        | New starts limited to 7 day supply; QL(12 EA daily) |
| <i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>                                       | 1B        | New starts limited to 7 day supply                  |
| <i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>                                    | 1B        | PA                                                  |
| <i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>                                                | 1B        | New starts limited to 7 day supply; QL(5 EA daily)  |
| <i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>           | 1B        | New starts limited to 7 day supply; QL(12 EA daily) |
| <i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>                                      | 1B        | New starts limited to 7 day supply; QL(13 EA daily) |
| <i>tramadol-acetaminophen</i>                                                             | 1B        | New starts limited to 7 day supply; QL(8 EA daily)  |
| <b>Opioid Partial Agonists</b>                                                            |           |                                                     |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i> | 1B        | QL(3 EA daily)                                      |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>                        | 1B        | QL(2 EA daily)                                      |
| <i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>                                      | 1B        | QL(3 EA daily)                                      |
| <i>buprenorphine hcl SOLN</i>                                                             | 1B        |                                                     |
| <i>buprenorphine hcl SUBL</i>                                                             | 1B        | QL(3 EA daily)                                      |
| <i>buprenorphine PTWK</i>                                                                 | 1B        | QL(0.143 EA daily); PA                              |

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

| Drug Name                                                  | Drug Tier | Requirements/ Limits                                                                                                        |
|------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------|
| <i>albendazole</i>                                         | 1B        | PA                                                                                                                          |
| EMVERM CHEW                                                | 2         | QL(2 EA daily; 6 EA per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail |
| <i>ivermectin</i>                                          | 1B        | QL(9 EA per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail             |
| <i>praziquantel</i>                                        | 1B        | PA                                                                                                                          |
| <b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>      |           |                                                                                                                             |
| Antianginals-Other                                         |           |                                                                                                                             |
| <i>ranolazine TB12 1000 MG</i>                             | 1B        | QL(2 EA daily)                                                                                                              |
| <i>ranolazine TB12 500 MG</i>                              | 1B        | QL(3 EA daily)                                                                                                              |
| Nitrates                                                   |           |                                                                                                                             |
| <i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i> | 1B        |                                                                                                                             |
| <i>isosorbide mononitrate TABS</i>                         | 1B        |                                                                                                                             |
| <i>isosorbide mononitrate TB24</i>                         | 1B        |                                                                                                                             |
| NITRO-BID OINT                                             | 3         |                                                                                                                             |
| <i>nitroglycerin CPCR</i>                                  | 1B        | QL(4 EA daily)                                                                                                              |
| <i>nitroglycerin PT24</i>                                  | 1B        |                                                                                                                             |
| NITROGLYCERIN SOLN IV                                      | 1B        |                                                                                                                             |
| <i>nitroglycerin SUBL</i>                                  | 1B        |                                                                                                                             |
| <b>ANTIANXIETY AGENTS - Drugs to Treat Anxiety</b>         |           |                                                                                                                             |
| Antianxiety Agents - Misc.                                 |           |                                                                                                                             |
| <i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>           | 1B        |                                                                                                                             |
| <i>buspirone hcl 5 MG</i>                                  | 1A        |                                                                                                                             |

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

| Drug Name                                                                       | Drug Tier | Requirements/ Limits    | Drug Name                                                                                        | Drug Tier | Requirements/ Limits                                               |
|---------------------------------------------------------------------------------|-----------|-------------------------|--------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| <i>flecainide acetate</i>                                                       | 1B        |                         | INCRUSE ELLIPTA                                                                                  | 2         | QL(1 EA daily)                                                     |
| <i>propafenone hcl CP12</i>                                                     | 1B        |                         | <i>ipratropium bromide SOLN 0.02 %</i>                                                           | 1B        | QL(15 ML daily)                                                    |
| <i>propafenone hcl TABS</i>                                                     | 1B        |                         | SPIRIVA RESPIMAT AERS IN                                                                         | 2         | QL(0.14 GM daily)                                                  |
| Antiarrhythmics Type III                                                        |           |                         | <i>tiotropium bromide CAPS IN 18 MCG</i>                                                         | 1B        | QL(1 EA daily)                                                     |
| <i>amiodarone hcl SOLN 150 MG/3ML</i>                                           | 1B        |                         | Leukotriene Modulators                                                                           |           |                                                                    |
| <i>amiodarone hcl TABS</i>                                                      | 1B        |                         | <i>montelukast sodium CHEW</i>                                                                   | 1B        | QL(1 EA daily)                                                     |
| <i>dofetilide</i>                                                               | 1B        |                         | <i>montelukast sodium PACK</i>                                                                   | 1B        | QL(1 EA daily)                                                     |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b> |           |                         | <i>montelukast sodium TABS</i>                                                                   | 1B        | QL(1 EA daily)                                                     |
| Antiasthmatic - Monoclonal Antibodies                                           |           |                         | <i>zafirlukast</i>                                                                               | 1B        | QL(2 EA daily)                                                     |
| FASENRA PEN SOAJ                                                                | 4         | QL(0.036 ML daily); PA  | <i>zileuton TB12</i>                                                                             | 3         | QL(4 EA daily); PA                                                 |
| FASENRA SOSY 10 MG/0.5ML                                                        | 4         | QL(0.018 ML daily); PA  | Selective Phosphodiesterase 4 (PDE4) Inhibitors                                                  |           |                                                                    |
| FASENRA SOSY 30 MG/ML                                                           | 4         | QL(0.036 ML daily); PA  | <i>roflumilast</i>                                                                               | 3         | QL(1 EA daily)                                                     |
| NUCALA SOAJ                                                                     | 4         | QL(0.1073 ML daily); PA | Steroid Inhalants                                                                                |           |                                                                    |
| NUCALA SOLR                                                                     | 4         | QL(0.1073 EA daily); PA | ALVESCO                                                                                          | 3         | PA                                                                 |
| NUCALA SOSY 100 MG/ML                                                           | 4         | QL(0.1073 ML daily); 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 |
| NUCALA SOSY 40 MG/0.4ML                                                         | 4         | QL(0.0144 ML daily); PA | <i>budesonide (inhalation) SUSP</i>                                                              | 1B        | QL(4 ML daily); PA                                                 |
| XOLAIR SOAJ 150 MG/ML, 300 MG/2ML                                               | 4         | QL(0.286 ML daily); PA  | <i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>                     | 1B        | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail |
| XOLAIR SOAJ 75 MG/0.5ML                                                         | 4         | QL(0.036 ML daily); PA  | <i>fluticasone propionate (inhalation) AEPB</i>                                                  | 1B        |                                                                    |
| XOLAIR SOLR                                                                     | 4         | QL(0.286 EA daily); PA  | <i>fluticasone propionate hfa</i>                                                                | 1B        | QL(0.8 GM daily)                                                   |
| XOLAIR SOSY 150 MG/ML, 300 MG/2ML                                               | 4         | QL(0.286 ML daily); PA  | PULMICORT FLEXHALER AEPB                                                                         | 2         |                                                                    |
| XOLAIR SOSY 75 MG/0.5ML                                                         | 4         | QL(0.036 ML daily); PA  | QVAR REDIHALER                                                                                   | 2         |                                                                    |
| Anti-Inflammatory Agents                                                        |           |                         | Sympathomimetics                                                                                 |           |                                                                    |
| <i>cromolyn sodium NEBU</i>                                                     | 1B        | QL(8 ML daily)          |                                                                                                  |           |                                                                    |
| Bronchodilators - Anticholinergics                                              |           |                         |                                                                                                  |           |                                                                    |
| ATROVENT HFA                                                                    | 3         | QL(0.44 GM daily)       |                                                                                                  |           |                                                                    |



| Drug Name                                                                | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------|-----------|----------------------|
| AIRDUO DIGIHALER                                                         | 3         |                      |
| AIRSUPRA                                                                 | 3         |                      |
| <i>albuterol sulfate AERS</i>                                            | 1B        |                      |
| <i>albuterol sulfate NEBU</i>                                            | 1B        |                      |
| <i>albuterol sulfate SYRP</i>                                            | 1B        |                      |
| <i>albuterol sulfate TABS</i>                                            | 1B        |                      |
| ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT ( <i>umeclidinium-vilanterol</i> ) | 2         | QL(2 EA daily)       |
| <i>arformoterol tartrate</i>                                             | 1B        | QL(4 ML daily)       |
| BREO ELLIPTA                                                             | 2         |                      |
| BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )                   | 2         |                      |
| BREZTRI AEROSPHERE                                                       | 2         | QL(0.38 GM daily)    |
| <i>budesonide-formoterol fumarate dihydrate</i>                          | 1B        |                      |
| COMBIVENT RESPIMAT AERS                                                  | 2         | QL(0.16 GM daily)    |
| DULERA                                                                   | 2         |                      |
| <i>fluticasone furoate-vilanterol</i>                                    | 1B        |                      |
| <i>fluticasone-salmeterol AEPB</i>                                       | 1B        |                      |
| <i>fluticasone-salmeterol AERO</i>                                       | 1B        |                      |
| <i>formoterol fumarate NEBU</i>                                          | 1B        | QL(4 ML daily)       |
| <i>ipratropium-albuterol SOLN</i>                                        | 1B        | QL(18 ML daily)      |
| <i>levalbuterol hcl</i>                                                  | 1B        |                      |
| <i>levalbuterol tartrate</i>                                             | 1B        | QL(0.5 GM daily)     |
| PROAIR DIGIHALER                                                         | 3         |                      |
| PROAIR RESPICLICK AEPB                                                   | 3         |                      |
| SEREVENT DISKUS                                                          | 2         |                      |
| STIOLTO RESPIMAT                                                         | 2         |                      |
| STRIVERDI RESPIMAT                                                       | 2         |                      |
| <i>terbutaline sulfate SOLN</i>                                          | 1B        |                      |

| Drug Name                                         | Drug Tier | Requirements/ Limits                                     |
|---------------------------------------------------|-----------|----------------------------------------------------------|
| <i>terbutaline sulfate TABS</i>                   | 1B        |                                                          |
| TRELEGY ELLIPTA                                   | 2         | QL(2 EA daily)                                           |
| <i>umeclidinium-vilanterol</i>                    | 2         | QL(2 EA daily)                                           |
| Xanthines                                         |           |                                                          |
| <i>theophylline ELIX</i>                          | 1B        |                                                          |
| <i>theophylline SOLN</i>                          | 1B        | QL(56 ML daily)                                          |
| <i>theophylline TB12</i>                          | 1B        |                                                          |
| <i>theophylline TB24</i>                          | 1B        |                                                          |
| ANTICOAGULANTS - Blood Thinners                   |           |                                                          |
| Coumarin Anticoagulants                           |           |                                                          |
| <i>warfarin sodium TABS</i>                       | 1B        |                                                          |
| 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>                   | 1B        | QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail) |
| <i>rivaroxaban TABS 2.5 MG</i>                    | 1B        | 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 10 MG, 20 MG                         | 2         | QL(1 EA daily)                                           |
| XARELTO TABS 2.5 MG, 15 MG ( <i>rivaroxaban</i> ) | 2         | QL(2 EA daily)                                           |
| XARELTO TABS 2.5 MG, 15 MG                        | 2         | QL(2 EA daily)                                           |
| Heparins And Heparinoid-Like Agents               |           |                                                          |
| <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>       | 4         | QL(6 ML daily)                                           |

| Drug Name                                                                          | Drug Tier | Requirements/ Limits                                         |
|------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| <i>enoxaparin sodium SOSY 60 MG/0.6ML</i>                                          | 4         | QL(1.2 ML daily; 30 Day(s) limit); SP                        |
| <i>enoxaparin sodium SOSY 40 MG/0.4ML</i>                                          | 4         | QL(0.8 ML daily; 30 Day(s) limit); SP                        |
| <i>enoxaparin sodium SOSY 30 MG/0.3ML</i>                                          | 4         | QL(0.6 ML daily); SP                                         |
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>                            | 4         | QL(1.6 ML daily)                                             |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>                                 | 4         | QL(2 ML daily)                                               |
| <i>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>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>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 |
| <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 |
| FRAGMIN SOSY                                                                       | 4         | SP; PA                                                       |
| HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML                          | 1B        |                                                              |
| <i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | 1B        |                                                              |
| Thrombin Inhibitors                                                                |           |                                                              |
| <i>dabigatran etexilate mesylate CAPS</i>                                          | 1B        |                                                              |
| ANTICONVULSANTS - Drugs to Treat Seizures                                          |           |                                                              |
| AMPA Glutamate Receptor Antagonists                                                |           |                                                              |

| Drug Name                                             | Drug Tier | Requirements/ Limits                                               |
|-------------------------------------------------------|-----------|--------------------------------------------------------------------|
| FYCOMPA TABS 6 MG ( <i>perampanel</i> )               | 3         | QL(2 EA daily); PA                                                 |
| FYCOMPA TABS 8 MG, 10 MG, 12 MG ( <i>perampanel</i> ) | 3         | QL(1 EA daily); PA                                                 |
| FYCOMPA TABS 2 MG ( <i>perampanel</i> )               | 3         | QL(6 EA daily); PA                                                 |
| FYCOMPA TABS 4 MG ( <i>perampanel</i> )               | 3         | QL(3 EA daily); PA                                                 |
| <i>perampanel TABS 8 MG, 10 MG, 12 MG</i>             | 1B        | QL(1 EA daily); PA                                                 |
| <i>perampanel TABS 2 MG</i>                           | 1B        | QL(6 EA daily); PA                                                 |
| <i>perampanel TABS 6 MG</i>                           | 1B        | QL(2 EA daily); PA                                                 |
| <i>perampanel TABS 4 MG</i>                           | 1B        | QL(3 EA daily); PA                                                 |
| Anticonvulsants - Benzodiazepines                     |           |                                                                    |
| <i>clobazam SUSP</i>                                  | 1B        | QL(16 ML daily); PA                                                |
| <i>clobazam TABS</i>                                  | 1B        | QL(2 EA daily); PA                                                 |
| <i>clonazepam TABS</i>                                | 1A        |                                                                    |
| <i>diazepam (anticonvulsant) GEL</i>                  | 3         | 5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail |
| NAYZILAM                                              | 3         | QL(10 EA per 30 day(s) retail); PA                                 |
| VALTOCO 10 MG DOSE LIQD                               | 4         | QL(10 EA per 30 day(s) retail); PA                                 |
| VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML                  | 4         | QL(10 EA per 30 day(s) retail); PA                                 |
| VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML                   | 4         | QL(10 EA per 30 day(s) retail); PA                                 |
| VALTOCO 5 MG DOSE LIQD                                | 4         | QL(10 EA per 30 day(s) retail); PA                                 |
| Anticonvulsants - Misc.                               |           |                                                                    |

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

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

| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| ZARONTIN CAPS ( <i>ethosuximide</i> )                   | 2         | QL(6 EA daily)       |
| Valproic Acid                                           |           |                      |
| <i>divalproex sodium TB24</i>                           | 1B        |                      |
| <i>divalproex sodium TBEC</i>                           | 1B        |                      |
| <i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i> | 1B        |                      |
| <i>valproic acid CAPS</i>                               | 1B        |                      |
| ANTIDEPRESSANTS - Drugs to Treat Depression             |           |                      |
| Alpha-2 Receptor Antagonists (Tetracyclics)             |           |                      |
| <i>mirtazapine TABS</i>                                 | 1B        |                      |
| <i>mirtazapine TBDP</i>                                 | 1B        |                      |
| Antidepressants - Misc.                                 |           |                      |
| <i>bupropion hcl TABS</i>                               | 1B        | +                    |
| <i>bupropion hcl TB12</i>                               | 1B        | +                    |
| <i>bupropion hcl TB24 150 MG, 300 MG</i>                | 1B        |                      |
| Monoamine Oxidase Inhibitors (MAOIs)                    |           |                      |
| EMSAM                                                   | 3         | QL(1 EA daily)       |
| MARPLAN                                                 | 2         | QL(6 EA daily)       |
| <i>phenelzine sulfate</i>                               | 1B        |                      |
| <i>tranylcypromine sulfate</i>                          | 1B        |                      |
| 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>                     | 1B        |                      |
| <i>citalopram hydrobromide TABS</i>                     | 1B        | #                    |
| <i>escitalopram oxalate SOLN</i>                        | 1B        |                      |

| Drug Name                                                   | Drug Tier | Requirements/ Limits                                                 | Drug Name                                                            | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------|-----------|----------------------------------------------------------------------|----------------------------------------------------------------------|-----------|----------------------|
| <i>escitalopram oxalate TABS</i>                            | 1B        | +                                                                    | <i>amitriptyline hcl TABS</i>                                        | 1B        | #                    |
| <i>fluoxetine hcl CAPS 10 MG</i>                            | 1A        | #                                                                    | <i>amoxapine</i>                                                     | 1B        |                      |
| <i>fluoxetine hcl CAPS 20 MG, 40 MG</i>                     | 1B        | #                                                                    | <i>clomipramine hcl</i>                                              | 1B        |                      |
| <i>fluoxetine hcl CPDR</i>                                  | 1B        |                                                                      | <i>desipramine hcl TABS</i>                                          | 1B        |                      |
| <i>fluoxetine hcl SOLN</i>                                  | 1B        |                                                                      | <i>doxepin hcl CAPS</i>                                              | 1B        |                      |
| <i>fluoxetine hcl TABS</i>                                  | 1B        |                                                                      | <i>doxepin hcl CONC</i>                                              | 1B        |                      |
| <i>fluvoxamine maleate TABS</i>                             | 1B        | +                                                                    | <i>imipramine hcl TABS</i>                                           | 1B        | +                    |
| <i>paroxetine hcl SUSP</i>                                  | 1B        |                                                                      | <i>imipramine pamoate</i>                                            | 1B        |                      |
| <i>paroxetine hcl TABS</i>                                  | 1B        | #                                                                    | <i>nortriptyline hcl CAPS</i>                                        | 1B        |                      |
| <i>paroxetine hcl TB24</i>                                  | 1B        |                                                                      | <i>nortriptyline hcl SOLN</i>                                        | 1B        |                      |
| <i>sertraline hcl CONC</i>                                  | 1B        |                                                                      | <i>protriptyline hcl</i>                                             | 1B        |                      |
| <i>sertraline hcl TABS</i>                                  | 1B        | #                                                                    | <i>trimipramine maleate CAPS</i>                                     | 1B        |                      |
| <b>Serotonin Modulators</b>                                 |           |                                                                      | <b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>                 |           |                      |
| <i>nefazodone hcl</i>                                       | 1B        |                                                                      | <b>Alpha-Glucosidase Inhibitors</b>                                  |           |                      |
| <i>trazodone hcl TABS</i>                                   | 1B        |                                                                      | <i>acarbose</i>                                                      | 1B        | QL(3 EA daily)       |
| TRINTELLIX                                                  | 3         | QL(1 EA daily); PA                                                   | <i>miglitol</i>                                                      | 1B        | QL(3 EA daily)       |
| VIIBRYD STARTER PACK KIT                                    | 3         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail | <b>Antidiabetic Combinations</b>                                     |           |                      |
| <i>vilazodone hcl TABS</i>                                  | 1B        |                                                                      | <i>alogliptin-metformin hcl</i>                                      | 1B        | QL(2 EA daily); PA   |
| <b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b> |           |                                                                      | <i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i> | 1B        | QL(1 EA daily); PA   |
| <i>desvenlafaxine succinate</i>                             | 1B        |                                                                      | <i>alogliptin-pioglitazone 30 MG-12.5 MG</i>                         | 1B        | QL(2 EA daily); PA   |
| <i>duloxetine hcl CPEP</i>                                  | 1B        | #                                                                    | <i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>          | 2         | QL(2 EA daily)       |
| FETZIMA TITRATION C4PK                                      | 3         | PA                                                                   | <i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>         | 2         | QL(1 EA daily)       |
| FETZIMA CP24                                                | 3         | QL(1 EA daily); PA                                                   | <i>glipizide-metformin hcl 500 MG-5 MG</i>                           | 1B        | ++; QL(4 EA daily)   |
| <i>venlafaxine hcl CP24</i>                                 | 1B        | +                                                                    | <i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>          | 1B        | ++; QL(2 EA daily)   |
| <i>venlafaxine hcl TABS</i>                                 | 1B        | #                                                                    | <i>glyburide-metformin 250 MG-1.25 MG</i>                            | 1B        | ++; QL(2 EA daily)   |
| <i>venlafaxine hcl TB24</i>                                 | 1B        |                                                                      |                                                                      |           |                      |
| <b>Tricyclic Agents</b>                                     |           |                                                                      |                                                                      |           |                      |

| Drug Name                                                     | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------|-----------|----------------------|
| <i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>         | 1B        | +; QL(4 EA daily)    |
| GLYXAMBI                                                      | 2         | QL(1 EA daily)       |
| JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG                   | 2         | QL(2 EA daily)       |
| JANUMET XR TB24 1000 MG-100 MG                                | 2         | QL(1 EA daily)       |
| JANUMET TABS                                                  | 2         | QL(2 EA daily)       |
| <i>pioglitazone hcl-glimepiride</i>                           | 1B        | QL(1 EA daily)       |
| <i>pioglitazone hcl-metformin hcl TABS</i>                    | 1B        | QL(2 EA daily)       |
| <i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>    | 1B        | QL(1 EA daily)       |
| <i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>               | 1B        | QL(2 EA daily)       |
| SOLIQUA                                                       | 2         | QL(0.5 ML daily); PA |
| SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG | 2         | QL(2 EA daily)       |
| SYNJARDY XR TB24 1000 MG-25 MG                                | 2         | QL(1 EA daily)       |
| SYNJARDY TABS                                                 | 2         | QL(2 EA daily)       |
| TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG       | 2         | QL(2 EA daily)       |
| TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG            | 2         | QL(1 EA daily)       |
| XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG            | 2         | QL(1 EA daily)       |
| XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG                        | 2         | QL(2 EA daily)       |
| XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )  | 2         | QL(2 EA daily)       |

| Drug Name                                                    | Drug Tier | Requirements/ Limits   |
|--------------------------------------------------------------|-----------|------------------------|
| XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> ) | 2         | QL(1 EA daily)         |
| XULTOPHY                                                     | 2         | QL(0.5 ML daily); PA   |
| Biguanides                                                   |           |                        |
| <i>metformin hcl TABS 1000 MG</i>                            | 1B        | +; QL(2.5 EA daily)    |
| <i>metformin hcl TABS 850 MG</i>                             | 0         | QL(3 EA daily)         |
| <i>metformin hcl TABS 500 MG</i>                             | 1B        | +; QL(5 EA daily)      |
| <i>metformin hcl TB24 500 MG</i>                             | 1B        | +; QL(4 EA daily)      |
| <i>metformin hcl TB24 750 MG</i>                             | 1B        | +; QL(3 EA daily)      |
| Diabetic Other                                               |           |                        |
| <i>diazoxide</i>                                             | 3         |                        |
| <i>glucagon SOLR IJ 1 MG</i>                                 | 1B        | +; QL(0.035 EA daily)  |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors                    |           |                        |
| <i>alogliptin benzoate</i>                                   | 1B        | QL(1 EA daily)         |
| JANUVIA                                                      | 2         | QL(1 EA daily)         |
| <i>saxagliptin hcl</i>                                       | 1B        | QL(1 EA daily)         |
| Incretin Mimetic Agents                                      |           |                        |
| <i>liraglutide</i>                                           | 1B        | QL(0.3 ML daily)       |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN                           | 2         | QL(0.108 ML daily); PA |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN                           | 2         | QL(0.054 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   |

| Drug Name                              | Drug Tier | Requirements/ Limits |
|----------------------------------------|-----------|----------------------|
| 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    | 1B        | #                    |
| INSULIN ASPART FLEXPEN SOPN            | 1B        | #                    |
| INSULIN ASPART PENFILL SOCT            | 1B        | #                    |
| INSULIN ASPART PROT & ASPART SUSP      | 1B        | #                    |
| INSULIN ASPART SOLN IJ                 | 1B        | #                    |
| 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      | 1B        |                      |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN     | 1B        |                      |
| INSULIN LISPRO PROT & LISPRO SUPN      | 1B        |                      |
| INSULIN LISPRO SOLN IJ                 | 1B        |                      |
| NOVOLIN 70/30 FLEXPEN SUPN             | 2         | #                    |
| NOVOLIN 70/30 SUSP                     | 2         | #                    |
| NOVOLIN N FLEXPEN SUPN                 | 2         | #                    |
| NOVOLIN N SUSP                         | 2         | #                    |

| Drug Name                                                | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------|-----------|----------------------|
| 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>                                  | 1B        | +, QL(1 EA daily)    |
| Meglitinide Analogues                                    |           |                      |
| <i>nateglinide</i>                                       | 1B        | QL(3 EA daily)       |
| <i>repaglinide 0.5 MG, 1 MG</i>                          | 1B        | QL(4 EA daily)       |
| <i>repaglinide 2 MG</i>                                  | 1B        | QL(8 EA daily)       |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors       |           |                      |
| <i>dapagliflozin propanediol</i>                         | 2         | QL(1 EA daily)       |
| FARXIGA ( <i>dapagliflozin propanediol</i> )             | 2         | QL(1 EA daily)       |
| JARDIANCE                                                | 2         | QL(1 EA daily)       |
| Sulfonylureas                                            |           |                      |
| <i>glimepiride 1 MG, 2 MG</i>                            | 1B        | +, QL(4 EA daily)    |
| <i>glimepiride 4 MG</i>                                  | 1B        | +, QL(2 EA daily)    |
| <i>glipizide TABS 5 MG, 10 MG</i>                        | 1B        | +, QL(4 EA daily)    |
| <i>glipizide TB24</i>                                    | 1B        | +, QL(2 EA daily)    |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>           | 1B        | +, QL(4 EA daily)    |
| <i>glyburide TABS</i>                                    | 1B        | +, QL(4 EA daily)    |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea |           |                      |
| Antiperistaltic Agents                                   |           |                      |
| <i>diphenoxylate w/ atropine LIQD</i>                    | 1B        |                      |
| <i>diphenoxylate w/ atropine TABS</i>                    | 1B        |                      |

| Drug Name                                               | Drug Tier | Requirements/ Limits                                                 |
|---------------------------------------------------------|-----------|----------------------------------------------------------------------|
| <i>loperamide hcl CAPS</i>                              | 1B        | RX/OTC                                                               |
| MOTOFEN                                                 | 3         |                                                                      |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>               |           |                                                                      |
| Antidotes - Chelating Agents                            |           |                                                                      |
| CHEMET                                                  | 3         |                                                                      |
| <i>deferasirox PACK</i>                                 | 4         | PA                                                                   |
| <i>deferasirox TABS</i>                                 | 4         | SP; PA                                                               |
| <i>deferasirox TBSO</i>                                 | 4         | SP; PA                                                               |
| Antidotes and Specific Antagonists                      |           |                                                                      |
| VISTOGARD                                               | 4         | PA                                                                   |
| Opioid Antagonists                                      |           |                                                                      |
| <i>naloxone hcl LIQD</i>                                | 1B        | QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC |
| <i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>           | 1B        |                                                                      |
| <i>naltrexone hcl</i>                                   | 1B        |                                                                      |
| <b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b> |           |                                                                      |
| 5-HT3 Receptor Antagonists                              |           |                                                                      |
| ANZEMET TABS 50 MG                                      | 3         | QL(0.167 EA daily); PA                                               |
| <i>granisetron hcl SOLN IV 1 MG/ML</i>                  | 1B        |                                                                      |
| <i>granisetron hcl TABS</i>                             | 1B        | QL(0.34 EA daily)                                                    |
| <i>ondansetron hcl SOLN IJ 4 MG/2ML</i>                 | 1B        |                                                                      |
| <i>ondansetron hcl SOLN PO 4 MG/5ML</i>                 | 1B        | QL(3.34 ML daily)                                                    |
| <i>ondansetron hcl SOSY</i>                             | 1B        |                                                                      |
| <i>ondansetron hcl TABS 8 MG</i>                        | 1B        | QL(3 EA daily; 45 EA per fill retail; 45 per fill mail)              |
| <i>ondansetron hcl TABS 24 MG</i>                       | 1B        | QL(0.143 EA daily)                                                   |

| Drug Name                                             | Drug Tier | Requirements/ Limits                                                                       |
|-------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------|
| <i>ondansetron hcl TABS 4 MG</i>                      | 1B        | QL(4 EA daily; 60 EA per fill retail; 60 per fill mail)                                    |
| <i>ondansetron TBDP 4 MG</i>                          | 1B        | QL(1 EA daily)                                                                             |
| <i>ondansetron TBDP 8 MG</i>                          | 1B        |                                                                                            |
| <i>palonosetron hcl SOLN</i>                          | 1B        |                                                                                            |
| Antiemetics - Anticholinergic                         |           |                                                                                            |
| <i>meclizine hcl TABS 12.5 MG</i>                     | 1A        | RX/OTC                                                                                     |
| <i>meclizine hcl TABS 25 MG</i>                       | 1B        | RX/OTC                                                                                     |
| <i>scopolamine</i>                                    | 1B        | QL(0.34 EA daily)                                                                          |
| <i>trimethobenzamide hcl CAPS</i>                     | 1B        |                                                                                            |
| Antiemetics - Miscellaneous                           |           |                                                                                            |
| AKYNZEO                                               | 3         | PA                                                                                         |
| <i>doxylamine-pyridoxine TBEC</i>                     | 1B        | QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA |
| <i>dronabinol CAPS</i>                                | 1B        |                                                                                            |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists   |           |                                                                                            |
| <i>aprepitant CAPS 80 MG</i>                          | 1B        | QL(0.134 EA daily)                                                                         |
| <i>aprepitant CAPS</i>                                | 1B        | PA                                                                                         |
| <i>aprepitant CAPS 40 MG, 125 MG</i>                  | 1B        | QL(0.067 EA daily)                                                                         |
| VARUBI (180 MG DOSE) TBPK                             | 3         | PA                                                                                         |
| <b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b> |           |                                                                                            |
| Antifungal - Glucan Synthesis Inhibitors              |           |                                                                                            |
| <i>caspofungin acetate</i>                            | 1B        |                                                                                            |
| ERAXIS                                                | 3         |                                                                                            |
| <i>miconazole sodium</i>                              | 1B        | PA                                                                                         |
| Antifungals                                           |           |                                                                                            |



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

| Drug Name                                            | Drug Tier | Requirements/ Limits  |
|------------------------------------------------------|-----------|-----------------------|
| Antihyperlipidemics - Misc.                          |           |                       |
| <i>icosapent ethyl 1 GM</i>                          | 1B        | QL(4 EA daily); PA    |
| <i>omega-3-acid ethyl esters</i>                     | 1B        | +; QL(4 EA daily)     |
| Bile Acid Sequestrants                               |           |                       |
| <i>cholestyramine light PACK</i>                     | 1B        | QL(6 EA daily)        |
| <i>cholestyramine light POWD</i>                     | 1B        | QL(24 GM daily)       |
| <i>cholestyramine PACK</i>                           | 1B        | QL(6 EA daily)        |
| <i>cholestyramine POWD</i>                           | 1B        | QL(25.2 GM daily)     |
| <i>colesevelam hcl PACK</i>                          | 1B        | QL(1 EA daily); PA    |
| <i>colesevelam hcl TABS</i>                          | 1B        | QL(7 EA daily)        |
| <i>colestipol hcl GRAN</i>                           | 1B        | QL(6 GM daily)        |
| <i>colestipol hcl PACK</i>                           | 1B        | QL(6 EA daily)        |
| <i>colestipol hcl TABS</i>                           | 1B        | QL(16 EA daily)       |
| Fibric Acid Derivatives                              |           |                       |
| <i>choline fenofibrate</i>                           | 1B        | +; QL(1 EA daily)     |
| <i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>  | 1B        | +; QL(1 EA daily)     |
| <i>fenofibrate micronized 43 MG, 130 MG</i>          | 1B        | QL(1 EA daily)        |
| <i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i> | 1B        | +; QL(1 EA daily)     |
| <i>gemfibrozil TABS</i>                              | 1B        | +; QL(2 EA daily)     |
| HMG CoA Reductase Inhibitors                         |           |                       |
| <i>atorvastatin calcium TABS</i>                     | 1B        | +; QL(1 EA daily)     |
| <i>fluvastatin sodium CAPS 40 MG</i>                 | 1B        | QL(2 EA daily)        |
| <i>fluvastatin sodium CAPS 20 MG</i>                 | 1B        | QL(1 EA daily)        |
| <i>lovastatin TABS 10 MG, 20 MG</i>                  | 1B        | +; QL(1 EA daily); PV |
| <i>lovastatin TABS 40 MG</i>                         | 1B        | +; QL(2 EA daily); PV |

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

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

| Drug Name                                                                  | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------------|-----------|----------------------|
| <i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>                         | 1B        | QL(4 EA daily)       |
| <i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>                         | 1B        | QL(3 EA daily)       |
| <i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>                           | 1B        | QL(2 EA daily)       |
| <i>telmisartan-amlodipine</i>                                              | 1B        | QL(1 EA daily)       |
| <i>telmisartan-hydrochlorothiazide</i>                                     | 1B        | QL(1 EA daily)       |
| <i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>                 | 3         | QL(1 EA daily)       |
| <i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>                 | 3         |                      |
| <i>valsartan-hydrochlorothiazide</i>                                       | 1B        | QL(1 EA daily)       |
| Antihypertensives - Misc.                                                  |           |                      |
| VECAMYL                                                                    | 3         | PA                   |
| Direct Renin Inhibitors                                                    |           |                      |
| <i>aliskiren fumarate</i>                                                  | 1B        | QL(1 EA daily)       |
| Selective Aldosterone Receptor Antagonists (SARAs)                         |           |                      |
| <i>eplerenone</i>                                                          | 1B        |                      |
| Vasodilators                                                               |           |                      |
| <i>hydralazine hcl SOLN</i>                                                | 1B        |                      |
| <i>hydralazine hcl TABS</i>                                                | 1B        | +                    |
| <i>minoxidil 2.5 MG, 10 MG</i>                                             | 1B        | +                    |
| <b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b> |           |                      |
| Anti-infective Agents - Misc.                                              |           |                      |
| IMPAVIDO                                                                   | 3         | QL(3 EA daily); PA   |
| <i>metronidazole TABS 250 MG, 500 MG</i>                                   | 1B        |                      |

| Drug Name                                                    | Drug Tier | Requirements/ Limits                                                                        |
|--------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------|
| <i>trimethoprim TABS</i>                                     | 1B        |                                                                                             |
| XIFAXAN 200 MG                                               | 3         | QL(3 EA daily; 9 EA per 3 day(s) retail; 9 EA per 3 days mail); AL(At least 12 yrs old); PA |
| XIFAXAN 550 MG                                               | 3         | QL(3 EA daily); AL(At least 12 yrs old); PA                                                 |
| Anti-infective Misc. - Combinations                          |           |                                                                                             |
| <i>sulfamethoxazole-trimethoprim SOLN</i>                    | 1B        |                                                                                             |
| <i>sulfamethoxazole-trimethoprim SUSP</i>                    | 1B        |                                                                                             |
| <i>sulfamethoxazole-trimethoprim TABS</i>                    | 1A        |                                                                                             |
| Antiprotozoal Agents                                         |           |                                                                                             |
| ALINIA SUSR                                                  | 2         | PA                                                                                          |
| <i>atovaquone</i>                                            | 1B        |                                                                                             |
| <i>nitazoxanide TABS</i>                                     | 1B        | PA                                                                                          |
| Carbapenems                                                  |           |                                                                                             |
| <i>ertapenem sodium IJ</i>                                   | 1B        |                                                                                             |
| <i>imipenem-cilastatin IV</i>                                | 1B        |                                                                                             |
| <i>meropenem</i>                                             | 1B        |                                                                                             |
| Chloramphenicols                                             |           |                                                                                             |
| <i>chloramphenicol sodium succinate</i>                      | 4         | SP; PA                                                                                      |
| Cyclic Lipopeptides                                          |           |                                                                                             |
| <i>daptomycin 500 MG</i>                                     | 1B        |                                                                                             |
| Glycopeptides                                                |           |                                                                                             |
| <i>vancomycin hcl CAPS</i>                                   | 1B        | QL(4 EA daily; 40 EA per fill retail)                                                       |
| <i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i> | 1B        | QL(300 ML per fill retail)                                                                  |
| <i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG</i>            | 1B        |                                                                                             |

| Drug Name                                                                                        | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------------------|-----------|----------------------|
| Leprostatics                                                                                     |           |                      |
| <i>dapsone</i>                                                                                   | 1B        |                      |
| Lincosamides                                                                                     |           |                      |
| <i>clindamycin hcl</i>                                                                           | 1B        |                      |
| <i>clindamycin palmitate hydrochloride</i>                                                       | 1B        |                      |
| <i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i> | 1B        |                      |
| <i>lincomycin hcl</i>                                                                            | 1B        |                      |
| Monobactams                                                                                      |           |                      |
| <i>aztreonam 1 GM</i>                                                                            | 1B        |                      |
| CAYSTON                                                                                          | 4         | QL(3 ML daily); PA   |
| Oxazolidinones                                                                                   |           |                      |
| <i>linezolid SUSR</i>                                                                            | 1B        |                      |
| <i>linezolid TABS</i>                                                                            | 1B        | QL(2 EA daily); PA   |
| SIVEXTRO TABS                                                                                    | 3         | PA                   |
| Polymyxins                                                                                       |           |                      |
| <i>polymyxin b sulfate SOLR</i>                                                                  | 1B        |                      |
| Urinary Anti-infectives                                                                          |           |                      |
| <i>fosfomycin tromethamine</i>                                                                   | 1B        |                      |
| <i>methenamine hippurate</i>                                                                     | 1B        |                      |
| <i>nitrofurantoin</i>                                                                            | 1B        |                      |
| <i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>                                                 | 1B        |                      |
| <i>nitrofurantoin monohyd macro</i>                                                              | 1B        |                      |
| <b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>                             |           |                      |
| Antimalarial Combinations                                                                        |           |                      |

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

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

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

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

| Drug Name                                    | Drug Tier | Requirements/ Limits   |
|----------------------------------------------|-----------|------------------------|
| 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                     |
| 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     |
| TAGRISSE 40 MG                               | 4         | QL(2 EA daily); PA     |
| TAGRISSE 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 |           |                        |

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

| Drug Name                               | Drug Tier | Requirements/ Limits        |
|-----------------------------------------|-----------|-----------------------------|
| <i>toremifene citrate</i>               | 1B        |                             |
| TRELSTAR MIXJECT                        | 4         | SP; PA                      |
| VABRINTY SC 22.5 MG, 30 MG, 45 MG       | 4         | SP; PA                      |
| XTANDI CAPS                             | 4         | QL(4 EA daily); SP; PA      |
| XTANDI TABS 80 MG                       | 4         | QL(2 EA daily); PA          |
| XTANDI TABS 40 MG                       | 4         | QL(4 EA daily); PA          |
| YONSA                                   | 4         | QL(4 EA daily); PA          |
| ZOLADEX 3.6 MG                          | 4         | QL(0.0357 EA daily); SP; PA |
| ZOLADEX 10.8 MG                         | 4         | QL(0.0119 EA daily); SP; PA |
| Antineoplastic - Immunomodulators       |           |                             |
| POMALYST                                | 4         | QL(1 EA daily); PA          |
| Antineoplastic - PDGFR-alpha Inhibitors |           |                             |
| AYVAKIT                                 | 4         | QL(1 EA daily); PA          |
| Antineoplastic - XPO1 Inhibitors        |           |                             |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG       | 4         | PA                          |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG        | 4         | PA                          |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG       | 4         | PA                          |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG        | 4         | PA                          |
| XPOVIO (60 MG TWICE WEEKLY)             | 4         | PA                          |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG        | 4         | PA                          |
| XPOVIO (80 MG TWICE WEEKLY)             | 4         | PA                          |
| Antineoplastic Antibiotics              |           |                             |
| <i>bleomycin sulfate 15 UNIT</i>        | 4         | SP; PA                      |
| <i>dactinomycin</i>                     | 4         | SP; PA                      |
| <i>doxorubicin hcl liposomal SUSP</i>   | 4         | SP; PA                      |

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| Drug Name                                  | Drug Tier | Requirements/ Limits   | Drug Name                        | Drug Tier | Requirements/ Limits   |
|--------------------------------------------|-----------|------------------------|----------------------------------|-----------|------------------------|
| <i>doxorubicin hcl SOLN</i>                | 4         | SP; PA                 | COMETRIQ (100 MG DAILY DOSE) KIT | 4         | QL(2 EA daily); SP; PA |
| <i>doxorubicin hcl SOLR 10 MG, 50 MG</i>   | 4         | SP; PA                 | COMETRIQ (140 MG DAILY DOSE) KIT | 4         | QL(4 EA daily); SP; PA |
| <i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i> | 4         | SP; PA                 | COMETRIQ (60 MG DAILY DOSE) KIT  | 4         | QL(3 EA daily); SP; PA |
| <i>idarubicin hcl 20 MG/20ML</i>           | 4         | PA                     | COPIKTRA                         | 4         | PA                     |
| <i>mitomycin SOLR IV 20 MG</i>             | 4         | SP; PA                 | <i>dasatinib</i>                 | 4         | QL(1 EA daily); SP; PA |
| <i>mitoxantrone hcl 25 MG/12.5ML</i>       | 4         | SP; PA                 | <i>everolimus TABS</i>           | 4         | QL(1 EA daily); SP; PA |
| <i>valrubicin</i>                          | 4         | SP; PA                 | IBRANCE CAPS                     | 4         | QL(1 EA daily); PA     |
| Antineoplastic Combinations                |           |                        | IBRANCE TABS                     | 4         | QL(1 EA daily); PA     |
| KISQALI FEMARA (200 MG DOSE)               | 4         | QL(2 EA daily); PA     | ICLUSIG                          | 4         | QL(1 EA daily); PA     |
| KISQALI FEMARA (400 MG DOSE)               | 4         | QL(2.5 EA daily); PA   | <i>imatinib mesylate TABS</i>    | 4         | QL(2 EA daily); SP; PA |
| KISQALI FEMARA (600 MG DOSE)               | 4         | QL(3.25 EA daily); PA  | IMBRUVICA CAPS 70 MG             | 4         | QL(1 EA daily); PA     |
| Antineoplastic Enzyme Inhibitors           |           |                        | IMBRUVICA CAPS 140 MG            | 4         | QL(3 EA daily); PA     |
| 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 100 MG, 500 MG                | 4         | QL(1 EA daily); SP; PA | KISQALI (600 MG DOSE)            | 4         | QL(2.5 EA daily); PA   |
| BOSULIF TABS 400 MG                        | 4         | QL(1 EA daily); 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 120 MG, 240 MG          | 3         | QL(2 EA daily); PA     |
| CAPRELSA                                   | 4         | QL(1 EA daily); SP; PA | LUMAKRAS 320 MG                  | 3         | QL(3 EA daily); PA     |

| Drug Name                                          | Drug Tier | Requirements/ Limits   | Drug Name                                       | Drug Tier | Requirements/ Limits       |
|----------------------------------------------------|-----------|------------------------|-------------------------------------------------|-----------|----------------------------|
| LYNPARZA TABS                                      | 4         | QL(4 EA daily); PA     | <i>sunitinib malate 37.5 MG</i>                 | 4         | QL(1 EA daily); PA         |
| MEKINIST SOLR                                      | 4         | QL(40 ML daily); PA    | <i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>   | 4         | QL(1 EA daily); SP; PA     |
| MEKINIST TABS 0.5 MG                               | 4         | QL(3 EA daily); PA     | TABRECTA                                        | 4         | QL(4 EA daily); PA         |
| MEKINIST TABS 2 MG                                 | 4         | QL(1 EA daily); PA     | TAFINLAR CAPS                                   | 4         | QL(4 EA daily); PA         |
| MEKTOVI                                            | 4         | QL(6 EA daily); SP; PA | TAFINLAR TBSO                                   | 4         | QL(30 EA daily); PA        |
| <i>nilotinib hcl 150 MG, 200 MG</i>                | 4         | QL(4 EA daily); SP; PA | TALZENNA                                        | 4         | QL(1 EA daily); PA         |
| <i>nilotinib hcl 50 MG</i>                         | 4         | QL(4 EA daily); PA     | TASIGNA 150 MG, 200 MG ( <i>nilotinib hcl</i> ) | 4         | QL(4 EA daily); SP; PA     |
| NINLARO                                            | 4         | QL(0.143 EA daily); PA | TASIGNA 50 MG ( <i>nilotinib hcl</i> )          | 4         | QL(4 EA daily); PA         |
| <i>pazopanib hcl</i>                               | 4         | QL(4 EA daily); SP; PA | TAZVERIK                                        | 4         | PA                         |
| PEMAZYRE                                           | 4         | QL(1 EA daily); PA     | <i>temsirolimus</i>                             | 4         | QL(0.143 ML daily); SP; PA |
| PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG | 4         | QL(1 EA daily); SP; PA | TIBSOVO                                         | 4         | PA                         |
| PIQRAY (200 MG DAILY DOSE)                         | 4         | QL(1 EA daily); PA     | TURALIO 125 MG                                  | 4         | PA                         |
| PIQRAY (250 MG DAILY DOSE)                         | 4         | QL(2 EA daily); PA     | VERZENIO                                        | 4         | QL(2 EA daily); PA         |
| PIQRAY (300 MG DAILY DOSE)                         | 4         | QL(2 EA daily); PA     | VITRAKVI CAPS                                   | 4         | PA                         |
| QINLOCK                                            | 4         | PA                     | VITRAKVI SOLN                                   | 4         | PA                         |
| RETEVMO CAPS                                       | 4         | PA                     | XALKORI CAPS                                    | 4         | QL(2 EA daily); SP; PA     |
| <i>romidepsin SOLR</i>                             | 4         | SP; PA                 | XOSPATA                                         | 4         | PA                         |
| ROZLYTREK CAPS                                     | 4         | PA                     | ZEJULA CAPS                                     | 4         | QL(3 EA daily); PA         |
| RUBRACA                                            | 4         | QL(4 EA daily); PA     | ZEJULA TABS 100 MG                              | 4         | QL(3 EA daily); PA         |
| SCEMBLIX 20 MG, 40 MG                              | 4         | QL(2 EA daily); PA     | ZEJULA TABS 200 MG, 300 MG                      | 4         | QL(1 EA daily); PA         |
| SCEMBLIX 100 MG                                    | 4         | QL(4 EA daily); PA     | ZELBORAF                                        | 4         | QL(8 EA daily); SP; PA     |
| <i>sorafenib tosylate</i>                          | 4         | QL(4 EA daily); SP; PA | ZOLINZA                                         | 4         | QL(4 EA daily); SP; PA     |
| SPRYCEL ( <i>dasatinib</i> )                       | 4         | QL(1 EA daily); SP; PA | ZYDELIG                                         | 4         | QL(2 EA daily); PA         |
| STIVARGA                                           | 4         | QL(4 EA daily); SP; PA | Antineoplastic Enzymes                          |           |                            |
|                                                    |           |                        | ONCASPAR                                        | 4         | SP; PA                     |
|                                                    |           |                        | Antineoplastics Misc.                           |           |                            |

| Drug Name                                         | Drug Tier | Requirements/ Limits |
|---------------------------------------------------|-----------|----------------------|
| ACTIMMUNE 100 MCG/0.5ML                           | 4         | SP; PA               |
| arsenic trioxide 10 MG/10ML                       | 4         | SP; PA               |
| bexarotene                                        | 4         | SP; PA               |
| dacarbazine SOLR 200 MG                           | 4         | SP; PA               |
| hydroxyurea                                       | 1B        |                      |
| MATULANE                                          | 4         | SP; PA               |
| NIPENT                                            | 4         | SP; PA               |
| PHOTOFRIN                                         | 4         | SP; PA               |
| PROLEUKIN                                         | 4         | SP; PA               |
| SYNRIBO                                           | 4         | SP; PA               |
| tretinoin (chemotherapy)                          | 1B        |                      |
| UVADEX                                            | 4         | SP; PA               |
| Chemotherapy Rescue/Antidote/Protective Agents    |           |                      |
| leucovorin calcium SOLR                           | 1B        |                      |
| leucovorin calcium TABS                           | 1B        |                      |
| VORAXAZE                                          | 4         | SP; PA               |
| Mitotic Inhibitors                                |           |                      |
| docetaxel CONC 20 MG/ML                           | 4         | SP; PA               |
| docetaxel SOLN 20 MG/2ML                          | 4         | SP; PA               |
| eribulin mesylate                                 | 4         | SP; PA               |
| ETOPOPHOS                                         | 4         | SP; PA               |
| etoposide CAPS                                    | 4         | SP; PA               |
| etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML | 4         | PA                   |
| HALAVEN (eribulin mesylate)                       | 4         | SP; PA               |
| IXEMPRA KIT 15 MG                                 | 4         | SP; PA               |
| JEVTANA                                           | 4         | SP; PA               |
| paclitaxel 100 MG/16.7ML, 150 MG/25ML             | 4         | SP; PA               |
| paclitaxel protein-bound particles                | 4         | SP; PA               |

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

| Drug Name                                                                      | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------|-----------|----------------------|
| <i>carbidopa-levodopa TBCR</i>                                                 | 1B        |                      |
| <i>carbidopa-levodopa TBDP</i>                                                 | 1B        |                      |
| NEUPRO                                                                         | 2         |                      |
| <i>pramipexole dihydrochloride TABS 0.125 MG</i>                               | 1B        | QL(4 EA daily)       |
| <i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i> | 1B        |                      |
| <i>ropinirole hydrochloride TABS</i>                                           | 1B        |                      |
| <i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>                               | 1B        | QL(2 EA daily); ST   |
| <i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>                          | 1B        | QL(1 EA daily); ST   |
| Antiparkinson Monoamine Oxidase Inhibitors                                     |           |                      |
| <i>rasagiline mesylate</i>                                                     | 1B        | QL(1 EA daily); PA   |
| <i>selegiline hcl CAPS</i>                                                     | 1B        |                      |
| <i>selegiline hcl TABS</i>                                                     | 1B        |                      |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>         |           |                      |
| Antimanic Agents                                                               |           |                      |
| <i>lithium</i>                                                                 | 1B        |                      |
| <i>lithium carbonate CAPS</i>                                                  | 1B        |                      |
| <i>lithium carbonate TABS</i>                                                  | 1B        |                      |
| <i>lithium carbonate TBCR</i>                                                  | 1B        |                      |
| Antipsychotics - Misc.                                                         |           |                      |
| EQUETRO 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 80 MG</i>                                                    | 1B        | QL(2 EA daily)       |
| <i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>                              | 1B        | QL(1 EA daily)       |

| Drug Name                                          | Drug Tier | Requirements/ Limits                    |
|----------------------------------------------------|-----------|-----------------------------------------|
| <i>ziprasidone hcl</i>                             | 1B        | QL(2 EA daily); AL(At least 18 yrs old) |
| Benzisoxazoles                                     |           |                                         |
| FANAPT                                             | 2         | QL(2 EA daily); PA                      |
| FANAPT TITRATION PACK A                            | 2         | PA                                      |
| <i>paliperidone</i>                                | 1B        |                                         |
| PERSERIS PRSY                                      | 2         | QL(0.072 EA daily); PA                  |
| <i>risperidone microspheres</i>                    | 1B        | QL(0.072 EA daily); PA                  |
| <i>risperidone SOLN</i>                            | 1B        |                                         |
| <i>risperidone TABS</i>                            | 1B        |                                         |
| <i>risperidone TBDP</i>                            | 1B        |                                         |
| Butyrophenones                                     |           |                                         |
| <i>haloperidol decanoate</i>                       | 1B        | QL(0.036 ML daily)                      |
| <i>haloperidol lactate CONC</i>                    | 1B        |                                         |
| <i>haloperidol lactate SOLN</i>                    | 1B        |                                         |
| <i>haloperidol TABS</i>                            | 1B        |                                         |
| Dibenzapines                                       |           |                                         |
| <i>asenapine maleate 2.5 MG</i>                    | 1B        | QL(4 EA daily); PA                      |
| <i>asenapine maleate 5 MG, 10 MG</i>               | 1B        | QL(2 EA daily); PA                      |
| <i>clozapine TABS</i>                              | 1B        |                                         |
| <i>clozapine TBDP 25 MG</i>                        | 1B        | QL(3 EA daily)                          |
| <i>clozapine TBDP 12.5 MG, 150 MG</i>              | 1B        | QL(6 EA daily)                          |
| <i>clozapine TBDP 100 MG</i>                       | 1B        | QL(9 EA daily)                          |
| <i>loxapine succinate</i>                          | 1B        |                                         |
| <i>olanzapine SOLR</i>                             | 1B        | QL(0.215 EA daily)                      |
| <i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i> | 1B        | QL(2 EA daily)                          |
| <i>olanzapine TABS 2.5 MG, 5 MG</i>                | 1B        | QL(4 EA daily)                          |
| <i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>          | 1B        | QL(2 EA daily)                          |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits                    | Drug Name                                                                                       | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------|-----------|-----------------------------------------|-------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>olanzapine TBDP 20 MG</i>                                                 | 1B        | QL(1 EA daily)                          | <i>atazanavir sulfate CAPS 200 MG</i>                                                           | 1B        | QL(2 EA daily)       |
| <i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i> | 1B        | AL(At least 10 yrs old)                 | BIKTARVY                                                                                        | 3         | QL(1 EA daily)       |
| <i>quetiapine fumarate TB24</i>                                              | 1B        |                                         | CIMDUO                                                                                          | 3         | QL(1 EA daily); ST   |
| Phenothiazines                                                               |           |                                         | COMPLERA 200 MG-300 MG-25 MG ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> ) | 3         | QL(1 EA daily)       |
| <i>chlorpromazine hcl SOLN</i>                                               | 3         |                                         | <i>darunavir TABS</i>                                                                           | 1B        |                      |
| <i>chlorpromazine hcl TABS</i>                                               | 1B        |                                         | DELSTRIGO                                                                                       | 3         | QL(1 EA daily)       |
| <i>fluphenazine hcl CONC</i>                                                 | 1B        |                                         | DOVATO                                                                                          | 3         | QL(1 EA daily)       |
| <i>fluphenazine hcl ELIX</i>                                                 | 1B        |                                         | EDURANT                                                                                         | 3         | QL(1 EA daily)       |
| <i>fluphenazine hcl SOLN</i>                                                 | 1B        |                                         | <i>efavirenz CAPS 200 MG</i>                                                                    | 1B        | QL(2 EA daily)       |
| <i>fluphenazine hcl TABS</i>                                                 | 1B        |                                         | <i>efavirenz CAPS 50 MG</i>                                                                     | 1B        | QL(3 EA daily)       |
| <i>perphenazine TABS</i>                                                     | 1B        |                                         | <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>                                    | 1B        | QL(1 EA daily)       |
| <i>prochlorperazine</i>                                                      | 1B        |                                         | <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                                       | 1B        | QL(1 EA daily)       |
| <i>prochlorperazine maleate TABS</i>                                         | 1B        |                                         | <i>efavirenz TABS</i>                                                                           | 1B        | QL(1 EA daily)       |
| <i>thioridazine hcl</i>                                                      | 1B        |                                         | <i>emtricitabine CAPS</i>                                                                       | 1B        | QL(1 EA daily)       |
| <i>trifluoperazine hcl TABS</i>                                              | 1B        |                                         | <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>                                  | 1B        | QL(1 EA daily)       |
| Quinolinone Derivatives                                                      |           |                                         | <i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>  | 1B        | QL(1 EA daily)       |
| <i>aripiprazole SOLN PO</i>                                                  | 1B        | QL(30 ML daily); AL(At least 6 yrs old) | <i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>                                | 0         | QL(1 EA daily)       |
| <i>aripiprazole TABS</i>                                                     | 1B        | QL(1 EA daily); AL(At least 6 yrs old)  | EMTRIVA SOLN                                                                                    | 3         | QL(24 ML daily)      |
| REXULTI                                                                      | 3         | PA                                      | <i>etravirine 100 MG</i>                                                                        | 1B        | QL(4 EA daily)       |
| Thioxanthenes                                                                |           |                                         | <i>etravirine 200 MG</i>                                                                        | 1B        | QL(2 EA daily)       |
| <i>thiothixene</i>                                                           | 1B        |                                         | EVOTAZ                                                                                          | 3         | QL(1 EA daily)       |
| ANTIVIRALS - Drugs to Treat Viral Infections                                 |           |                                         | <i>fosamprenavir calcium TABS</i>                                                               | 1B        | QL(4 EA daily)       |
| Antiretrovirals                                                              |           |                                         | FUZEON SOLR                                                                                     | 4         | SP; PA               |
| <i>abacavir sulfate-lamivudine</i>                                           | 1B        | QL(1 EA daily)                          | GENVOYA                                                                                         | 3         | QL(1 EA daily)       |
| <i>abacavir sulfate SOLN</i>                                                 | 1B        | QL(32 ML daily)                         |                                                                                                 |           |                      |
| <i>abacavir sulfate TABS</i>                                                 | 1B        | QL(2 EA daily)                          |                                                                                                 |           |                      |
| APTIVUS CAPS                                                                 | 3         | QL(4 EA daily)                          |                                                                                                 |           |                      |
| <i>atazanavir sulfate CAPS 150 MG, 300 MG</i>                                | 1B        | QL(1 EA daily)                          |                                                                                                 |           |                      |

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| Drug Name                       | Drug Tier | Requirements/ Limits |
|---------------------------------|-----------|----------------------|
| 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>          | 1B        | QL(30 ML daily)      |
| <i>lamivudine TABS 300 MG</i>   | 1B        | QL(1 EA daily)       |
| <i>lamivudine TABS 150 MG</i>   | 1B        | QL(2 EA daily)       |
| <i>lamivudine-zidovudine</i>    | 1B        | QL(2 EA daily)       |
| LEXIVA SUSP                     | 3         | QL(56 ML daily)      |
| <i>lopinavir-ritonavir SOLN</i> | 1B        | QL(12.5 ML daily)    |
| <i>lopinavir-ritonavir TABS</i> | 1B        | QL(4 EA daily)       |
| <i>maraviroc TABS 300 MG</i>    | 1B        | QL(4 EA daily)       |
| <i>maraviroc TABS 150 MG</i>    | 1B        | QL(2 EA daily)       |
| <i>nevirapine SUSP</i>          | 1B        | QL(40 ML daily)      |
| <i>nevirapine TABS</i>          | 1B        | QL(2 EA daily)       |
| <i>nevirapine TB24 400 MG</i>   | 1B        | 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>           | 1B        | 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)       |

| Drug Name                                  | Drug Tier | Requirements/ Limits        |
|--------------------------------------------|-----------|-----------------------------|
| <i>tenofovir disoproxil fumarate TABS</i>  | 1B        |                             |
| TIVICAY TABS                               | 3         | QL(2 EA daily)              |
| TRIUMEQ TABS                               | 3         | QL(1 EA daily)              |
| TRIZIVIR                                   | 3         | QL(2 EA daily)              |
| TYBOST                                     | 3         | QL(1 EA daily)              |
| VIRACEPT TABS 625 MG                       | 3         | QL(4 EA daily)              |
| VIRACEPT TABS 250 MG                       | 3         | QL(10 EA daily)             |
| VIREAD POWD                                | 3         | QL(7.5 GM daily)            |
| VIREAD TABS 150 MG, 200 MG, 250 MG         | 3         | QL(1 EA daily)              |
| <i>zidovudine CAPS</i>                     | 1B        | QL(6 EA daily)              |
| <i>zidovudine SYRP</i>                     | 1B        | QL(60 ML daily)             |
| <i>zidovudine TABS</i>                     | 1B        | QL(2 EA daily)              |
| CMV Agents                                 |           |                             |
| <i>cidofovir</i>                           | 3         |                             |
| <i>ganciclovir sodium SOLR</i>             | 1B        |                             |
| <i>valganciclovir hcl TABS</i>             | 1B        | QL(4 EA daily); PA          |
| Hepatitis Agents                           |           |                             |
| <i>adefovir dipivoxil</i>                  | 4         | QL(1 EA daily); SP          |
| <i>entecavir TABS</i>                      | 4         | QL(1 EA daily); SP          |
| <i>lamivudine (hcv) TABS</i>               | 1B        | QL(3 EA daily); SP          |
| PEGASYS SOLN                               | 4         | QL(0.0714 ML daily); SP; PA |
| PEGASYS SOSY                               | 4         | QL(0.072 ML daily); PA      |
| <i>ribavirin (hepatitis c) CAPS</i>        | 1B        | QL(7 EA daily)              |
| <i>ribavirin (hepatitis c) TABS 200 MG</i> | 1B        | QL(7 EA daily)              |
| SOFOSBUVIR-VELPATASVIR TABS                | 1B        | QL(1 EA daily); PA          |
| SOVALDI TABS 200 MG                        | 4         | QL(1 EA daily); PA          |
| SOVALDI TABS 400 MG                        | 4         | QL(1 EA daily); SP; PA      |

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| Drug Name                                                 | Drug Tier | Requirements/ Limits                                                                                                                           |
|-----------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|
| VOSEVI                                                    | 4         | QL(1 EA daily); PA                                                                                                                             |
| Herpes Agents                                             |           |                                                                                                                                                |
| <i>acyclovir CAPS</i>                                     | 1A        | QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)                                                                                        |
| <i>acyclovir SUSP</i>                                     | 1B        | QL(13.34 ML daily)                                                                                                                             |
| <i>acyclovir TABS PO</i>                                  | 1B        | QL(5 EA daily)                                                                                                                                 |
| <i>famciclovir 125 MG, 250 MG</i>                         | 1B        | QL(3 EA daily)                                                                                                                                 |
| <i>famciclovir 500 MG</i>                                 | 1B        | QL(4 EA daily)                                                                                                                                 |
| <i>valacyclovir hcl 500 MG</i>                            | 1B        | QL(2 EA daily)                                                                                                                                 |
| <i>valacyclovir hcl 1 GM</i>                              | 1B        | QL(4 EA daily)                                                                                                                                 |
| Influenza Agents                                          |           |                                                                                                                                                |
| <i>oseltamivir phosphate CAPS</i>                         | 1B        | Limit 1 fill every 90 days.; QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail |
| <i>oseltamivir phosphate SUSR</i>                         | 1B        | Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail                                                    |
| RELENZA DISKHALER                                         | 2         | 1 package(s) per 30 day(s) retail                                                                                                              |
| <i>rimantadine hydrochloride TABS</i>                     | 1B        | QL(2 EA daily)                                                                                                                                 |
| <b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b> |           |                                                                                                                                                |
| Alpha-Beta Blockers                                       |           |                                                                                                                                                |
| <i>carvedilol</i>                                         | 1B        | +                                                                                                                                              |
| <i>carvedilol phosphate</i>                               | 3         | QL(1 EA daily)                                                                                                                                 |
| <i>labetalol hcl SOLN</i>                                 | 1B        |                                                                                                                                                |

| Drug Name                                                            | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------|-----------|----------------------|
| <i>labetalol hcl TABS 300 MG</i>                                     | 1B        | +; QL(8 EA daily)    |
| <i>labetalol hcl TABS 100 MG, 200 MG</i>                             | 1B        | +                    |
| Beta Blockers Cardio-Selective                                       |           |                      |
| <i>acebutolol hcl CAPS</i>                                           | 1B        |                      |
| <i>atenolol TABS</i>                                                 | 1B        | +                    |
| <i>betaxolol hcl</i>                                                 | 1B        |                      |
| <i>bisoprolol fumarate</i>                                           | 1B        | +                    |
| <i>metoprolol succinate TB24 200 MG</i>                              | 1B        | +; QL(2 EA daily)    |
| <i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>                | 1B        | +                    |
| <i>metoprolol tartrate SOLN IV 5 MG/5ML</i>                          | 1B        |                      |
| <i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>                 | 1B        | +                    |
| <i>nebivolol hcl 20 MG</i>                                           | 3         | QL(2 EA daily)       |
| <i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>                             | 3         | QL(1 EA daily)       |
| Beta Blockers Non-Selective                                          |           |                      |
| HEMANGEOL SOLN PO                                                    | 4         | QL(75 ML daily); PA  |
| <i>nadolol TABS 80 MG</i>                                            | 1B        |                      |
| <i>nadolol TABS 20 MG</i>                                            | 1B        | QL(3 EA daily)       |
| <i>nadolol TABS 40 MG</i>                                            | 1B        | QL(6 EA daily)       |
| <i>pindolol TABS</i>                                                 | 1B        |                      |
| <i>propranolol hcl CP24</i>                                          | 1B        | QL(2 EA daily)       |
| <i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>                  | 1B        |                      |
| <i>propranolol hcl TABS</i>                                          | 1B        |                      |
| <i>sotalol hcl (afib/af)</i>                                         | 1B        |                      |
| <i>sotalol hcl TABS 240 MG</i>                                       | 1B        |                      |
| <i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>                        | 1B        | QL(2 EA daily)       |
| <i>timolol maleate TABS</i>                                          | 1B        |                      |
| <b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b> |           |                      |

| Drug Name                                                                          | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------|-----------|----------------------|
| <b>Calcium Channel Blockers</b>                                                    |           |                      |
| <i>amlodipine besylate TABS</i>                                                    | 1B        | +                    |
| <i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>                      | 1B        |                      |
| <i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>                              | 1B        | QL(2 EA daily)       |
| <i>diltiazem hcl extended release beads 420 MG</i>                                 | 1B        |                      |
| <i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i> | 1B        | +                    |
| <i>diltiazem hcl CP12</i>                                                          | 1B        | QL(2 EA daily)       |
| <i>diltiazem hcl CP24</i>                                                          | 1B        | +                    |
| <i>diltiazem hcl SOLN 50 MG/10ML</i>                                               | 1B        |                      |
| <i>DILTIAZEM HCL SOLR</i>                                                          | 1B        |                      |
| <i>diltiazem hcl TABS</i>                                                          | 1B        | +                    |
| <i>diltiazem hcl TB24</i>                                                          | 1B        |                      |
| <i>felodipine</i>                                                                  | 1B        | +                    |
| <i>isradipine CAPS</i>                                                             | 1B        |                      |
| <i>nicardipine hcl CAPS</i>                                                        | 1B        |                      |
| <i>nicardipine hcl SOLN</i>                                                        | 1B        |                      |
| <i>nifedipine CAPS 20 MG</i>                                                       | 1B        | QL(9 EA daily)       |
| <i>nifedipine CAPS 10 MG</i>                                                       | 1B        |                      |
| <i>nifedipine TB24</i>                                                             | 1B        |                      |
| <i>nifedipine TB24 90 MG</i>                                                       | 1B        | +; QL(1 EA daily)    |
| <i>nifedipine TB24 60 MG</i>                                                       | 1B        | +; QL(2 EA daily)    |
| <i>nifedipine TB24 30 MG</i>                                                       | 1B        | +                    |
| <i>nimodipine CAPS</i>                                                             | 1B        |                      |
| <i>nisoldipine</i>                                                                 | 1B        |                      |
| <i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>                                   | 1B        |                      |
| <i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>                           | 1B        | QL(1 EA daily)       |

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



| Drug Name                                                | Drug Tier | Requirements/ Limits                    |
|----------------------------------------------------------|-----------|-----------------------------------------|
| 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                  |
| 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                                      |

| Drug Name                                                                      | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------|-----------|----------------------|
| 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>                                                         | 1B        |                      |
| <i>cefadroxil SUSR</i>                                                         | 1B        |                      |
| <i>cefadroxil TABS</i>                                                         | 1B        |                      |
| <i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>                            | 1B        |                      |
| <i>cephalexin CAPS</i>                                                         | 1B        |                      |
| <i>cephalexin SUSR</i>                                                         | 1B        |                      |
| Cephalosporins - 2nd Generation                                                |           |                      |
| <i>cefaclor CAPS</i>                                                           | 1B        |                      |
| <i>cefaclor SUSR 250 MG/5ML</i>                                                | 1B        |                      |
| <i>cefotetan disodium IJ 1 GM, 2 GM</i>                                        | 1B        |                      |
| <i>cefoxitin sodium IV 1 GM, 2 GM</i>                                          | 1B        |                      |
| <i>cefprozil SUSR</i>                                                          | 1B        |                      |
| <i>cefprozil TABS</i>                                                          | 1B        |                      |
| <i>cefuroxime axetil TABS</i>                                                  | 1B        |                      |

| Drug Name                                                  | Drug Tier | Requirements/ Limits | Drug Name                                                                        | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------------------|-----------|----------------------|
| <i>cefuroxime sodium IJ 750 MG</i>                         | 1B        |                      | <i>levonorgestrel &amp; eth estradiol TABS</i>                                   | 0         |                      |
| Cephalosporins - 3rd Generation                            |           |                      | <i>levonorgestrel-eth estradiol (triphasic)</i>                                  | 0         |                      |
| <i>cefдинир CAPS</i>                                       | 1B        |                      | <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>                 | 0         |                      |
| <i>cefдинир SUSR</i>                                       | 1B        |                      | <i>levonorgestrel-ethinyl estradiol (continuous)</i>                             | 0         |                      |
| <i>cefіxime CAPS</i>                                       | 1B        |                      | <i>levonorgestrel-ethinyl estradiol-iron</i>                                     | 0         |                      |
| <i>cefіxime SUSR</i>                                       | 1B        | ST                   | LO LOESTRIN FE TABS                                                              | 0         |                      |
| <i>cefподoxime proxetil SUSR</i>                           | 1B        |                      | NATAZIA                                                                          | 0         |                      |
| <i>cefподoxime proxetil TABS</i>                           | 1B        |                      | NEXTSTELLIS                                                                      | 0         |                      |
| <i>ceftazidime IJ 1 GM, 6 GM</i>                           | 1B        |                      | <i>norethin acet &amp; estrad-fe CAPS</i>                                        | 0         |                      |
| <i>ceftriaxone sodium IJ 250 MG</i>                        | 1A        |                      | <i>norethin acet &amp; estrad-fe CHEW</i>                                        | 0         |                      |
| <i>ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG</i>            | 1B        |                      | <i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | 0         |                      |
| Cephalosporins - 4th Generation                            |           |                      | <i>norethindrone &amp; eth estradiol</i>                                         | 0         |                      |
| <i>cefepime hcl SOLR IV 2 GM</i>                           | 1B        |                      | <i>norethindrone &amp; ethinyl estradiol-fe</i>                                  | 0         |                      |
| Cephalosporins - 5th Generation                            |           |                      | <i>norethindrone acet &amp; eth estra TABS</i>                                   | 0         |                      |
| TEFLARO                                                    | 3         |                      | <i>norethindrone acetate-ethinyl estradiol-fe</i>                                | 0         |                      |
| <b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>         |           |                      | <i>norethindrone-eth estradiol (triphasic)</i>                                   | 0         |                      |
| Combination Contraceptives - Oral                          |           |                      | <i>norgestimate-ethinyl estradiol</i>                                            | 0         |                      |
| AVERI TABS PO                                              | 0         |                      | <i>norgestimate-ethinyl estradiol (triphasic)</i>                                | 0         |                      |
| <i>desogestrel &amp; ethinyl estradiol</i>                 | 0         |                      | <i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>                          | 0         |                      |
| <i>desogestrel-ethinyl estradiol (biphasic)</i>            | 0         |                      | TYBLUME CHEW                                                                     | 0         |                      |
| <i>desogestrel-ethinyl estradiol (triphasic)</i>           | 0         |                      | Combination Contraceptives - Transdermal                                         |           |                      |
| <i>drospirenone-ethinyl estradiol</i>                      | 0         |                      | <i>norelgestromin-ethinyl estradiol</i>                                          | 0         |                      |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> | 0         |                      |                                                                                  |           |                      |
| <i>ethynodiol diacet &amp; eth estrad</i>                  | 0         |                      |                                                                                  |           |                      |
| FEMLYV TBP                                                 | 0         |                      |                                                                                  |           |                      |

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| Drug Name                                                  | Drug Tier | Requirements/ Limits                                 |
|------------------------------------------------------------|-----------|------------------------------------------------------|
| TWIRLA                                                     | 0         | QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail) |
| Combination Contraceptives - Vaginal                       |           |                                                      |
| ANNOVERA                                                   | 0         |                                                      |
| <i>etonogestrel-ethinyl estradiol</i>                      | 0         | QL(0.05 EA daily)                                    |
| Copper Contraceptives - IUD                                |           |                                                      |
| MIUDELLA INTRAUTERINE COPPER                               | 0         |                                                      |
| PARAGARD INTRAUTERINE COPPER                               | 0         |                                                      |
| Emergency Contraceptives                                   |           |                                                      |
| ELLA                                                       | 0         |                                                      |
| <i>levonorgestrel (emergency oc) 1.5 MG</i>                | 0         |                                                      |
| Progestin Contraceptives - Implants                        |           |                                                      |
| NEXPLANON                                                  | 0         |                                                      |
| Progestin Contraceptives - Injectable                      |           |                                                      |
| DEPO-SUBQ PROVERA 104 SUSY SC                              | 0         |                                                      |
| <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i> | 0         | 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)                                       |

| Drug Name                                                                            | Drug Tier | Requirements/ Limits               |
|--------------------------------------------------------------------------------------|-----------|------------------------------------|
| <b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b> |           |                                    |
| Glucocorticosteroids                                                                 |           |                                    |
| <i>budesonide CPEP</i>                                                               | 1B        | QL(3 EA daily)                     |
| <i>deflazacort SUSP</i>                                                              | 4         | PA                                 |
| <i>deflazacort TABS</i>                                                              | 4         | PA                                 |
| DEPO-MEDROL SUSP                                                                     | 3         |                                    |
| DEXAMETHASONE INTENSOL CONC                                                          | 1B        |                                    |
| <i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>        | 1B        |                                    |
| <i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>                                | 1B        |                                    |
| <i>dexamethasone ELIX</i>                                                            | 1B        |                                    |
| <i>dexamethasone SOLN</i>                                                            | 1B        |                                    |
| <i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>                             | 1B        |                                    |
| <i>dexamethasone TABS 0.5 MG, 0.75 MG</i>                                            | 1A        |                                    |
| EMFLAZA SUSP ( <i>deflazacort</i> )                                                  | 4         | PA                                 |
| <i>hydrocortisone sod succinate 100 MG</i>                                           | 1B        | 2 max fill(s) per 30 day(s) retail |
| <i>hydrocortisone TABS</i>                                                           | 1B        |                                    |
| MEDROL TABS                                                                          | 3         |                                    |
| <i>methylprednisolone acetate SUSP</i>                                               | 1B        |                                    |
| <i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>                    | 1B        |                                    |
| <i>methylprednisolone TABS</i>                                                       | 1B        |                                    |
| <i>methylprednisolone TBPK</i>                                                       | 1B        |                                    |
| <i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>  | 1B        |                                    |

| Drug Name                                                            | Drug Tier | Requirements/ Limits               |
|----------------------------------------------------------------------|-----------|------------------------------------|
| <i>prednisolone sodium phosphate TBDP</i>                            | 3         |                                    |
| <i>prednisolone SOLN</i>                                             | 1B        |                                    |
| <i>prednisolone TABS</i>                                             | 1B        |                                    |
| <i>prednisone SOLN</i>                                               | 1B        |                                    |
| <i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>                   | 1A        |                                    |
| <i>prednisone TABS 1 MG, 5 MG</i>                                    | 1B        |                                    |
| <i>prednisone TBPk</i>                                               | 1B        |                                    |
| SOLU-CORTEF 100 MG, 500 MG, 1000 MG                                  | 3         | 2 max fill(s) per 30 day(s) retail |
| SOLU-CORTEF (hydrocortisone sod succinate)                           | 3         | 2 max fill(s) per 30 day(s) retail |
| SOLU-CORTEF 250 MG                                                   | 3         |                                    |
| SOLU-MEDROL 2 GM                                                     | 3         |                                    |
| <i>triamcinolone acetonide SUSP 40 MG/ML</i>                         | 1B        |                                    |
| Mineralocorticoids                                                   |           |                                    |
| <i>fludrocortisone acetate TABS</i>                                  | 1B        |                                    |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms |           |                                    |
| Antitussives                                                         |           |                                    |
| <i>benzonatate 100 MG</i>                                            | 1B        | QL(6 EA daily)                     |
| <i>benzonatate 150 MG</i>                                            | 1B        | QL(4 EA daily)                     |
| <i>benzonatate 200 MG</i>                                            | 1B        | QL(3 EA daily)                     |
| Cough/Cold/Allergy Combinations                                      |           |                                    |
| <i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>       | 1B        |                                    |
| Misc. Respiratory Inhalants                                          |           |                                    |
| HYPERSAL NEBU                                                        | 1B        |                                    |
| NEBUSAL NEBU                                                         | 1B        |                                    |
| <i>sodium chloride (inhalant) NEBU 7 %</i>                           | 1B        |                                    |
| Mucolytics                                                           |           |                                    |

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

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

| Drug Name                                 | Drug Tier | Requirements/ Limits                                          |
|-------------------------------------------|-----------|---------------------------------------------------------------|
| <b>Antibiotics - Topical</b>              |           |                                                               |
| ALTABAX                                   | 2         | QL(15 GM per 30 day(s) retail; 15 GM per 30 days mail)        |
| <i>gentamicin sulfate (topical) CREA</i>  | 1B        | QL(1 GM daily)                                                |
| <i>gentamicin sulfate (topical) OINT</i>  | 1B        |                                                               |
| <i>mupirocin OINT</i>                     | 1B        | QL(6 GM daily)                                                |
| NEO-SYNALAR                               | 3         | QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA    |
| <b>Antifungals - Topical</b>              |           |                                                               |
| <i>butenafine hcl</i>                     | 1B        | QL(6 GM daily)                                                |
| <i>ciclopirox olamine CREA</i>            | 1B        | QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail |
| <i>ciclopirox olamine SUSP</i>            | 1B        |                                                               |
| <i>ciclopirox GEL</i>                     | 1B        | QL(3.35 GM daily)                                             |
| <i>ciclopirox SHAM</i>                    | 1B        | QL(10 ML daily)                                               |
| <i>ciclopirox SOLN</i>                    | 1B        | QL(0.22 ML daily)                                             |
| <i>clotrimazole (topical) CREA</i>        | 1B        | QL(4.5 GM daily); RX/OTC                                      |
| <i>clotrimazole (topical) SOLN</i>        | 1B        | QL(10 ML daily); RX/OTC                                       |
| <i>clotrimazole w/ betamethasone CREA</i> | 1B        | QL(8 GM daily)                                                |
| <i>clotrimazole w/ betamethasone LOTN</i> | 1B        |                                                               |
| <i>econazole nitrate CREA</i>             | 1B        | QL(85 GM per fill retail; 85 per fill mail)                   |
| ERTACZO                                   | 3         | QL(2.15 GM daily)                                             |
| <i>ketoconazole (topical) CREA</i>        | 1B        | QL(10 GM daily)                                               |
| <i>ketoconazole (topical) SHAM 2 %</i>    | 1B        | QL(20 ML daily)                                               |

| Drug Name                          | Drug Tier | Requirements/ Limits                                                                                              |
|------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| <i>luliconazole</i>                | 1B        | PA                                                                                                                |
| <i>naftifine hcl CREA 1 %</i>      | 1B        | QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                            |
| <i>naftifine hcl CREA 2 %</i>      | 1B        | QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                            |
| <i>nystatin (topical) CREA</i>     | 1B        | QL(10 GM daily)                                                                                                   |
| <i>nystatin (topical) OINT</i>     | 1B        | QL(6 GM daily)                                                                                                    |
| <i>nystatin (topical) POWD EX</i>  | 1B        | QL(10 GM daily)                                                                                                   |
| <i>nystatin-triamcinolone CREA</i> | 1B        | QL(10 GM daily)                                                                                                   |
| <i>nystatin-triamcinolone OINT</i> | 1B        | QL(4 GM daily)                                                                                                    |
| <i>oxiconazole nitrate CREA</i>    | 1B        | Limit 1 Fill per 180 days; QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| 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 |
| <i>sulconazole nitrate CREA</i>    | 1B        |                                                                                                                   |
| <i>sulconazole nitrate SOLN</i>    | 1B        | 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail                                              |
| <i>tavaborole</i>                  | 1B        | PA                                                                                                                |
| Anti-inflammatory Agents - Topical |           |                                                                                                                   |

| Drug Name                                              | Drug Tier | Requirements/ Limits                                                                                                                                 |
|--------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>diclofenac epolamine PTCH EX</i>                    | 1B        | QL(2 EA daily); PA                                                                                                                                   |
| <i>diclofenac sodium (topical) GEL EX</i>              | 1B        | QL(3.34 GM daily); RX/OTC                                                                                                                            |
| Antineoplastic or Premalignant Lesion Agents - Topical |           |                                                                                                                                                      |
| <i>bexarotene (topical)</i>                            | 4         | SP; PA                                                                                                                                               |
| <i>diclofenac sodium (actinic keratoses) EX</i>        | 1B        | QL(3.34 GM daily); PA                                                                                                                                |
| <i>fluorouracil (topical) CREA 5 %</i>                 | 1B        | QL(4 GM daily)                                                                                                                                       |
| <i>fluorouracil (topical) SOLN</i>                     | 1B        | QL(2 ML daily)                                                                                                                                       |
| PANRETIN                                               | 3         | QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)                                                                                               |
| Antipruritics - Topical                                |           |                                                                                                                                                      |
| <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 |
| Antipsoriatics                                         |           |                                                                                                                                                      |
| <i>acitretin 10 MG, 17.5 MG</i>                        | 1B        | QL(1 EA daily)                                                                                                                                       |
| <i>acitretin 25 MG</i>                                 | 1B        | QL(2 EA daily)                                                                                                                                       |
| <i>calcipotriene CREA</i>                              | 1B        | QL(4 GM daily); PA                                                                                                                                   |
| <i>calcipotriene OINT</i>                              | 1B        | QL(4 GM daily); PA                                                                                                                                   |
| <i>calcipotriene SOLN</i>                              | 1B        | QL(4 ML daily); PA                                                                                                                                   |
| <i>calcitriol (topical)</i>                            | 1B        | QL(3.34 GM daily)                                                                                                                                    |
| COSENTYX (300 MG DOSE) SOSY                            | 4         | QL(0.072 ML daily); PA                                                                                                                               |
| COSENTYX SENSOREADY (300 MG) SOAJ                      | 4         | QL(0.072 ML daily); PA                                                                                                                               |

| Drug Name                           | Drug Tier | Requirements/ Limits                                     |
|-------------------------------------|-----------|----------------------------------------------------------|
| COSENTYX SENSOREADY PEN SOAJ        | 4         | QL(0.072 ML daily); PA                                   |
| COSENTYX UNOREADY SOAJ              | 4         | QL(0.072 ML daily); PA                                   |
| COSENTYX SOSY 150 MG/ML             | 4         | QL(0.036 ML daily); PA                                   |
| COSENTYX SOSY 75 MG/0.5ML           | 4         | QL(0.18 ML daily); PA                                    |
| <i>methoxsalen rapid</i>            | 1B        | 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 90 MG/ML               | 4         | QL(0.018 ML daily); PA                                   |
| STELARA SOSY 45 MG/0.5ML            | 4         | QL(0.012 ML daily); PA                                   |
| <i>tazarotene CREA 0.1 %</i>        | 1B        | 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>  | 1B        |                                                          |
| Antivirals - Topical                |           |                                                          |
| <i>acyclovir topical CREA</i>       | 1B        | 1 package(s) per fill retail; 1 package(s) per fill mail |
| <i>acyclovir topical OINT</i>       | 1B        | 1 package(s) per fill retail; 1 package(s) per fill mail |
| <i>penciclovir</i>                  | 3         | QL(0.18 GM daily)                                        |
| Burn Products                       |           |                                                          |

| Drug Name                                        | Drug Tier | Requirements/ Limits                                                                                              |
|--------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| <i>mafenide acetate PACK</i>                     | 3         |                                                                                                                   |
| <i>silver sulfadiazine</i>                       | 1B        | QL(20 GM daily)                                                                                                   |
| SULFAMYLON CREA                                  | 3         |                                                                                                                   |
| Corticosteroids - Topical                        |           |                                                                                                                   |
| <i>alclometasone dipropionate CREA</i>           | 1B        | QL(2 GM daily)                                                                                                    |
| <i>alclometasone dipropionate OINT</i>           | 1B        | QL(3 GM daily)                                                                                                    |
| <i>amcinonide CREA</i>                           | 1B        | QL(60 GM per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail |
| <i>amcinonide LOTN</i>                           | 3         |                                                                                                                   |
| <i>amcinonide OINT</i>                           | 3         |                                                                                                                   |
| <i>betamethasone dipropionate (topical) CREA</i> | 1B        | QL(3 GM daily)                                                                                                    |
| <i>betamethasone dipropionate (topical) LOTN</i> | 1B        |                                                                                                                   |
| <i>betamethasone dipropionate (topical) OINT</i> | 1B        | QL(3 GM daily)                                                                                                    |
| <i>betamethasone dipropionate augmented CREA</i> | 1B        | QL(3.5 GM daily)                                                                                                  |
| <i>betamethasone dipropionate augmented LOTN</i> | 1B        | QL(5 ML daily)                                                                                                    |
| <i>betamethasone dipropionate augmented OINT</i> | 1B        | QL(3.5 GM daily)                                                                                                  |
| <i>betamethasone valerate CREA</i>               | 1B        | QL(2.5 GM daily)                                                                                                  |
| <i>betamethasone valerate FOAM</i>               | 1B        | QL(1.67 GM daily)                                                                                                 |
| <i>betamethasone valerate LOTN</i>               | 1B        | QL(5 ML daily)                                                                                                    |

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



| Drug Name                                                    | Drug Tier | Requirements/ Limits      |
|--------------------------------------------------------------|-----------|---------------------------|
| <i>hydrocortisone valerate CREA</i>                          | 1B        |                           |
| <i>hydrocortisone valerate OINT</i>                          | 1B        |                           |
| <i>mometasone furoate CREA</i>                               | 1B        | QL(3 GM daily)            |
| <i>mometasone furoate OINT</i>                               | 1B        | QL(4 GM daily)            |
| <i>mometasone furoate SOLN</i>                               | 1B        | QL(5 ML daily)            |
| <i>triamcinolone acetonide (topical) CREA 0.1 %</i>          | 1B        | QL(3.34 GM daily)         |
| <i>triamcinolone acetonide (topical) CREA 0.5 %</i>          | 1B        | QL(5 GM daily)            |
| <i>triamcinolone acetonide (topical) CREA 0.025 %</i>        | 1B        | QL(15.15 GM daily)        |
| <i>triamcinolone acetonide (topical) LOTN 0.1 %</i>          | 1B        | QL(6 ML daily)            |
| <i>triamcinolone acetonide (topical) LOTN 0.025 %</i>        | 1B        |                           |
| <i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i> | 1B        | QL(15.15 GM daily)        |
| <i>triamcinolone acetonide (topical) OINT 0.5 %</i>          | 1B        | QL(6 GM daily)            |
| <b>Eczema Agents</b>                                         |           |                           |
| DUPIXENT SOAJ 300 MG/2ML                                     | 4         | QL(0.29 ML daily); PA     |
| DUPIXENT SOAJ 200 MG/1.14ML                                  | 4         | QL(0.082 ML daily); PA    |
| DUPIXENT SOSY 200 MG/1.14ML                                  | 4         | QL(0.082 ML daily); PA    |
| DUPIXENT SOSY 300 MG/2ML                                     | 4         | QL(0.29 ML daily); PA     |
| <b>Emollients</b>                                            |           |                           |
| <i>lactic acid (ammonium lactate) CREA</i>                   | 1B        | QL(12.9 GM daily); RX/OTC |
| <i>lactic acid (ammonium lactate) LOTN 12 %</i>              | 1B        | RX/OTC                    |
| <b>Enzymes - Topical</b>                                     |           |                           |
| SANTYL OINT                                                  | 3         | PA                        |

| Drug Name                                              | Drug Tier | Requirements/ Limits                        |
|--------------------------------------------------------|-----------|---------------------------------------------|
| <b>Immunomodulating Agents - Topical</b>               |           |                                             |
| <i>imiquimod 5 %</i>                                   | 1B        | QL(12 EA per fill retail; 12 per fill mail) |
| <b>Immunosuppressive Agents - Topical</b>              |           |                                             |
| <i>pimecrolimus</i>                                    | 1B        | QL(3 GM daily); AL(At least 2 yrs old); PA  |
| <i>tacrolimus (topical) OINT</i>                       | 1B        | AL(At least 2 yrs old); PA                  |
| <b>Keratolytic/Antimitotic/Vesicant Agents</b>         |           |                                             |
| <i>podofilox SOLN</i>                                  | 1B        |                                             |
| <b>Local Anesthetics - Topical</b>                     |           |                                             |
| <i>lidocaine hcl GEL 2 %</i>                           | 1B        | QL(4 ML daily)                              |
| <i>lidocaine hcl PRSY</i>                              | 1B        | QL(4 ML daily)                              |
| <i>lidocaine hcl SOLN</i>                              | 1B        | QL(10 ML daily)                             |
| <i>lidocaine-prilocaine CREA</i>                       | 1B        | QL(1 GM daily)                              |
| <i>lidocaine PTCH 5 %</i>                              | 1B        | PA                                          |
| <b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b> |           |                                             |
| EUCRISA                                                | 3         | QL(2 GM daily); PA                          |
| <b>Rosacea Agents</b>                                  |           |                                             |
| <i>azelaic acid GEL</i>                                | 1B        | QL(1.67 GM daily)                           |
| <i>brimonidine tartrate (topical)</i>                  | 3         | QL(1 GM daily); PA                          |
| <i>metronidazole (topical) CREA</i>                    | 1B        | QL(3 GM daily)                              |
| <i>metronidazole (topical) GEL 0.75 %</i>              | 1B        | QL(3 GM daily)                              |
| <i>metronidazole (topical) GEL 1 %</i>                 | 1B        | QL(5 GM daily)                              |
| <i>metronidazole (topical) LOTN</i>                    | 1B        |                                             |
| <b>Scabicides &amp; Pediculicides</b>                  |           |                                             |
| <i>crotamiton LOTN</i>                                 | 1B        | PA                                          |
| <i>ivermectin (pediculicide)</i>                       | 1B        | PA                                          |

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| Drug Name                                                    | Drug Tier | Requirements/ Limits                                                       |
|--------------------------------------------------------------|-----------|----------------------------------------------------------------------------|
| <i>malathion</i>                                             | 1B        |                                                                            |
| <i>permethrin CREA</i>                                       | 1B        |                                                                            |
| <i>permethrin LIQD EX</i>                                    | 1B        |                                                                            |
| <i>spinosad</i>                                              | 1B        | PA                                                                         |
| <b>DIAGNOSTIC PRODUCTS</b>                                   |           |                                                                            |
| 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                                             | 1B        | #                                                                          |
| FORA GTEL BLOOD KETONE TEST                                  | 1B        | #                                                                          |
| FORA TEST N'GO ADV-VOICE-6 CON                               | 1B        | #                                                                          |
| GOJJI BLOOD KETONE TEST                                      | 1B        | #                                                                          |
| KETONE TEST STRP                                             | 1B        | #                                                                          |
| KETOSTIX STRP                                                | 1B        | #                                                                          |
| NOVA MAX PLUS KETONE TEST                                    | 1B        | #                                                                          |
| PRECISION XTRA KETONE                                        | 1B        | #                                                                          |
| RELION KETONE TEST STRP                                      | 1B        | #                                                                          |
| RELION TRUE METRIX TEST STRIPS STRP                          | 1B        | #, QL(3.34 EA daily); RX/OTC                                               |
| TRUE METRIX BLOOD GLUCOSE TEST STRP                          | 1B        | #, QL(3.34 EA daily); RX/OTC                                               |
| TRUE METRIX BLOOD GLUCOSE TEST STRP                          | 1B        | QL(3.34 EA daily); RX/OTC                                                  |
| <b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b> |           |                                                                            |
| Digestive Enzymes                                            |           |                                                                            |

| Drug Name                                                                                                                                                                                                                                                 | Drug Tier | Requirements/ Limits                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------|
| CREON CPEP                                                                                                                                                                                                                                                | 2         | Non-FDA approved uses require Prior Authorization |
| ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT | 2         | Non-FDA approved uses require Prior Authorization |
| ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT                                                                                                                                                                                                            | 2         |                                                   |
| <b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>                                                                                                                                                                        |           |                                                   |
| Carbonic Anhydrase Inhibitors                                                                                                                                                                                                                             |           |                                                   |
| <i>acetazolamide sodium</i>                                                                                                                                                                                                                               | 1B        |                                                   |
| <i>acetazolamide CP12</i>                                                                                                                                                                                                                                 | 1B        | QL(2 EA daily)                                    |
| <i>acetazolamide TABS 250 MG</i>                                                                                                                                                                                                                          | 1B        | QL(4 EA daily)                                    |
| <i>acetazolamide TABS 125 MG</i>                                                                                                                                                                                                                          | 1B        | QL(8 EA daily)                                    |
| <i>dichlorphenamide</i>                                                                                                                                                                                                                                   | 4         | QL(4 EA daily); PA                                |
| <i>methazolamide TABS</i>                                                                                                                                                                                                                                 | 1B        | QL(6 EA daily)                                    |
| Diuretic Combinations                                                                                                                                                                                                                                     |           |                                                   |
| <i>amiloride &amp; hydrochlorothiazide</i>                                                                                                                                                                                                                | 1B        |                                                   |
| <i>spironolactone &amp; hydrochlorothiazide</i>                                                                                                                                                                                                           | 1B        |                                                   |
| <i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>                                                                                                                                                                                           | 1B        |                                                   |
| <i>triamterene &amp; hydrochlorothiazide TABS</i>                                                                                                                                                                                                         | 1B        |                                                   |
| Loop Diuretics                                                                                                                                                                                                                                            |           |                                                   |

| Drug Name                                                  | Drug Tier | Requirements/ Limits   |
|------------------------------------------------------------|-----------|------------------------|
| <i>bumetanide SOLN 0.25 MG/ML</i>                          | 1B        |                        |
| <i>bumetanide TABS</i>                                     | 1B        | QL(5 EA daily)         |
| <i>ethacrynic acid</i>                                     | 1B        | QL(16 EA daily)        |
| <i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>                | 1B        |                        |
| <i>furosemide TABS</i>                                     | 1B        |                        |
| <i>torseamide TABS</i>                                     | 1B        |                        |
| Potassium Sparing Diuretics                                |           |                        |
| <i>amiloride hcl TABS</i>                                  | 1B        |                        |
| <i>spironolactone TABS</i>                                 | 1B        |                        |
| <i>triamterene CAPS</i>                                    | 1B        | QL(3 EA daily)         |
| Thiazides and Thiazide-Like Diuretics                      |           |                        |
| <i>chlorthalidone 25 MG, 50 MG</i>                         | 1B        |                        |
| DIURIL SUSP                                                | 2         | QL(20 ML daily)        |
| <i>hydrochlorothiazide CAPS</i>                            | 1B        | QL(2 EA daily)         |
| <i>hydrochlorothiazide TABS 12.5 MG</i>                    | 1B        | QL(2 EA daily)         |
| <i>hydrochlorothiazide TABS 25 MG, 50 MG</i>               | 1A        | QL(2 EA daily)         |
| <i>indapamide TABS 1.25 MG</i>                             | 1B        | QL(1 EA daily)         |
| <i>indapamide TABS 2.5 MG</i>                              | 1B        | QL(2 EA daily)         |
| <i>metolazone</i>                                          | 1B        | QL(2 EA daily)         |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>              |           |                        |
| <b>- Drugs to Treat Bone Disease and Regulate Hormones</b> |           |                        |
| Bone Density Regulators                                    |           |                        |
| <i>alendronate sodium TABS 35 MG, 70 MG</i>                | 1B        | QL(0.143 EA daily)     |
| <i>alendronate sodium TABS 5 MG, 10 MG</i>                 | 1B        | QL(1 EA daily)         |
| <i>calcitonin (salmon) NA</i>                              | 1B        | QL(0.14 ML daily)      |
| FOSAMAX PLUS D                                             | 3         | QL(0.143 EA daily); PA |

| Drug Name                                               | Drug Tier | Requirements/ Limits                        |
|---------------------------------------------------------|-----------|---------------------------------------------|
| <i>ibandronate sodium SOLN</i>                          | 4         | SP; PA                                      |
| <i>ibandronate sodium TABS</i>                          | 1B        | QL(0.036 EA daily)                          |
| <i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i> | 4         | SP; PA                                      |
| PAMIDRONATE DISODIUM SOLN                               | 4         | SP; PA                                      |
| PROLIA SOSY                                             | 4         | 1 max fill(s) per 180 day(s) retail; SP; PA |
| <i>risedronate sodium TABS 150 MG</i>                   | 1B        | QL(0.036 EA daily); PA                      |
| <i>risedronate sodium TABS 5 MG, 30 MG</i>              | 1B        | QL(1 EA daily); PA                          |
| <i>risedronate sodium TABS 35 MG</i>                    | 1B        | QL(0.143 EA daily); PA                      |
| <i>risedronate sodium TBEC</i>                          | 1B        | PA                                          |
| <i>teriparatide SOPN</i>                                | 4         | QL(0.09 ML daily); SP; PA                   |
| TYMLOS                                                  | 4         | PA                                          |
| XGEVA SOLN                                              | 4         | SP; PA                                      |
| <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                                          |

| Drug Name                                                     | Drug Tier | Requirements/ Limits   |
|---------------------------------------------------------------|-----------|------------------------|
| Growth Hormones                                               |           |                        |
| GENOTROPIN MINIQUICK PRSY                                     | 4         | PA                     |
| GENOTROPIN CART SC                                            | 4         | PA                     |
| HUMATROPE CART IJ                                             | 4         | SP; PA                 |
| NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML | 4         | SP; PA                 |
| NORDITROPIN FLEXPPO 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               |           |                        |
| FENSOLVI (6 MONTH) SC                                         | 4         | SP; PA                 |
| LUPRON DEPOT-PED (1-MONTH)                                    | 4         | SP; PA                 |
| LUPRON DEPOT-PED (3-MONTH) 11.25 MG                           | 4         | PA                     |
| LUPRON DEPOT-PED (3-MONTH) 30 MG                              | 4         | SP; PA                 |
| SYNAREL                                                       | 4         | SP; PA                 |
| Metabolic Modifiers                                           |           |                        |
| ALDURAZYME                                                    | 4         | SP; PA                 |
| <i>betaine</i>                                                | 4         | SP; PA                 |
| <i>calcitriol CAPS</i>                                        | 1B        |                        |
| <i>calcitriol SOLN IV</i>                                     | 1B        |                        |
| <i>cinacalcet hcl</i>                                         | 4         | QL(4 EA daily); SP; PA |
| <i>doxercalciferol CAPS</i>                                   | 1B        |                        |
| <i>doxercalciferol SOLN</i>                                   | 1B        |                        |
| ELAPRASE                                                      | 4         | SP; PA                 |

| Drug Name                                             | Drug Tier | Requirements/ Limits   |
|-------------------------------------------------------|-----------|------------------------|
| LUMIZYME                                              | 4         | SP; PA                 |
| MYALEPT                                               | 4         | PA                     |
| <i>nitisinone CAPS</i>                                | 4         | PA                     |
| <i>paricalcitol CAPS</i>                              | 1B        |                        |
| <i>paricalcitol SOLN</i>                              | 1B        |                        |
| PHEBURANE PLLT                                        | 4         | PA                     |
| <i>sapropterin dihydrochloride PACK</i>               | 4         | PA                     |
| <i>sapropterin dihydrochloride TABS</i>               | 4         | PA                     |
| <i>sodium phenylbutyrate POWD</i>                     | 1B        | PA                     |
| <i>sodium phenylbutyrate TABS</i>                     | 1B        | PA                     |
| STRENSIQ                                              | 4         | PA                     |
| Posterior Pituitary Hormones                          |           |                        |
| <i>desmopressin acetate spray</i>                     | 1B        |                        |
| <i>desmopressin acetate spray refrigerated 0.01 %</i> | 1B        |                        |
| <i>desmopressin acetate SOLN IJ</i>                   | 1B        | PA                     |
| DESMOPRESSIN ACETATE SOLN NA                          | 4         | SP; PA                 |
| <i>desmopressin acetate TABS 0.2 MG</i>               | 1B        | QL(8 EA daily)         |
| <i>desmopressin acetate TABS 0.1 MG</i>               | 1B        | QL(6 EA daily)         |
| Prolactin Inhibitors                                  |           |                        |
| <i>cabergoline</i>                                    | 1B        |                        |
| Somatostatic Agents                                   |           |                        |
| <i>octreotide acetate SOLN</i>                        | 4         | SP; PA                 |
| SIGNIFOR                                              | 4         | PA                     |
| Vasopressin Receptor Antagonists                      |           |                        |
| JYNARQUE TBPK 15 MG ( <i>tolvaptan</i> )              | 4         | SP; PA                 |
| <i>tolvaptan TABS</i>                                 | 4         | QL(2 EA daily); SP; PA |
| <i>tolvaptan TBPK 15 MG</i>                           | 4         | SP; PA                 |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------|-----------|----------------------|
| <b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>                       |           |                      |
| Estrogen Combinations                                                        |           |                      |
| ACTIVELLA TABS 1 MG-0.5 MG ( <i>estradiol &amp; norethindrone acetate</i> )  | 3         |                      |
| ANGELIQ                                                                      | 3         |                      |
| BIJUVA                                                                       | 3         |                      |
| CLIMARA PRO                                                                  | 3         |                      |
| COMBIPATCH PTTW                                                              | 3         |                      |
| DUAVEE                                                                       | 3         |                      |
| <i>esterified estrogens &amp; methyltestosterone</i>                         | 3         |                      |
| <i>estradiol &amp; norethindrone acetate TABS</i>                            | 3         |                      |
| <i>norethindrone acetate-ethinyl estradiol</i>                               | 1B        |                      |
| PREMPHASE                                                                    | 2         |                      |
| PREMPRO                                                                      | 2         | QL(1 EA daily)       |
| Estrogens                                                                    |           |                      |
| DEPO-ESTRADIOL                                                               | 3         |                      |
| ELESTRIN GEL                                                                 | 3         |                      |
| <i>estradiol valerate</i>                                                    | 1B        |                      |
| <i>estradiol GEL</i>                                                         | 1B        |                      |
| <i>estradiol GEL</i>                                                         | 3         |                      |
| <i>estradiol PTTW</i>                                                        | 1B        | QL(0.572 EA daily)   |
| <i>estradiol PTWK</i>                                                        | 1B        |                      |
| <i>estradiol TABS</i>                                                        | 1B        |                      |
| 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> | 1B        | QL(1 EA daily)       |
| EVAMIST SOLN                                                                 | 3         |                      |
| MENEST 2.5 MG                                                                | 3         |                      |
| MENOSTAR PTWK                                                                | 3         |                      |
| PREMARIN SOLR                                                                | 2         |                      |

| Drug Name                                                                                 | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------|-----------|----------------------|
| 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)       |
| <b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>                             |           |                      |
| Fluoroquinolones                                                                          |           |                      |
| BAXDELA SOLR                                                                              | 3         | PA                   |
| BAXDELA TABS                                                                              | 3         | PA                   |
| <i>ciprofloxacin hcl TABS</i>                                                             | 1B        |                      |
| <i>ciprofloxacin in d5w 200 MG/100ML</i>                                                  | 3         |                      |
| <i>levofloxacin in d5w 500 MG/100ML</i>                                                   | 1B        |                      |
| <i>levofloxacin SOLN PO</i>                                                               | 1B        |                      |
| <i>levofloxacin TABS 500 MG</i>                                                           | 1A        |                      |
| <i>levofloxacin TABS 250 MG, 750 MG</i>                                                   | 1B        |                      |
| <i>moxifloxacin hcl in sodium chloride</i>                                                | 1B        |                      |
| <i>moxifloxacin hcl TABS</i>                                                              | 1B        |                      |
| <i>ofloxacin 300 MG, 400 MG</i>                                                           | 1B        |                      |
| <b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>             |           |                      |
| 5-HT4 Receptor Agonists                                                                   |           |                      |
| <i>prucalopride succinate</i>                                                             | 1B        | 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>                                                                      | 1B        | QL(3 EA daily)       |
| <i>ursodiol TABS</i>                                                                      | 1B        |                      |
| Gastrointestinal Chloride Channel Activators                                              |           |                      |

| Drug Name                                              | Drug Tier | Requirements/ Limits   |
|--------------------------------------------------------|-----------|------------------------|
| <i>lubiprostone</i>                                    | 1B        | QL(2 EA daily)         |
| <b>Gastrointestinal Stimulants</b>                     |           |                        |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i> | 1B        | QL(60 ML daily)        |
| <i>metoclopramide hcl SOLN IJ 5 MG/ML</i>              | 1B        |                        |
| <i>metoclopramide hcl TABS</i>                         | 1A        | QL(6 EA daily)         |
| <b>Inflammatory Bowel Agents</b>                       |           |                        |
| <i>balsalazide disodium CAPS</i>                       | 1B        | QL(9 EA daily)         |
| DIPENTUM                                               | 2         |                        |
| INFLECTRA SOLR                                         | 4         | PA                     |
| <i>mesalamine CP24</i>                                 | 1B        |                        |
| <i>mesalamine CPDR</i>                                 | 1B        |                        |
| <i>mesalamine ENEM</i>                                 | 3         |                        |
| <i>mesalamine SUPP</i>                                 | 3         |                        |
| <i>mesalamine TBEC 1.2 GM</i>                          | 3         |                        |
| <i>mesalamine TBEC 800 MG</i>                          | 3         | QL(6 EA daily)         |
| RENFLEXIS                                              | 4         | PA                     |
| SKYRIZI SOCT                                           | 4         | QL(0.043 ML daily); PA |
| SKYRIZI SOLN                                           | 4         | QL(0.36 ML daily); PA  |
| STELARA 130 MG/26ML                                    | 4         | QL(3.47 ML daily); PA  |
| <i>sulfasalazine TABS</i>                              | 1B        |                        |
| <i>sulfasalazine TBEC</i>                              | 1B        |                        |
| 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 |
| <b>Intestinal Acidifiers</b>                           |           |                        |

| Drug Name                                                                                                         | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>lactulose (encephalopathy)</i>                                                                                 | 1B        |                      |
| <b>Irritable Bowel Syndrome (IBS) Agents</b>                                                                      |           |                      |
| <i>alosetron hcl</i>                                                                                              | 1B        | QL(2 EA daily)       |
| LINZESS                                                                                                           | 2         | QL(1 EA daily)       |
| <b>Peripheral Opioid Receptor Antagonists</b>                                                                     |           |                      |
| <i>alvimopan</i>                                                                                                  | 1B        |                      |
| MOVANTIK                                                                                                          | 3         | QL(1 EA daily); PA   |
| <b>Phosphate Binder Agents</b>                                                                                    |           |                      |
| <i>calcium acetate (phosphate binder) CAPS</i>                                                                    | 1B        |                      |
| <i>calcium acetate (phosphate binder) TABS</i>                                                                    | 1B        | RX/OTC               |
| <i>lanthanum carbonate CHEW</i>                                                                                   | 1B        |                      |
| <i>sevelamer carbonate PACK</i>                                                                                   | 1B        |                      |
| <i>sevelamer carbonate TABS</i>                                                                                   | 1B        |                      |
| VELPHORO                                                                                                          | 3         | PA                   |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b> |           |                      |
| <b>Alkalinizers</b>                                                                                               |           |                      |
| <i>potassium citrate (alkalinizer) TBCR</i>                                                                       | 1B        |                      |
| <i>sodium citrate &amp; citric acid</i>                                                                           | 1B        | RX/OTC               |
| <b>Cystinosis Agents</b>                                                                                          |           |                      |
| CYSTAGON CAPS                                                                                                     | 3         | PA                   |
| <b>Genitourinary Irrigants</b>                                                                                    |           |                      |
| <i>acetic acid 0.25 %</i>                                                                                         | 1B        |                      |
| <i>glycine (gu irrigant) SOLN 1.5 %</i>                                                                           | 1B        |                      |
| <i>sodium chloride (gu irrigant) 0.9 %</i>                                                                        | 1B        |                      |
| SORBITOL 3 %                                                                                                      | 1B        |                      |

| Drug Name                                                     | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------|-----------|----------------------|
| SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML                  | 1B        |                      |
| Interstitial Cystitis Agents                                  |           |                      |
| ELMIRON CAPS                                                  | 2         | QL(3 EA daily)       |
| Prostatic Hypertrophy Agents                                  |           |                      |
| <i>alfuzosin hcl</i>                                          | 1B        | QL(1 EA daily)       |
| <i>dutasteride</i>                                            | 1B        | QL(1 EA daily)       |
| <i>dutasteride-tamsulosin hcl</i>                             | 3         | PA                   |
| <i>finasteride</i>                                            | 1B        | 5 mg only            |
| <i>silodosin</i>                                              | 1B        |                      |
| <i>tamsulosin hcl</i>                                         | 1B        |                      |
| Urinary Analgesics                                            |           |                      |
| <i>phenazopyridine hcl</i> TABS 100 MG, 200 MG                | 1B        |                      |
| Urinary Stone Agents                                          |           |                      |
| THIOLA EC TBEC 300 MG ( <i>tiopronin</i> )                    | 3         | QL(10 EA daily); PA  |
| THIOLA EC TBEC 100 MG ( <i>tiopronin</i> )                    | 3         | QL(3 EA daily); PA   |
| <i>tiopronin TBEC 300 MG</i>                                  | 3         | QL(10 EA daily); PA  |
| <i>tiopronin TBEC 100 MG</i>                                  | 3         | QL(3 EA daily); PA   |
| GOUT AGENTS - Drugs to Treat Gout                             |           |                      |
| Gout Agent Combinations                                       |           |                      |
| <i>colchicine w/ probenecid</i>                               | 1B        |                      |
| Gout Agents                                                   |           |                      |
| <i>allopurinol 100 MG, 300 MG</i>                             | 1B        |                      |
| <i>colchicine TABS</i>                                        | 1B        | QL(1 EA daily)       |
| <i>febuxostat</i>                                             | 1B        | QL(1 EA daily); PA   |
| Uricosurics                                                   |           |                      |
| <i>probenecid</i>                                             | 1B        |                      |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders |           |                      |

| Drug Name                                                                 | Drug Tier | Requirements/ Limits   |
|---------------------------------------------------------------------------|-----------|------------------------|
| 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                     |
| ALTUVIIIIO 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                     |
| 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>                                                     | 1B        | QL(3 EA daily)         |
| Plasma Kallikrein Inhibitors                                              |           |                        |
| ORLADEYO                                                                  | 4         | PA                     |

| Drug Name                                                    | Drug Tier | Requirements/ Limits   |
|--------------------------------------------------------------|-----------|------------------------|
| TAKHZYRO SOLN                                                | 4         | PA                     |
| TAKHZYRO SOSY                                                | 4         | PA                     |
| Platelet Aggregation Inhibitors                              |           |                        |
| <i>anagrelide hcl</i>                                        | 1B        |                        |
| <i>aspirin-dipyridamole</i>                                  | 1B        | QL(2 EA daily); PA     |
| BRILINTA 60 MG, 90 MG ( <i>ticagrelor</i> )                  | 2         | QL(2 EA daily)         |
| <i>cilostazol</i>                                            | 1B        |                        |
| <i>clopidogrel bisulfate 75 MG</i>                           | 1B        | QL(1 EA daily)         |
| <i>clopidogrel bisulfate 300 MG</i>                          | 1B        |                        |
| <i>dipyridamole</i>                                          | 1B        |                        |
| <i>prasugrel hcl</i>                                         | 1B        | QL(1 EA daily)         |
| <i>ticagrelor 60 MG, 90 MG</i>                               | 1B        | QL(2 EA daily)         |
| ZONTIVITY                                                    | 3         | PA                     |
| <b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b> |           |                        |
| Agents for Gaucher Disease                                   |           |                        |
| CERDELGA                                                     | 4         | QL(2 EA daily); PA     |
| CEREZYME 400 UNIT                                            | 4         | SP; PA                 |
| <i>miglustat</i>                                             | 4         | QL(3 EA daily); SP; PA |
| Agents for Sickle Cell Disease                               |           |                        |
| DROXIA CAPS                                                  | 3         |                        |
| Cobalamins                                                   |           |                        |
| <i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>                    | 1B        | QL(1 ML daily)         |
| Folic Acid/Folates                                           |           |                        |
| <i>folic acid TABS</i>                                       | 0         |                        |
| Hematopoietic Growth Factors                                 |           |                        |
| ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML | 4         | SP; PA                 |
| ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML                        | 4         | SP; PA                 |

| Drug Name                                                                           | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------|-----------|----------------------|
| ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML | 4         | SP; PA               |
| DOPTelet                                                                            | 4         | QL(3 EA daily); PA   |
| <i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>                                      | 4         | QL(1 EA daily); PA   |
| <i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>                        | 4         | QL(1 EA daily); PA   |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML       | 4         | SP; PA               |
| LEUKINE SOLR IJ                                                                     | 4         | SP; PA               |
| MIRCERA                                                                             | 4         | PA                   |
| MULPLETA                                                                            | 4         | QL(1 EA daily); PA   |
| NYVEPRIA                                                                            | 4         | PA                   |
| PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML      | 4         | SP; PA               |
| PROCRIT 40000 UNIT/ML                                                               | 4         | SP; PA               |
| PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML      | 4         | SP; PA               |
| PROMACTA PACK 12.5 MG, 25 MG ( <i>eltrombopag olamine</i> )                         | 4         | QL(1 EA daily); PA   |
| PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG ( <i>eltrombopag olamine</i> )           | 4         | QL(1 EA daily); PA   |
| RETACRIT                                                                            | 4         | PA                   |
| UDENYCA ONBODY SOSY                                                                 | 4         | PA                   |
| UDENYCA SOAJ                                                                        | 4         | PA                   |
| UDENYCA SOSY                                                                        | 4         | PA                   |
| ZARXIO                                                                              | 4         | PA                   |

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

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

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

| Drug Name                                  | Drug Tier | Requirements/ Limits                                                                                              |
|--------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| DIFICID TABS 200 MG ( <i>fidaxomicin</i> ) | 2         |                                                                                                                   |
| <i>fidaxomicin TABS 200 MG</i>             | 1B        |                                                                                                                   |
| <b>MEDICAL DEVICES AND SUPPLIES</b>        |           |                                                                                                                   |
| Contraceptives                             |           |                                                                                                                   |
| AIMSCO LUBRICATED MISC                     | 0         |                                                                                                                   |
| CAYA DPRH                                  | 0         |                                                                                                                   |
| DUREX EXTRA SENSITIVE THIN DEVI            | 0         |                                                                                                                   |
| DUREX EXTRA SENSITIVE THIN MISC            | 0         |                                                                                                                   |
| DUREX TROPICAL MISC                        | 0         |                                                                                                                   |
| FANTASY LUBRICATED/SPERMICI DE MISC        | 0         |                                                                                                                   |
| FANTASY LUBRICATED 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 |
| FEMCAP DEVI                                | 0         |                                                                                                                   |
| KAMELEON LUBRICATED MISC                   | 0         |                                                                                                                   |
| KIMONO COLORS DEVI                         | 0         |                                                                                                                   |
| KIMONO MAXX-LARGE FLARE MISC               | 0         |                                                                                                                   |
| KIMONO MICRO THIN PLUS MISC                | 0         |                                                                                                                   |
| KIMONO PLUS MISC                           | 0         |                                                                                                                   |
| KIMONO PS PLUS MISC                        | 0         |                                                                                                                   |
| KIMONO PS MISC                             | 0         |                                                                                                                   |
| KIMONO SENSATION PLUS MISC                 | 0         |                                                                                                                   |
| KIMONO SENSATION MISC                      | 0         |                                                                                                                   |
| KIMONO SPECIAL DEVI                        | 0         |                                                                                                                   |

| Drug Name                          | Drug Tier | Requirements/ Limits | Drug Name                           | Drug Tier | Requirements/ Limits   |
|------------------------------------|-----------|----------------------|-------------------------------------|-----------|------------------------|
| KIMONO MISC                        | 0         |                      | TRUSTEX LUBRICATED/SPERMICI DE MISC | 0         |                        |
| K-Y ME & YOU EXTRA LUBRICATED DEVI | 0         |                      | TRUSTEX LUBRICATED MISC             | 0         |                        |
| K-Y ME & YOU INTENSE DEVI          | 0         |                      | TRUSTEX NATURAL CONDOMS + LUBE MISC | 0         |                        |
| MAXX PLUS MISC                     | 0         |                      | TRUSTEX RIA LUB/SPERMICIDE MISC     | 0         |                        |
| MAXX MISC                          | 0         |                      | TRUSTEX RIA LUBRICATED MISC         | 0         |                        |
| OMNIFLEX DIAPHRAGM                 | 0         |                      | TRUSTEX-NONOXYNOL-9/RIB/STUD MISC   | 0         |                        |
| REALITY LATEX CONDOMS MISC         | 0         |                      | WIDE-SEAL DIAPHRAGM 60              | 0         |                        |
| REALITY LATEX/ULTRA TEXTURED DEVI  | 0         |                      | WIDE-SEAL DIAPHRAGM 65              | 0         |                        |
| REALITY LATEX/ULTRA THIN DEVI      | 0         |                      | WIDE-SEAL DIAPHRAGM 70              | 0         |                        |
| TROJAN BARESKIN DEVI               | 0         |                      | WIDE-SEAL DIAPHRAGM 75              | 0         |                        |
| TROJAN MAGNUM MISC                 | 0         |                      | WIDE-SEAL DIAPHRAGM 80              | 0         |                        |
| TROJAN ULTRA THIN/SPERMICIDAL MISC | 0         |                      | WIDE-SEAL DIAPHRAGM 85              | 0         |                        |
| TROJAN ULTRA THIN MISC             | 0         |                      | WIDE-SEAL DIAPHRAGM 90              | 0         |                        |
| TROJAN-ENZ LUBRICATED MISC         | 0         |                      | WIDE-SEAL DIAPHRAGM 95              | 0         |                        |
| TROJAN-ENZ/SPERMICIDAL MISC        | 0         |                      | Diabetic Supplies                   |           |                        |
| TRUE COVER DEVI                    | 0         |                      | FREESTYLE LIBRE 14 DAY READER       | 3         | PA                     |
| TRUSTEX COLOR CONDOMS + LUBE MISC  | 0         |                      | FREESTYLE LIBRE 14 DAY SENSOR       | 3         | QL(0.072 EA daily); PA |
| TRUSTEX LUB/RIBBED/STUDED MISC     | 0         |                      | FREESTYLE LIBRE 2 PLUS SENSOR       | 3         | QL(0.072 EA daily); PA |
| TRUSTEX LUB/SPERMICIDE EX ST MISC  | 0         |                      | FREESTYLE LIBRE 2 READER            | 3         | PA                     |
| TRUSTEX LUB/SPERMICIDE XL MISC     | 0         |                      | FREESTYLE LIBRE 2 SENSOR            | 3         | QL(0.072 EA daily); PA |
| TRUSTEX LUBRICATED EX LARGE MISC   | 0         |                      | FREESTYLE LIBRE 3 PLUS SENSOR       | 3         | QL(0.072 EA daily); PA |
| TRUSTEX LUBRICATED EXTRA ST MISC   | 0         |                      |                                     |           |                        |

| Drug Name                                                    | Drug Tier | Requirements/ Limits               |
|--------------------------------------------------------------|-----------|------------------------------------|
| FREESTYLE LIBRE 3 READER                                     | 3         | QL(1 EA per 365 day(s) retail); PA |
| FREESTYLE LIBRE 3 SENSOR                                     | 3         | QL(0.072 EA daily); PA             |
| FREESTYLE LIBRE READER                                       | 3         | PA                                 |
| ONETOUCH DELICA SAFETY LANCING                               | 1B        | #; RX/OTC                          |
| RELION LANCET DEVICES 30G                                    | 1B        | #; RX/OTC                          |
| RELION LANCETS                                               | 1B        | #; RX/OTC                          |
| SELECT LANCETS                                               | 1B        | 6.66/day                           |
| SELECT LANCETS                                               | 1         | 6.66/day                           |
| TRUE METRIX LEVEL 3 SOLN                                     | 1B        | #                                  |
| Parenteral Therapy Supplies                                  |           |                                    |
| BD PEN NEEDLE NANO 2ND GEN                                   | 1B        | QL(5 EA daily); RX/OTC             |
| EMBECTA AUTOSHIELD DUO                                       | 1B        | QL(5 EA daily); RX/OTC             |
| EMBECTA PEN NEEDLE NANO                                      | 1B        | QL(5 EA daily); RX/OTC             |
| EMBECTA PEN NEEDLE NANO 2 GEN                                | 1B        | QL(5 EA daily); RX/OTC             |
| EMBECTA PEN NEEDLE ULTRAFINE                                 | 1B        | QL(5 EA daily); RX/OTC             |
| SELECT INSULIN SYRINGES                                      | 1B        | 5/day; #                           |
| SELECT INSULIN SYRINGES                                      | 1         | 5/day                              |
| <b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b> |           |                                    |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag        |           |                                    |
| AIMOVIG                                                      | 2         | QL(0.04 ML daily); PA              |
| EMGALITY (300 MG DOSE) SOSY                                  | 2         | QL(0.1 ML daily); PA               |
| EMGALITY SOAJ                                                | 2         | QL(0.07 ML daily); PA              |

| Drug Name                                         | Drug Tier | Requirements/ Limits                                       |
|---------------------------------------------------|-----------|------------------------------------------------------------|
| EMGALITY SOSY                                     | 2         | QL(0.07 ML daily); PA                                      |
| UBRELVY                                           | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); ST |
| Migraine Combinations                             |           |                                                            |
| <i>ergotamine w/ caffeine TABS</i>                | 1B        | QL(1.5 EA daily)                                           |
| <i>sumatriptan-naproxen sodium</i>                | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)     |
| Migraine Products                                 |           |                                                            |
| <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i> | 1B        | QL(0.267 ML daily)                                         |
| <i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i> | 1B        |                                                            |
| ERGOMAR SUBL                                      | 3         | QL(0.667 EA daily)                                         |
| Serotonin Agonists                                |           |                                                            |
| <i>almotriptan malate 12.5 MG</i>                 | 1B        | QL(0.4 EA daily); AL(At least 12 yrs old); ST              |
| <i>almotriptan malate 6.25 MG</i>                 | 1B        | QL(0.3 EA daily); AL(At least 12 yrs old); ST              |
| <i>eletriptan hydrobromide</i>                    | 1B        | QL(0.2 EA daily); AL(At least 18 yrs old); ST              |
| <i>frovatriptan succinate</i>                     | 1B        | QL(0.4 EA daily); AL(At least 18 yrs old); ST              |
| IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML           | 2         | QL(0.134 ML daily); AL(At least 18 yrs old)                |

| Drug Name                                    | Drug Tier | Requirements/ Limits                          |
|----------------------------------------------|-----------|-----------------------------------------------|
| <i>naratriptan hcl</i>                       | 1B        | QL(0.3 EA daily); AL(At least 18 yrs old)     |
| <i>rizatriptan benzoate TABS 10 MG</i>       | 1B        | QL(0.6 EA daily); AL(At least 6 yrs old)      |
| <i>rizatriptan benzoate TABS 5 MG</i>        | 1B        | QL(0.4 EA daily); AL(At least 6 yrs old)      |
| <i>rizatriptan benzoate TBDP 5 MG</i>        | 1B        | QL(0.4 EA daily); AL(At least 6 yrs old)      |
| <i>rizatriptan benzoate TBDP 10 MG</i>       | 1B        | QL(0.6 EA daily); AL(At least 6 yrs old)      |
| <i>sumatriptan</i>                           | 1B        | QL(0.2 EA daily); AL(At least 18 yrs old)     |
| <i>sumatriptan succinate SOAJ</i>            | 1B        | QL(0.134 ML daily); AL(At least 18 yrs old)   |
| <i>sumatriptan succinate SOCT</i>            | 1B        | QL(0.134 ML daily); AL(At least 18 yrs old)   |
| <i>sumatriptan succinate SOLN 6 MG/0.5ML</i> | 1B        | QL(0.134 ML daily); AL(At least 18 yrs old)   |
| <i>sumatriptan succinate TABS</i>            | 1B        | QL(0.3 EA daily); AL(At least 18 yrs old)     |
| <i>zolmitriptan SOLN</i>                     | 1B        | QL(0.2 EA daily); AL(At least 12 yrs old); ST |
| <i>zolmitriptan TABS</i>                     | 1B        | QL(0.3 EA daily); AL(At least 12 yrs old); ST |
| <i>zolmitriptan TBDP</i>                     | 1B        | QL(0.3 EA daily); AL(At least 12 yrs old); ST |

## MINERALS & ELECTROLYTES

| Drug Name                                                                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <b>Bicarbonates</b>                                                                                     |           |                      |
| <i>sodium acetate SOLN</i>                                                                              | 1B        |                      |
| SODIUM ACETATE SOLN ( <i>sodium acetate</i> )                                                           | 1B        |                      |
| <b>Calcium</b>                                                                                          |           |                      |
| <i>calcium chloride (dihydrate) SOLN</i>                                                                | 1B        |                      |
| <b>Electrolyte Mixtures</b>                                                                             |           |                      |
| <i>dextrose in lactated ringers</i>                                                                     | 1B        |                      |
| <i>electrolyte-148</i>                                                                                  | 1B        |                      |
| <i>electrolyte-a</i>                                                                                    | 1B        |                      |
| IONOSOL-MB IN D5W                                                                                       | 1B        |                      |
| ISOLYTE-P IN D5W                                                                                        | 1B        |                      |
| ISOLYTE-S                                                                                               | 1B        |                      |
| KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % ( <i>potassium chloride in dextrose &amp; sodium chloride</i> ) | 1B        |                      |
| KCL-LACTATED RINGERS-D5W                                                                                | 1B        |                      |
| <i>lactated ringer's</i>                                                                                | 1B        |                      |
| NORMOSOL-M IN D5W                                                                                       | 1B        |                      |
| NORMOSOL-R PH 7.4                                                                                       | 1B        |                      |
| PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L                                    | 1B        |                      |
| PLASMA-LYTE A ( <i>electrolyte-a</i> )                                                                  | 1B        |                      |
| <i>potassium chloride in dextrose 20 MEQ/L</i>                                                          | 1B        |                      |

| Drug Name                                                                                                                                                                                                                      | Drug Tier | Requirements/ Limits | Drug Name                                                            | Drug Tier | Requirements/ Limits   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------|-----------|------------------------|
| <i>potassium chloride in dextrose &amp; sodium chloride</i> 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 % | 1B        |                      | <i>potassium chloride SOLN IV</i> 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML | 1B        |                        |
| <i>potassium chloride in nacl</i> 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %                                                                                                                                              | 1B        |                      | POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML ( <i>potassium chloride</i> ) | 1B        |                        |
| POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 % ( <i>potassium chloride in nacl</i> )                                                                                                                                               | 1B        |                      | <i>potassium chloride TBCR</i> 8 MEQ, 10 MEQ, 20 MEQ                 | 1B        |                        |
| <i>ringer's</i>                                                                                                                                                                                                                | 1B        |                      | Sodium                                                               |           |                        |
| Fluoride                                                                                                                                                                                                                       |           |                      | <i>sodium chloride SOLN IV</i> 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %     | 1B        |                        |
| <i>sodium fluoride CHEW</i>                                                                                                                                                                                                    | 0         | QL(1 EA daily)       | MISCELLANEOUS THERAPEUTIC CLASSES                                    |           |                        |
| Magnesium                                                                                                                                                                                                                      |           |                      | Chelating Agents                                                     |           |                        |
| <i>magnesium sulfate IJ</i> 50 %                                                                                                                                                                                               | 1B        |                      | <i>penicillamine CAPS</i>                                            | 1B        | PA                     |
| Phosphate                                                                                                                                                                                                                      |           |                      | <i>penicillamine TABS</i>                                            | 1B        | QL(8 EA daily)         |
| <i>potassium phosphates</i> 45 MMOLE/15ML                                                                                                                                                                                      | 1B        |                      | <i>trientine hcl</i> 250 MG                                          | 4         | QL(8 EA daily); SP; PA |
| Potassium                                                                                                                                                                                                                      |           |                      | Immunomodulators                                                     |           |                        |
| <i>potassium acetate SOLN</i> 2 MEQ/ML                                                                                                                                                                                         | 1B        |                      | <i>lenalidomide</i> 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG                | 4         | QL(1 EA daily); SP; PA |
| <i>potassium bicarbonate TBEF</i>                                                                                                                                                                                              | 1B        |                      | <i>lenalidomide</i> 20 MG                                            | 4         | QL(1 EA daily); PA     |
| <i>potassium chloride microencapsulated crystals er</i>                                                                                                                                                                        | 1B        |                      | THALOMID                                                             | 4         | QL(3 EA daily); SP; PA |
| <i>potassium chloride CPCR</i>                                                                                                                                                                                                 | 1B        |                      | Immunosuppressive Agents                                             |           |                        |
| <i>potassium chloride PACK PO</i> 20 MEQ                                                                                                                                                                                       | 1B        | PA                   | ATGAM                                                                | 4         | SP; PA                 |
|                                                                                                                                                                                                                                |           |                      | AZATHIOPRINE SODIUM                                                  | 1B        |                        |
|                                                                                                                                                                                                                                |           |                      | <i>azathioprine TABS</i>                                             | 1B        |                        |
|                                                                                                                                                                                                                                |           |                      | <i>cyclosporine modified (for microemulsion) CAPS</i>                | 1B        |                        |
|                                                                                                                                                                                                                                |           |                      | <i>cyclosporine modified (for microemulsion) SOLN</i>                | 1B        |                        |
|                                                                                                                                                                                                                                |           |                      | <i>cyclosporine CAPS</i>                                             | 1B        |                        |
|                                                                                                                                                                                                                                |           |                      | <i>cyclosporine SOLN IV</i> 50 MG/ML                                 | 1B        |                        |
|                                                                                                                                                                                                                                |           |                      | ENSPRYNG                                                             | 4         | PA                     |

| Drug Name                                                      | Drug Tier | Requirements/ Limits    |
|----------------------------------------------------------------|-----------|-------------------------|
| <i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i> | 4         | QL(20 EA daily); SP; PA |
| <i>everolimus (immunosuppressant) 1 MG</i>                     | 4         | QL(10 EA daily); PA     |
| <i>mycophenolate mofetil CAPS</i>                              | 1B        |                         |
| <i>mycophenolate mofetil TABS</i>                              | 1B        |                         |
| <i>mycophenolate sodium</i>                                    | 1B        |                         |
| NULOJIX                                                        | 4         | SP; PA                  |
| PROGRAF PACK                                                   | 2         | PA                      |
| PROGRAF SOLN                                                   | 2         |                         |
| SIMULECT                                                       | 3         |                         |
| <i>sirolimus TABS</i>                                          | 1B        |                         |
| <i>tacrolimus CAPS</i>                                         | 1B        |                         |
| <i>tacrolimus SOLN 5 MG/ML</i>                                 | 1B        |                         |
| THYMOGLOBULIN                                                  | 4         | SP; PA                  |
| Irrigation Solutions                                           |           |                         |
| <i>irrigation solutions, physiological</i>                     | 1B        |                         |
| <i>lactated ringer's (irrigation)</i>                          | 1B        |                         |
| <i>ringer's irrigation</i>                                     | 1B        |                         |
| <i>water for irrigation, sterile</i>                           | 1B        |                         |
| Potassium Removing Agents                                      |           |                         |
| LOKELMA                                                        | 3         | QL(1 EA daily); PA      |
| <i>sodium polystyrene sulfonate POWD</i>                       | 1B        |                         |
| <i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>         | 1B        |                         |
| MOUTH/THROAT/DENTAL AGENTS                                     |           |                         |
| Anesthetics Topical Oral                                       |           |                         |
| <i>lidocaine hcl (mouth-throat) 4 %</i>                        | 1B        |                         |

| Drug Name                                                                                                       | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>lidocaine hcl (mouth-throat) 2 %</i>                                                                         | 1B        | QL(4 ML daily)       |
| Anti-infectives - Throat                                                                                        |           |                      |
| <i>clotrimazole</i>                                                                                             | 1B        |                      |
| <i>nystatin (mouth-throat)</i>                                                                                  | 1B        |                      |
| Antiseptics - Mouth/Throat                                                                                      |           |                      |
| <i>chlorhexidine gluconate (mouth-throat)</i>                                                                   | 1B        |                      |
| DEBACTEROL                                                                                                      | 2         |                      |
| Dental Products                                                                                                 |           |                      |
| <i>stannous fluoride CONC</i>                                                                                   | 0         | RX/OTC               |
| Steroids - Mouth/Throat/Dental                                                                                  |           |                      |
| <i>triamcinolone acetonide (mouth)</i>                                                                          | 1B        |                      |
| Throat Products - Misc.                                                                                         |           |                      |
| <i>cevimeline hcl</i>                                                                                           | 1B        |                      |
| <i>pilocarpine hcl (oral)</i>                                                                                   | 1B        |                      |
| MULTIVITAMINS                                                                                                   |           |                      |
| Ped MV w/ Fluoride                                                                                              |           |                      |
| <i>pediatric multivitamins w/fl CHEW</i>                                                                        | 1A        | RX/OTC               |
| Prenatal Vitamins                                                                                               |           |                      |
| CLASSIC PRENATAL TABS                                                                                           | 2         | QL(1 EA daily)       |
| CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT | 2         | QL(1 EA daily)       |
| EQL PRENATAL FORMULA TABS                                                                                       | 2         | QL(1 EA daily)       |
| FT PRENATAL TABS                                                                                                | 2         | QL(1 EA daily)       |
| GNP PRENATAL/FOLIC ACID TABS                                                                                    | 2         | QL(1 EA daily)       |
| GNP PRENATAL TABS                                                                                               | 2         | QL(1 EA daily)       |

| Drug Name                                                                                                                                                                                                                | Drug Tier | Requirements/ Limits   | Drug Name                                                                                                        | Drug Tier | Requirements/ Limits   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| KP PRENATAL MULTIVITAMINS TABS                                                                                                                                                                                           | 2         | QL(1 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)         |
| MASONATAL TABS                                                                                                                                                                                                           | 2         | QL(1 EA daily)         | PRENATAL TABS                                                                                                    | 2         | QL(1 EA daily)         |
| M-NATAL PLUS TABS                                                                                                                                                                                                        | 2         | QL(1 EA daily); RX/OTC | PRENATRIX TABS                                                                                                   | 2         | QL(1 EA daily); RX/OTC |
| MULTI PRENATAL TABS                                                                                                                                                                                                      | 2         | QL(1 EA daily)         | PRENATRYL TABS                                                                                                   | 2         | QL(1 EA daily); RX/OTC |
| 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 | PX PRENATAL MULTIVITAMINS TABS                                                                                   | 2         | QL(1 EA daily)         |
| NEONATAL PLUS TABS                                                                                                                                                                                                       | 2         | QL(1 EA daily); RX/OTC | QC PRENATAL TABS                                                                                                 | 2         | QL(1 EA daily)         |
| NEONATAL PRENATAL TABS                                                                                                                                                                                                   | 2         | QL(1 EA daily)         | SM PRENATAL VITAMINS TABS                                                                                        | 2         | QL(1 EA daily)         |
| NEONATAL VITAMIN TABS                                                                                                                                                                                                    | 2         | QL(1 EA daily)         | THERANATAL CORE NUTRITION TABS                                                                                   | 2         | QL(1 EA daily); RX/OTC |
| NIVA-PLUS TABS                                                                                                                                                                                                           | 2         | QL(1 EA daily); RX/OTC | TRICARE TABS                                                                                                     | 2         | QL(1 EA daily); RX/OTC |
| ONE VITE WOMENS PLUS TABS                                                                                                                                                                                                | 2         | QL(1 EA daily); RX/OTC | VITATHELY WITH GINGER TABS                                                                                       | 2         | QL(1 EA daily); RX/OTC |
| ONE VITE WOMENS TABS                                                                                                                                                                                                     | 2         | QL(1 EA daily)         | WESTAB PLUS TABS                                                                                                 | 2         | QL(1 EA daily); RX/OTC |
| PRENATAL ONE DAILY TABS                                                                                                                                                                                                  | 2         | QL(1 EA daily)         | <b>MUSCULOSKELETAL THERAPY AGENTS -<br/>Drugs to Treat Spasms</b>                                                |           |                        |
| PRENATAL PLUS VITAMIN/MINERAL TABS                                                                                                                                                                                       | 2         | QL(1 EA daily); RX/OTC | <b>Central Muscle Relaxants</b>                                                                                  |           |                        |
| PRENATAL PLUS TABS                                                                                                                                                                                                       | 2         | QL(1 EA daily); RX/OTC | <i>baclofen TABS</i>                                                                                             | 1B        |                        |
| PRENATAL VITAMIN AND MINERAL TABS                                                                                                                                                                                        | 2         | QL(1 EA daily)         | <i>carisoprodol TABS</i>                                                                                         | 1B        |                        |
| 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>chlorzoxazone TABS 750 MG</i>                                                                                 | 1B        | QL(4 EA daily)         |
|                                                                                                                                                                                                                          |           |                        | <i>chlorzoxazone TABS 500 MG</i>                                                                                 | 1B        | QL(6 EA daily)         |
|                                                                                                                                                                                                                          |           |                        | <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>                                                                      | 1A        | QL(3 EA daily)         |
|                                                                                                                                                                                                                          |           |                        | <i>metaxalone 800 MG</i>                                                                                         | 1B        | QL(4 EA daily)         |
|                                                                                                                                                                                                                          |           |                        | <i>methocarbamol TABS 500 MG, 750 MG</i>                                                                         | 1B        |                        |
|                                                                                                                                                                                                                          |           |                        | <i>orphenadrine citrate TB12</i>                                                                                 | 1B        | QL(2 EA daily)         |
|                                                                                                                                                                                                                          |           |                        | <i>tizanidine hcl CAPS</i>                                                                                       | 1B        |                        |
|                                                                                                                                                                                                                          |           |                        | <i>tizanidine hcl TABS</i>                                                                                       | 1B        |                        |



| Drug Name                                                                     | Drug Tier | Requirements/ Limits                                               |
|-------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| Direct Muscle Relaxants                                                       |           |                                                                    |
| <i>dantrolene sodium CAPS</i>                                                 | 1B        | QL(4 EA daily)                                                     |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b> |           |                                                                    |
| Nasal Antiallergy                                                             |           |                                                                    |
| <i>azelastine hcl</i>                                                         | 1B        |                                                                    |
| <i>olopatadine hcl (nasal)</i>                                                | 1B        |                                                                    |
| Nasal Anticholinergics                                                        |           |                                                                    |
| <i>ipratropium bromide (nasal) 0.03 %</i>                                     | 1B        | QL(1 ML daily)                                                     |
| <i>ipratropium bromide (nasal) 0.06 %</i>                                     | 1B        |                                                                    |
| Nasal Steroids                                                                |           |                                                                    |
| <i>budesonide (nasal)</i>                                                     | 1B        |                                                                    |
| <i>flunisolide (nasal)</i>                                                    | 1B        | 1 package(s) per fill retail                                       |
| <i>fluticasone propionate (nasal) SUSP</i>                                    | 1B        | Limit 2 inhalers per month; QL(32 ML per 30 day(s) retail); RX/OTC |
| <i>mometasone furoate (nasal) SUSP</i>                                        | 1B        | QL(1.14 GM daily); RX/OTC                                          |
| <i>triamcinolone acetonide (nasal) AERO</i>                                   | 1B        |                                                                    |
| XHANCE EXHU                                                                   | 3         | PA                                                                 |
| <b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>                 |           |                                                                    |
| ALS Agents                                                                    |           |                                                                    |
| <i>riluzole TABS</i>                                                          | 3         |                                                                    |
| Neuromuscular Blocking Agent - Neurotoxins                                    |           |                                                                    |
| XEOMIN                                                                        | 3         | PA                                                                 |
| Nondepolarizing Muscle Relaxants                                              |           |                                                                    |
| <i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>                             | 3         | PA                                                                 |
| <b>NUTRIENTS</b>                                                              |           |                                                                    |

| Drug Name                                         | Drug Tier | Requirements/ Limits |
|---------------------------------------------------|-----------|----------------------|
| Proteins                                          |           |                      |
| CLINIMIX E/DEXTROSE (5/20)                        | 3         |                      |
| CLINIMIX/DEXTROSE (4.25/10)                       | 3         |                      |
| CLINIMIX/DEXTROSE (4.25/5)                        | 3         |                      |
| <b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b> |           |                      |
| Beta-blockers - Ophthalmic                        |           |                      |
| <i>betaxolol hcl (ophth) SOLN</i>                 | 1B        |                      |
| <i>brimonidine tartrate-timolol maleate</i>       | 1B        |                      |
| <i>carteolol hcl (ophth)</i>                      | 1B        |                      |
| <i>dorzolamide hcl-timolol maleate</i>            | 1B        |                      |
| <i>levobunolol hcl 0.5 %</i>                      | 1B        |                      |
| <i>timolol maleate (ophth) SOLG</i>               | 1B        |                      |
| <i>timolol maleate (ophth) SOLN</i>               | 1B        |                      |
| Cycloplegic Mydriatics                            |           |                      |
| <i>tropicamide SOLN 1 %</i>                       | 1B        |                      |
| <i>tropicamide SOLN 0.5 %</i>                     | 1B        | QL(2.5 ML daily)     |
| Miotics                                           |           |                      |
| <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>         | 1B        |                      |
| Ophthalmic Adrenergic Agents                      |           |                      |
| <i>apraclonidine hcl</i>                          | 1B        |                      |
| <i>brimonidine tartrate 0.15 %, 0.2 %</i>         | 1B        |                      |
| IOPIDINE                                          | 3         |                      |
| Ophthalmic Anti-infectives                        |           |                      |
| <i>bacitracin (ophthalmic)</i>                    | 3         |                      |
| BESIVANCE                                         | 3         | PA                   |
| <i>ciprofloxacin hcl (ophth) SOLN</i>             | 1B        |                      |

| Drug Name                                     | Drug Tier | Requirements/ Limits | Drug Name                                                                 | Drug Tier | Requirements/ Limits   |
|-----------------------------------------------|-----------|----------------------|---------------------------------------------------------------------------|-----------|------------------------|
| <i>erythromycin (ophth)</i>                   | 1B        |                      | <i>neomycin-polymy-dexameth OINT</i>                                      | 1B        |                        |
| <i>gatifloxacin (ophth)</i>                   | 1B        |                      | <i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i> | 1B        |                        |
| <i>gentamicin sulfate (ophth) SOLN</i>        | 1B        |                      | <i>neomycin-polymyxin-hc (ophth)</i>                                      | 1B        | QL(2.5 ML daily)       |
| <i>levofloxacin (ophth) 0.5 %</i>             | 1B        |                      | PRED MILD                                                                 | 3         | PA                     |
| <i>moxifloxacin hcl (ophth) SOLN OP</i>       | 1B        |                      | <i>prednisolone acetate (ophth)</i>                                       | 1B        |                        |
| NATACYN                                       | 2         |                      | PREDNISOLONE SODIUM PHOSPHATE                                             | 3         |                        |
| <i>neomycin-bacitracin zn-polymyxin</i>       | 1B        |                      | <i>sulfacetamide sod-prednisolone SOLN</i>                                | 3         | PA                     |
| <i>ofloxacin (ophth)</i>                      | 1B        |                      | <i>tobramycin-dexamethasone SUSP</i>                                      | 1B        |                        |
| <i>polymyxin b-trimethoprim</i>               | 1B        |                      | ZYLET                                                                     | 3         | PA                     |
| <i>sulfacetamide sodium (ophth) SOLN</i>      | 1B        |                      | Ophthalmic Surgical Aids                                                  |           |                        |
| <i>tobramycin (ophth) SOLN</i>                | 1B        |                      | HEALON PRO SOSY                                                           | 3         | PA                     |
| <i>trifluridine</i>                           | 1B        |                      | PROVISC SOSY                                                              | 3         | PA                     |
| ZIRGAN GEL                                    | 2         |                      | Ophthalmics - Misc.                                                       |           |                        |
| Ophthalmic Immunomodulators                   |           |                      | ALOCRIL                                                                   | 3         | PA                     |
| <i>cyclosporine (ophth) EMUL</i>              | 3         | PA                   | ALOMIDE                                                                   | 3         | PA                     |
| Ophthalmic Local Anesthetics                  |           |                      | <i>azelastine hcl (ophth)</i>                                             | 1B        |                        |
| <i>proparacaine hcl</i>                       | 1B        |                      | <i>bepotastine besilate</i>                                               | 3         | PA                     |
| Ophthalmic Steroids                           |           |                      | <i>brinzolamide</i>                                                       | 1B        |                        |
| ALREX SUSP ( <i>loteprednol etabonate</i> )   | 3         | PA                   | <i>bromfenac sodium (ophth)</i>                                           | 1B        |                        |
| <i>dexamethasone sodium phosphate (ophth)</i> | 1B        | QL(0.4 ML daily)     | <i>cromolyn sodium (ophth)</i>                                            | 1B        |                        |
| <i>difluprednate</i>                          | 1B        | PA                   | CYSTARAN                                                                  | 2         | QL(2.143 ML daily); PA |
| <i>fluorometholone (ophth) SUSP</i>           | 1B        |                      | <i>diclofenac sodium (ophth)</i>                                          | 1B        |                        |
| FML FORTE SUSP                                | 3         | PA                   | <i>dorzolamide hcl</i>                                                    | 1B        |                        |
| LOTEMAX OINT                                  | 3         | PA                   | <i>epinastine hcl (ophth)</i>                                             | 1B        |                        |
| <i>loteprednol etabonate GEL</i>              | 1B        | PA                   | <i>flurbiprofen sodium</i>                                                | 1B        |                        |
| <i>loteprednol etabonate SUSP</i>             | 1B        | PA                   | <i>ketorolac tromethamine (ophth)</i>                                     | 1B        |                        |
| MAXIDEX SUSP OP                               | 3         | PA                   | <i>ketotifen fumarate (ophth) 0.035 %</i>                                 | 1B        |                        |

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

| Drug Name                                                             | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------|-----------|----------------------|
| GAMMAGARD 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                   |
| <b>PENICILLINS - Drugs to Treat Bacterial Infections</b>              |           |                      |
| Aminopenicillins                                                      |           |                      |
| <i>amoxicillin CAPS</i>                                               | 1A        |                      |
| <i>amoxicillin CHEW 125 MG, 250 MG</i>                                | 1B        |                      |
| <i>amoxicillin SUSR 125 MG/5ML</i>                                    | 1A        |                      |
| <i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>            | 1B        |                      |
| <i>amoxicillin TABS</i>                                               | 1B        |                      |
| <i>ampicillin sodium IV 10 GM</i>                                     | 1B        |                      |
| <i>ampicillin CAPS 500 MG</i>                                         | 1B        |                      |
| Natural Penicillins                                                   |           |                      |
| PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML             | 1B        |                      |
| <i>penicillin g potassium 5000000 UNIT</i>                            | 1B        |                      |
| <i>penicillin g sodium</i>                                            | 3         |                      |
| <i>penicillin v potassium SOLR</i>                                    | 1B        |                      |

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

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

| Drug Name                               | Drug Tier | Requirements/ Limits                        | Drug Name                                                   | Drug Tier | Requirements/ Limits                        |
|-----------------------------------------|-----------|---------------------------------------------|-------------------------------------------------------------|-----------|---------------------------------------------|
| AUSTEDO XR TB24                         | 4         | QL(1 EA daily); PA                          | REBIF TITRATION PACK SOSY                                   | 4         | 1 max fill(s) per 365 day(s) retail; SP; PA |
| AUSTEDO TABS                            | 4         | QL(4 EA daily); PA                          | REBIF SOSY                                                  | 4         | QL(0.214 ML daily); SP; PA                  |
| INGREZZA CAPS                           | 4         | QL(1 EA daily); PA                          | <i>teriflunomide</i>                                        | 4         | QL(1 EA daily)                              |
| INGREZZA CPPK                           | 4         | 1 max fill(s) per 180 day(s) retail; PA     | Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents        |           |                                             |
| INGREZZA CPSP                           | 4         | QL(1 EA daily); PA                          | <i>pregabalin (once-daily) 82.5 MG, 165 MG</i>              | 3         | QL(1 EA daily); PA                          |
| <i>tetrabenazine</i>                    | 4         | QL(3 EA daily); SP; PA                      | <i>pregabalin (once-daily) 330 MG</i>                       | 3         | QL(2 EA daily); PA                          |
| Multiple Sclerosis Agents               |           |                                             | Pseudobulbar Affect (PBA) Agents                            |           |                                             |
| AVONEX PEN AJKT                         | 4         | QL(0.0714 EA daily); SP; PA                 | NUDEXTA                                                     | 3         | QL(2 EA daily); PA                          |
| AVONEX PREFILLED PSKT                   | 4         | QL(0.0714 EA daily); SP; PA                 | Psychotherapeutic and Neurological Agents - Misc.           |           |                                             |
| BETASERON KIT                           | 4         | QL(0.5 EA daily); SP; PA                    | <i>ergoloid mesylates TABS</i>                              | 1B        |                                             |
| <i>dalfampridine</i>                    | 4         | QL(2 EA daily); SP; PA                      | <i>pimozide</i>                                             | 1B        |                                             |
| <i>dimethyl fumarate CDPK</i>           | 1B        | QL(2 EA daily)                              | Smoking Deterrents                                          |           |                                             |
| <i>dimethyl fumarate CPDR</i>           | 1B        | QL(2 EA daily)                              | <i>bupropion hcl (smoking deterrent)</i>                    | 0         | QL(2 EA daily)                              |
| <i>fingolimod hcl</i>                   | 4         | QL(1 EA daily)                              | <i>nicotine polacrilex GUM</i>                              | 0         |                                             |
| <i>glatiramer acetate SOSY 40 MG/ML</i> | 4         | QL(0.43 ML daily)                           | <i>nicotine polacrilex LOZG</i>                             | 0         |                                             |
| <i>glatiramer acetate SOSY 20 MG/ML</i> | 4         | QL(1 ML daily)                              | NICOTINE KIT                                                | 0         |                                             |
| LEMTRADA                                | 4         | QL(1.2 ML daily); PA                        | <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>   | 0         | QL(1 EA daily)                              |
| PLEGRIDY STARTER PACK SOAJ              | 4         | QL(0.036 ML daily); PA                      | NICOTROL NS SOLN                                            | 0         |                                             |
| PLEGRIDY STARTER PACK SOSY SC           | 4         | QL(0.036 ML daily); PA                      | NICOTROL INHA                                               | 0         |                                             |
| PLEGRIDY SOAJ                           | 4         | QL(0.036 ML daily); PA                      | <i>varenicline tartrate TABS</i>                            | 0         | QL(2 EA daily)                              |
| PLEGRIDY SOSY SC                        | 4         | QL(0.036 ML daily); PA                      | <i>varenicline tartrate TBPK</i>                            | 0         |                                             |
| REBIF REBIDOSE TITRATION PACK SOAJ      | 4         | 1 max fill(s) per 365 day(s) retail; SP; PA | RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions |           |                                             |
| REBIF REBIDOSE SOAJ                     | 4         | QL(0.214 ML daily); SP; PA                  | Alpha-Proteinase Inhibitor (Human)                          |           |                                             |
|                                         |           |                                             | PROLASTIN-C SOLN                                            | 4         | PA                                          |
|                                         |           |                                             | PROLASTIN-C SOLR                                            | 4         | PA                                          |

| Drug Name                                           | Drug Tier | Requirements/ Limits     |
|-----------------------------------------------------|-----------|--------------------------|
| 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 534 MG</i>                      | 4         | QL(3 EA daily); PA       |
| <i>pirfenidone TABS 267 MG, 801 MG</i>              | 4         | QL(1 EA daily); PA       |
| SULFONAMIDES - Drugs to Treat Bacterial Infections  |           |                          |
| Sulfonamides                                        |           |                          |
| <i>sulfadiazine TABS</i>                            | 1B        |                          |
| TETRACYCLINES - Drugs to Treat Bacterial Infections |           |                          |
| Fluorocyclines                                      |           |                          |
| XERAVA                                              | 4         | PA                       |
| Glycylcyclines                                      |           |                          |
| <i>tigecycline</i>                                  | 1B        |                          |
| Tetracyclines                                       |           |                          |
| <i>demeclocycline hcl TABS</i>                      | 1B        |                          |
| <i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i> | 1B        | QL(2 EA daily)           |
| <i>doxycycline (monohydrate) CAPS 75 MG</i>         | 1B        |                          |

| Drug Name                                              | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|----------------------|
| <i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>     | 1B        |                      |
| <i>doxycycline (monohydrate) TABS 100 MG</i>           | 1B        | QL(2 EA daily)       |
| <i>doxycycline hyclate CAPS</i>                        | 1B        | QL(2 EA daily)       |
| <i>doxycycline hyclate SOLR</i>                        | 1B        |                      |
| <i>doxycycline hyclate TABS 20 MG, 100 MG</i>          | 1B        | QL(2 EA daily)       |
| <i>minocycline hcl CAPS</i>                            | 1B        | QL(3 EA daily)       |
| <i>minocycline hcl TABS</i>                            | 1B        | QL(3 EA daily)       |
| <i>tetracycline hcl CAPS</i>                           | 1B        | QL(8 EA daily)       |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones    |           |                      |
| Antithyroid Agents                                     |           |                      |
| <i>methimazole TABS</i>                                | 1B        |                      |
| <i>propylthiouracil</i>                                | 1B        |                      |
| Thyroid Hormones                                       |           |                      |
| ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG | 2         |                      |
| ARMOUR THYROID TABS                                    | 2         | QL(1 EA daily)       |
| EVEXITHROID TABS 180 MG                                | 2         | QL(1 EA daily)       |
| <i>levothyroxine sodium TABS</i>                       | 1B        |                      |
| <i>liothyronine sodium SOLN</i>                        | 1B        |                      |
| <i>liothyronine sodium TABS</i>                        | 1B        |                      |
| NP THYROID TABS                                        | 1B        | QL(1 EA daily)       |
| SYNTHROID TABS ( <i>levothyroxine sodium</i> )         | 2         |                      |
| TOXOIDS                                                |           |                      |
| Toxoid Combinations                                    |           |                      |
| ADACEL SUSP                                            | 0         |                      |
| ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML       | 0         |                      |

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

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

| Drug Name                                                                   | Drug Tier | Requirements/ Limits                                                                 | Drug Name                              | Drug Tier | Requirements/ Limits                                         |
|-----------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------|----------------------------------------|-----------|--------------------------------------------------------------|
| <i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>                      | 1B        | 14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail | MENACTRA                               | 0         |                                                              |
| <i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>                     | 1B        | QL(1 EA daily); RX/OTC                                                               | MENQUADFI 0.5 ML                       | 0         |                                                              |
| <b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b> |           |                                                                                      | MENVEO SOLN                            | 0         |                                                              |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic)                   |           |                                                                                      | MENVEO SOLR                            | 0         |                                                              |
| <i>darifenacin hydrobromide</i>                                             | 1B        | QL(1 EA daily)                                                                       | PEDVAX HIB SUSP                        | 0         |                                                              |
| <i>fesoterodine fumarate</i>                                                | 1B        | QL(1 EA daily)                                                                       | PENBRAYA                               | 0         |                                                              |
| <i>oxybutynin chloride SOLN</i>                                             | 1B        |                                                                                      | PENMENVY SUSR IM                       | 0         | AL(At least 10 yrs old - Up to 25 yrs old)                   |
| <i>oxybutynin chloride TABS 5 MG</i>                                        | 1B        |                                                                                      | PNEUMOVAX 23 SOLN                      | 0         |                                                              |
| <i>oxybutynin chloride TB24</i>                                             | 1B        |                                                                                      | PNEUMOVAX 23 SOSY                      | 0         |                                                              |
| <i>solifenacin succinate TABS</i>                                           | 1B        | QL(1 EA daily)                                                                       | PREVNAR 13                             | 0         |                                                              |
| <i>tolterodine tartrate CP24</i>                                            | 1B        | QL(1 EA daily)                                                                       | PREVNAR 20                             | 0         | 1 max fill(s) per 999 day(s) retail                          |
| <i>tolterodine tartrate TABS</i>                                            | 1B        |                                                                                      | TRUMENBA 0.5 ML                        | 0         |                                                              |
| <i>trospium chloride CP24</i>                                               | 1B        | QL(1 EA daily)                                                                       | VAXNEUVANCE                            | 0         | 4 max fill(s) per 999 day(s) retail                          |
| <i>trospium chloride TABS</i>                                               | 1B        | QL(3 EA daily)                                                                       | <b>Viral Vaccines</b>                  |           |                                                              |
| Urinary Antispasmodics - Cholinergic Agonists                               |           |                                                                                      | ABRYSVO                                | 0         |                                                              |
| <i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>                              | 1B        | QL(4 EA daily)                                                                       | AFLURIA PRESERVATIVE FREE SUSY         | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| <i>bethanechol chloride 25 MG</i>                                           | 1B        |                                                                                      | AFLURIA QUADRIVALENT SUSP              | 0         | 1 max fill(s) per 180 day(s) retail                          |
| Urinary Antispasmodics - Direct Muscle Relaxants                            |           |                                                                                      | AFLURIA QUADRIVALENT SUSY 0.5 ML       | 0         | 1 max fill(s) per 180 day(s) retail                          |
| <i>flavoxate hcl</i>                                                        | 1B        |                                                                                      | AFLURIA SUSP                           | 0         | 1 max fill(s) per 180 day(s) retail                          |
| <b>VACCINES</b>                                                             |           |                                                                                      | AREXVY                                 | 0         |                                                              |
| Bacterial Vaccines                                                          |           |                                                                                      | AUDENZ EMUL                            | 0         |                                                              |
| ACTHIB SOLR IM                                                              | 0         |                                                                                      | AUDENZ PRSY                            | 0         |                                                              |
| BEXSERO 0.5 ML                                                              | 0         |                                                                                      | COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML | 0         |                                                              |
| CAPVAXIVE                                                                   | 0         |                                                                                      | COMIRNATY SUSP                         | 0         |                                                              |
| HIBERIX SOLR IJ                                                             | 0         |                                                                                      | COMIRNATY SUSY                         | 0         |                                                              |



| Drug Name                   | Drug Tier | Requirements/ Limits                                                   | Drug Name                              | Drug Tier | Requirements/ Limits                                                   |
|-----------------------------|-----------|------------------------------------------------------------------------|----------------------------------------|-----------|------------------------------------------------------------------------|
| ENGERIX-B SUSP 20 MCG/ML    | 0         | 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail | FLULAVAL QUADRIVALENT SUSY             | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| ENGERIX-B SUSY              | 0         | 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail | FLULAVAL SUSY                          | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail           |
| FLUAD                       | 0         | 1 max fill(s) per 180 day(s) retail                                    | FLUMIST                                | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| FLUAD QUADRIVALENT          | 0         | 1 max fill(s) per 180 day(s) retail                                    | FLUMIST QUADRIVALENT                   | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail           |
| FLUARIX QUADRIVALENT SUSY   | 0         | 1 max fill(s) per 180 day(s) retail                                    | FLUZONE HIGH-DOSE QUADRIVALENT         | 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           | FLUZONE HIGH-DOSE SUSY                 | 0         | 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           | FLUZONE QUADRIVALENT SUSP              | 0         | 1 max fill(s) per 180 day(s) retail                                    |
| FLUBLOK SOSY                | 0         | 1 max fill(s) per 180 day(s) retail                                    | FLUZONE QUADRIVALENT SUSY              | 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           | FLUZONE SUSP                           | 0         | 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           | FLUZONE 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                                    | GARDASIL 9 SUSP 0.5 ML                 | 0         | 3 max fill(s) per 365 day(s) retail                                    |
| FLUCELVAX SUSY              | 0         | 1 max fill(s) per 180 day(s) retail                                    | GARDASIL 9 SUSY 0.5 ML                 | 0         | 3 max fill(s) per 365 day(s) retail                                    |
|                             |           |                                                                        | HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML | 0         |                                                                        |
|                             |           |                                                                        | HEPLISAV-B SOSY                        | 0         | 2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail |

| Drug Name                                   | Drug Tier | Requirements/ Limits                | Drug Name                                     | Drug Tier | Requirements/ Limits                                          |
|---------------------------------------------|-----------|-------------------------------------|-----------------------------------------------|-----------|---------------------------------------------------------------|
| IPOL IJ                                     | 0         |                                     | ROTARIX SUSP                                  | 0         |                                                               |
| JYNNEOS                                     | 0         |                                     | ROTATEQ SOLN                                  | 0         |                                                               |
| M-M-R II SOLR                               | 0         | 2 max fill(s) per 365 day(s) retail | SHINGRIX                                      | 0         | 2 max fill(s) per 999 day(s) retail; AL (At least 18 yrs old) |
| MNEXSPIKE SUSY 10 MCG/0.2ML                 | 0         |                                     | SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML            | 0         |                                                               |
| MODERNA COVID-19 BIVALENT                   | 0         |                                     | SPIKEVAX SUSP                                 | 0         |                                                               |
| MODERNA COVID-19 VAC 6M-11Y SUSP            | 0         |                                     | SPIKEVAX SUSY                                 | 0         |                                                               |
| MODERNA COVID-19 VAC 6M-11Y SUSY            | 0         |                                     | TWINRIX SUSY                                  | 0         |                                                               |
| MODERNA COVID-19 VACCINE SUSP               | 0         |                                     | VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML            | 0         |                                                               |
| MRESVIA                                     | 0         |                                     | VAQTA                                         | 0         |                                                               |
| NOVAVAX COVID-19 VACCINE SUSP               | 0         |                                     | VARIVAX SUSR                                  | 0         | 2 max fill(s) per 365 day(s) retail                           |
| NOVAVAX COVID-19 VACCINE SUSY               | 0         |                                     | <b>VAGINAL AND RELATED PRODUCTS</b>           |           |                                                               |
| NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML | 0         |                                     | <b>Spermicides</b>                            |           |                                                               |
| PFIZER COVID-19 VAC BIVALENT                | 0         |                                     | TODAY SPONGE MISC                             | 0         |                                                               |
| PFIZER COVID-19 VAC-TRIS 5-11Y SUSP         | 0         |                                     | VCF VAGINAL CONTRACEPTIVE FILM                | 0         |                                                               |
| PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP         | 0         |                                     | <b>Vaginal Anti-infectives</b>                |           |                                                               |
| PFIZER-BIONT COVID-19 VAC-TRIS SUSP         | 0         |                                     | <i>clindamycin phosphate vaginal CREA</i>     | 1B        |                                                               |
| PFIZER-BIONTECH COVID-19 VACC SUSP          | 0         |                                     | <i>clotrimazole vaginal CREA 1 %</i>          | 1B        |                                                               |
| PREHEVBRIO                                  | 0         | 3 max fill(s) per 365 day(s) retail | GYNAZOLE-1                                    | 3         | QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)          |
| PRIORIX SUSR                                | 0         | 3 max fill(s) per 365 day(s) retail | <i>metronidazole vaginal</i>                  | 1B        |                                                               |
| PROQUAD SUSR                                | 0         | 2 max fill(s) per 365 day(s) retail | <i>miconazole nitrate vaginal SUPP 200 MG</i> | 1B        |                                                               |
| RECOMBIVAX HB SUSP                          | 0         |                                     | <i>terconazole vaginal CREA</i>               | 1B        |                                                               |
| RECOMBIVAX HB SUSY                          | 0         |                                     | <i>terconazole vaginal CREA</i>               | 1B        |                                                               |
|                                             |           |                                     | <i>terconazole vaginal SUPP</i>               | 1B        |                                                               |
|                                             |           |                                     | <b>Vaginal Anti-inflammatory Agents</b>       |           |                                                               |
|                                             |           |                                     | <i>hydrocortisone vaginal</i>                 | 1B        | QL(15.15 GM daily)                                            |

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| Drug Name                                                      | Drug Tier | Requirements/ Limits                                                                                              |
|----------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| Vaginal Contraceptive - pH Modulators                          |           |                                                                                                                   |
| PHEXX                                                          | 0         | PV                                                                                                                |
| PHEXXI                                                         | 0         | PV                                                                                                                |
| Vaginal Estrogens                                              |           |                                                                                                                   |
| <i>estradiol vaginal CREA</i>                                  | 1B        | QL(2 GM daily)                                                                                                    |
| <i>estradiol vaginal TABS</i>                                  | 1B        |                                                                                                                   |
| 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>                          | 1B        | QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail |
| Vasopressors                                                   |           |                                                                                                                   |
| <i>midodrine hcl</i>                                           | 1B        |                                                                                                                   |
| VITAMINS                                                       |           |                                                                                                                   |
| Oil Soluble Vitamins                                           |           |                                                                                                                   |
| <i>cholecalciferol CAPS</i>                                    | 1A        |                                                                                                                   |
| <i>cholecalciferol TABS 10 MCG, 400 UNIT</i>                   | 0         |                                                                                                                   |
| <i>ergocalciferol CAPS</i>                                     | 0         |                                                                                                                   |
| <i>ergocalciferol SOLN PO 200 MCG/ML</i>                       | 1B        |                                                                                                                   |
| VITAMIN D2 TABS 400 UNIT                                       | 0         | AL(At least 65 yrs old)                                                                                           |
| Water Soluble Vitamins                                         |           |                                                                                                                   |
| <i>ascorbic acid SOLN IJ</i>                                   | 3         | QL(0.4 ML daily)                                                                                                  |
| NIACIN ER TBCR                                                 | 1B        |                                                                                                                   |

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

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| acetazolamide TABS 125 MG .....                                 | 43 | ADCETRIS .....                                                          | 24 | alendronate sodium TABS 5 MG, 10<br>MG .....                                       | 44 |
| acetazolamide TABS 250 MG .....                                 | 43 | adefovir dipivoxil .....                                                | 31 | alfuzosin hcl .....                                                                | 48 |
| acetic acid (otic) .....                                        | 60 | ADEMPAS .....                                                           | 34 | ALINIA SUSR .....                                                                  | 21 |
| acetic acid 0.25 % .....                                        | 47 | ADTHYZA TABS 16.25 MG, 32.5<br>MG, 65 MG, 97.5 MG, 130 MG ....          | 63 | aliskiren fumarate .....                                                           | 21 |
| acetylcysteine SOLN .....                                       | 37 | ADVATE .....                                                            | 48 | allopurinol 100 MG, 300 MG .....                                                   | 48 |
| acitretin 10 MG, 17.5 MG .....                                  | 39 | ADYNOVATE .....                                                         | 48 | almotriptan malate 12.5 MG .....                                                   | 53 |
| acitretin 25 MG .....                                           | 39 | AFLURIA PRESERVATIVE FREE<br>SUSY .....                                 | 65 | almotriptan malate 6.25 MG .....                                                   | 53 |
| ACTEMRA ACTPEN SOAJ .....                                       | 3  | AFLURIA QUADRIVALENT SUSP                                               | 65 | ALOCRIAL .....                                                                     | 59 |
| ACTEMRA SOLN 200 MG/10ML,<br>400 MG/20ML .....                  | 3  | AFLURIA QUADRIVALENT SUSY<br>0.5 ML .....                               | 65 | alogliptin benzoate .....                                                          | 15 |
| ACTEMRA SOLN 80 MG/4ML .....                                    | 3  | AFLURIA SUSP .....                                                      | 65 | alogliptin-metformin hcl .....                                                     | 14 |
| ACTEMRA SOSY .....                                              | 4  |                                                                         |    | alogliptin-pioglitazone 15 MG-25 MG,<br>30 MG-25 MG, 45 MG-25 MG .....             | 14 |

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| alogliptin-pioglitazone 30 MG-12.5 MG ..... 14                                    | amiodarone hcl SOLN 150 MG/3ML . 9                          | amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG ..... 1                        |
| ALOMIDE .....59                                                                   | amiodarone hcl TABS .....9                                  | amphetamine-dextroamphetamine CP24 5 MG, 10 MG ..... 1                                |
| alosetron hcl .....47                                                             | amitriptyline hcl TABS ..... 14                             | amphetamine-dextroamphetamine TABS 30 MG ..... 1                                      |
| alprazolam TABS 0.25 MG, 0.5 MG, 1 MG .....8                                      | amlodipine besylate TABS .....33                            | amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG ..... 1 |
| alprazolam TABS 2 MG .....8                                                       | amlodipine besylate-atorvastatin calcium ..... 33           | amphotericin b IV ..... 18                                                            |
| alprazolam TB24 .....8                                                            | amlodipine besylate-benazepril hcl 20                       | amphotericin b liposome ..... 18                                                      |
| alprazolam TBDP .....8                                                            | amlodipine besylate-olmesartan medoxomil .....20            | ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM ..... 61                      |
| ALPROLIX .....48                                                                  | amlodipine besylate-valsartan .... 20                       | ampicillin CAPS 500 MG .....60                                                        |
| ALREX SUSP (loteprednol etabonate) .....59                                        | amlodipine-valsartan-hydrochlorothiazide .....20            | ampicillin sodium IV 10 GM .....60                                                    |
| ALTABAX .....38                                                                   | amoxapine .....14                                           | anagrelide hcl ..... 49                                                               |
| ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT ..... 48 | amoxicillin & pot clavulanate CHEW . 61                     | anastrozole .....25                                                                   |
| ALUNBRIG TABS .....26                                                             | amoxicillin & pot clavulanate SUSR 61                       | ANDRODERM PT24 2 MG/24HR, 4 MG/24HR .....7                                            |
| ALUNBRIG TBPk .....26                                                             | amoxicillin & pot clavulanate TABS 61                       | ANGELIQ .....46                                                                       |
| ALVESCO .....9                                                                    | amoxicillin & pot clavulanate TB12 61                       | ANNOVERA .....36                                                                      |
| alvimopan .....47                                                                 | amoxicillin CAPS .....60                                    | ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (umeclidinium-vilanterol) 10                    |
| amantadine hcl CAPS ..... 28                                                      | amoxicillin CHEW 125 MG, 250 MG . 60                        | ANZEMET TABS 50 MG .....17                                                            |
| amantadine hcl SOLN ..... 28                                                      | amoxicillin SUSR 125 MG/5ML ....60                          | APIDRA SOLN .....16                                                                   |
| amantadine hcl TABS .....28                                                       | amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML .....60 | APIDRA SOLOSTAR SOPN .....16                                                          |
| ambrisentan .....34                                                               | amoxicillin TABS .....60                                    | apomorphine hydrochloride SOCT 28                                                     |
| amcinonide CREA ..... 40                                                          | amoxicillin-clarithromycin w/ lansoprazole THPK ..... 65    | apraclonidine hcl ..... 58                                                            |
| amcinonide LOTN .....40                                                           | amphetamine sulfate TABS .....1                             | aprepitant CAPS 40 MG, 125 MG . 17                                                    |
| amcinonide OINT .....40                                                           | amphetamine-dextroamphetamine CP24 15 MG .....1             | aprepitant CAPS 80 MG ..... 17                                                        |
| amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML ..... 2                                |                                                             | aprepitant CAPS ..... 17                                                              |
| amiloride & hydrochlorothiazide ..43                                              |                                                             | APTiom 200 MG, 400 MG, 600 MG, 800 MG ..... 1                                         |
| amiloride hcl TABS .....44                                                        |                                                             |                                                                                       |
| aminocaproic acid TABS .....50                                                    |                                                             |                                                                                       |

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| 800 MG (eslicarbazepine acetate) .12                                                                | atazanavir sulfate CAPS 200 MG .30                    | azelastine hcl (ophth) ..... 59                                      |
| APTIVUS CAPS .....30                                                                                | atenolol & chlorthalidone .....20                     | azelastine hcl .....58                                               |
| ARANESP (ALBUMIN FREE) SOLN<br>25 MCG/ML .....49                                                    | atenolol TABS .....32                                 | AZELEX ..... 37                                                      |
| ARANESP (ALBUMIN FREE) SOLN<br>40 MCG/ML, 60 MCG/ML, 100<br>MCG/ML .....49                          | ATGAM .....55                                         | azithromycin PACK ..... 51                                           |
| ARANESP (ALBUMIN FREE) SOSY<br>150 MCG/0.3ML, 200 MCG/0.4ML,<br>300 MCG/0.6ML, 500 MCG/ML ...49     | atomoxetine hcl 10 MG, 18 MG, 25<br>MG, 40 MG .....1  | azithromycin SOLR ..... 51                                           |
| ARCALYST .....3                                                                                     | atomoxetine hcl 60 MG, 80 MG, 100<br>MG .....1        | azithromycin SUSR .....51                                            |
| AREXVY .....65                                                                                      | atorvastatin calcium TABS .....19                     | azithromycin TABS 250 MG ..... 51                                    |
| arformoterol tartrate .....10                                                                       | atovaquone .....21                                    | azithromycin TABS 500 MG ..... 51                                    |
| ARIKAYCE .....2                                                                                     | atovaquone-proguanil hcl .....22                      | azithromycin TABS 600 MG ..... 51                                    |
| aripiprazole SOLN PO .....30                                                                        | atracurium besylate 50 MG/5ML, 100<br>MG/10ML .....58 | aztreonam 1 GM .....22                                               |
| aripiprazole TABS .....30                                                                           | atropine sulfate SOSY IJ 0.25<br>MG/5ML .....64       | bacitracin (ophthalmic) .....58                                      |
| armodafinil .....1                                                                                  | ATROVENT HFA .....9                                   | baclofen TABS .....57                                                |
| ARMOUR THYROID TABS .....63                                                                         | AUDENZ EMUL .....65                                   | balsalazide disodium CAPS ..... 47                                   |
| ARNUITY ELLIPTA 50 MCG/ACT,<br>100 MCG/ACT, 200 MCG/ACT<br>(fluticasone furoate (inhalation)) ....9 | AUDENZ PRSY .....65                                   | BALVERSA .....26                                                     |
| arsenic trioxide 10 MG/10ML .....28                                                                 | AURANOFIN 3 MG .....3                                 | BANZEL TABS 200 MG (rufinamide)<br>12                                |
| ARZERRA .....24                                                                                     | AUSTEDO TABS .....62                                  | BANZEL TABS 400 MG (rufinamide)<br>12                                |
| ascorbic acid SOLN IJ .....68                                                                       | AUSTEDO XR PATIENT TITRATION<br>TEPK .....61          | BAXDELA SOLR .....46                                                 |
| asenapine maleate 2.5 MG .....29                                                                    | AUSTEDO XR TB24 .....62                               | BAXDELA TABS .....46                                                 |
| asenapine maleate 5 MG, 10 MG .29                                                                   | avanafil .....33                                      | BD PEN NEEDLE NANO 2ND GEN .<br>53                                   |
| aspirin CHEW .....5                                                                                 | AVERI TABS PO .....35                                 | BELSOMRA .....50                                                     |
| aspirin TABS 325 MG .....5                                                                          | AVONEX PEN AJKT .....62                               | benazepril & hydrochlorothiazide<br>12.5 MG-10 MG, 25 MG-20 MG ...20 |
| aspirin TBEC 325 MG .....5                                                                          | AVONEX PREFILLED PSKT .....62                         | benazepril & hydrochlorothiazide<br>12.5 MG-20 MG, 6.25 MG-5 MG ..20 |
| aspirin TBEC 81 MG .....5                                                                           | AYVAKIT .....25                                       | benazepril hcl .....19                                               |
| aspirin-dipyridamole .....49                                                                        | azacitidine SUSR .....23                              | bendamustine hcl SOLR .....23                                        |
| atazanavir sulfate CAPS 150 MG,<br>300 MG .....30                                                   | AZATHIOPRINE SODIUM .....55                           | BENEFIX KIT .....48                                                  |
|                                                                                                     | azathioprine TABS .....55                             | BENZEPRO CREAMY WASH LIQD .<br>37                                    |
|                                                                                                     | azelaic acid GEL .....42                              |                                                                      |

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|-------------------------------------------|----|-----------------------------------------------|----|------------------------------------------------------------------------------------|----|
| BENZEPRO FOAM 5.3 %                       | 37 | betaxolol hcl (ophth) SOLN                    | 58 | BREZTRI AEROSPHERE                                                                 | 10 |
| benzonatate 100 MG                        | 37 | betaxolol hcl                                 | 32 | BRILINTA 60 MG, 90 MG (ticagrelor)                                                 | 49 |
| benzonatate 150 MG                        | 37 | bethanechol chloride 25 MG                    | 65 | brimonidine tartrate (topical)                                                     | 42 |
| benzonatate 200 MG                        | 37 | bethanechol chloride 5 MG, 10 MG, 50 MG       | 65 | brimonidine tartrate 0.15 %, 0.2 %                                                 | 58 |
| benzoyl peroxide FOAM 5.3 %, 9.8 %        | 37 | bexarotene (topical)                          | 39 | brimonidine tartrate-timolol maleate                                               | 58 |
| benzoyl peroxide GEL 10 %                 | 37 | bexarotene                                    | 28 | brinzolamide                                                                       | 59 |
| benzoyl peroxide GEL 5 %                  | 37 | BEXSERO 0.5 ML                                | 65 | BRIVIACT SOLN PO 10 MG/ML                                                          | 12 |
| benzoyl peroxide LIQD 4 %, 10 %           | 37 | BEYFORTUS                                     | 60 | BRIVIACT TABS                                                                      | 12 |
| benzoyl peroxide-erythromycin GEL         | 37 | bicalutamide                                  | 25 | bromfenac sodium (ophth)                                                           | 59 |
| benztropine mesylate SOLN                 | 28 | BIJUVA                                        | 46 | bromocriptine mesylate CAPS                                                        | 28 |
| benztropine mesylate TABS                 | 28 | BIKTARVY                                      | 30 | bromocriptine mesylate TABS 2.5 MG                                                 | 28 |
| bepotastine besilate                      | 59 | bimatoprost SOLN                              | 60 | BRUKINSA                                                                           | 26 |
| BESIVANCE                                 | 58 | bisacodyl SUPP                                | 50 | budesonide (inhalation) SUSP                                                       | 9  |
| betaine                                   | 45 | bisacodyl TBEC                                | 50 | budesonide (intrarectal)                                                           | 7  |
| betamethasone dipropionate (topical) CREA | 40 | bisoprolol & hydrochlorothiazide              | 20 | budesonide (nasal)                                                                 | 58 |
| betamethasone dipropionate (topical) LOTN | 40 | bisoprolol fumarate                           | 32 | budesonide CPEP                                                                    | 36 |
| betamethasone dipropionate (topical) OINT | 40 | bleomycin sulfate 15 UNIT                     | 25 | budesonide-formoterol fumarate dihydrate                                           | 10 |
| betamethasone dipropionate augmented CREA | 40 | BOOSTRIX SUSP                                 | 64 | bumetanide SOLN 0.25 MG/ML                                                         | 44 |
| betamethasone dipropionate augmented LOTN | 40 | BOOSTRIX SUSY                                 | 64 | bumetanide TABS                                                                    | 44 |
| betamethasone dipropionate augmented OINT | 40 | bortezomib SOLR IJ                            | 26 | buprenorphine hcl SOLN                                                             | 7  |
| betamethasone valerate CREA               | 40 | BORTEZOMIB SOLR IV 3.5 MG                     | 26 | buprenorphine hcl SUBL                                                             | 7  |
| betamethasone valerate FOAM               | 40 | bosentan TABS 125 MG                          | 34 | buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG | 7  |
| betamethasone valerate LOTN               | 40 | bosentan TABS 62.5 MG                         | 34 | buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG                        | 7  |
| betamethasone valerate OINT               | 41 | bosentan TBSO 32 MG                           | 34 | buprenorphine hcl-naloxone hcl dihydrate SUBL                                      | 7  |
| BETASERON KIT                             | 62 | BOSULIF TABS 100 MG, 500 MG                   | 26 | buprenorphine PTWK                                                                 | 7  |
|                                           |    | BOSULIF TABS 400 MG                           | 26 |                                                                                    |    |
|                                           |    | BRAFTOVI 75 MG                                | 26 |                                                                                    |    |
|                                           |    | BREO ELLIPTA (fluticasone furoate-vilanterol) | 10 |                                                                                    |    |
|                                           |    | BREO ELLIPTA                                  | 10 |                                                                                    |    |

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| bupropion hcl (smoking deterrent) 62                                               | calcipotriene-betamethasone<br>dipropionate OINT ..... 41 | carbidopa .....28                                        |
| bupropion hcl TABS .....13                                                         | calcipotriene-betamethasone<br>dipropionate SUSP ..... 41 | carbidopa-levodopa TABS .....28                          |
| bupropion hcl TB12 ..... 13                                                        | calcitonin (salmon) NA ..... 44                           | carbidopa-levodopa TBCR ..... 29                         |
| bupropion hcl TB24 150 MG, 300 MG<br>.....13                                       | calcitriol (topical) .....39                              | carbidopa-levodopa TBDP ..... 29                         |
| buspirone hcl 5 MG .....8                                                          | calcitriol CAPS ..... 45                                  | carbidopa-levodopa-entacapone ..28                       |
| buspirone hcl 7.5 MG, 10 MG, 15<br>MG, 30 MG .....8                                | calcitriol SOLN IV ..... 45                               | carbinoxamine maleate SOLN .....18                       |
| busulfan SOLN .....23                                                              | calcium acetate (phosphate binder)<br>CAPS .....47        | carbinoxamine maleate TABS 4 MG .<br>18                  |
| butalbital-acetaminophen TABS 50<br>MG-325 MG .....5                               | calcium acetate (phosphate binder)<br>TABS .....47        | carboplatin SOLN 50 MG/5ML ....23                        |
| butalbital-acetaminophen-caffeine<br>CAPS 40 MG-50 MG-300 MG ..... 5               | calcium chloride (dihydrate) SOLN 54                      | carisoprodol TABS .....57                                |
| butalbital-acetaminophen-caffeine<br>CAPS 40 MG-50 MG-325 MG ..... 5               | calcium polycarbophil TABS .....50                        | carmustine .....23                                       |
| butalbital-acetaminophen-caffeine<br>TABS 40 MG-50 MG-325 MG .....5                | CALQUENCE ..... 26                                        | carteolol hcl (ophth) .....58                            |
| butalbital-acetaminophen-caffeine w/<br>codeine 30 MG-40 MG-50 MG-300<br>MG .....6 | candesartan cilexetil .....20                             | carvedilol ..... 32                                      |
| butalbital-acetaminophen-caffeine w/<br>codeine 30 MG-40 MG-50 MG-325<br>MG .....6 | candesartan cilexetil-<br>hydrochlorothiazide ..... 20    | carvedilol phosphate .....32                             |
| butalbital-aspirin-caffeine CAPS ....5                                             | capecitabine .....23                                      | caspofungin acetate .....17                              |
| butalbital-aspirin-caffeine w/cod ....6                                            | CAPRELSA .....26                                          | CAYA DPRH .....51                                        |
| butenafine hcl ..... 38                                                            | captopril 12.5 MG .....19                                 | CAYSTON .....22                                          |
| butorphanol tartrate IJ 1 MG/ML, 2<br>MG/ML .....7                                 | captopril 25 MG, 50 MG, 100 MG .19                        | cefaclor CAPS ..... 34                                   |
| butorphanol tartrate NA 10 MG/ML .7                                                | CAPVAXIVE .....65                                         | cefaclor SUSR 250 MG/5ML ..... 34                        |
| cabergoline .....45                                                                | carbamazepine CHEW 100 MG ...12                           | cefadroxil CAPS ..... 34                                 |
| CABOMETYX TABS .....26                                                             | carbamazepine CP12 100 MG ....12                          | cefadroxil SUSR ..... 34                                 |
| calcipotriene CREA .....39                                                         | carbamazepine CP12 200 MG ....12                          | cefadroxil TABS .....34                                  |
| calcipotriene OINT .....39                                                         | carbamazepine CP12 300 MG ....12                          | cefazolin sodium SOLR IJ 1 GM, 10<br>GM, 500 MG ..... 34 |
| calcipotriene SOLN ..... 39                                                        | carbamazepine SUSP ..... 12                               | cefdinir CAPS .....35                                    |
|                                                                                    | carbamazepine TABS .....12                                | cefdinir SUSR .....35                                    |
|                                                                                    | carbamazepine TB12 100 MG, 400<br>MG ..... 12             | cefepime hcl SOLR IV 2 GM .....35                        |
|                                                                                    | carbamazepine TB12 200 MG .....12                         | cefixime CAPS .....35                                    |
|                                                                                    |                                                           | cefixime SUSR .....35                                    |
|                                                                                    |                                                           | cefotetan disodium IJ 1 GM, 2 GM 34                      |
|                                                                                    |                                                           | cefoxitin sodium IV 1 GM, 2 GM ...34                     |



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| cefpodoxime proxetil SUSR .....35                   | chlorpromazine hcl TABS .....30                  | ciprofloxacin-fluocinolone acetonide .<br>60                                                                |
| cefpodoxime proxetil TABS .....35                   | chlorthalidone 25 MG, 50 MG ..... 44             | cisplatin SOLN 100 MG/100ML ....23                                                                          |
| cefprozil SUSR .....34                              | chlorzoxazone TABS 500 MG .....57                | citalopram hydrobromide SOLN ... 13                                                                         |
| cefprozil TABS .....34                              | chlorzoxazone TABS 750 MG .....57                | citalopram hydrobromide TABS ... 13                                                                         |
| ceftazidime IJ 1 GM, 6 GM ..... 35                  | CHOLBAM .....46                                  | clarithromycin SUSR .....51                                                                                 |
| ceftriaxone sodium IJ 1 GM, 2 GM,<br>500 MG .....35 | cholecalciferol CAPS .....68                     | clarithromycin TABS .....51                                                                                 |
| ceftriaxone sodium IJ 250 MG ....35                 | cholecalciferol TABS 10 MCG, 400<br>UNIT .....68 | clarithromycin TB24 .....51                                                                                 |
| cefuroxime axetil TABS .....34                      | cholestyramine light PACK ..... 19               | CLASSIC PRENATAL TABS ..... 56                                                                              |
| cefuroxime sodium IJ 750 MG .....35                 | cholestyramine light POWD .....19                | clemastine fumarate SYRP ..... 18                                                                           |
| celecoxib ..... 4                                   | cholestyramine PACK .....19                      | clemastine fumarate TABS 2.68 MG .<br>18                                                                    |
| cephalexin CAPS ..... 34                            | cholestyramine POWD .....19                      | CLIMARA PRO .....46                                                                                         |
| cephalexin SUSR .....34                             | choline fenofibrate .....19                      | clindamycin hcl .....22                                                                                     |
| CERDELGA .....49                                    | CHORIONIC GONADOTROPIN IM<br>44                  | clindamycin palmitate hydrochloride .<br>22                                                                 |
| CEREZYME 400 UNIT .....49                           | ciclopirox GEL .....38                           | clindamycin phosphate (topical)<br>FOAM .....37                                                             |
| cetirizine hcl TABS .....18                         | ciclopirox olamine CREA .....38                  | clindamycin phosphate (topical) GEL<br>37                                                                   |
| cevimeline hcl ..... 56                             | ciclopirox olamine SUSP .....38                  | clindamycin phosphate (topical)<br>LOTN .....37                                                             |
| CHEMET ..... 17                                     | ciclopirox SHAM ..... 38                         | clindamycin phosphate (topical)<br>SOLN .....37                                                             |
| CHEMSTRIP K STRP .....43                            | ciclopirox SOLN .....38                          | clindamycin phosphate (topical)<br>SWAB .....38                                                             |
| chloramphenicol sodium succinate<br>21              | cidofovir .....31                                | clindamycin phosphate SOLN IJ 9<br>GM/60ML, 300 MG/2ML, 600<br>MG/4ML, 900 MG/6ML, 9000<br>MG/60ML ..... 22 |
| chlordiazepoxide hcl CAPS ..... 8                   | cilostazol .....49                               | clindamycin phosphate vaginal CREA<br>.....67                                                               |
| chlordiazepoxide hcl-clidinium<br>bromide .....64   | CIMDUO .....30                                   | clindamycin phosphate-benzoyl<br>peroxide (refrigerate) .....38                                             |
| chlordiazepoxide-amitriptyline ....61               | cimetidine TABS ..... 64                         |                                                                                                             |
| chlorhexidine gluconate (mouth-<br>throat) .....56  | cinacalcet hcl .....45                           |                                                                                                             |
| chloroquine phosphate TABS 250<br>MG ..... 22       | ciprofloxacin hcl (ophth) SOLN ....58            |                                                                                                             |
| chloroquine phosphate TABS 500<br>MG ..... 22       | ciprofloxacin hcl (otic) .....60                 |                                                                                                             |
| chlorpromazine hcl SOLN .....30                     | ciprofloxacin hcl TABS .....46                   |                                                                                                             |
|                                                     | ciprofloxacin in d5w 200 MG/100ML .<br>46        |                                                                                                             |
|                                                     | ciprofloxacin-dexamethasone .....60              |                                                                                                             |

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| clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % ..... | 38 | clotrimazole vaginal CREA 1 % ....           | 67 | COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate) ..... | 30 |
| clindamycin phosphate-tretinoin ..                       | 38 | clotrimazole w/ betamethasone CREA .....     | 38 | CONTRACE .....                                                                               | 1  |
| CLINIMIX E/DEXTROSE (5/20) ...                           | 58 | clotrimazole w/ betamethasone LOTN .....     | 38 | COPIKTRA .....                                                                               | 26 |
| CLINIMIX/DEXTROSE (4.25/10) ..                           | 58 | clozapine TABS .....                         | 29 | CORDRAN TAPE .....                                                                           | 41 |
| CLINIMIX/DEXTROSE (4.25/5) ...                           | 58 | clozapine TBDP 100 MG .....                  | 29 | CORTISPORIN-TC .....                                                                         | 60 |
| clobazam SUSP .....                                      | 11 | clozapine TBDP 12.5 MG, 150 MG 29            |    | COSENTYX (300 MG DOSE) SOSY .                                                                | 39 |
| clobazam TABS .....                                      | 11 | clozapine TBDP 25 MG .....                   | 29 | COSENTYX SENSOREADY (300 MG) SOAJ .....                                                      | 39 |
| clobetasol propionate CREA 0.05 % .                      | 41 | COARTEM .....                                | 22 | COSENTYX SENSOREADY PEN SOAJ .....                                                           | 40 |
| clobetasol propionate emollient base 0.05 % .....        | 41 | codeine sulfate TABS 30 MG .....             | 5  | COSENTYX SOSY 150 MG/ML ...                                                                  | 40 |
| clobetasol propionate FOAM .....                         | 41 | CODEINE SULFATE TABS .....                   | 5  | COSENTYX SOSY 75 MG/0.5ML .                                                                  | 40 |
| clobetasol propionate GEL 0.05 %                         | 41 | colchicine TABS .....                        | 48 | COSENTYX UNOREADY SOAJ ..                                                                    | 40 |
| clobetasol propionate OINT 0.05 %                        | 41 | colchicine w/ probenecid .....               | 48 | CREON CPEP .....                                                                             | 43 |
| clobetasol propionate SOLN 0.05 % .                      | 41 | colesevelam hcl PACK .....                   | 19 | CRESEMBA CAPS 186 MG .....                                                                   | 18 |
| clocortolone pivalate .....                              | 41 | colesevelam hcl TABS .....                   | 19 | cromolyn sodium (ophth) .....                                                                | 59 |
| clofarabine .....                                        | 23 | colestipol hcl GRAN .....                    | 19 | cromolyn sodium NEBU .....                                                                   | 9  |
| clomiphene citrate TABS .....                            | 44 | colestipol hcl PACK .....                    | 19 | crotamiton LOTN .....                                                                        | 42 |
| clomipramine hcl .....                                   | 14 | colestipol hcl TABS .....                    | 19 | CVS PRENATAL TABS 100 MG-2.6                                                                 |    |
| clonazepam TABS .....                                    | 11 | COMBIPATCH PTTW .....                        | 46 | MG-800 MCG-400 UNIT-4 MCG-1.7                                                                |    |
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| ENBREL SOSY 25 MG/0.5ML .....                                                                 | 4  | EQUETRO 200 MG .....                                                                | 29 | esomeprazole magnesium CPDR 20 MG .....                       | 64 |
| ENBREL SOSY 50 MG/ML .....                                                                    | 4  | EQUETRO 300 MG .....                                                                | 29 | esomeprazole magnesium CPDR 40 MG .....                       | 64 |
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| enoxaparin sodium SOSY 40 MG/0.4ML .....                                                      | 11 | ergotamine w/ caffeine TABS .....                                                   | 53 | estradiol PTTW .....                                          | 46 |
| enoxaparin sodium SOSY 60 MG/0.6ML .....                                                      | 11 | eribulin mesylate .....                                                             | 28 | estradiol PTWK .....                                          | 46 |
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| eszopiclone .....                                                           | 50 | famotidine SOLN 20 MG/2ML .....                     | 64 | FENSOLVI (6 MONTH) SC .....                                                | 45 |
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| ethambutol hcl TABS .....                                                   | 23 | famotidine SUSR .....                               | 64 | fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR ..... | 5  |
| ethosuximide CAPS .....                                                     | 13 | famotidine TABS 20 MG, 40 MG ..                     | 64 | ferrous sulfate SOLN 15 MG/ML, 15 MG/ML .....                              | 50 |
| ethosuximide SOLN .....                                                     | 13 | FANAPT .....                                        | 29 | ferrous sulfate TABS 325 MG, 65 MG, 325 MG .....                           | 50 |
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| etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....                     | 28 | FASENRA SOSY 30 MG/ML .....                         | 9  | fingolimod hcl .....                                                       | 62 |
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| etravirine 200 MG .....                                                     | 30 | febuxostat .....                                    | 48 | FIRMAGON (240 MG DOSE) .....                                               | 25 |
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| everolimus (immunosuppressant) 1 MG .....                                   | 56 | felodipine .....                                    | 33 | floxuridine .....                                                          | 23 |
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| fluocinolone acetonide OINT .....41            | fluticasone propionate (inhalation)<br>AEPB .....9                                  | FOSAMAX PLUS D .....44                              |
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| FREESTYLE LIBRE 2 SENSOR ..52                           | GAMMAGARD S/D LESS IGA SOLR<br>.....60                                                             | glimepiride 4 MG .....16                                        |
| FREESTYLE LIBRE 3 PLUS<br>SENSOR .....52                | GAMMAKED 1 GM/10ML, 5<br>GM/50ML, 10 GM/100ML, 20<br>GM/200ML .....60                              | glipizide TABS 5 MG, 10 MG .....16                              |
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| fulvestrant SOSY .....25                                | gatifloxacin (ophth) .....59                                                                       | glyburide micronized 1.5 MG, 3 MG,<br>6 MG .....16              |
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| furosemide TABS .....44                                 | gemcitabine hcl SOLR 2 GM, 200<br>MG .....24                                                       | glyburide-metformin 250 MG-1.25<br>MG .....14                   |
| FUZEON SOLR .....30                                     | gemfibrozil TABS .....19                                                                           | glyburide-metformin 500 MG-2.5 MG,<br>500 MG-5 MG .....15       |
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| FYCOMPA TABS 4 MG<br>(perampanel) .....11               | GENOTROPIN MINISQUICK PRSY 45                                                                      | glycopyrrolate SOLN IJ 4 MG/20ML<br>64                          |
| FYCOMPA TABS 6 MG<br>(perampanel) .....11               | gentamicin in saline 0.8 MG/ML-0.9<br>%, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9<br>%, 1.6 MG/ML-0.9 % .....2 | glycopyrrolate TABS 1 MG .....64                                |
| FYCOMPA TABS 8 MG, 10 MG, 12<br>MG (perampanel) .....11 | gentamicin sulfate (ophth) SOLN ..59                                                               | glycopyrrolate TABS 2 MG .....64                                |
| gabapentin CAPS .....12                                 | gentamicin sulfate (topical) CREA .38                                                              | GLYXAMBI .....15                                                |
| gabapentin SOLN .....12                                 | gentamicin sulfate (topical) OINT ..38                                                             | GNP PRENATAL TABS .....56                                       |
| gabapentin TABS 600 MG, 800 MG<br>12                    | gentamicin sulfate IJ 40 MG/ML ....2                                                               | GNP PRENATAL/FOLIC ACID TABS<br>.....56                         |
|                                                         | GENVOYA .....30                                                                                    | GOHIBIC .....48                                                 |
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| granisetron hcl SOLN IV 1 MG/ML 17                                                         | HUMATROPE CART IJ .....45                                       | hydrocodone-acetaminophen SOLN<br>325 MG/15ML-10 MG/15ML ..... 6                                                      |
| granisetron hcl TABS ..... 17                                                              | HUMIRA (2 PEN) AJKT 80<br>MG/0.8ML ..... 3                      | hydrocodone-acetaminophen TABS<br>300 MG-10 MG, 300 MG-5 MG, 300<br>MG-7.5 MG .....7                                  |
| GRASTEK SUBL .....2                                                                        | HUMIRA (2 PEN) AJKT ..... 3                                     | hydrocodone-acetaminophen TABS<br>325 MG-10 MG, 325 MG-5 MG, 325<br>MG-7.5 MG .....7                                  |
| griseofulvin microsize SUSP .....18                                                        | HUMIRA (2 SYRINGE) PSKT .....3                                  | hydrocodone-acetaminophen TABS<br>325 MG-2.5 MG ..... 7                                                               |
| griseofulvin microsize TABS .....18                                                        | HUMIRA-CD/UC/HS STARTER<br>AJKT .....3                          | hydrocodone-ibuprofen 10 MG-200<br>MG, 5 MG-200 MG .....7                                                             |
| griseofulvin ultramicrosize .....18                                                        | HUMIRA-PED<40KG CROHNS<br>STARTER PSKT ..... 3                  | hydrocodone-ibuprofen 7.5 MG-200<br>MG .....7                                                                         |
| guanfacine hcl (adhd) .....1                                                               | HUMIRA-PED>=40KG CROHNS<br>START PSKT .....3                    | hydrocortisone (intrarectal) .....7                                                                                   |
| guanfacine hcl .....20                                                                     | HUMIRA-PED>=40KG UC<br>STARTER AJKT .....3                      | hydrocortisone (rectal) EX .....7                                                                                     |
| GYNAZOLE-1 .....67                                                                         | HUMIRA-PS/UV/ADOL HS<br>STARTER AJKT .....3                     | hydrocortisone (topical) CREA 1 %,<br>2.5 % .....41                                                                   |
| HAEGARDA SOLR SC .....48                                                                   | HUMULIN R U-500<br>(CONCENTRATED) SOLN SC ....16                | hydrocortisone (topical) LOTN 2.5 % .<br>41                                                                           |
| HALAVEN (eribulin mesylate) ....28                                                         | HUMULIN R U-500 KWIKPEN SOPN<br>SC .....16                      | hydrocortisone (topical) OINT 1 %,<br>2.5 % .....41                                                                   |
| halcinonide CREA .....41                                                                   | HYCANTIN CAPS ..... 28                                          | hydrocortisone acetate (rectal) .....7                                                                                |
| halobetasol propionate CREA .....41                                                        | hydralazine hcl SOLN .....21                                    | hydrocortisone butyrate CREA .... 41                                                                                  |
| halobetasol propionate OINT .....41                                                        | hydralazine hcl TABS .....21                                    | hydrocortisone butyrate OINT ..... 41                                                                                 |
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| haloperidol decanoate .....29                                                              | hydrochlorothiazide TABS 12.5 MG<br>44                          | hydrocortisone sod succinate 100<br>MG ..... 36                                                                       |
| haloperidol lactate CONC .....29                                                           | hydrochlorothiazide TABS 25 MG, 50<br>MG ..... 44               | hydrocortisone TABS ..... 36                                                                                          |
| haloperidol lactate SOLN .....29                                                           | hydrocodone bitartrate CP12 .....5                              | hydrocortisone vaginal .....67                                                                                        |
| haloperidol TABS .....29                                                                   | hydrocodone bitartrate T24A .....5                              | hydrocortisone valerate CREA .... 42                                                                                  |
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| HEALON PRO SOSY .....59                                                                    |                                                                 |                                                                                                                       |
| HEMANGEOL SOLN PO .....32                                                                  |                                                                 |                                                                                                                       |
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| HEPARIN (PORCINE) IN NACL<br>SOLN IV 0.45 %-12500 UNIT/250ML<br>11                         |                                                                 |                                                                                                                       |
| heparin sodium (porcine) SOLN IJ<br>5000 UNIT/ML, 10000 UNIT/ML,<br>20000 UNIT/ML ..... 11 |                                                                 |                                                                                                                       |
| HEPLISAV-B SOSY .....66                                                                    |                                                                 |                                                                                                                       |

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| hydrocortisone valerate OINT ..... 42                                | ICLUSIG .....26                                    | INLYTA .....24                                 |
| hydrocortisone w/acetic acid .....60                                 | icosapent ethyl 1 GM ..... 19                      | INREBIC .....26                                |
| hydromorphone hcl LIQD ..... 5                                       | idarubicin hcl 20 MG/20ML ..... 26                 | INSULIN ASP PROT & ASP<br>FLEXPEN SUPN .....16 |
| hydromorphone hcl SOLN IJ 10<br>MG/ML, 50 MG/5ML, 500 MG/50ML .<br>5 | idarubicin hcl 5 MG/5ML, 10<br>MG/10ML .....26     | INSULIN ASPART FLEXPEN SOPN .<br>16            |
| hydromorphone hcl TABS .....5                                        | IDELVION ..... 48                                  | INSULIN ASPART PENFILL SOCT<br>16              |
| hydromorphone hcl TB24 32 MG ... 5                                   | ifosfamide SOLN 1 GM/20ML ..... 23                 | INSULIN ASPART PROT & ASPART<br>SUSP .....16   |
| hydromorphone hcl TB24 8 MG, 12<br>MG, 16 MG .....5                  | ifosfamide SOLR .....23                            | INSULIN ASPART SOLN IJ ..... 16                |
| hydroxychloroquine sulfate 100 MG<br>22                              | imatinib mesylate TABS ..... 26                    | INSULIN DEGLUDEC FLEXTOUCH<br>SOPN ..... 16    |
| hydroxychloroquine sulfate 200 MG<br>22                              | IMBRUVICA CAPS 140 MG ..... 26                     | INSULIN DEGLUDEC SOLN ..... 16                 |
| hydroxychloroquine sulfate 400 MG<br>22                              | IMBRUVICA CAPS 70 MG ..... 26                      | INSULIN GLARGINE-YFGN SOLN<br>16               |
| hydroxyurea .....28                                                  | IMBRUVICA SUSP ..... 26                            | INSULIN GLARGINE-YFGN SOPN<br>16               |
| hydroxyzine hcl SOLN 50 MG/ML .. 8                                   | IMBRUVICA TABS .....26                             | INSULIN LISPRO (1 UNIT DIAL)<br>SOPN ..... 16  |
| hydroxyzine hcl SYRP .....8                                          | imipenem-cilastatin IV ..... 21                    | INSULIN LISPRO JUNIOR<br>KWIKPEN SOPN .....16  |
| hydroxyzine hcl TABS .....8                                          | imipramine hcl TABS .....14                        | INSULIN LISPRO PROT & LISPRO<br>SUPN .....16   |
| hydroxyzine pamoate CAPS .....8                                      | imipramine pamoate .....14                         | INSULIN LISPRO SOLN IJ ..... 16                |
| HYPERSAL NEBU .....37                                                | imiquimod 5 % ..... 42                             | INTELENCE 25 MG .....31                        |
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| ibandronate sodium TABS .....44                                      | INCRELEX ..... 45                                  | IPOSOL IJ .....67                              |
| IBRANCE CAPS .....26                                                 | INCRUSE ELLIPTA .....9                             | ipratropium bromide (nasal) 0.03 %<br>58       |
| IBRANCE TABS ..... 26                                                | indapamide TABS 1.25 MG .....44                    | ipratropium bromide (nasal) 0.06 %<br>58       |
| ibuprofen SUSP 100 MG/5ML, 200<br>MG/10ML .....4                     | indapamide TABS 2.5 MG .....44                     | ipratropium bromide SOLN 0.02 % . 9            |
| ibuprofen TABS 400 MG, 600 MG .. 4                                   | indomethacin CAPS 25 MG, 50 MG 4                   |                                                |
| ibuprofen TABS 800 MG .....4                                         | indomethacin CPCR .....4                           |                                                |
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| ipratropium-albuterol SOLN .....10                          | JANUMET XR TB24 1000 MG-100 MG ..... 15                                                             | KEVZARA SOSY .....4                        |
| irbesartan .....20                                          | JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG ..... 15                                                | KIMONO COLORS DEVI .....51                 |
| irbesartan-hydrochlorothiazide ....20                       | JANUVIA ..... 15                                                                                    | KIMONO MAXX-LARGE FLARE MISC .....51       |
| irinotecan hcl 40 MG/2ML, 100 MG/5ML .....28                | JARDIANCE .....16                                                                                   | KIMONO MICRO THIN PLUS MISC . 51           |
| irrigation solutions, physiological ..56                    | JEVTANA .....28                                                                                     | KIMONO MISC .....52                        |
| ISENTRESS CHEW ..... 31                                     | JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT ..... 48                                             | KIMONO PLUS MISC .....51                   |
| ISENTRESS HD TABS .....31                                   | JULUCA .....31                                                                                      | KIMONO PS MISC .....51                     |
| ISENTRESS TABS ..... 31                                     | JYNARQUE TBPK 15 MG (tolvaptan) .....45                                                             | KIMONO PS PLUS MISC .....51                |
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| isosorbide dinitrate-hydralazine hcl 33                     | KCL-LACTATED RINGERS-D5W 54                                                                         | KISQALI (600 MG DOSE) .....26              |
| isosorbide mononitrate TABS .....8                          | ketoconazole (topical) CREA .....38                                                                 | KISQALI FEMARA (200 MG DOSE) . 26          |
| isosorbide mononitrate TB24 .....8                          | ketoconazole (topical) SHAM 2 % .38                                                                 | KISQALI FEMARA (400 MG DOSE) . 26          |
| isotretinoin 10 MG, 20 MG, 30 MG, 40 MG .....38             | ketoconazole ..... 18                                                                               | KISQALI FEMARA (600 MG DOSE) . 26          |
| isradipine CAPS .....33                                     | KETONE TEST STRP .....43                                                                            | KOGENATE FS KIT .....48                    |
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| itraconazole SOLN .....18                                   | ketorolac tromethamine (ophth) ...59                                                                | KOVALTRY .....48                           |
| ivabradine hcl TABS .....34                                 | ketorolac tromethamine TABS .....4                                                                  | KP PRENATAL MULTIVITAMINS TABS .....57     |
| ivermectin (pediculicide) .....42                           | KETOSTIX STRP .....43                                                                               | KRINTAFEL .....22                          |
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| KYPROLIS .....                       | 26 | LASTACRAFT .....                     | 60 | levobunolol hcl 0.5 % .....           | 58 |
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| labetalol hcl TABS 100 MG, 200 MG .  | 32 | leflunomide .....                    | 4  | levocetirizine dihydrochloride TABS   | 18 |
| labetalol hcl TABS 300 MG .....      | 32 | LEMTRADA .....                       | 62 | levofloxacin (ophth) 0.5 % .....      | 59 |
| lacosamide SOLN IV 200 MG/20ML .     | 12 | lenalidomide 2.5 MG, 5 MG, 10 MG,    | 55 | levofloxacin in d5w 500 MG/100ML      | 46 |
| lacosamide TABS .....                | 12 | 15 MG, 25 MG .....                   | 55 | levofloxacin SOLN PO .....            | 46 |
| lactated ringer's (irrigation) ..... | 56 | lenalidomide 20 MG .....             | 55 | levofloxacin TABS 250 MG, 750 MG .    | 46 |
| lactated ringer's .....              | 54 | LENVIMA (10 MG DAILY DOSE) .         | 24 | levofloxacin TABS 500 MG .....        | 46 |
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| lactic acid (ammonium lactate) LOTN  | 42 | LENVIMA (14 MG DAILY DOSE) .         | 24 | levonorgestrel (emergency oc) 1.5     | 36 |
| 12 % .....                           | 42 | LENVIMA (18 MG DAILY DOSE) .         | 24 | MG .....                              | 36 |
| lactulose (encephalopathy) .....     | 47 | LENVIMA (20 MG DAILY DOSE) .         | 24 | levonorgestrel-eth estradiol          | 35 |
| lactulose SOLN .....                 | 50 | LENVIMA (24 MG DAILY DOSE) .         | 24 | (triphasic) .....                     | 35 |
| lamivudine (hcv) TABS .....          | 31 | LENVIMA (4 MG DAILY DOSE) .          | 24 | levonorgestrel-ethinyl estradiol (91- | 35 |
| lamivudine SOLN .....                | 31 | LENVIMA (8 MG DAILY DOSE) .          | 24 | day) 0.03 MG-0.15 MG .....            | 35 |
| lamivudine TABS 150 MG .....         | 31 | letrozole .....                      | 25 | levonorgestrel-ethinyl estradiol      | 35 |
| lamivudine TABS 300 MG .....         | 31 | leucovorin calcium SOLR .....        | 28 | (continuous) .....                    | 35 |
| lamivudine-zidovudine .....          | 31 | leucovorin calcium TABS .....        | 28 | levonorgestrel-ethinyl estradiol-iron | 35 |
| lamotrigine CHEW 25 MG .....         | 12 | LEUKERAN .....                       | 23 | levorphanol tartrate TABS 2 MG ....   | 5  |
| lamotrigine CHEW 5 MG .....          | 12 | LEUKINE SOLR IJ .....                | 49 | levothyroxine sodium TABS .....       | 63 |
| lamotrigine TABS .....               | 12 | leuprolide acetate KIT IJ 1 MG/0.2ML | 25 | LEXIVA SUSP .....                     | 31 |
| lamotrigine TBDP .....               | 12 | .....                                | 25 | lidocaine hcl (local anesth.) SOLN    | 51 |
| LANOXIN SOLN IJ (digoxin) .....      | 33 | levalbuterol hcl .....               | 10 | 0.5 %, 1 %, 2 % .....                 | 51 |
| LANOXIN TABS 62.5 MCG, 125           | 33 | levalbuterol tartrate .....          | 10 | lidocaine hcl (mouth-throat) 2 % ...  | 56 |
| MCG, 250 MCG (digoxin) .....         | 33 | levetiracetam SOLN IV 500 MG/5ML     | 12 | lidocaine hcl (mouth-throat) 4 % ...  | 56 |
| lansoprazole CPDR 15 MG .....        | 64 | 12                                   | 12 | lidocaine hcl GEL 2 % .....           | 42 |
| lansoprazole CPDR 30 MG .....        | 64 | levetiracetam TABS 1000 MG ....      | 12 | lidocaine hcl PRSY .....              | 42 |
| lanthanum carbonate CHEW .....       | 47 | levetiracetam TABS 250 MG, 750       | 12 |                                       |    |
|                                      |    | MG .....                             | 12 |                                       |    |
|                                      |    | levetiracetam TABS 500 MG .....      | 12 |                                       |    |

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| lidocaine hcl SOLN                                          | 42 | loratadine TABS                                                             | 18 | 45                                                     |    |
| lidocaine PTCH 5 %                                          | 42 | loratadine TBDP                                                             | 18 | LUPRON DEPOT-PED (3-MONTH)<br>11.25 MG                 | 45 |
| lidocaine-prilocaine CREA                                   | 42 | lorazepam CONC                                                              | 8  | LUPRON DEPOT-PED (3-MONTH)<br>30 MG                    | 45 |
| LILETTA (52 MG)                                             | 36 | lorazepam TABS 0.5 MG, 2 MG                                                 | 8  | lurasidone hcl 20 MG, 40 MG, 60<br>MG, 120 MG          | 29 |
| lincomycin hcl                                              | 22 | lorazepam TABS 1 MG                                                         | 8  | lurasidone hcl 80 MG                                   | 29 |
| linezolid SUSR                                              | 22 | LORBRENA                                                                    | 26 | LYNPARZA TABS                                          | 27 |
| linezolid TABS                                              | 22 | losartan potassium &<br>hydrochlorothiazide 12.5 MG-100<br>MG, 25 MG-100 MG | 20 | LYSODREN                                               | 25 |
| LINZESS                                                     | 47 | losartan potassium &<br>hydrochlorothiazide 12.5 MG-50 MG .<br>20           |    | mafenide acetate PACK                                  | 40 |
| liothyronine sodium SOLN                                    | 63 | losartan potassium                                                          | 20 | magnesium sulfate IJ 50 %                              | 55 |
| liothyronine sodium TABS                                    | 63 | LOTEMAX OINT                                                                | 59 | malathion                                              | 43 |
| liraglutide                                                 | 15 | loteprednol etabonate GEL                                                   | 59 | maraviroc TABS 150 MG                                  | 31 |
| lisdexamfetamine dimesylate CAPS 1                          |    | loteprednol etabonate SUSP                                                  | 59 | maraviroc TABS 300 MG                                  | 31 |
| lisdexamfetamine dimesylate CHEW .<br>1                     |    | lovastatin TABS 10 MG, 20 MG                                                | 19 | MARPLAN                                                | 13 |
| lisinopril & hydrochlorothiazide                            | 20 | lovastatin TABS 40 MG                                                       | 19 | MASONATAL TABS                                         | 57 |
| lisinopril TABS 2.5 MG, 5 MG, 10<br>MG, 20 MG, 30 MG, 40 MG | 19 | loxapine succinate                                                          | 29 | MATULANE                                               | 28 |
| lithium                                                     | 29 | lubiprostone                                                                | 47 | MAXIDEX SUSP OP                                        | 59 |
| lithium carbonate CAPS                                      | 29 | LUCEMYRA (lofexidine hcl)                                                   | 61 | MAXX MISC                                              | 52 |
| lithium carbonate TABS                                      | 29 | luliconazole                                                                | 39 | MAXX PLUS MISC                                         | 52 |
| lithium carbonate TBCR                                      | 29 | LUMAKRAS 120 MG, 240 MG                                                     | 26 | meclizine hcl TABS 12.5 MG                             | 17 |
| LO LOESTRIN FE TABS                                         | 35 | LUMAKRAS 320 MG                                                             | 26 | meclizine hcl TABS 25 MG                               | 17 |
| lofexidine hcl                                              | 61 | LUMIZYME                                                                    | 45 | meclofenamate sodium CAPS                              | 4  |
| LOKELMA                                                     | 56 | LUPRON DEPOT (1-MONTH) KIT IM                                               | 25 | MEDROL TABS                                            | 36 |
| loperamide hcl CAPS                                         | 17 | LUPRON DEPOT (3-MONTH) KIT IM                                               | 25 | medroxyprogesterone acetate<br>(contraceptive) SUSP IM | 36 |
| lopinavir-ritonavir SOLN                                    | 31 | LUPRON DEPOT (4-MONTH) IM                                                   | 25 | medroxyprogesterone acetate<br>(contraceptive) SUSY IM | 36 |
| lopinavir-ritonavir TABS                                    | 31 | LUPRON DEPOT (6-MONTH) IM                                                   | 25 | medroxyprogesterone acetate 10 MG                      | 61 |
| LOQTORZI                                                    | 24 | LUPRON DEPOT-PED (1-MONTH)                                                  |    | medroxyprogesterone acetate 2.5                        |    |
| loratadine CAPS                                             | 18 |                                                                             |    |                                                        |    |
| loratadine CHEW                                             | 18 |                                                                             |    |                                                        |    |
| loratadine SOLN                                             | 18 |                                                                             |    |                                                        |    |

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| MG, 5 MG .....61                                               | mesalamine SUPP .....47                                    | methscopolamine bromide .....64                                       |
| mefenamic acid CAPS .....4                                     | mesalamine TBEC 1.2 GM .....47                             | methsuximide .....13                                                  |
| mefloquine hcl .....23                                         | mesalamine TBEC 800 MG .....47                             | methyldopa TABS .....20                                               |
| megestrol acetate (appetite) .....61                           | metaxalone 800 MG .....57                                  | methylphenidate hcl CHEW 10 MG .1                                     |
| megestrol acetate SUSP .....25                                 | metformin hcl TABS 1000 MG .....15                         | methylphenidate hcl CHEW 2.5 MG 1                                     |
| megestrol acetate TABS .....25                                 | metformin hcl TABS 500 MG .....15                          | methylphenidate hcl CHEW 5 MG ..1                                     |
| MEKINIST SOLR .....27                                          | metformin hcl TABS 850 MG .....15                          | methylphenidate hcl CP24 10 MG, 20<br>MG, 40 MG, 60 MG .....2         |
| MEKINIST TABS 0.5 MG .....27                                   | metformin hcl TB24 500 MG .....15                          | methylphenidate hcl CP24 30 MG ..1                                    |
| MEKINIST TABS 2 MG .....27                                     | metformin hcl TB24 750 MG .....15                          | methylphenidate hcl CP24 .....2                                       |
| MEKTOVI .....27                                                | methadone hcl CONC .....5                                  | methylphenidate hcl CPRC .....2                                       |
| meloxicam TABS .....4                                          | METHADONE HCL SOLN IJ<br>(methadone hcl) .....6            | methylphenidate hcl SOLN .....2                                       |
| melphalan .....23                                              | methadone hcl SOLN IJ 10 MG/ML .5                          | methylphenidate hcl TABS 10 MG,<br>20 MG .....2                       |
| melphalan hcl IV .....23                                       | methadone hcl SOLN PO 10<br>MG/5ML .....5                  | methylphenidate hcl TABS 5 MG ...2                                    |
| memantine hcl TABS .....61                                     | methadone hcl SOLN PO 5 MG/5ML<br>5                        | methylphenidate hcl TB24 18 MG, 27<br>MG .....2                       |
| MENACTRA .....65                                               | methadone hcl TABS 10 MG .....6                            | methylphenidate hcl TB24 36 MG, 54<br>MG .....2                       |
| MENEST 2.5 MG .....46                                          | methadone hcl TABS 5 MG .....6                             | methylphenidate hcl TBCR 10 MG,<br>20 MG .....2                       |
| MENOSTAR PTWK .....46                                          | methadone hcl TBSO .....6                                  | methylphenidate hcl TBCR 18 MG,<br>27 MG .....2                       |
| MENQUADFI 0.5 ML .....65                                       | methamphetamine hcl .....1                                 | methylphenidate hcl TBCR 36 MG,<br>54 MG .....2                       |
| MENVEO SOLN .....65                                            | methazolamide TABS .....43                                 | methylphenidate PTCH .....2                                           |
| MENVEO SOLR .....65                                            | methenamine hippurate .....22                              | methylprednisolone acetate SUSP 36                                    |
| meperidine hcl SOLN IJ 25 MG/ML,<br>50 MG/ML, 100 MG/ML .....5 | methimazole TABS .....63                                   | methylprednisolone sod succ 40 MG,<br>125 MG, 500 MG, 1000 MG .....36 |
| meperidine hcl SOLN PO 50<br>MG/5ML .....5                     | methocarbamol TABS 500 MG, 750<br>MG .....57               | methylprednisolone TABS .....36                                       |
| meperidine hcl TABS 50 MG .....5                               | methotrexate sodium SOLN 50<br>MG/2ML, 250 MG/10ML .....24 | methylprednisolone TBPK .....36                                       |
| meprobamate .....8                                             | methotrexate sodium SOLR .....24                           | methyltestosterone TABS .....7                                        |
| mercaptopurine TABS .....24                                    | methotrexate sodium TABS 2.5 MG<br>24                      | metoclopramide hcl SOLN IJ 5                                          |
| meropenem .....21                                              | methoxsalen rapid .....40                                  |                                                                       |
| mesalamine CP24 .....47                                        |                                                            |                                                                       |
| mesalamine CPDR .....47                                        |                                                            |                                                                       |
| mesalamine ENEM .....47                                        |                                                            |                                                                       |

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| MG/ML .....                                                                  | 47 | minocycline hcl TABS .....                | 63 | montelukast sodium PACK .....                                                      | 9  |
| metoclopramide hcl SOLN PO 5<br>MG/5ML, 10 MG/10ML .....                     | 47 | minoxidil 2.5 MG, 10 MG .....             | 21 | montelukast sodium TABS .....                                                      | 9  |
| metoclopramide hcl TABS .....                                                | 47 | MIRCERA .....                             | 49 | morphine sulfate CP24 10 MG, 20<br>MG, 30 MG, 50 MG, 60 MG, 80 MG,<br>100 MG ..... | 6  |
| metolazone .....                                                             | 44 | MIRENA (52 MG) .....                      | 36 | morphine sulfate SOLN IJ 0.5<br>MG/ML, 1 MG/ML .....                               | 6  |
| metoprolol & hydrochlorothiazide<br>TABs 25 MG-100 MG, 50 MG-100<br>MG ..... | 20 | mirtazapine TABS .....                    | 13 | morphine sulfate SOLN PO 10<br>MG/5ML .....                                        | 6  |
| metoprolol & hydrochlorothiazide<br>TABs 25 MG-50 MG .....                   | 20 | mirtazapine TBDP .....                    | 13 | morphine sulfate SOLN PO 20<br>MG/5ML .....                                        | 6  |
| metoprolol succinate TB24 200 MG<br>32                                       |    | misoprostol .....                         | 64 | morphine sulfate TABS .....                                                        | 6  |
| metoprolol succinate TB24 25 MG,<br>50 MG, 100 MG .....                      | 32 | mitomycin SOLR IV 20 MG .....             | 26 | morphine sulfate TBCR .....                                                        | 6  |
| metoprolol tartrate SOLN IV 5<br>MG/5ML .....                                | 32 | mitoxantrone hcl 25 MG/12.5ML ..          | 26 | MOTOFEN .....                                                                      | 17 |
| metoprolol tartrate TABs 25 MG, 50<br>MG, 100 MG .....                       | 32 | MIUDELLA INTRAUTERINE<br>COPPER .....     | 36 | MOVANTIK .....                                                                     | 47 |
| metronidazole (topical) CREA .....                                           | 42 | M-M-R II SOLR .....                       | 67 | moxifloxacin hcl (ophth) SOLN OP 59<br>46                                          |    |
| metronidazole (topical) GEL 0.75 %<br>42                                     |    | M-NATAL PLUS TABS .....                   | 57 | moxifloxacin hcl in sodium chloride<br>46                                          |    |
| metronidazole (topical) GEL 1 % ..                                           | 42 | MNEXSPIKE SUSY 10 MCG/0.2ML .<br>67       |    | moxifloxacin hcl TABS .....                                                        | 46 |
| metronidazole (topical) LOTN .....                                           | 42 | modafinil 100 MG .....                    | 2  | MRESVIA .....                                                                      | 67 |
| metronidazole TABs 250 MG, 500<br>MG .....                                   | 21 | modafinil 200 MG .....                    | 2  | MULPLETA .....                                                                     | 49 |
| metronidazole vaginal .....                                                  | 67 | MODERNA COVID-19 BIVALENT<br>67           |    | MULTI PRENATAL TABS .....                                                          | 57 |
| mexiletine hcl .....                                                         | 8  | MODERNA COVID-19 VAC 6M-11Y<br>SUSP ..... | 67 | mupirocin OINT .....                                                               | 38 |
| micafungin sodium .....                                                      | 17 | MODERNA COVID-19 VAC 6M-11Y<br>SUSY ..... | 67 | MVASI .....                                                                        | 24 |
| miconazole nitrate vaginal SUPP 200<br>MG .....                              | 67 | MODERNA COVID-19 VACCINE<br>SUSP .....    | 67 | MYALEPT .....                                                                      | 45 |
| midodrine hcl .....                                                          | 68 | moexipril hcl .....                       | 19 | mycophenolate mofetil CAPS .....                                                   | 56 |
| miglitol .....                                                               | 14 | mometasone furoate (nasal) SUSP<br>58     |    | mycophenolate mofetil TABS .....                                                   | 56 |
| miglustat .....                                                              | 49 | mometasone furoate CREA .....             | 42 | mycophenolate sodium .....                                                         | 56 |
| minocycline hcl CAPS .....                                                   | 63 | mometasone furoate OINT .....             | 42 | MYLERAN TABS .....                                                                 | 23 |
|                                                                              |    | mometasone furoate SOLN .....             | 42 | nabumetone .....                                                                   | 4  |
|                                                                              |    | montelukast sodium CHEW .....             | 9  | nadolol TABs 20 MG .....                                                           | 32 |
|                                                                              |    |                                           |    | nadolol TABs 40 MG .....                                                           | 32 |



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| nadolol TABS 80 MG ..... 32          | neomycin-polymyxin-hc (otic) SOLN . 60 | nicotine polacrilex GUM ..... 62      |
| nafticillin sodium IV 10 GM ..... 61 | neomycin-polymyxin-hc (otic) SUSP . 60 | nicotine polacrilex LOZG ..... 62     |
| naftifine hcl CREA 1 % ..... 39      | NEONATAL COMPLETE TABS 120             | nicotine PT24 TD 7 MG/24HR, 14        |
| naftifine hcl CREA 2 % ..... 39      | MG-10 MG-9.2 MG-1000 MCG-10            | MG/24HR, 21 MG/24HR ..... 62          |
| nalbuphine hcl ..... 7               | MCG-12 MCG-3 MG-5 MG-20 MG-            | NICOTROL INHA ..... 62                |
| naloxone hcl LIQD ..... 17           | 27 MG-200 MG-1.84 MG-25 MG-2           | NICOTROL NS SOLN ..... 62             |
| naloxone hcl SOLN 0.4 MG/ML, 4       | MG-1200 MCG-2 MG-0.2 MG ..... 57       | nifedipine CAPS 10 MG ..... 33        |
| MG/10ML ..... 17                     | NEONATAL PLUS TABS ..... 57            | nifedipine CAPS 20 MG ..... 33        |
| naltrexone hcl ..... 17              | NEONATAL PRENATAL TABS ... 57          | nifedipine TB24 30 MG ..... 33        |
| naproxen sodium TABS 550 MG ... 4    | NEONATAL VITAMIN TABS ..... 57         | nifedipine TB24 60 MG ..... 33        |
| naproxen SUSP ..... 4                | neostigmine methylsulfate SOSY . 23    | nifedipine TB24 90 MG ..... 33        |
| naproxen TABS ..... 4                | NEO-SYNALAR ..... 38                   | nifedipine TB24 ..... 33              |
| naproxen TBEC 500 MG ..... 4         | NEUPRO ..... 29                        | nilotinib hcl 150 MG, 200 MG ..... 27 |
| naratriptan hcl ..... 54             | NEVANAC ..... 60                       | nilotinib hcl 50 MG ..... 27          |
| NATACYN ..... 59                     | nevirapine SUSP ..... 31               | nilutamide ..... 25                   |
| NATAZIA ..... 35                     | nevirapine TABS ..... 31               | nimodipine CAPS ..... 33              |
| nateglinide ..... 16                 | nevirapine TB24 400 MG ..... 31        | NINLARO ..... 27                      |
| NAYZILAM ..... 11                    | NEXIUM 24HR TBEC 20 MG ..... 64        | NIPENT ..... 28                       |
| nebivolol hcl 2.5 MG, 5 MG, 10 MG    | NEXPLANON ..... 36                     | nisoldipine ..... 33                  |
| 32                                   | NEXTSTELLIS ..... 35                   | nitazoxanide TABS ..... 21            |
| nebivolol hcl 20 MG ..... 32         | niacin (antihyperlipidemic) TBCR .. 19 | nitisinone CAPS ..... 45              |
| NEBUSAL NEBU ..... 37                | niacin CPCR 250 MG, 500 MG ... 68      | NITRO-BID OINT ..... 8                |
| nefazodone hcl ..... 14              | NIACIN ER TBCR ..... 68                | nitrofurantoin ..... 22               |
| nelarabine ..... 24                  | niacin TABS ..... 68                   | nitrofurantoin macrocrystal 50 MG,    |
| neomycin sulfate TABS ..... 2        | niacin TBCR ..... 68                   | 100 MG ..... 22                       |
| neomycin-bacitracin zn-polymyxin 59  | niacinamide TABS 100 MG ..... 68       | nitrofurantoin monohyd macro .... 22  |
| neomycin-polymy-dexameth OINT 59     | niacinamide TABS 500 MG ..... 68       | nitroglycerin (intra-anal) ..... 7    |
| neomycin-polymy-dexameth SUSP        | nicardipine hcl CAPS ..... 33          | nitroglycerin CPCR ..... 8            |
| 0.1 %-3.5 MG/ML-10000 UNIT/ML,       | nicardipine hcl SOLN ..... 33          | nitroglycerin PT24 ..... 8            |
| 0.1 % ..... 59                       | NICOTINE KIT ..... 62                  | NITROGLYCERIN SOLN IV ..... 8         |
| neomycin-polymyxin-hc (ophth) ... 59 |                                        | nitroglycerin SUBL ..... 8            |

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| NIVA-PLUS TABS .....                                                              | 57 | nortriptyline hcl SOLN .....                         | 14 | nystatin TABS .....                                           | 18 |
| nizatidine CAPS .....                                                             | 64 | NORVIR CAPS .....                                    | 31 | nystatin-triamcinolone CREA .....                             | 39 |
| NORDITROPIN FLEXPON SOPN 30<br>MG/3ML .....                                       | 45 | NORVIR PACK .....                                    | 31 | nystatin-triamcinolone OINT .....                             | 39 |
| NORDITROPIN FLEXPON SOPN 5<br>MG/1.5ML, 10 MG/1.5ML, 15<br>MG/1.5ML .....         | 45 | NOVA MAX PLUS KETONE TEST<br>43                      |    | NYVEPRIA .....                                                | 49 |
| norelgestromin-ethinyl estradiol ...                                              | 35 | NOVAREL IM 10000 UNIT .....                          | 44 | octreotide acetate SOLN .....                                 | 45 |
| norethin acet & estrad-fe CAPS ...                                                | 35 | NOVAVAX COVID-19 VACCINE<br>SUSP .....               | 67 | ODEFSEY .....                                                 | 31 |
| norethin acet & estrad-fe CHEW ...                                                | 35 | NOVAVAX COVID-19 VACCINE<br>SUSY .....               | 67 | ODOMZO .....                                                  | 24 |
| norethin acet & estrad-fe TABS 1<br>MG-20 MCG-75 MG, 1.5 MG-30<br>MCG-75 MG ..... | 35 | NOVOEIGHT .....                                      | 48 | OFEV .....                                                    | 63 |
| norethindrone & eth estradiol .....                                               | 35 | NOVOLIN 70/30 FLEXPEN SUPN                           | 16 | ofloxacin (ophth) .....                                       | 59 |
| norethindrone & ethinyl estradiol-fe<br>35                                        |    | NOVOLIN 70/30 SUSP .....                             | 16 | ofloxacin (otic) .....                                        | 60 |
| norethindrone (contraceptive) .....                                               | 36 | NOVOLIN N FLEXPEN SUPN .....                         | 16 | ofloxacin 300 MG, 400 MG .....                                | 46 |
| norethindrone acet & eth estra TABS<br>35                                         |    | NOVOLIN N SUSP .....                                 | 16 | OGIVRI .....                                                  | 24 |
| norethindrone acetate TABS .....                                                  | 61 | NOVOLIN R FLEXPEN SOPN IJ ...                        | 16 | olanzapine SOLR .....                                         | 29 |
| norethindrone acetate-ethinyl<br>estradiol .....                                  | 46 | NOVOLIN R SOLN IJ .....                              | 16 | olanzapine TABS 2.5 MG, 5 MG ...                              | 29 |
| norethindrone acetate-ethinyl<br>estradiol-fe .....                               | 35 | NP THYROID TABS .....                                | 63 | olanzapine TABS 7.5 MG, 10 MG, 15<br>MG, 20 MG .....          | 29 |
| norethindrone-eth estradiol (triphasic)<br>.....                                  | 35 | NUBEQA .....                                         | 25 | olanzapine TBDP 20 MG .....                                   | 30 |
| norgestimate-ethinyl estradiol<br>(triphasic) .....                               | 35 | NUCALA SOAJ .....                                    | 9  | olanzapine TBDP 5 MG, 10 MG, 15<br>MG .....                   | 29 |
| norgestimate-ethinyl estradiol ...                                                | 35 | NUCALA SOLR .....                                    | 9  | olmesartan medoxomil .....                                    | 20 |
| norgestrel & ethinyl estradiol 30<br>MCG-0.3 MG .....                             | 35 | NUCALA SOSY 100 MG/ML .....                          | 9  | olmesartan medoxomil-amlodipine-<br>hydrochlorothiazide ..... | 20 |
| NORMOSOL-M IN D5W .....                                                           | 54 | NUCALA SOSY 40 MG/0.4ML .....                        | 9  | olmesartan medoxomil-<br>hydrochlorothiazide .....            | 20 |
| NORMOSOL-R PH 7.4 .....                                                           | 54 | NUEDEXTA .....                                       | 62 | olopatadine hcl (nasal) .....                                 | 58 |
| nortriptyline hcl CAPS .....                                                      | 14 | NULOJIX .....                                        | 56 | olopatadine hcl 0.1 % .....                                   | 60 |
|                                                                                   |    | NUVAXOVID COVID-19 VACCINE<br>SUSY 5 MCG/0.5ML ..... | 67 | olopatadine hcl 0.2 % .....                                   | 60 |
|                                                                                   |    | nystatin (mouth-throat) .....                        | 56 | omega-3-acid ethyl esters .....                               | 19 |
|                                                                                   |    | nystatin (topical) CREA .....                        | 39 | omeprazole CPDR .....                                         | 64 |
|                                                                                   |    | nystatin (topical) OINT .....                        | 39 | omeprazole magnesium CPDR ....                                | 64 |
|                                                                                   |    | nystatin (topical) POWD EX .....                     | 39 | omeprazole TBEC .....                                         | 64 |

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| omeprazole-sodium bicarbonate<br>CAPS 1100 MG-20 MG .....65 | OTEZLA TBPB ..... 4                                                                   | MG/3ML .....15                                                        |
| OMNIFLEX DIAPHRAGM .....52                                  | OTEZLA XR TB24 PO 75 MG ..... 4                                                       | OZEMPIC (2 MG/DOSE) SOPN ...15                                        |
| ONCASPAR .....27                                            | OTEZLA/OTEZLA XR INITIATION<br>PK TBPB ..... 4                                        | paclitaxel 100 MG/16.7ML, 150<br>MG/25ML ..... 28                     |
| ondansetron hcl SOLN IJ 4 MG/2ML .<br>17                    | oxacillin sodium IV 10 GM ..... 61                                                    | paclitaxel protein-bound particles .28                                |
| ondansetron hcl SOLN PO 4<br>MG/5ML .....17                 | oxaliplatin SOLN 50 MG/10ML, 100<br>MG/20ML .....23                                   | paliperidone ..... 29                                                 |
| ondansetron hcl SOSY .....17                                | oxaprozin TABS .....4                                                                 | palonosetron hcl SOLN .....17                                         |
| ondansetron hcl TABS 24 MG .....17                          | oxazepam CAPS .....8                                                                  | pamidronate disodium SOLN 30<br>MG/10ML, 90 MG/10ML ..... 44          |
| ondansetron hcl TABS 4 MG ..... 17                          | oxcarbazepine SUSP ..... 12                                                           | PAMIDRONATE DISODIUM SOLN<br>44                                       |
| ondansetron hcl TABS 8 MG ..... 17                          | oxcarbazepine TABS 150 MG, 300<br>MG ..... 12                                         | PANRETIN ..... 39                                                     |
| ondansetron TBDP 4 MG .....17                               | oxcarbazepine TABS 600 MG .....12                                                     | pantoprazole sodium TBEC 20 MG<br>64                                  |
| ondansetron TBDP 8 MG .....17                               | oxiconazole nitrate CREA .....39                                                      | pantoprazole sodium TBEC 40 MG<br>64                                  |
| ONE VITE WOMENS PLUS TABS<br>57                             | OXISTAT LOTN .....39                                                                  | PARAGARD INTRAUTERINE<br>COPPER ..... 36                              |
| ONE VITE WOMENS TABS .....57                                | oxybutynin chloride SOLN .....65                                                      | paricalcitol CAPS ..... 45                                            |
| ONETOUCH DELICA SAFETY<br>LANCING .....53                   | oxybutynin chloride TABS 5 MG ..65                                                    | paricalcitol SOLN ..... 45                                            |
| OPILL .....36                                               | oxybutynin chloride TB24 .....65                                                      | paroxetine hcl SUSP .....14                                           |
| OPSUMIT .....34                                             | oxycodone hcl T12A 10 MG, 20 MG,<br>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<br>325 MG-10 MG, 325 MG-5 MG, 325<br>MG-7.5 MG .....7 | pazopanib hcl ..... 27                                                |
| ORILISSA ..... 44                                           | oxycodone w/ acetaminophen TABS<br>325 MG-2.5 MG .....7                               | PEDIARIX SUSY .....64                                                 |
| ORKAMBI PACK .....63                                        | oxymorphone hcl TABS .....6                                                           | pediatric multivitamins w/fl CHEW .56                                 |
| ORKAMBI TABS .....63                                        | oxymorphone hcl TB12 40 MG .....6                                                     | PEDVAX HIB SUSP ..... 65                                              |
| ORLADEYO .....48                                            | oxymorphone hcl TB12 5 MG, 7.5<br>MG, 10 MG, 15 MG, 20 MG, 30 MG 6                    | peg 3350-kcl-nacl-na sulfate-na<br>ascorbate-ascorbic acid .....50    |
| orphenadrine citrate TB12 .....57                           | OZEMPIC (0.25 OR 0.5 MG/DOSE)<br>SOPN ..... 15                                        | peg 3350-kcl-sod bicarb-sod<br>chloride-sod sulfate SOLR 236 GM<br>50 |
| oseltamivir phosphate CAPS ..... 32                         | OZEMPIC (1 MG/DOSE) SOPN 4                                                            | peg 3350-potassium chloride-sod                                       |
| oseltamivir phosphate SUSR .....32                          |                                                                                       |                                                                       |
| OSPHERA .....45                                             |                                                                                       |                                                                       |
| OTEZLA TABS .....4                                          |                                                                                       |                                                                       |

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| bicarbonate-sod chloride .....50                              | perphenazine TABS .....30                                  | pilocarpine hcl (oral) .....56                                               |
| PEGASYS SOLN ..... 31                                         | perphenazine-amitriptyline .....61                         | pilocarpine hcl SOLN 1 %, 2 %, 4 % .58                                       |
| PEGASYS SOSY .....31                                          | PERSERIS PRSY .....29                                      | pimecrolimus .....42                                                         |
| PEMAZYRE .....27                                              | PFIZER COVID-19 VAC BIVALENT .67                           | pimozide .....62                                                             |
| pemetrexed disodium SOLR 500 MG 24                            | PFIZER COVID-19 VAC-TRIS 5-11Y SUSP .....67                | pindolol TABS .....32                                                        |
| PENBRAYA .....65                                              | PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP .....67                | pioglitazone hcl .....16                                                     |
| penciclovir .....40                                           | PFIZER-BIONT COVID-19 VAC-TRIS SUSP .....67                | pioglitazone hcl-glimepiride .....15                                         |
| penicillamine CAPS .....55                                    | PFIZER-BIONTECH COVID-19 VACC SUSP .....67                 | pioglitazone hcl-metformin hcl TABS .15                                      |
| penicillamine TABS .....55                                    |                                                            | piperacillin sodium-tazobactam sodium .....61                                |
| PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .60 | PHEBURANE PLLT .....45                                     | PIQRAY (200 MG DAILY DOSE) .27                                               |
| penicillin g potassium 5000000 UNIT 60                        | phenazopyridine hcl TABS 100 MG, 200 MG .....48            | PIQRAY (250 MG DAILY DOSE) .27                                               |
| penicillin g sodium .....60                                   | phendimetrazine tartrate TABS .....1                       | PIQRAY (300 MG DAILY DOSE) .27                                               |
| penicillin v potassium SOLR .....60                           | phenelzine sulfate .....13                                 | pirfenidone CAPS .....63                                                     |
| penicillin v potassium TABS .....61                           | phenobarbital ELIX .....50                                 | pirfenidone TABS 267 MG, 801 MG 63                                           |
| PENMENVY SUSR IM .....65                                      | phenobarbital TABS .....50                                 | pirfenidone TABS 534 MG .....63                                              |
| PENTACEL .....64                                              | phenoxybenzamine hcl .....20                               | piroxicam CAPS .....4                                                        |
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| potassium chloride CPCR                                                                                                                                                                                             | 55 | pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG      | 29                                      | PREMARIN                                                                                                                                                                                                                 | 68 |
| 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 % | 55 | prasugrel hcl                                                                | 49                                      | PREMARIN SOLR                                                                                                                                                                                                            | 46 |
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| potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %                                                                                                                                          | 55 | prazosin hcl CAPS                                                            | 20                                      | PREMPRO                                                                                                                                                                                                                  | 46 |
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| 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/5ML | 36                                      | PRENATAL VITAMIN AND MINERAL TABS                                                                                                                                                                                        | 57 |
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| PREVNAR 13 .....                                                                          | 65 | promethazine hcl SOLN PO 6.25<br>MG/5ML, 12.5 MG/10ML ..... | 18 | quetiapine fumarate TABS 25 MG, 50<br>MG, 100 MG, 200 MG, 300 MG, 400<br>MG ..... | 30 |
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| PREZCOBIX .....                                                                           | 31 | promethazine hcl SUPP 50 MG ...                             | 18 | quinapril hcl 20 MG, 40 MG .....                                                  | 19 |
| PREZISTA SUSP .....                                                                       | 31 | promethazine hcl TABS .....                                 | 18 | quinapril hcl 5 MG, 10 MG .....                                                   | 19 |
| PREZISTA TABS 75 MG, 150 MG                                                               | 31 | propafenone hcl CP12 .....                                  | 9  | quinapril-hydrochlorothiazide 12.5<br>MG-10 MG .....                              | 21 |
| PRIFTIN .....                                                                             | 23 | propafenone hcl TABS .....                                  | 9  | quinapril-hydrochlorothiazide 12.5<br>MG-20 MG .....                              | 21 |
| primaquine phosphate TABS .....                                                           | 23 | proparacaine hcl .....                                      | 59 | quinapril-hydrochlorothiazide 25 MG-<br>20 MG .....                               | 21 |
| primidone 50 MG, 250 MG .....                                                             | 12 | propranolol hcl CP24 .....                                  | 32 | quinidine sulfate TABS .....                                                      | 8  |
| PRIORIX SUSR .....                                                                        | 67 | propranolol hcl SOLN PO 20<br>MG/5ML, 40 MG/5ML .....       | 32 | quinine sulfate CAPS 324 MG .....                                                 | 23 |
| PROAIR DIGIHALER .....                                                                    | 10 | propranolol hcl TABS .....                                  | 32 | QUZYTIR SOLN IV .....                                                             | 18 |
| PROAIR RESPICLICK AEPB .....                                                              | 10 | propylthiouracil .....                                      | 63 | QVAR REDIHALER .....                                                              | 9  |
| probenecid .....                                                                          | 48 | PROQUAD SUSR .....                                          | 67 | rabeprazole sodium TBEC .....                                                     | 64 |
| procainamide hcl SOLN 500 MG/ML .<br>8                                                    |    | protriptyline hcl .....                                     | 14 | raloxifene hcl .....                                                              | 45 |
| prochlorperazine .....                                                                    | 30 | PROVISC SOSY .....                                          | 59 | ramelteon .....                                                                   | 50 |
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| PROCRT 40000 UNIT/ML .....                                                                | 49 | PULMOZYME .....                                             | 63 | ranolazine TB12 500 MG .....                                                      | 8  |
| progesterone CAPS .....                                                                   | 61 | PX PRENATAL MULTIVITAMINS<br>TABS .....                     | 57 | rasagiline mesylate .....                                                         | 29 |
| PROGRAF PACK .....                                                                        | 56 | pyrazinamide .....                                          | 23 | REALITY LATEX CONDOMS MISC .<br>52                                                |    |
| PROGRAF SOLN .....                                                                        | 56 | pyridostigmine bromide SOLN PO                              | 23 | REALITY LATEX/ULTRA<br>TEXTURED DEVI .....                                        | 52 |
| PROLASTIN-C SOLN .....                                                                    | 62 | pyridostigmine bromide TABS 60 MG<br>.....                  | 23 | REALITY LATEX/ULTRA THIN DEVI<br>52                                               |    |
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| sertraline hcl TABS .....                                 | 14 | sodium chloride (inhalant) NEBU 7 %<br>.....                       | 37 | SOVALDI TABS 400 MG .....                       | 31 |
| sevelamer carbonate PACK .....                            | 47 | sodium chloride SOLN IV 0.45 %, 0.9<br>%, 3 %, 4 MEQ/ML, 5 % ..... | 55 | SPIKEVAX 6M-11Y SUSY 25<br>MCG/0.25ML .....     | 67 |
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| sirolimus TABS .....                                      | 56 | SOLU-CORTEF 100 MG, 500 MG,<br>1000 MG .....                       | 37 | STELARA SOSY 45 MG/0.5ML ...                    | 40 |
| SIRTURO .....                                             | 23 | SOLU-CORTEF 250 MG .....                                           | 37 | STELARA SOSY 90 MG/ML .....                     | 40 |
| SIVEXTRO TABS .....                                       | 22 | SOLU-MEDROL 2 GM .....                                             | 37 | STENDRA (avanafil) .....                        | 33 |
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| SKYRIZI PEN SOAJ .....                                    | 40 | SORBITOL 3 % .....                                                 | 47 | STIVARGA .....                                  | 27 |
| SKYRIZI SOCT .....                                        | 47 | SORBITOL-MANNITOL 2.7<br>GM/100ML-0.54 GM/100ML .....              | 48 | STRENSIQ .....                                  | 45 |
| SKYRIZI SOLN .....                                        | 47 | sotalol hcl (afib/afi) .....                                       | 32 | streptomycin sulfate SOLR .....                 | 2  |
| SKYRIZI SOSY .....                                        | 40 |                                                                    |    | STRIBILD .....                                  | 31 |
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| sulconazole nitrate CREA .....      | 39 | sunitinib malate 37.5 MG .....     | 27 | TASIGNA 50 MG (nilotinib hcl) ....           | 27 |
| sulconazole nitrate SOLN .....      | 39 | SUNOSI 150 MG .....                | 1  | tavaborole .....                             | 39 |
| sulfacetamide sodium (acne) .....   | 38 | SUNOSI 75 MG .....                 | 1  | TAVALISSE .....                              | 48 |
| sulfacetamide sodium (ophth) SOLN . | 59 | SYNAREL .....                      | 45 | tazarotene CREA 0.1 % .....                  | 40 |
|                                     |    | SYNJARDY TABS .....                | 15 | TAZVERIK .....                               | 27 |
| sulfacetamide sodium w/ sulfur      |    | SYNJARDY XR TB24 1000 MG-10        |    | TDVAX SUSP .....                             | 64 |
| CREA 10 %-5 % .....                 | 38 | MG, 1000 MG-12.5 MG, 1000 MG-5     |    | TEFLARO .....                                | 35 |
| sulfacetamide sodium w/ sulfur LIQD |    | MG .....                           | 15 | TEGRETOL SUSP (carbamazepine) .              | 12 |
| 10 %-5 % .....                      | 38 | SYNJARDY XR TB24 1000 MG-25        |    | TEGRETOL TABS (carbamazepine) .              | 12 |
| sulfacetamide sodium w/ sulfur LIQD |    | MG .....                           | 15 | telmisartan .....                            | 20 |
| 9 %-4.5 % .....                     | 38 | SYNRIBO .....                      | 28 | telmisartan-amlodipine .....                 | 21 |
| sulfacetamide sod-prednisolone      |    | SYNTHROID TABS (levothyroxine      |    | telmisartan-hydrochlorothiazide ..           | 21 |
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| sulfadiazine TABS .....             | 63 | TABLOID .....                      | 24 | temazepam 7.5 MG, 22.5 MG .....              | 50 |
| sulfamethoxazole-trimethoprim SOLN  |    | TABRECTA .....                     | 27 | TEMODAR SOLR .....                           | 23 |
| .....                               | 21 | tacrolimus (topical) OINT .....    | 42 | temozolomide CAPS .....                      | 23 |
| sulfamethoxazole-trimethoprim SUSP  |    | tacrolimus CAPS .....              | 56 | temsirolimus .....                           | 27 |
| .....                               | 21 | tacrolimus SOLN 5 MG/ML .....      | 56 | TENIVAC SUSP 2 LFU-5 LFU ....                | 64 |
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| SULFAMYLON CREA .....               | 40 | tadalafil 5 MG .....               | 33 | terbinafine hcl TABS .....                   | 18 |
| sulfasalazine TABS .....            | 47 | TAFINLAR CAPS .....                | 27 | terbutaline sulfate SOLN .....               | 10 |
| sulfasalazine TBEC .....            | 47 | TAFINLAR TBSO .....                | 27 | terbutaline sulfate TABS .....               | 10 |
| sulindac TABS .....                 | 4  | tafluprost .....                   | 60 | terconazole vaginal CREA .....               | 67 |
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| sumatriptan succinate SOAJ .....    | 54 | TAGRISSO 80 MG .....               | 24 | teriflunomide .....                          | 62 |
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| MG/0.5ML .....                      | 54 | TALZENNA .....                     | 27 |                                              |    |
| sumatriptan succinate TABS .....    | 54 | tamoxifen citrate TABS .....       | 25 |                                              |    |
| sumatriptan-naproxen sodium ....    | 53 | tamsulosin hcl .....               | 48 |                                              |    |
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| testosterone cypionate SOLN IM ...                | 7  | tiotropium bromide CAPS IN 18 MCG<br>.....                     | 9  | tramadol hcl TABS 50 MG .....                                | 6  |
| testosterone enanthate SOLN IM ...                | 7  | TIVICAY TABS .....                                             | 31 | tramadol hcl TB24 .....                                      | 6  |
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| tetrabenazine .....                               | 62 | tizanidine hcl TABS .....                                      | 57 | trandolapril 1 MG, 2 MG .....                                | 20 |
| tetracycline hcl CAPS .....                       | 63 | tobramycin (ophth) SOLN .....                                  | 59 | trandolapril 4 MG .....                                      | 20 |
| THALOMID .....                                    | 55 | tobramycin NEBU .....                                          | 2  | trandolapril-verapamil hcl 180 MG-2<br>MG, 240 MG-1 MG ..... | 21 |
| theophylline ELIX .....                           | 10 | tobramycin sulfate SOLN IJ 2<br>GM/50ML, 10 MG/ML, 80 MG/2ML . | 2  | trandolapril-verapamil hcl 240 MG-2<br>MG, 240 MG-4 MG ..... | 21 |
| theophylline SOLN .....                           | 10 | tobramycin-dexamethasone SUSP<br>59                            |    | tranexamic acid SOLN 1000<br>MG/10ML .....                   | 50 |
| theophylline TB12 .....                           | 10 | TODAY SPONGE MISC .....                                        | 67 | tranexamic acid TABS .....                                   | 50 |
| theophylline TB24 .....                           | 10 | tolcapone .....                                                | 28 | tranylcypromine sulfate .....                                | 13 |
| THERANATAL CORE NUTRITION<br>TABS .....           | 57 | tolmetin sodium CAPS .....                                     | 4  | travoprost SOLN .....                                        | 60 |
| THIOLA EC TBEC 100 MG<br>(tiopronin) .....        | 48 | tolmetin sodium TABS 600 MG ....                               | 4  | TRAZIMERA .....                                              | 24 |
| THIOLA EC TBEC 300 MG<br>(tiopronin) .....        | 48 | TOLSURA CAPS .....                                             | 18 | trazodone hcl TABS .....                                     | 14 |
| thioridazine hcl .....                            | 30 | tolterodine tartrate CP24 .....                                | 65 | TRELEGY ELLIPTA .....                                        | 10 |
| thiotepa 15 MG .....                              | 23 | tolterodine tartrate TABS .....                                | 65 | TRELSTAR MIXJECT .....                                       | 25 |
| thiothixene .....                                 | 30 | tolvaptan TABS .....                                           | 45 | TREMFYA ONE-PRESS SOPN SC<br>100 MG/ML .....                 | 40 |
| THYMOGLOBULIN .....                               | 56 | topiramate CPSP 15 MG .....                                    | 12 | TREMFYA PEN SOAJ 100 MG/ML<br>40                             |    |
| THYROGEN 0.9 MG .....                             | 43 | topiramate CPSP 25 MG .....                                    | 12 | TREMFYA PEN SOAJ SC 200<br>MG/2ML .....                      | 47 |
| tiagabine hcl .....                               | 13 | topiramate CS24 .....                                          | 13 | TREMFYA SOLN IV .....                                        | 47 |
| TIBSOVO .....                                     | 27 | topiramate TABS 200 MG .....                                   | 13 | TREMFYA SOSY 100 MG/ML ....                                  | 40 |
| ticagrelor 60 MG, 90 MG .....                     | 49 | topiramate TABS 25 MG, 100 MG .                                | 13 | TREMFYA SOSY SC 200 MG/2ML<br>47                             |    |
| tigecycline .....                                 | 63 | topiramate TABS 50 MG .....                                    | 13 | TREMFYA-CD/UC INDUCTION<br>SOAJ SC 200 MG/2ML .....          | 47 |
| timolol maleate (ophth) SOLG ....                 | 58 | topotecan hcl SOLN .....                                       | 28 |                                                              |    |
| timolol maleate (ophth) SOLN ....                 | 58 | topotecan hcl SOLR .....                                       | 28 |                                                              |    |
| timolol maleate TABS .....                        | 32 | toremifene citrate .....                                       | 25 |                                                              |    |

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| treprostinil SOLN IJ .....                                  | 33 | trientine hcl 250 MG .....                                 | 55 | TRUE METRIX LEVEL 3 SOLN ...              | 53 |
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| tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....                 | 38 | trifluridine .....                                         | 59 | TRULICITY .....                           | 15 |
| tretinoin GEL 0.01 %, 0.025 % .....                         | 38 | trihexyphenidyl hcl SOLN .....                             | 28 | TRUMENBA 0.5 ML .....                     | 65 |
| tretinoin microsphere 0.1 % .....                           | 38 | trihexyphenidyl hcl TABS .....                             | 28 | TRUSTEX COLOR CONDOMS + LUBE MISC .....   | 52 |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....               | 24 | TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG .. | 15 | TRUSTEX LUB/RIBBED/STUDDED MISC .....     | 52 |
| triamcinolone acetonide (mouth) ..                          | 56 | TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG .....   | 15 | TRUSTEX LUB/SPERMICIDE EX ST MISC .....   | 52 |
| triamcinolone acetonide (nasal) AERO .....                  | 58 | TRIKAFTA TBPK .....                                        | 63 | TRUSTEX LUB/SPERMICIDE XL MISC .....      | 52 |
| triamcinolone acetonide (topical) CREA 0.025 % .....        | 42 | trimethobenzamide hcl CAPS .....                           | 17 | TRUSTEX LUBRICATED EX LARGE MISC .....    | 52 |
| triamcinolone acetonide (topical) CREA 0.1 % .....          | 42 | trimethoprim TABS .....                                    | 21 | TRUSTEX LUBRICATED EXTRA ST MISC .....    | 52 |
| triamcinolone acetonide (topical) CREA 0.5 % .....          | 42 | trimipramine maleate CAPS .....                            | 14 | TRUSTEX LUBRICATED MISC ...               | 52 |
| triamcinolone acetonide (topical) LOTN 0.025 % .....        | 42 | TRINTELLIX .....                                           | 14 | TRUSTEX LUBRICATED/SPERMICIDE MISC        | 52 |
| triamcinolone acetonide (topical) LOTN 0.1 % .....          | 42 | TRIUMEQ TABS .....                                         | 31 | 52                                        |    |
| triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % ..... | 42 | TRIZIVIR .....                                             | 31 | TRUSTEX NATURAL CONDOMS + LUBE MISC ..... | 52 |
| triamcinolone acetonide (topical) OINT 0.5 % .....          | 42 | TROJAN BARESKIN DEVI .....                                 | 52 | TRUSTEX RIA LUB/SPERMICIDE MISC .....     | 52 |
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| triamterene & hydrochlorothiazide TABS .....                | 43 | TROJAN ULTRA THIN/SPERMICIDAL MISC .....                   | 52 | TRUXIMA .....                             | 24 |
| triamterene CAPS .....                                      | 44 | TROJAN-ENZ LUBRICATED MISC                                 | 52 | TUKYSA .....                              | 24 |
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