



FROM



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2024 Formulary

Effective January 1, 2024



Ambetter.SuperiorHealthPlan.com

Formulary Introduction

SUMMARY OF FORMULARY BENEFITS

The information in this document is designed to help you understand the prescription drug benefits offered under this plan and to compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare both the value and scope of formulary benefits.

HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS

To find the cost of your prescription please visit

<https://ambetter.superiorhealthplan.com/resources/pharmacy-resources.html>. In the Drug Cost tool please select the plan in which you are participating (planning to participate) and enter medications that you are taking. The tool will provide you an approximate cost of your prescriptions and actual allowed cost for branded products. If the total medication cost is less than the co-pay that you would pay for that Tier, you will be responsible only for the lesser off amount.

FORMULARY BY HEALTH BENEFIT PLAN

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Virtual Access Gold (2024)	Standard Formulary	https://ambetter.superiorhealthplan.com/2024-brochures.html
Ambetter Virtual Access Gold \$0 Deductible (2024)	Standard Formulary	https://ambetter.superiorhealthplan.com/2024-brochures.html
Ambetter Virtual Access Silver (2024)	Standard Formulary	https://ambetter.superiorhealthplan.com/2024-brochures.html
Clear Gold (2024)	Standard Formulary	https://ambetter.superiorhealthplan.com/2024-brochures.html
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DRUG BY COST-SHARING TIER

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

HOW PRESCRIPTION DRUGS ARE COVERED UNDER THE PLAN

A. FORMULARY COMPOSITION:

Ambetter formulary is guided by the principle of offering widest possible access to drugs at the lowest cost. With that in mind, we start with the Affordable Care Act mandated benchmark. We then review the formulary for addition of other clinically necessary and appropriate drugs. Ambetter's formulary is considered a closed formulary. This means that any drug not found in the formulary requires prior authorization. To make sure that our members have access to appropriate drugs, we review and update our formulary monthly.

B. RIGHT TO APPEAL

If we deny your request for Prior Authorization, you have 180 days from being denied coverage for a drug to file an appeal and your appeal will be resolved within 30 days. In the event that your appeal is successful, non-specialty non-formulary drugs will be covered at your Tier 3 cost-share (co-pay or co-insurance) and specialty non-formulary drugs will be covered at your Tier 4 cost-share (co-pay or co-insurance). Please consult your individual Summary of Benefits and Coverage for additional information on your cost-share. All other provisions of your benefit, such as deductibles and maximum out of pockets, apply to formulary and non-formulary drugs that have been provided through an appeal.

C. CONTINUATION OF COVERAGE

Ambetter does not make changes to our formulary requiring a continuation of coverage. However, if a formulary change is made requiring continuation of coverage, you would have the right to continue receiving drug at the coverage level or tier at which the drug was covered at the beginning of the plan year, until your plan is renewed.

D. OFF-LABEL DRUG USE

We provide coverage for off-label drugs use. Off-label use indicates medications use that has not been FDA approved for that condition. Coverage of a product under off-label use policy requires that the following must be true:

- Use must be diagnosis specific as defined by ICD-10 code AND
- Off-label use must be supported by one major multi-site study or three smaller studies published in a reputable medical journal, peer reviewed specialty medical journal, or listed in reputable compendia.

E. COSTSHARING

Cost sharing is your monetary participation in your care. You will need to know few items to determine the cost-share you are responsible for. Knowing the following items will help you estimate the cost you'll be responsible for at any given time: how much of your deductible you have already paid, how much deductible remains, what drug you are prescriber, and your maximum out of pocket allowance. All those items, with the exception of the tier, can be obtained from the Summary of Benefits and Coverage (see links above). To obtain the tier for your drug please consult the Formulary. To determine your cost share please follow steps below:

- a. Determine the tier that the drug/product you are filling is listed under by consulting the Formulary.
- b. Once you have determined the tier, utilize the Summary of Benefits and Coverage (SBC) document to determine what cost-share will apply to your selected drug/product.
- c. If you have not met your deductible, you will be responsible for the full cost of the drug until you meet your deductible.
- d. If you have met your deductible, but not your Maximum Out of Pocket, you will be charged a copay for drugs that are assigned a copay under your SBC and co-insurance for drugs that are assigned a co-insurance under your SBC. Generally, you will pay one (1) co-pay for each 30-day supply of medication. Two co-pays will be charged for 2-month supply and three co-pays for 3-month supply of your medication, respectively.
- e. To determine the cost for co-insurance drugs/products, please utilize our online drug search tool. Please see section: "HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS" above.

Please be aware that pharmacy claims will only process if you present your prescription to an in-network pharmacy. Out-of-network claims will not be covered. To find an in-network pharmacy close to you please consult our Find a Provider tool available on our website under Pharmacy Resources.

Your cost share for maintenance medication obtained through either Mail Order or at retail pharmacies participating in our Extended Day's supply retail network will be calculated based on the day supply that you obtain. For up to 30-day supply you will be charged one (1) copay or co-insurance, 31-60 days supply you will be responsible for two (2) copays or co-insurance and for day supply greater than 60 but less than 91 you will be charged three (3) copays or co-insurance. Some benefit designs may offer lower copays or co-insurance for 61 but less than 91 day supply at Mail Order. Please consult your Summary of Benefit and Coverage (SBC) for further details.

D. MEDICAL MANAGEMENT REQUIREMENTS

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

Step Therapy (ST) - Drugs that have a ST indication on the formulary require that you try and fail other formulary products before you can obtain drug/product. When you provider does not feel that trying another product is appropriate your provider or you can submit a

regular Prior Authorization to obtain the Step Therapy drug/product.

Quantity Limit (QL) – Drugs that have QL indication on the Formulary are limited to the quantity indicated. Those quantity limits are based on FDA approved maximum doses. If your provider would like to request exception to those limits, he/she may submit a Prior Authorization request. All requests for quantity limit exception will be processed under our Off-Label policy.

Non-Formulary Drugs – Drugs not found on this formulary are considered non-formulary drugs. To obtain non-formulary drugs your provider would have to submit a regular Prior Authorization request. All request for Non-Formulary Drugs will be reviewed under our Non-Formulary Drug Request Policy.

STANDARD FORMULARY

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

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

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

Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.
Drugs are covered under different copay tiers depending on your benefit:

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

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

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

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

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

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

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

Opioid Medications:

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

Introducción al Formulario

RESUMEN DE BENEFICIOS DEL FORMULARIO

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

CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS

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

FORMULARIO POR PLAN DE BENEFICIOS DE SALUD

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

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

CÓMO CUBRE EL PLAN LOS MEDICAMENTOS RECETADOS

A. COMPOSICIÓN DEL FORMULARIO:

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

B. DERECHO A APELAR

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

C. CONTINUACIÓN DE COBERTURA

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

D. USO DE MEDICAMENTOS FUERA DE LO INDICADO

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

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

E. COSTO COMPARTIDO

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

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

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

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

D. REQUISITOS DE ADMINISTRACIÓN MÉDICA

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

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

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

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

FORMULARIO ESTÁNDAR

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

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

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

Clave de la lista de medicamentos:

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

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

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
<i>amphetamine sulfate TABS</i>	3	PA
<i>amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)
<i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1B	
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG</i>	1B	QL(1 ea daily)
<i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG</i>	1B	QL(3 ea daily)
<i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 ea daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1B	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<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)
VYVANSE CAPS	3	QL(1 ea daily); ST
Anorexiants Non-Amphetamine		
<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>phentermine hcl CAPS</i>	1B	PA
Anti-Obesity Agents		
CONTRACE	3	QL(4 ea daily); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	1B	
<i>guanfacine hcl (adhd)</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 150 MG	3	QL(1 ea daily); PA
SUNOSI 75 MG	3	QL(2 ea daily); PA
Stimulants - Misc.		

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
HADLIMA PUSHTOUCH SOAJ	4	QL(0.172 ml daily); PA
HADLIMA SOSY	4	QL(0.086 ml daily); PA
HADLIMA SOSY	4	QL(0.172 ml daily); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PEN AJKT	4	QL(0.143 ea daily); PA
HUMIRA PEN AJKT 80 MG/0.8ML	4	QL(0.072 ea daily); PA
HUMIRA PEN-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PEN-PS/UV STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PSKT	4	QL(0.143 ea daily); PA
SIMPONI ARIA SOLN	4	PA
Gold Compounds		
RIDAURA	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST	4	QL(0.286 ea daily); SP; PA
Interleukin-6 Receptor Inhibitors		
KEVZARA SOAJ	4	QL(0.082 ml daily); PA

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KEVZARA SOSY	4	QL(0.082 ml daily); PA	<i>piroxicam CAPS</i>	1B	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>sulindac TABS</i>	1B	
<i>celecoxib</i>	1B	QL(2 ea daily)	<i>tolmetin sodium CAPS</i>	1B	
<i>diclofenac potassium TABS 50 MG</i>	1B		<i>tolmetin sodium TABS 600 MG</i>	1B	
<i>diclofenac sodium TB24</i>	1B		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>diclofenac sodium TBEC</i>	1B		OTEZLA TABS	4	QL(2 ea daily); PA
<i>diclofenac w/ misoprostol TBEC</i>	1B		OTEZLA TBPk	4	1 package(s) per 180 day(s) retail; PA
<i>etodolac CAPS</i>	1B		OTEZLA TBPk	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>etodolac TABS</i>	1B		Pyrimidine Synthesis Inhibitors		
<i>fenoprofen calcium TABS</i>	1B	QL(4 ea daily); ST	<i>leflunomide</i>	1B	QL(1 ea daily)
<i>flurbiprofen TABS</i>	1B		Soluble Tumor Necrosis Factor Receptor Agents		
<i>ibuprofen SUSP 100 MG/5ML</i>	1B	RX/OTC	ENBREL MINI SOCT	4	QL(0.146 ml daily); PA
<i>ibuprofen TABS 800 MG</i>	1B		ENBREL SURECLICK SOAJ	4	QL(0.146 ml daily); PA
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A		ENBREL SOLN	4	QL(0.146 ml daily); PA
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B		ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ml daily); PA
<i>indomethacin CPCR</i>	1B		ENBREL SOSY 50 MG/ML	4	QL(0.286 ml daily); SP; PA
<i>ketoprofen CAPS 50 MG</i>	1B		ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 ea daily)	Analgesic Combinations		
<i>meclofenamate sodium CAPS</i>	1B		<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 ea daily); ST	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 ea daily)
<i>meloxicam TABS</i>	1A	QL(1 ea daily)	<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 ea daily)
<i>nabumetone</i>	1B				
<i>naproxen sodium TABS 550 MG</i>	1B				
<i>naproxen SUSP</i>	1B	PA			
<i>naproxen TABS</i>	1B				
<i>naproxen TBEC 500 MG</i>	1B	QL(3 ea daily)			
<i>oxaprozin TABS</i>	1B				

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

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
<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)
NUCYNTA ER TB12	2	QL(2 ea daily); PA
NUCYNTA TABS	2	QL(6 ea daily); PA
<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 200 MCG, 400 MCG, 600 MCG	3	QL(4 ea daily); PA
SUBSYS LIQD 100 MCG	3	QL(3 ea daily); PA
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 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)
<i>tramadol hcl TB24</i>	1B	QL(1 ea daily)
XTAMPZA ER	2	QL(2 ea daily); PA
Opioid Combinations		
<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ml daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply
<i>butalbital-aspirin-caffeine 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
<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-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA

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

Drug Name	Drug Tier	Requirements/ Limits
Androgens		
<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	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	4	QL(3.2 gm daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
<i>UCERIS (budesonide (intrarectal))</i>	4	QL(3.2 gm daily); PA
Rectal Steroids		
<i>hydrocortisone (rectal) EX</i>	1B	RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1B	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 gm daily)
<i>RECTIV (nitroglycerin (intra-anal))</i>	3	QL(2 gm daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1B	PA

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

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	QL(6 ea daily)
Benzodiazepines		
<i>alprazolam TABS 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN OR 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 ea daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>lorazepam TABS 1 MG</i>	1A	QL(4 ea daily)
<i>oxazepam CAPS</i>	1B	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>flecainide acetate</i>	1B		<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ml daily)
<i>propafenone hcl CP12</i>	1B		SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	2	QL(1 ea daily)
<i>propafenone hcl TABS</i>	1B		SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
Antiarrhythmics Type III			<i>tiotropium bromide monohydrate CAPS</i>	1B	QL(1 ea daily)
<i>amiodarone hcl SOLN 50 MG/ML</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)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			<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>	1B	QL(4 ea daily)
FASENRA SOSY 30 MG/ML	4	QL(0.036 ml daily); PA	Selective Phosphodiesterase 4 (PDE4) Inhibitors		
NUCALA SOAJ	4	QL(0.1073 ml daily); PA	<i>roflumilast</i>	3	QL(1 ea daily)
NUCALA SOLR	4	QL(0.1073 ea daily); PA	Steroid Inhalants		
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ml daily); PA	ALVESCO	3	PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ml daily); PA	ARNUITY ELLIPTA	2	
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA	<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ml daily); PA
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)	AIRDUO DIGIHALER 113/14	3	
Bronchodilators - Anticholinergics			AIRDUO DIGIHALER 232/14	3	
ATROVENT HFA	3	QL(0.44 gm daily)	AIRDUO DIGIHALER 55/14	3	
INCRUSE ELLIPTA	2	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits
AIRSUPRA	3	
<i>albuterol sulfate AERS</i>	1B	
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1B	
<i>albuterol sulfate SYRP</i>	1B	
<i>albuterol sulfate TABS</i>	1B	
ANORO ELLIPTA	2	QL(2 ea daily)
<i>arformoterol tartrate</i>	1B	QL(4 ml daily)
BREO ELLIPTA	2	
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	
BREZTRI AEROSPHERE	2	QL(0.38 gm daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1B	
DULERA	2	
<i>fluticasone furoate-vilanterol</i>	1B	
<i>fluticasone-salmeterol AEPB</i>	1B	
<i>fluticasone-salmeterol AERO</i>	1B	
<i>formoterol fumarate NEBU</i>	1B	QL(4 ml daily)
<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ml daily)
<i>levalbuterol hcl</i>	1B	
<i>levalbuterol tartrate</i>	1B	QL(0.5 gm daily)
PROAIR DIGIHALER	3	
PROAIR RESPICLICK AEPB	3	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate SOLN</i>	1B	
<i>terbutaline sulfate TABS</i>	1B	
TRELEGY ELLIPTA	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Xanthines		
<i>aminophylline SOLN</i>	1B	
<i>theophylline ELIX</i>	1B	
<i>theophylline SOLN</i>	1B	QL(56 ml daily)
<i>theophylline TB12</i>	1B	
<i>theophylline TB24</i>	1B	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	1B	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily); 1 max fill(s) per 180 day(s) retail
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail)
XARELTO TABS 10 MG, 20 MG	2	QL(1 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)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ml daily; 30 Day(s) limit); SP	<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 day(s) retail; 5 ml per 180 days mail); SP	<i>clobazam TABS</i>	1B	QL(2 ea daily); PA
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ml per 180 day(s) retail; 4 ml per 180 days mail); SP	<i>clonazepam TABS</i>	1A	
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ml per 180 day(s) retail; 7 ml per 180 days mail); SP	<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ml per 180 day(s) retail; 4 ml per 180 days mail); SP	NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA
FRAGMIN SOSY	4	SP; PA	VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B		VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B		VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
Thrombin Inhibitors			VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
<i>dabigatran etexilate mesylate CAPS</i>	1B		Anticonvulsants - Misc.		
ANTICONVULSANTS - Drugs to Treat Seizures			APTOM	3	QL(2 ea daily); ST
AMPA Glutamate Receptor Antagonists			BANZEL TABS 400 MG (<i>rufinamide</i>)	2	QL(8 ea daily); PA
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA	BANZEL TABS 200 MG (<i>rufinamide</i>)	2	QL(2 ea daily); PA
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA	BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA	BRIVIACT TABS	3	QL(2 ea daily); PA
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA	<i>carbamazepine CHEW 100 MG</i>	1B	
Anticonvulsants - Benzodiazepines			<i>carbamazepine CP12 100 MG</i>	1B	
			<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)
			<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)
			<i>carbamazepine SUSP</i>	1B	

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine TABS</i>	1B	
<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
EPIDIOLEX	3	PA
<i>gabapentin CAPS</i>	1B	
<i>gabapentin SOLN</i>	1B	QL(60 ml daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1B	
<i>lacosamide SOLN IV 200 MG/20ML</i>	1B	QL(40 ml daily)
<i>lacosamide TABS</i>	1B	QL(2 ea daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)
<i>lamotrigine TABS</i>	1B	
<i>lamotrigine TBDP</i>	1B	QL(1 ea daily)
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 ea daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)
<i>levetiracetam TB24</i>	1B	QL(4 ea daily)
<i>oxcarbazepine SUSP</i>	1B	QL(40 ml daily)
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea daily)
<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 ea daily)
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA
<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA
<i>primidone 50 MG, 250 MG</i>	1B	
<i>rufinamide SUSP</i>	1B	QL(80 ml daily); PA
<i>rufinamide TABS 200 MG</i>	1B	QL(2 ea daily); PA
<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA
TEGRETOL SUSP (<i>carbamazepine</i>)	2	
TEGRETOL TABS (<i>carbamazepine</i>)	2	
<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>topiramate CS24</i>	3	PA
<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)
<i>topiramate TABS 200 MG</i>	1B	QL(2 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 (<i>phenytoin sodium extended</i>)	2	
DILANTIN	2	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DILANTIN-125 SUSP (phenytoin)	2		bupropion hcl TB12 200 MG	1B	QL(2 ea daily)
fosphenytoin sodium	1B		bupropion hcl TB12 100 MG	1B	QL(4 ea daily)
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1B		bupropion hcl TB12 150 MG	1B	QL(3 ea daily)
phenytoin sodium SOLN	1B		bupropion hcl TB24 300 MG	1B	QL(1 ea daily)
phenytoin CHEW	1B		bupropion hcl TB24 150 MG	1B	QL(3 ea daily)
phenytoin SUSP	1B				
Succinimides			Monoamine Oxidase Inhibitors (MAOIs)		
CELONTIN (methsuximide)	3	QL(4 ea daily)	EMSAM	3	QL(1 ea daily)
ethosuximide CAPS	1B	QL(6 ea daily)	MARPLAN	2	QL(6 ea daily)
ethosuximide SOLN	1B	QL(30 ml daily)	phenelzine sulfate	1B	
methsuximide	1B	QL(4 ea daily)	tranylcypromine sulfate	1B	
ZARONTIN CAPS (ethosuximide)	2	QL(6 ea daily)	N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
Valproic Acid			SPRAVATO 56MG DOSE	4	PA
divalproex sodium TB24	1B		SPRAVATO 84MG DOSE	4	PA
divalproex sodium TBEC	1B		Selective Serotonin Reuptake Inhibitors (SSRIs)		
valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML	1B		citalopram hydrobromide SOLN	1B	QL(20 ml daily)
valproic acid CAPS	1B		citalopram hydrobromide TABS 40 MG	1B	QL(1 ea daily)
ANTIDEPRESSANTS - Drugs to Treat Depression			citalopram hydrobromide TABS 20 MG	1B	QL(2 ea daily)
Alpha-2 Receptor Antagonists (Tetracyclics)			citalopram hydrobromide TABS 10 MG	1B	QL(4 ea daily)
mirtazapine TABS 15 MG	1B	QL(3 ea daily)	escitalopram oxalate SOLN	1B	QL(20 ml daily)
mirtazapine TABS 7.5 MG, 45 MG	1B	QL(1 ea daily)	escitalopram oxalate TABS 20 MG	1B	QL(1 ea daily)
mirtazapine TABS 30 MG	1B	QL(1.5 ea daily)	escitalopram oxalate TABS 5 MG	1B	QL(4 ea daily)
mirtazapine TBDP 30 MG	1B	QL(1.5 ea daily)	escitalopram oxalate TABS 10 MG	1B	QL(2 ea daily)
mirtazapine TBDP 15 MG	1B	QL(3 ea daily)	fluoxetine hcl CAPS 20 MG	1B	QL(3 ea daily)
mirtazapine TBDP 45 MG	1B	QL(1 ea daily)			
Antidepressants - Misc.					
bupropion hcl TABS	1B	QL(3 ea daily)			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>trimipramine maleate CAPS</i>	1B		<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 ea daily)
ANTIDIABETICS - Drugs to Regulate Blood Sugar			<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 ea daily)
Alpha-Glucosidase Inhibitors			SOLQUA 100/33	2	QL(0.5 ml daily); PA
<i>acarbose</i>	1B	QL(3 ea daily)	SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
<i>miglitol</i>	1B	QL(3 ea daily)	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
Antidiabetic Combinations			SYNJARDY TABS	2	QL(2 ea daily)
<i>alogliptin-metformin hcl</i>	1B	QL(2 ea daily); PA	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 ea daily); PA	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)
<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 ea daily); PA	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily)	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily)	XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 ea daily)
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	QL(4 ea daily)	XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 ea daily)
<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	QL(2 ea daily)	XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	QL(2 ea daily)	Biguanides		
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	QL(4 ea daily)	<i>metformin hcl TABS 1000 MG</i>	1B	QL(2.5 ea daily)
GLYXAMBI	2	QL(1 ea daily)	<i>metformin hcl TABS 850 MG</i>	0	QL(3 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)	<i>metformin hcl TABS 500 MG</i>	1B	QL(5 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)	<i>metformin hcl TB24 500 MG</i>	1B	QL(4 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)			

Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl TB24 750 MG</i>	1B	QL(3 ea daily)
Diabetic Other		
<i>diazoxide</i>	3	
<i>glucagon (rdna)</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		
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA
OZEMPIC SOPN	2	QL(0.108 ml daily); PA
RYBELSUS TABS	2	QL(1 ea daily); PA
TRULICITY	2	QL(0.143 ml daily); PA
VICTOZA (<i>liraglutide</i>)	2	QL(0.3 ml daily); PA
Insulin		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
BASAGLAR KWIKPEN SOPN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ml daily)
INSULIN ASPART FLEXPEN SOPN	1B	
INSULIN ASPART PENFILL SOCT	1B	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1B	

Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1B	
INSULIN ASPART SOLN IJ	1B	
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	
INSULIN DEGLUDEC SOLN	2	
LEVEMIR FLEXPEN SOPN	3	PA
LEVEMIR FLEXTOUCH SOPN	3	PA
LEVEMIR SOLN	3	PA
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N FLEXPEN SUPN	2	
NOVOLIN N SUSP	2	
NOVOLIN R FLEXPEN SOPN IJ	2	
NOVOLIN R SOLN IJ	2	
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1B	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1B	QL(3 ea daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 ea daily)
<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 ea daily)
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>glimepiride 4 MG</i>	1B	QL(2 ea daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>glipizide TB24</i>	1B	QL(2 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 ea daily)
<i>glyburide TABS</i>	1B	QL(4 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1B	
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS</i>	1B	RX/OTC
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
<i>deferiprone TABS 500 MG</i>	1B	
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	1B	QL(2 ea per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		

Drug Name	Drug Tier	Requirements/ Limits
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 ea daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 ea daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 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)
<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	

Drug Name	Drug Tier	Requirements/ Limits
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant MISC</i>	1B	PA
VARUBI TBPB	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>micafungin sodium</i>	1B	PA
Antifungals		
ABELCET	3	
<i>amphotericin b IV</i>	3	
<i>amphotericin b liposome</i>	3	
<i>flucytosine</i>	1B	
<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize TABS</i>	1B	
<i>griseofulvin ultramicrosize</i>	1B	
<i>nystatin TABS</i>	1B	
<i>terbinafine hcl TABS</i>	1B	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	PA
<i>fluconazole SUSP</i>	1B	
<i>fluconazole TABS</i>	1B	
<i>itraconazole CAPS</i>	1B	QL(4 ea daily); PA
<i>itraconazole SOLN</i>	1B	QL(20 ml daily); PA
<i>ketoconazole</i>	1B	
NOXAFIL SUSP (<i>posaconazole</i>)	3	QL(20 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>posaconazole SUSP</i>	1B	QL(20 ml daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate SOLN</i>	1B	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B	
<i>clemastine fumarate SYRP</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ml daily)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B	
Antihistamines - Non-Sedating		
<i>cetirizine hcl TABS</i>	1A	QL(1 ea daily)
<i>desloratadine TABS</i>	1B	QL(1 ea daily)
<i>desloratadine TDBP 2.5 MG</i>	1B	QL(1 ea daily)
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 ea daily); RX/OTC
<i>loratadine CAPS</i>	1B	
<i>loratadine CHEW</i>	1B	
<i>loratadine SOLN</i>	1B	
<i>loratadine TABS</i>	1A	
<i>loratadine TDBP</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
QUZYTIR SOLN IV	3	PA
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1B	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)
<i>promethazine hcl SUPP 50 MG</i>	1B	
<i>promethazine hcl TABS</i>	1B	
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily); PA
<i>omega-3-acid ethyl esters</i>	1B	QL(4 ea daily)
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine light POWD</i>	1B	QL(24 gm daily)
<i>cholestyramine PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 gm daily)
<i>colesevelam hcl PACK</i>	1B	QL(1 ea daily); PA
<i>colesevelam hcl TABS</i>	1B	QL(7 ea daily)
<i>colestipol hcl GRAN</i>	1B	QL(6 gm daily)
<i>colestipol hcl PACK</i>	1B	QL(6 ea daily)
<i>colestipol hcl TABS</i>	1B	QL(16 ea daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 ea daily)
<i>gemfibrozil TABS</i>	1B	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium CAPS 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	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin TABS 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
<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		

Drug Name	Drug Tier	Requirements/ Limits
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)
<i>ramipril CAPS</i>	1B	
<i>trandolapril 4 MG</i>	1B	QL(2 ea daily)
<i>trandolapril 1 MG, 2 MG</i>	1B	QL(1 ea daily)
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl</i>	3	PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1B	QL(1 ea daily)
EDARBI	3	QL(1 ea daily); ST
<i>irbesartan</i>	1B	QL(1 ea daily)
<i>losartan potassium</i>	1B	QL(1 ea daily)
<i>olmesartan medoxomil</i>	1B	QL(1 ea daily)
<i>telmisartan</i>	1B	QL(1 ea daily)
<i>valsartan TABS</i>	1B	QL(1 ea daily)
Antiadrenergic Antihypertensives		
<i>clonidine hcl TABS</i>	1B	QL(8 ea daily)
<i>clonidine PTWK</i>	3	QL(0.15 ea daily)
<i>doxazosin mesylate</i>	1B	
<i>guanfacine hcl</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>methyldopa TABS</i>	1B	QL(6 ea daily)
<i>prazosin hcl CAPS</i>	1B	QL(4 ea daily)
<i>terazosin hcl</i>	1B	
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>amlodipine besylate-valsartan</i>	1B	QL(1 ea daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
<i>atenolol & chlorthalidone</i>	1B	
<i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 ea daily)
<i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B	
<i>bisoprolol & hydrochlorothiazide</i>	1B	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B	
<i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i>	1B	
<i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 ea daily)
<i>fosinopril sodium & hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	1B	
<i>lisinopril & hydrochlorothiazide</i>	1B	
<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1B	QL(2 ea daily)	<i>eplerenone</i>	1B	
<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B		Vasodilators		
<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 ea daily)	<i>hydralazine hcl SOLN</i>	1B	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST	<i>hydralazine hcl TABS</i>	1B	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B		<i>minoxidil 2.5 MG, 10 MG</i>	1B	
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 ea daily)	ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 ea daily)	Anti-infective Agents - Misc.		
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 ea daily)	<i>bacitracin</i>	3	
<i>telmisartan-amlodipine</i>	1B	QL(1 ea daily)	IMPAVIDO	3	QL(3 ea daily); PA
<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)	<i>metronidazole TABS</i>	1B	
<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 ea daily)	<i>trimethoprim TABS</i>	1B	
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3		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
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)	XIFAXAN 550 MG	3	QL(3 ea daily); AL(At least 12 yrs old); PA
Antihypertensives - Misc.			Anti-infective Misc. - Combinations		
VECAMYL	3	PA	<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
Direct Renin Inhibitors			<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>aliskiren fumarate</i>	1B	QL(1 ea daily)	<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Selective Aldosterone Receptor Antagonists (SARAs)			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	

Drug Name	Drug Tier	Requirements/ Limits
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1B	QL(4 ea daily; 40 ea per fill retail)
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ml per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
Leprostatics		
<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	

Drug Name	Drug Tier	Requirements/ Limits
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1B	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohyd macro</i>	1B	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 ea per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 ea daily)
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 ea daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 ea daily)
KRINTAFEL	3	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>primaquine phosphate TABS</i>	3	
<i>pyrimethamine</i>	1B	QL(3 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1B	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	PA
<i>neostigmine methylsulfate SOSY</i>	3	PA
<i>pyridostigmine bromide SOLN OR</i>	1B	
<i>pyridostigmine bromide TABS 60 MG</i>	1B	
<i>pyridostigmine bromide TBCR</i>	1B	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<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	

Drug Name	Drug Tier	Requirements/ Limits
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin CAPS</i>	1B	
<i>rifampin SOLR</i>	1B	
SIRTURO	3	PA
TRECATOR	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>bendamustine hcl SOLR</i>	4	SP; PA
<i>busulfan SOLN</i>	4	SP; PA
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA
<i>cyclophosphamide CAPS</i>	1B	PA
<i>cyclophosphamide SOLR IJ</i>	4	
GLEOSTINE 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

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antimetabolites			LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily); PA
<i>azacitidine SUSR</i>	4	SP; PA	LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily); PA
<i>capecitabine</i>	4	SP; PA	LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily); PA
<i>clofarabine</i>	4	SP; PA	LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily); PA
<i>cytarabine SOLN</i>	4	SP; PA	MVASI	4	PA
<i>decitabine</i>	4	SP; PA	ZALTRAP 100 MG/4ML	4	SP; PA
<i>floxuridine</i>	4	SP; PA	ZIRABEV	4	PA
<i>fludarabine phosphate SOLN</i>	4	SP; PA	Antineoplastic - Antibodies		
<i>fludarabine phosphate SOLR</i>	4	SP; PA	ADCETRIS	4	SP; PA
<i>fluorouracil 500 MG/10ML</i>	4	SP; PA	ARZERRA	4	SP; PA
<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA	RUXIENCE	4	PA
<i>mercaptopurine TABS</i>	1B		TRUXIMA	4	PA
<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B		YERVOY	4	SP; PA
<i>methotrexate sodium SOLR</i>	1B	SP	Antineoplastic - Anti-HER2 Agents		
<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP	KANJINTI	4	PA
<i>nelarabine</i>	4	SP; PA	OGIVRI	4	PA
<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA	PERJETA	4	SP; PA
<i>pralatrexate 20 MG/ML</i>	4	SP; PA	TRAZIMERA	4	PA
TABLOID	4	SP; PA	TUKYSA	4	PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA	Antineoplastic - EGFR Inhibitors		
Antineoplastic - Angiogenesis Inhibitors			ERBITUX	4	SP; PA
INLYTA	4	QL(2 ea daily); SP; PA	<i>erlotinib hcl</i>	4	QL(1 ea daily); SP; PA
LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily); PA	<i>gefitinib</i>	4	QL(2 ea daily); PA
LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily); PA	GILOTTRIF	4	QL(1 ea daily); PA
LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily); PA	IRESSA (<i>gefitinib</i>)	4	QL(2 ea daily); PA
LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily); PA	TAGRISSO 40 MG	4	QL(2 ea daily); PA
			TAGRISSO 80 MG	4	QL(1 ea daily); PA
			VECTIBIX 100 MG/5ML	4	SP; PA
			VIZIMPRO	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	PA
ERIVEDGE	4	QL(1 ea daily); SP; PA
ODOMZO	4	QL(1 ea daily); PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate 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	4	QL(0.143 ea daily); SP; PA
<i>flutamide</i>	4	QL(6 ea daily); SP; PA
<i>fulvestrant SOSY</i>	4	QL(0.357 ml daily); SP; PA
<i>letrozole</i>	1B	
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 ea daily); SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA
LYSODREN	4	SP; PA

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

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>idarubicin hcl 20 MG/20ML</i>	4	PA	COMETRIQ KIT	4	QL(2 ea daily); SP; PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA	COMETRIQ KIT	4	QL(3 ea daily); SP; PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA	COPIKTRA	4	PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP; PA	<i>dasatinib</i>	4	QL(1 ea daily); SP; PA
<i>valrubicin</i>	4	SP; PA	<i>everolimus TABS</i>	4	QL(1 ea daily); SP; PA
Antineoplastic Combinations			IBRANCE CAPS	4	QL(1 ea daily); PA
KISQALI FEMARA 200 DOSE	4	PA	IBRANCE TABS	4	QL(1 ea daily); PA
KISQALI FEMARA 400 DOSE	4	PA	ICLUSIG	4	QL(1 ea daily); PA
KISQALI FEMARA 600 DOSE	4	PA	<i>imatinib mesylate</i>	4	QL(2 ea daily); SP; PA
Antineoplastic Enzyme Inhibitors			IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); PA
ALECENSA	4	QL(4 ea daily); PA	IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); PA
ALUNBRIG TABS	4	QL(1 ea daily); PA	IMBRUVICA SUSP	4	QL(8 ml daily); PA
ALUNBRIG TBPk	4	QL(1 ea daily); PA	IMBRUVICA TABS	4	QL(1 ea daily); PA
BALVERSA	4	PA	INREBIC	4	PA
<i>bortezomib SOLR IJ</i>	4	SP; PA	JAKAFI	4	QL(2 ea daily); SP; PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA	KISQALI	4	PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 ea daily); SP; PA	KOSELUGO	4	PA
BOSULIF TABS 400 MG	4	QL(1 ea daily); PA	KYPROLIS	4	PA
BRAFTOVI 75 MG	4	SP; PA	<i>lapatinib ditosylate</i>	4	QL(6 ea daily); SP; PA
BRUKINSA	4	PA	LORBRENA	4	QL(1 ea daily); PA
CABOMETYX TABS	4	QL(1 ea daily); PA	LYNPARZA TABS	4	QL(4 ea daily); PA
CALQUENCE	4	QL(2 ea daily); PA	MEKINIST SOLR	4	PA
CALQUENCE	4	QL(2 ea daily); PA	MEKINIST TABS	4	PA
CAPRELSA	4	QL(1 ea daily); SP; PA	MEKTOVI	4	SP; PA
COMETRIQ KIT	4	QL(4 ea daily); SP; PA	NINLARO	4	QL(0.143 ea daily); PA
			<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA
			PEMAZYRE	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PIQRAY 200MG DAILY DOSE	4	PA	VITRAKVI SOLN	4	PA
PIQRAY 250MG DAILY DOSE	4	PA	VOTRIENT (<i>pazopanib hcl</i>)	4	QL(4 ea daily); SP; PA
PIQRAY 300MG DAILY DOSE	4	PA	XALKORI CAPS	4	QL(2 ea daily); SP; PA
QINLOCK	4	PA	XOSPATA	4	PA
RETEVMO CAPS	4	PA	ZEJULA CAPS	4	QL(3 ea daily); PA
<i>romidepsin SOLR</i>	4	SP; PA	ZEJULA TABS 100 MG	4	QL(3 ea daily); PA
ROZLYTREK CAPS	4	PA	ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
RUBRACA	4	QL(4 ea daily); PA	ZELBORAF	4	SP; PA
SCEMBLIX 100 MG	4	QL(4 ea daily); PA	ZOLINZA	4	QL(4 ea daily); SP; PA
SCEMBLIX 40 MG	4	QL(10 ea daily); PA	ZYDELIG	4	QL(2 ea daily); PA
SCEMBLIX 20 MG	4	QL(2 ea daily); PA	Antineoplastic Enzymes		
<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA	ONCASPAR	4	SP; PA
SPRYCEL (<i>dasatinib</i>)	4	QL(1 ea daily); SP; PA	Antineoplastics Misc.		
STIVARGA	4	QL(4 ea daily); SP; PA	ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
<i>sunitinib malate 37.5 MG</i>	4	QL(1 ea daily); PA	<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily); SP; PA	<i>bexarotene</i>	4	SP; PA
TABRECTA	4	PA	<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
TAFINLAR CAPS	4	PA	<i>hydroxyurea</i>	1B	
TAFINLAR TBSO	4	PA	MATULANE	4	SP; PA
TALZENNA	4	QL(1 ea daily); PA	NIPENT	4	SP; PA
TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA	PHOTOFRIN	4	SP; PA
TASIGNA 50 MG	4	QL(4 ea daily); PA	PROLEUKIN	4	SP; PA
TAZVERIK	4	PA	SYNRIBO	4	SP; PA
<i>temsirolimus</i>	4	QL(0.143 ml daily); SP; PA	<i>tretinoin (chemotherapy)</i>	1B	
TIBSOVO	4	PA	UVADEX	4	SP; PA
TURALIO	4	PA	Chemotherapy Adjuncts		
VERZENIO	4	PA	KEPIVANCE 6.25 MG	4	SP; PA
VITRAKVI CAPS	4	PA	Chemotherapy Rescue/Antidote/Protective Agents		
			<i>leucovorin calcium SOLR</i>	1B	

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>leucovorin calcium TABS</i>	1B		<i>benztropine mesylate TABS</i>	1B	
VORAXAZE	4	SP; PA	<i>trihexyphenidyl hcl SOLN</i>	1B	
Mitotic Inhibitors			<i>trihexyphenidyl hcl TABS</i>	1B	
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA	Antiparkinson COMT Inhibitors		
<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA	<i>entacapone</i>	1B	QL(8 ea daily)
<i>eribulin mesylate</i>	4	SP; PA	<i>tolcapone</i>	1B	
ETOPOPHOS	4	SP; PA	Antiparkinson Dopaminergics		
<i>etoposide CAPS</i>	4	SP; PA	<i>amantadine hcl CAPS</i>	1B	
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA	<i>amantadine hcl SOLN</i>	1B	
HALAVEN (<i>eribulin mesylate</i>)	4	SP; PA	<i>amantadine hcl TABS</i>	1B	
IXEMPRA KIT 15 MG	4	SP; PA	<i>apomorphine hydrochloride SOCT</i>	4	PA
JEVTANA	4	SP; PA	<i>bromocriptine mesylate CAPS</i>	1B	
<i>paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA	<i>bromocriptine mesylate TABS 2.5 MG</i>	1B	
<i>paclitaxel protein-bound particles</i>	4	SP; PA	<i>carbidopa-levodopa-entacapone</i>	1B	
<i>vincristine sulfate</i>	4	SP; PA	<i>carbidopa-levodopa TABS</i>	1B	
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA	<i>carbidopa-levodopa TBCR</i>	1B	
Topoisomerase I Inhibitors			<i>carbidopa-levodopa TBDP</i>	1B	
HYCAMTIN CAPS	4	SP; PA	NEUPRO	2	
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA	<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 ea daily)
<i>topotecan hcl SOLN</i>	4		<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>topotecan hcl SOLR</i>	4		<i>ropinirole hydrochloride TABS</i>	1B	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily); ST
Antiparkinson Adjunctive Therapy			<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 ea daily); ST
<i>carbidopa</i>	1B		Antiparkinson Monoamine Oxidase Inhibitors		
Antiparkinson Anticholinergics			<i>rasagiline mesylate</i>	1B	QL(1 ea daily); PA
<i>benztropine mesylate SOLN</i>	1B				

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
<i>selegiline hcl CAPS</i>	1B	
<i>selegiline hcl TABS</i>	1B	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1B	
<i>lithium carbonate CAPS</i>	1B	
<i>lithium carbonate TABS</i>	1B	
<i>lithium carbonate TBCR</i>	1B	
Antipsychotics - Misc.		
EQUETRO 300 MG	3	QL(4 ea daily); ST
EQUETRO 100 MG	3	QL(2 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)
<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	2	PA
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 ea daily)
<i>paliperidone 6 MG</i>	1B	QL(2 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily); PA
RISPERDAL CONSTA (<i>risperidone microspheres</i>)	2	QL(0.072 ea daily); PA
<i>risperidone microspheres</i>	1B	QL(0.072 ea daily); PA
<i>risperidone SOLN</i>	1B	QL(8 ml daily)
<i>risperidone TABS</i>	1B	QL(4 ea daily)
<i>risperidone TBDP</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Butyrophenones		
<i>haloperidol decanoate</i>	1B	QL(0.036 ml daily)
<i>haloperidol lactate CONC</i>	1B	
<i>haloperidol lactate SOLN</i>	1B	
<i>haloperidol TABS</i>	1B	
Dibenzapines		
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 ea daily); PA
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 ea daily); PA
<i>clozapine TABS</i>	1B	
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 ea daily)
<i>clozapine TBDP 25 MG</i>	1B	QL(3 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)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1B	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 ea daily)
Phenothiazines		
<i>chlorpromazine hcl SOLN</i>	3	
<i>chlorpromazine hcl TABS</i>	1B	
<i>fluphenazine hcl CONC</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl ELIX</i>	1B		<i>efavirenz CAPS 50 MG</i>	1B	QL(3 ea daily)
<i>fluphenazine hcl SOLN</i>	1B		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>fluphenazine hcl TABS</i>	1B		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>perphenazine TABS</i>	1B		<i>efavirenz TABS</i>	1B	QL(1 ea daily)
<i>prochlorperazine</i>	1B		<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)
<i>prochlorperazine maleate TABS</i>	1B		<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)
<i>thioridazine hcl</i>	1B		<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 ea daily)
<i>trifluoperazine hcl TABS</i>	1B		EMTRIVA SOLN	3	QL(24 ml daily)
Quinolinone Derivatives			<i>etravirine 100 MG</i>	1B	QL(4 ea daily)
<i>aripiprazole SOLN OR</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)	<i>etravirine 200 MG</i>	1B	QL(2 ea daily)
<i>aripiprazole TABS</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)	EVOTAZ	3	QL(1 ea daily)
REXULTI	3	PA	<i>fosamprenavir calcium TABS</i>	1B	QL(4 ea daily)
Thioxanthenes			FUZEON SOLR	4	SP; PA
<i>thiothixene</i>	1B		GENVOYA	3	QL(1 ea daily)
ANTIVIRALS - Drugs to Treat Viral Infections			INTELENCE 25 MG	3	QL(8 ea daily)
Antiretrovirals			ISENTRESS HD TABS	3	QL(2 ea daily)
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)	ISENTRESS CHEW	3	QL(6 ea daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ml daily)	ISENTRESS TABS	3	QL(2 ea daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 ea daily)	JULUCA	3	QL(1 ea daily)
APTIVUS CAPS	3	QL(4 ea daily)	<i>lamivudine SOLN</i>	1B	QL(30 ml daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 ea daily)	<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 ea daily)	<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)
BIKTARVY	3	QL(1 ea daily)	<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)
CIMDUO	3	QL(1 ea daily); ST	LEXIVA SUSP	3	QL(56 ml daily)
COMPLERA	3	QL(1 ea daily)	<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)
<i>darunavir TABS</i>	1B		<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)
DELSTRIGO	3	QL(1 ea daily)	<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)
DOVATO	3	QL(1 ea daily)	<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)
EDURANT	3	QL(1 ea daily)	<i>nevirapine SUSP</i>	1B	QL(40 ml daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)			

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
<i>nevirapine TABS</i>	1B	QL(2 ea daily)
<i>nevirapine TB24 400 MG</i>	1B	QL(1 ea daily)
<i>nevirapine TB24 100 MG</i>	1B	QL(3 ea daily)
NORVIR CAPS	2	QL(12 ea daily)
NORVIR PACK	3	QL(12 ea daily)
NORVIR SOLN	3	QL(15 ml 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 (<i>darunavir</i>)	3	
PREZISTA TABS 75 MG, 150 MG	3	QL(2 ea daily)
RETROVIR IV INFUSION SOLN	3	
<i>ritonavir TABS</i>	1B	QL(12 ea daily)
RUKOBIA	4	PA
SELZENTRY SOLN	3	QL(30 ml daily)
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 ea daily)
<i>stavudine CAPS</i>	1B	QL(2 ea daily)
STRIBILD	3	QL(1 ea daily)
<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 250 MG	3	QL(10 ea daily)
VIRACEPT TABS 625 MG	3	QL(4 ea daily)
VIREAD POWD	3	QL(7.5 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 ea daily)
<i>zidovudine 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		

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

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 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)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1B	
<i>carvedilol phosphate</i>	3	QL(1 ea daily)
<i>labetalol hcl SOLN</i>	1B	
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	
<i>labetalol hcl TABS 300 MG</i>	1B	QL(8 ea daily)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS</i>	1B	
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	
<i>metoprolol succinate TB24 200 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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 OR	4	QL(75 ml daily); PA
<i>nadolol TABS 40 MG</i>	1B	QL(6 ea daily)
<i>nadolol TABS 20 MG</i>	1B	QL(3 ea daily)
<i>nadolol TABS 80 MG</i>	1B	
<i>pindolol TABS</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl TABS</i>	1B	
<i>sotalol hcl (afib/afl)</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	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1B	
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 ea daily)
<i>diltiazem hcl extended release beads</i>	1B	
<i>diltiazem hcl CP12</i>	1B	QL(2 ea daily)
<i>diltiazem hcl CP24</i>	1B	
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	

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

Drug Name	Drug Tier	Requirements/ Limits
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
Impotence Agents		
<i>avanafil</i>	1B	QL(0.134 ea daily)
<i>sildenafil citrate</i>	1B	QL(0.1334 ea daily); PA
STENDRA	3	QL(0.134 ea daily)
<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 ea daily); PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	4	PA
ORENITRAM TBCR	4	PA
<i>treprostinil SOLN IJ</i>	4	SP; PA
TYVASO REFILL 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
OPSUMIT	4	QL(1 ea daily); PA
TRACLEER TBSO	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ml daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ml daily); PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 ea daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPk	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	4	PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 ea daily); PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); PA
CORLANOR TABS (<i>ivabradine hcl</i>)	3	QL(2 ea daily); PA
<i>ivabradine hcl</i> TABS	1B	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</i> CAPS	1B	
<i>cefadroxil</i> SUSR	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefadroxil</i> TABS	1B	
<i>cefazolin sodium</i> SOLR IJ 1 GM, 10 GM, 500 MG	1B	
<i>cephalexin</i> CAPS	1B	
<i>cephalexin</i> SUSR	1B	
Cephalosporins - 2nd Generation		
<i>cefaclor</i> CAPS	1B	
<i>cefaclor</i> SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	1B	
<i>cefotetan disodium</i> IJ 1 GM, 2 GM	1B	
<i>cefotixin sodium</i> IV 1 GM, 2 GM	1B	
<i>cefprozil</i> SUSR	1B	
<i>cefprozil</i> TABS	1B	
<i>cefuroxime axetil</i> TABS	1B	
<i>cefuroxime sodium</i> IJ 750 MG	1B	
Cephalosporins - 3rd Generation		
<i>cefdinir</i> CAPS	1B	
<i>cefdinir</i> SUSR	1B	
<i>cefixime</i> CAPS	1B	
<i>cefixime</i> SUSR	1B	ST
<i>cefotaxime sodium</i> IJ 1 GM, 2 GM	1B	
<i>cefpodoxime proxetil</i> SUSR	1B	
<i>cefpodoxime proxetil</i> TABS	1B	
<i>ceftazidime</i> IJ 1 GM, 6 GM	1B	
<i>ceftriaxone sodium</i> IJ 250 MG	1A	
<i>ceftriaxone sodium</i> IJ 1 GM, 2 GM, 500 MG	1B	
Cephalosporins - 4th Generation		
<i>cefepime hcl</i> SOLR IV 2 GM	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 5th Generation			<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	
TEFLARO	3		<i>norethindrone & eth estradiol</i>	0	
CONTRACEPTIVES - Drugs to Prevent Pregnancy			<i>norethindrone & ethinyl estradiol-fe</i>	0	
Combination Contraceptives - Oral			<i>norethindrone acet & eth estra TABS</i>	0	
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	0		<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
<i>desogestrel & ethinyl estradiol</i>	0		<i>norethindrone-eth estradiol (triphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0		<i>norgestimate-ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0		<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0		<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0		TYBLUME CHEW	0	
<i>ethynodiol diacet & eth estrad</i>	0		Combination Contraceptives - Transdermal		
FEMLYV TBDP	0		<i>norelgestromin-ethinyl estradiol</i>	0	
<i>levonorgestrel & eth estradiol TABS</i>	0		TWIRLA	0	QL(3 ea per 28 day(s) retail; 9 ea per 84 days mail)
<i>levonorgestrel-eth estradiol (triphasic)</i>	0		Combination Contraceptives - Vaginal		
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0		ANNOVERA	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0		<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 ea daily)
<i>levonorgestrel-ethinyl estradiol-iron</i>	0		Copper Contraceptives - IUD		
LO LOESTRIN FE TABS	0		PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0	
NATAZIA	0		Emergency Contraceptives		
NEXTSTELLIS	0		ELLA	0	
<i>norethin acet & estrad-fe CAPS</i>	0		<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
<i>norethin acet & estrad-fe CHEW</i>	0				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Progestin Contraceptives - Implants			<i>dexamethasone SOLN</i>	1B	
NEXPLANON	0		<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	
Progestin Contraceptives - Injectable			<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
DEPO-SUBQ PROVERA 104 SUSY SC	0		EMFLAZA SUSP (deflazacort)	4	PA
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ml per 90 day(s) retail)	EMFLAZA TABS (deflazacort)	4	PA
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(90 Day(s) limit ; 1 ml per 90 day(s) retail)	<i>hydrocortisone sod succinate 100 MG</i>	1B	2 max fill(s) per 30 day(s) retail
Progestin Contraceptives - IUD			<i>hydrocortisone TABS</i>	1B	
KYLEENA	0		MEDROL TABS	3	
LILETTA 20.1 MCG/DAY	0		<i>methylprednisolone acetate SUSP</i>	1B	
MIRENA	0		<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
SKYLA	0		<i>methylprednisolone TABS</i>	1B	
Progestin Contraceptives - Oral			<i>methylprednisolone TBPK</i>	1B	
<i>norethindrone (contraceptive)</i>	0		<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
OPILL	0		<i>prednisolone sodium phosphate TBDP</i>	3	
SLYND	0	QL(1 ea daily)	<i>prednisolone SOLN</i>	1B	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>prednisolone TABS</i>	1B	
Glucocorticosteroids			<i>prednisone SOLN</i>	1B	
<i>budesonide CPEP</i>	1B	QL(3 ea daily)	<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>deflazacort SUSP</i>	4	PA	<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>deflazacort TABS</i>	4	PA	<i>prednisone TBPK</i>	1B	
DEPO-MEDROL SUSP	3		SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
DEXAMETHASONE INTENSOL CONC	1B		SOLU-CORTEF 250 MG	3	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B		SOLU-MEDROL 2 GM	3	
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1B				
<i>dexamethasone ELIX</i>	1B				

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)
Cough/Cold/Allergy Combinations		
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B	
TUZISTRA XR	2	PA
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine SOLN</i>	1B	
DERMATOLOGICALS - Drugs to Treat Skin 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); ST
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); ST; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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 5 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide LIQD 4 %, 7 %, 10 %</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 gm daily)
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ml daily); AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1B	AL(At least 12 yrs old)
<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(1 gm daily)
Antibiotics - Topical		
ALTABAX	2	QL(15 gm per 30 day(s) retail; 15 gm per 30 days mail)
<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 gm daily)
<i>gentamicin sulfate (topical) OINT</i>	1B	
<i>mupirocin OINT</i>	1B	QL(6 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
NEO-SYNALAR	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA
Antifungals - Topical		
<i>butenafine hcl</i>	1B	QL(6 gm daily); RX/OTC
<i>ciclopirox olamine CREA</i>	1B	QL(90 gm per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciclopirox olamine SUSP</i>	1B	
<i>ciclopirox GEL</i>	1B	QL(3.35 gm daily)
<i>ciclopirox SHAM</i>	1B	QL(10 ml daily)
<i>ciclopirox SOLN</i>	1B	QL(0.22 ml daily)
<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 gm daily); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 gm daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1B	
<i>econazole nitrate CREA</i>	1B	QL(85 gm per fill retail; 85 per fill mail)
ERTACZO	3	QL(2.15 gm daily)
<i>ketoconazole (topical) CREA</i>	1B	QL(10 gm daily)
<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ml daily)
<i>luliconazole</i>	1B	PA
<i>naftifine hcl CREA 2 %</i>	1B	QL(2 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 gm daily); PA
<i>nystatin (topical) CREA</i>	1B	QL(10 gm daily)	<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 gm daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 gm daily)	<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ml daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 gm daily)	PANRETIN	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 gm daily)	Antipruritics - Topical		
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 gm daily)	<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
<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	Antipsoriatics		
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>acitretin 25 MG</i>	1B	QL(2 ea daily)
<i>sulconazole nitrate CREA</i>	1B		<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)
<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	<i>calcipotriene CREA</i>	1B	QL(4 gm daily); PA
<i>tavaborole</i>	1B	PA	<i>calcipotriene OINT</i>	1B	QL(4 gm daily); PA
Anti-inflammatory Agents - Topical			<i>calcipotriene SOLN</i>	1B	QL(4 ml daily); PA
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 ea daily); PA	<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 gm daily); RX/OTC	COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily); PA
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX UNOREADY SOAJ	4	QL(0.072 ml daily); PA
<i>bexarotene (topical)</i>	4	SP; PA	COSENTYX SOSY 150 MG/ML	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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA	<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)
SKYRIZI SOSY	4	QL(0.025 ml daily); PA	<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ml daily); PA	<i>amcinonide CREA</i>	1B	QL(60 gm per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily); PA			
STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily); SP; PA			
<i>tazarotene CREA 0.1 %</i>	1B	QL(1 gm daily)	<i>amcinonide LOTN</i>	3	
TREMFYA SOAJ 200 MG/2ML	4	QL(0.072 ml daily); PA	<i>amcinonide OINT</i>	3	
TREMFYA SOAJ 100 MG/ML	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)
TREMFYA SOLN	4	QL(0.72 ml daily); PA	<i>betamethasone dipropionate (topical) LOTN</i>	1B	
TREMFYA SOSY 200 MG/2ML	4	QL(0.072 ml daily); PA	<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 gm daily)
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 gm daily)
Antiseborrheic Products			<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ml daily)
<i>selenium sulfide LOTN 2.5 %</i>	1B		<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 gm daily)
Antivirals - Topical			<i>betamethasone valerate CREA</i>	1B	QL(2.5 gm daily)
<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate FOAM</i>	1B	QL(1.67 gm daily)
<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate LOTN</i>	1B	QL(5 ml daily)
<i>penciclovir</i>	3	QL(0.18 gm daily)	<i>betamethasone valerate OINT</i>	1B	QL(3 gm daily)
Burn Products			<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST
<i>mafenide acetate PACK</i>	3				
<i>silver sulfadiazine</i>	1B	QL(20 gm daily)			
SULFAMYLON CREA	3				
Corticosteroids - Topical					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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 ea daily); RX/OTC
<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 gm daily)	<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B	
<i>fluocinolone acetonide CREA 0.01 %</i>	1B		<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1B	QL(15.15 gm daily); RX/OTC
<i>fluocinolone acetonide OIL</i>	1B	QL(8 ml daily)	<i>hydrocortisone butyrate CREA</i>	1B	QL(3 gm daily)
<i>fluocinolone acetonide OINT</i>	1B	QL(4 gm daily)	<i>hydrocortisone butyrate OINT</i>	1B	QL(3 gm daily)
			<i>hydrocortisone butyrate SOLN</i>	1B	QL(5 ml daily)
			<i>hydrocortisone valerate CREA</i>	1B	
			<i>hydrocortisone valerate OINT</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<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>prednicarbate OINT</i>	1B	
<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) CREA 0.1 %</i>	1B	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ml daily)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 gm daily)
Eczema Agents		
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 100 MG/0.67ML	4	QL(0.048 ml daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ml daily); PA
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 gm daily); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA

Drug Name	Drug Tier	Requirements/ Limits
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1B	QL(12 ea per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1B	QL(3 gm daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	1B	
Local Anesthetics - Topical		
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl PRSY</i>	1B	QL(4 ml daily)
<i>lidocaine hcl SOLN</i>	1B	QL(10 ml daily)
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 gm daily)
<i>lidocaine PTCH 5 %</i>	1B	PA
SYNERA PTCH	3	QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 gm daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1B	QL(1.67 gm daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 gm daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 gm daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) LOTN</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
Wound Care Products		
REGRANEX	3	QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
Diagnostic Tests		
CHEMSTRIP-K STRP	1B	
FORA GTEL BLOOD KETONE TEST STRIPS	1B	
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	1B	
GOJJI BLOOD KETONE TEST STRIPS	1B	
KETONE TEST STRIPS STRP	1B	
KETONE STRP	1B	
KETOSTIX STRP	1B	
NOVA MAX PLUS KETONE TESTSTRIPS	1B	
PRECISION XTRA	1B	
RELION KETONE TEST STRIPS STRP	1B	

Drug Name	Drug Tier	Requirements/ Limits
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUE TRACK TEST STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	

Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	Non-FDA approved uses require Prior Authorization
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
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 & hydrochlorothiazide</i>	1B	
<i>spironolactone & hydrochlorothiazide</i>	1B	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1B	
<i>triamterene & hydrochlorothiazide TABS</i>	1B	
Loop Diuretics		
<i>bumetanide SOLN 0.25 MG/ML</i>	1B	
<i>bumetanide TABS</i>	1B	QL(5 ea daily)
<i>ethacrynic acid</i>	1B	QL(16 ea daily)
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>furosemide TABS</i>	1B	
<i>torsemide 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 25 MG, 50 MG</i>	1A	QL(2 ea daily)
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 ea daily)
<i>indapamide TABS 2.5 MG</i>	1B	QL(2 ea daily)
<i>indapamide TABS 1.25 MG</i>	1B	QL(1 ea daily)
<i>metolazone</i>	1B	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1B	QL(0.143 ea daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1B	QL(1 ea daily)
<i>calcitonin (salmon) NA</i>	1B	QL(0.14 ml daily)
FORTEO SOPN (<i>teriparatide</i>)	4	QL(0.09 ml daily); SP; PA
FOSAMAX PLUS D	3	QL(0.143 ea daily); PA
<i>ibandronate sodium SOLN</i>	4	SP; PA
<i>ibandronate sodium TABS</i>	1B	QL(0.036 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 ea daily); PA
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 ea daily); PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 ea daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
<i>teriparatide SOPN</i>	4	QL(0.09 ml daily); SP; PA
TERIPARATIDE SOPN	4	QL(0.09 ml daily); PA
TYMLOS	4	PA
XGEVA SOLN	4	SP; PA
<i>zoledronic acid CONC</i>	4	SP; PA
<i>zoledronic acid SOLN</i>	4	SP; PA
Corticotropin		
ACTHAR GEL	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
<i>clomiphene citrate TABS</i>	3	PA
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
ORLISSA	2	PA
Growth Hormone Receptor Antagonists		
SOMAVERT 10 MG, 15 MG, 20 MG	4	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA
Growth Hormones		

Drug Name	Drug Tier	Requirements/ Limits
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	4	SP; PA
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	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
GALAFOLD	4	QL(0.5 ea daily); PA
LUMIZYME	4	SP; PA

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
MYALEPT	4	PA
NAGLAZYME	4	SP; 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</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 KIT</i>	4	PA
<i>octreotide acetate SOLN</i>	4	SP; PA
SANDOSTATIN LAR DEPOT KIT	4	PA
SANDOSTATIN LAR DEPOT KIT (<i>octreotide acetate</i>)	4	PA
SIGNIFOR	4	PA

Drug Name	Drug Tier	Requirements/ Limits
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	SP; PA
<i>tolvaptan TABS</i>	4	QL(2 ea daily); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	3	
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	3	
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>esterified estrogens & methyltestosterone</i>	3	
<i>estradiol & norethindrone acetate TABS</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	QL(1 ea daily)
Estrogens		
DELESTROGEN 10 MG/ML (<i>estradiol valerate</i>)	1B	
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1B	
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM</i>	1B	
<i>estradiol GEL 0.06 %</i>	3	
<i>estradiol PTTW</i>	1B	QL(0.286 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol PTWK</i>	1B		<i>ursodiol CAPS</i>	1B	QL(3 ea daily)
<i>estradiol TABS</i>	1B		<i>ursodiol TABS</i>	1B	
ESTROGEL GEL (<i>estradiol</i>)	3		Gastrointestinal Chloride Channel Activators		
EVAMIST SOLN	3		<i>lubiprostone</i>	1B	QL(2 ea daily)
MENEST	3		Gastrointestinal Stimulants		
MENOSTAR PTWK	3		<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ml daily)
PREMARIN SOLR	2		<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B	
PREMARIN TABS	2	QL(1 ea daily)	<i>metoclopramide hcl TABS</i>	1A	QL(6 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			Inflammatory Bowel Agents		
Fluoroquinolones			<i>balsalazide disodium CAPS</i>	1B	QL(9 ea daily)
BAXDELA SOLR	3	PA	DIPENTUM	2	
BAXDELA TABS	3	PA	INFLECTRA SOLR	4	PA
<i>ciprofloxacin hcl TABS</i>	1B		<i>mesalamine CP24</i>	1B	
<i>ciprofloxacin in d5w 5 %-200 MG/100ML</i>	3		<i>mesalamine CPDR</i>	1B	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1B	2 max fill(s) per 30 day(s) retail	<i>mesalamine ENEM</i>	3	
CIPRO SUSR	2	2 max fill(s) per 30 day(s) retail	<i>mesalamine SUPP</i>	3	
<i>levofloxacin in d5w 5 %-500 MG/100ML</i>	1B		<i>mesalamine TBEC 1.2 GM</i>	3	
<i>levofloxacin SOLN OR</i>	1B		<i>mesalamine TBEC 800 MG</i>	3	QL(6 ea daily)
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B		RENFLEXIS	4	PA
<i>levofloxacin TABS 500 MG</i>	1A		SKYRIZI SOCT	4	QL(0.043 ml daily); PA
<i>moxifloxacin hcl in sodium chloride</i>	1B		SKYRIZI SOLN	4	QL(0.36 ml daily); PA
<i>moxifloxacin hcl TABS</i>	1B		STELARA 130 MG/26ML	4	QL(3.47 ml daily); PA
<i>ofloxacin 300 MG, 400 MG</i>	1B		<i>sulfasalazine TABS</i>	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			<i>sulfasalazine TBEC</i>	1B	
Bile Acid Synthesis Disorder Agents			Intestinal Acidifiers		
CHOLBAM	4	SP; PA	<i>lactulose (encephalopathy)</i>	1B	
Gallstone Solubilizing Agents			Irritable Bowel Syndrome (IBS) Agents		
			<i>alosetron hcl</i>	1B	QL(2 ea daily)

Ambetter Formulary Updated December 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits
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 TABS 100 MG, 100 MG, 200 MG</i>	1B	
Urinary Stone Agents		
THIOLA EC TBEC 300 MG (<i>tiopronin</i>)	3	QL(10 ea daily); PA
THIOLA EC TBEC 100 MG (<i>tiopronin</i>)	3	QL(3 ea daily); PA
<i>tiopronin TBEC 100 MG</i>	3	QL(3 ea daily); PA
<i>tiopronin TBEC 300 MG</i>	3	QL(10 ea daily); PA
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		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 ea daily); PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	QL(3 ea daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS 500 MG	4	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTELET	4	QL(3 ea daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
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 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 40000 UNIT/ML	4	SP; PA
PROMACTA PACK	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid</i>	1B	QL(1 ea daily)
Iron		
<i>ferrous sulfate SOLN 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	0	
<i>ferrous sulfate TBEC 325 MG</i>	0	
Stem Cell Mobilizers		
MOZOBIL (<i>plerixafor</i>)	4	SP; PA
<i>plerixafor</i>	4	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		

Drug Name	Drug Tier	Requirements/ Limits
Hemostatics - Systemic		
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily); PA
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 ea daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl</i>	1B	PA
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 ea daily)
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 ea daily)
<i>triazolam</i>	1B	
<i>zaleplon 10 MG</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	1A	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1B	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	3	PA
Selective Melatonin Receptor Agonists		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ramelteon</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)	<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B	
LAXATIVES - Bowel Treatment Drugs			MACROLIDES - Drugs to Treat Bacterial Infections		
Bulk Laxatives			Azithromycin		
<i>calcium polycarbophil TABS</i>	1B		<i>azithromycin PACK</i>	1B	
Laxative Combinations			<i>azithromycin SOLR</i>	1B	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1B		<i>azithromycin SUSR</i>	1B	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	0		<i>azithromycin TABS 250 MG</i>	1B	QL(6 ea per fill retail; 6 per fill mail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1B	PA	<i>azithromycin TABS 500 MG</i>	1B	QL(4 ea per fill retail; 4 per fill mail)
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B		<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 ea daily)
Laxatives - Miscellaneous			Clarithromycin		
<i>lactulose SOLN</i>	1B		<i>clarithromycin SUSR</i>	1B	
Saline Laxatives			<i>clarithromycin TABS</i>	1B	
OSMOPREP	3	PA	<i>clarithromycin TB24</i>	1B	
Stimulant Laxatives			Erythromycins		
<i>bisacodyl SUPP</i>	1A		<i>erythromycin base CPEP</i>	3	
<i>bisacodyl TBEC</i>	1A		<i>erythromycin base TABS</i>	3	
Surfactant Laxatives			<i>erythromycin base TBEC</i>	1B	
<i>docusate calcium</i>	1A	QL(1 ea daily)	<i>erythromycin ethylsuccinate SUSR</i>	1B	
<i>docusate sodium CAPS 250 MG</i>	1A		<i>erythromycin ethylsuccinate TABS</i>	3	
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 ea daily)	Fidaxomicin		
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing			DIFICID TABS	2	
Local Anesthetics - Amides			MEDICAL DEVICES AND SUPPLIES		
			Contraceptives		
			AIMSCO LUBRICATED MISC	0	
			CAYA DPRH	0	
			DUREX EXTRA SENSITIVE THIN DEVI	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DUREX EXTRA SENSITIVE THIN MISC	0		K-Y ME & YOU EXTRA LUBRICATED DEVI	0	
DUREX TROPICAL MISC	0		K-Y ME & YOU INTENSE DEVI	0	
FANTASY LUBRICATED/SPERMICIDE MISC	0		MAXX LUBRICATED MISC	0	
FANTASY LUBRICATED MISC	0		MAXX PLUS SPERMICIDE 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	OMNIFLEX DIAPHRAGM	0	
FEMCAP DEVI	0		REALITY LATEX CONDOMS/LUBRICATED MISC	0	
KAMELEON LUBRICATED MISC	0		REALITY LATEX/ULTRA TEXTURED DEVI	0	
KIMONO COLORS DEVI	0		REALITY LATEX/ULTRA THIN DEVI	0	
KIMONO LUBRICATED MISC	0		TROJAN MAGNUM MISC	0	
KIMONO MAXX/LARGE FLARE MISC	0		TROJAN ULTRA THIN LUBRICATED MISC	0	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0		TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	0	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0		TROJAN-ENZ LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0		TROJAN-ENZ W/SPERMICIDAL MISC	0	
KIMONO PS LUBRICATED MISC	0		TRUE COVER DEVI	0	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0		TRUSTEX COLOR CONDOMS + LUBE MISC	0	
KIMONO SENSATION LUBRICATED MISC	0		TRUSTEX LUBRICATED EXTRALARGE MISC	0	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	
KIMONO SPECIAL DEVI	0		TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	0	
			TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B		<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST
Parenteral Therapy Supplies			<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
SELECT INSULIN SYRINGES	1B	5/day; #	<i>eletriptan hydrobromide</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old); ST
SELECT INSULIN SYRINGES	1	5/day	<i>frovatriptan succinate</i>	1B	QL(0.4 ea daily); AL(At least 18 yrs old); ST
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			<i>naratriptan hcl</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
AIMOVIG	2	QL(0.04 ml daily); PA	<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
EMGALITY SOAJ	2	QL(0.07 ml daily); PA	<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA	<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
EMGALITY SOSY 100 MG/ML	2	QL(0.1 ml daily); PA	<i>sumatriptan</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old)
UBRELVY	3	ST	<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
Migraine Combinations			<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)			
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					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)	PLASMA-LYTE A (<i>electrolyte-a</i>)	1B	
<i>zolmitriptan SOLN</i>	1B	QL(0.2 ea daily); AL(At least 12 yrs old); ST	PLASMA-LYTE-148 (<i>electrolyte-148</i>)	1B	
<i>zolmitriptan TABS</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	1B	
<i>zolmitriptan TBDP</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	<i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B	
MINERALS & ELECTROLYTES			<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1B	
Bicarbonates			POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	
<i>sodium acetate SOLN</i>	1B		POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (<i>potassium chloride in nacl</i>)	1B	
SODIUM ACETATE SOLN (<i>sodium acetate</i>)	1B		<i>ringer's</i>	1B	
Calcium			Fluoride		
<i>calcium chloride (dihydrate) SOLN</i>	1B		<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)
Electrolyte Mixtures			Magnesium		
<i>dextrose in lactated ringers</i>	1B		<i>magnesium sulfate IJ 50 %</i>	1B	
<i>electrolyte-148</i>	1B		Phosphate		
<i>electrolyte-a</i>	1B		<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1B	
IONOSOL-MB/DEXTROSE 5%	1B		Potassium		
ISOLYTE-P/DEXTROSE 5%	1B				
ISOLYTE-S	1B				
KCL 0.3%/D5W/NACL 0.9% (<i>potassium chloride in dextrose & sodium chloride</i>)	1B				
<i>lactated ringer's</i>	1B				
NORMOSOL-M/D5W	1B				
NORMOSOL-R	1B				

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

Ambetter Formulary Updated December 1, 2024

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

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
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)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen</i> TABS	1B	
<i>carisoprodol</i> TABS	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorzoxazone</i> TABS 500 MG	1B	QL(6 ea daily)
<i>chlorzoxazone</i> TABS 750 MG	1B	QL(4 ea daily)
<i>cyclobenzaprine hcl</i> TABS 5 MG, 10 MG	1A	QL(3 ea daily)
<i>metaxalone</i> 800 MG	1B	QL(4 ea daily)
<i>methocarbamol</i> TABS 500 MG, 750 MG	1B	
<i>orphenadrine citrate</i> TB12	1B	QL(2 ea daily)
<i>tizanidine hcl</i> CAPS	1B	
<i>tizanidine hcl</i> TABS	1B	
Direct Muscle Relaxants		
<i>dantrolene sodium</i> CAPS	1B	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	RX/OTC
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i> 0.03 %	1B	QL(1 ml daily)
<i>ipratropium bromide (nasal)</i> 0.06 %	1B	
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal)</i> 0.025 %	1B	1 package(s) per fill retail
<i>fluticasone propionate (nasal)</i> SUSP	1B	Limit 2 inhalers per month; QL(32 ml per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal)</i> SUSP	1B	QL(1.14 gm daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal)</i> AERO	1B	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to		

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

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Local Anesthetics		
<i>proparacaine hcl</i>	1B	
Ophthalmic Steroids		
ALREX SUSP (<i>loteprednol etabonate</i>)	3	PA
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ml daily)
<i>difluprednate</i>	1B	PA
<i>fluorometholone (ophth) SUSP</i>	1B	
FML FORTE SUSP	3	PA
FML OINT	3	PA
LOTEMAX OINT	3	PA
<i>loteprednol etabonate GEL</i>	1B	PA
<i>loteprednol etabonate SUSP</i>	1B	PA
MAXIDEX SUSP OP	3	PA
<i>neomycin-polymy-dexameth OINT</i>	1B	
<i>neomycin-polymy-dexameth SUSP</i>	1B	
<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ml daily)
PRED MILD	3	PA
PRED-G SUSP	3	PA
<i>prednisolone acetate (ophth)</i>	1B	
PREDNISOLONE SODIUM PHOSPHATE	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA
<i>tobramycin-dexamethasone SUSP</i>	1B	
ZYLET	3	PA
Ophthalmic Surgical Aids		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
Ophthalmics - Misc.		

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

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin-fluocinolone acetonide</i>	1B	QL(0.5 ea daily); PA
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1B	QL(2 ml daily)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1B	
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMUNEX-C	4	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IJ 1 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
Natural Penicillins		
<i>penicillin g potassium 5000000 UNIT</i>	1B	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1B	
<i>amoxicillin & pot clavulanate SUSR</i>	1B	
<i>amoxicillin & pot clavulanate TABS</i>	1B	
<i>amoxicillin & pot clavulanate TB12</i>	1B	
<i>ampicillin & sulbactam sodium 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		

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
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	
<i>lofexidine hcl</i>	1B	QL(224 ea per 14 day(s) retail); PA
<i>LUCEMYRA (lofexidine hcl)</i>	3	QL(224 ea per 14 day(s) retail); PA
Antidementia Agents		
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TBDP 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	

Drug Name	Drug Tier	Requirements/ Limits
<i>rivastigmine tartrate CAPS</i>	1B	
Combination Psychotherapeutics		
<i>chlorthalidone-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 PATIENT TITRATION KIT TBPk	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
AUSTEDO XR PATIENT TITRATION KIT TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
AUSTEDO XR TB24	4	QL(1 ea daily); PA
AUSTEDO TABS	4	QL(4 ea daily); PA
INGREZZA CAPS	4	QL(1 ea daily); PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA
INGREZZA CPSP	4	QL(1 ea daily); PA
<i>tetrabenazine</i>	4	QL(3 ea daily); SP; PA
Multiple Sclerosis Agents		
AVONEX PEN AJKT	4	QL(0.0714 ml daily); SP; PA
AVONEX PSKT	4	QL(0.0714 ml daily); SP; PA
BETASERON KIT	4	QL(0.5 ea daily); SP; PA
<i>dalfampridine</i>	4	QL(2 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>dimethyl fumarate CDPK</i>	1B	QL(2 ea daily)
<i>dimethyl fumarate CPDR</i>	1B	QL(2 ea daily)
<i> fingolimod hcl</i>	4	QL(1 ea daily)
<i>glatiramer acetate SOSY 20 MG/ML</i>	3	QL(1 ml daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	3	QL(0.43 ml daily)
KESIMPTA	4	QL(0.0144 ml daily); PA
PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ml daily); PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
PLEGRIDY SOAJ	4	QL(0.036 ml daily); PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ml daily); SP; PA
<i>teriflunomide</i>	4	QL(1 ea daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily); PA
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	3	QL(2 ea daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1B	
<i>pimozide</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 ea daily)
<i>nicotine polacrilex GUM</i>	0	
<i>nicotine polacrilex LOZG</i>	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
<i>nicotine MISC XX</i>	0	QL(1 ea daily)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 ea daily)
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
<i>varenicline tartrate TABS</i>	0	QL(2 ea daily)
<i>varenicline tartrate TBPK</i>	0	
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK	4	QL(2 ea daily); PA
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

Drug Name	Drug Tier	Requirements/ Limits
<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		
<i>XERAVA</i>	4	PA
Glycylcyclines		
<i>tigecycline</i>	1B	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1B	
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1B	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1B	
<i>doxycycline hyclate CAPS</i>	1B	QL(2 ea daily)
<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		

Drug Name	Drug Tier	Requirements/ Limits
<i>methimazole TABS</i>	1B	
<i>propylthiouracil</i>	1B	
Thyroid Hormones		
<i>ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG</i>	2	
<i>ARMOUR THYROID TABS</i>	2	QL(1 ea daily)
<i>levothyroxine sodium TABS</i>	1B	
<i>liothyronine sodium SOLN</i>	1B	
<i>liothyronine sodium TABS</i>	1B	
<i>NP THYROID 120 TABS</i>	1B	QL(1 ea daily)
<i>NP THYROID 15 TABS</i>	1B	QL(1 ea daily)
<i>NP THYROID 30 TABS</i>	1B	QL(1 ea daily)
<i>NP THYROID 60 TABS</i>	1B	QL(1 ea daily)
<i>NP THYROID 90 TABS</i>	1B	QL(1 ea daily)
<i>SYNTHROID TABS (levothyroxine sodium)</i>	2	
TOXOIDS		
Toxoid Combinations		
<i>ADACEL SUSP</i>	0	
<i>BOOSTRIX SUSP</i>	0	
<i>BOOSTRIX SUSY</i>	0	
<i>DAPTACEL</i>	0	
<i>DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP</i>	0	
<i>INFANRIX</i>	0	
<i>KINRIX SUSY</i>	0	
<i>PEDIARIX SUSY</i>	0	
<i>PENTACEL</i>	0	
<i>QUADRACEL SUSP</i>	0	
<i>QUADRACEL SUSY</i>	0	
<i>TDVAX SUSP</i>	0	
<i>TENIVAC INJ</i>	0	

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>	1B	
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>dicyclomine hcl CAPS</i>	1B	
<i>dicyclomine hcl SOLN OR</i>	1B	
<i>dicyclomine hcl TABS</i>	1B	
<i>glycopyrrolate SOLN IJ 0.2 MG/ML, 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	
H-2 Antagonists		
<i>cimetidine TABS</i>	1B	RX/OTC
<i>famotidine in nacl SOLN</i>	1B	
<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B	
<i>famotidine SOLN 20 MG/2ML</i>	1A	
<i>famotidine SUSR</i>	1B	QL(10 ml daily)
<i>famotidine TABS 20 MG, 40 MG</i>	1B	RX/OTC
<i>nizatidine CAPS</i>	1B	
<i>ranitidine hcl TABS 150 MG</i>	1B	
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1B	QL(40 ml daily)
<i>sucralfate TABS</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Proton Pump Inhibitors		
<i>dexlansoprazole</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 ea daily); RX/OTC
<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	
NEXIUM 24HR TBEC (esomeprazole magnesium)	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)
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1B	QL(4 ea daily)
Ulcer Therapy Combinations		
<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
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 ea daily); RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		

Drug Name	Drug Tier	Requirements/ Limits
<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)
<i>fesoterodine fumarate</i>	1B	QL(1 ea daily); PA
<i>oxybutynin chloride SOLN</i>	1B	
<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>oxybutynin chloride TB24</i>	1B	
<i>solifenacin succinate TABS</i>	1B	QL(1 ea daily); PA
<i>tolterodine tartrate CP24</i>	1B	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>tropium chloride CP24</i>	1B	QL(1 ea daily)
<i>tropium chloride TABS</i>	1B	QL(3 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)
<i>bethanechol chloride 25 MG</i>	1B	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1B	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23/1 DOSE SOLN	0	
PNEUMOVAX 23 SOSY	0	
PREVNAR 13	0	
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail
TRUMENBA	0	

Drug Name	Drug Tier	Requirements/ Limits
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail
Viral Vaccines		
ABRYSVO	0	
AFLURIA 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
AREXVY	0	
COMIRNATY 2023-24 SUSP	0	
COMIRNATY 2023-24 SUSY	0	
COMIRNATY 2024-25 SUSY	0	
COMIRNATY SUSP	0	
ENGRIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
ENGRIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
FLUAD 2024-2025	0	1 max fill(s) per 180 day(s) retail

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
FLUAD QUADRIVALENT 2022-2023	0	1 max fill(s) per 180 day(s) retail
FLUAD QUADRIVALENT 2023-2024	0	1 max fill(s) per 180 day(s) retail
FLUARIX 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUBLOK 2024-2025 SOSY	0	1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT 2022-2023	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLULAVAL 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUMIST NASAL VACCINE 2024-2025	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
FLUZONE 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail
FLUZONE 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUZONE HIGH-DOSE 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUZONE HIGH-DOSE PF 2022-2023	0	1 max fill(s) per 180 day(s) retail
FLUZONE HIGH-DOSE PF 2023-2024	0	1 max fill(s) per 180 day(s) retail
FLUZONE QUADRIVALENT 2022-2023 SUSP	0	1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE/2024-25 SUSY	0	
FLUZONE QUADRIVALENT 2023-2024 SUSP	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE SUSP	0	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0	
GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	0	
GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0	
HAVRIX	0		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0	
HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	0	
IPOL INACTIVATED IPV	0		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0	
JANSSEN COVID-19 VACCINE	0		PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0	
M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	0	
MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	0		PFIZER-BIONTECH COVID-19VACCINE SUSP	0	
MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	0		PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
MODERNA COVID-19 VACCINE6MO-5Y SUSP	0				
MODERNA COVID-19 VACCINE SUSP	0				
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	0				

Drug Name	Drug Tier	Requirements/ Limits
PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail
RECOMBIVAX HB SUSP	0	
RECOMBIVAX HB SUSY	0	
ROTARIX SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	0	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	0	
SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	0	
SPIKEVAX COVID-19 VACCINE SUSP	0	
TWINRIX SUSY	0	
VAQTA	0	
VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	3	QL(1 ea daily); PA
Spermicides		
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
GYNAZOLE-1	3	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal SUPP</i>	1B	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	1B	QL(15.15 gm daily)
Vaginal Contraceptive - pH Modulators		
PHEXXI	0	PV
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1B	QL(2 gm daily)
<i>estradiol vaginal TABS</i>	1B	
ESTRING RING	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 0.3 MG/0.3ML</i>	2	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	1B	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
Vasopressors		
<i>midodrine hcl</i>	1B	

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

INDEX

abacavir sulfate SOLN	30	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 46	AIMOVIG	54
abacavir sulfate TABS	30		AIMSCO LUBRICATED MISC	51
abacavir sulfate-lamivudine	30	acyclovir CAPS	AIRDUO DIGIHALER 113/14	9
ABELCET	18	acyclovir SUSP	AIRDUO DIGIHALER 232/14	9
abiraterone acetate 250 MG	25	acyclovir TABS OR	AIRDUO DIGIHALER 55/14	9
abiraterone acetate 500 MG	25	acyclovir topical CREA	AIRSUPRA	10
ABRYSVO	66	acyclovir topical OINT	AKYNZEO	17
acamprosate calcium	62	ADACEL SUSP	albendazole	7
acarbose	15	ADALIMUMAB-ADAZ SOAJ	albuterol sulfate AERS	10
acebutolol hcl CAPS	32	ADALIMUMAB-ADAZ SOSY	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	10
acetaminophen w/ codeine SOLN ..	6	adapalene CREA	albuterol sulfate SYRP	10
acetaminophen w/ codeine TABS 15 MG-300 MG	6	adapalene GEL	albuterol sulfate TABS	10
acetaminophen w/ codeine TABS 30 MG-300 MG	6	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	alclometasone dipropionate CREA	40
acetaminophen w/ codeine TABS 60 MG-300 MG	6	ADCETRIS	alclometasone dipropionate OINT	40
acetaminophen-caff-dihydrocod		adefovir dipivoxil	ALDURAZYME	45
CAPS 30 MG-320.5 MG-16 MG	6	ADEMPAS	ALECENSA	26
acetazolamide CP12	44	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	alendronate sodium TABS 35 MG, 70 MG	44
acetazolamide sodium	44	ADVATE	alendronate sodium TABS 5 MG, 10 MG	44
acetazolamide TABS 125 MG	44	ADYNOVATE	alfuzosin hcl	48
acetazolamide TABS 250 MG	44	AFLURIA 2024-2025 SUSP	ALINIA SUSR	21
acetic acid (otic)	60	AFLURIA 2024-2025 SUSY	aliskiren fumarate	21
acetic acid 0.25 %	48	AFLURIA QUADRIVALENT 2022- 2023 SUSP	allopurinol 100 MG, 300 MG	48
acetylcysteine SOLN	37	AFLURIA QUADRIVALENT 2022- 2023 SUSY	almotriptan malate 12.5 MG	54
acitretin 10 MG, 17.5 MG	39	AFLURIA QUADRIVALENT 2023- 2024 SUSP	almotriptan malate 6.25 MG	54
acitretin 25 MG	39	AFSTYLA	ALOCRIIL	60
ACTHAR GEL	45		alogliptin benzoate	16
ACTHIB SOLR IM	66		alogliptin-metformin hcl	15
ACTIMMUNE 100 MCG/0.5ML	27			

alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG	15	aminophylline SOLN	10	1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG	1
alogliptin-pioglitazone 30 MG-12.5 MG	15	amiodarone hcl SOLN 50 MG/ML	9	amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG	1
ALOMIDE	60	amiodarone hcl TABS	9	amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
alosetron hcl	47	amitriptyline hcl TABS	14	amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG	1
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG	8	amlodipine besylate TABS	32	amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
alprazolam TABS 2 MG	8	amlodipine besylate-atorvastatin calcium	33	amphotericin b IV	18
alprazolam TB24	8	amlodipine besylate-benazepril hcl 20		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	49	amlodipine besylate-valsartan	20	ampicillin CAPS 500 MG	61
ALREX SUSP (loteprednol etabonate)	60	amlodipine-valsartan-hydrochlorothiazide	20	ampicillin sodium IJ 1 GM	61
ALTABAX	38	amoxapine	14	anagrelide hcl	49
ALTUVIIIO	49	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	35
alvimopan	48	amoxicillin CAPS	61	ANORO ELLIPTA	10
amantadine hcl CAPS	28	amoxicillin CHEW 125 MG, 250 MG 61		ANZEMET TABS 50 MG	17
amantadine hcl SOLN	28	amoxicillin SUSR 125 MG/5ML	61	APIDRA SOLN	16
amantadine hcl TABS	28	amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	61	APIDRA SOLOSTAR SOPN	16
ambrisentan	33	amoxicillin TABS	61		
amcinonide CREA	40	amoxicillin-clarithromycin w/ lansoprazole THPK	65		
amcinonide LOTN	40	amphetamine sulfate TABS	1		
amcinonide OINT	40	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-			
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	2				
amiloride & hydrochlorothiazide	44				
amiloride hcl TABS	44				
aminocaproic acid TABS	50				

apomorphine hydrochloride SOCT 28	aspirin TBEC 325 MG5	azacitidine SUSR 24
apraclonidine hcl 59	aspirin TBEC 81 MG 5	AZASITE 59
aprepitant CAPS 40 MG, 125 MG . 18	aspirin-dipyridamole49	AZATHIOPRINE56
aprepitant CAPS 80 MG 18	atazanavir sulfate CAPS 150 MG, 300 MG30	azathioprine TABS56
aprepitant CAPS 18	atazanavir sulfate CAPS 200 MG .30	azelaic acid GEL42
aprepitant MISC18	atenolol & chlorthalidone20	azelastine hcl (ophth) 60
APTIOM 11	atenolol TABS32	azelastine hcl58
APTIVUS CAPS30	ATGAM56	AZELEX 37
ARANESP ALBUMIN FREE SOLN 25 MCG/ML49	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG1	azithromycin PACK 51
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML49	atomoxetine hcl 60 MG, 80 MG, 100 MG1	azithromycin SOLR 51
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML ...49	atorvastatin calcium TABS19	azithromycin SUSR51
ARCALYST3	atovaquone21	azithromycin TABS 250 MG 51
AREXVY66	atovaquone-proguanil hcl22	azithromycin TABS 500 MG 51
arformoterol tartrate 10	atracurium besylate 100 MG/10ML 59	azithromycin TABS 600 MG 51
ARIKAYCE2	atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML 65	aztreonam 1 GM22
aripiprazole SOLN OR30	atropine sulfate SOSY IJ 0.25 MG/5ML65	bacitracin (ophthalmic)59
aripiprazole TABS30	ATROVENT HFA9	bacitracin21
armodafinil2	AUSTEDO PATIENT TITRATION KIT TBPK62	baclofen TABS58
ARMOUR THYROID TABS64	AUSTEDO TABS62	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) 35
ARNUITY ELLIPTA9	AUSTEDO XR PATIENT TITRATION KIT TEPK62	balsalazide disodium CAPS 47
arsenic trioxide 10 MG/10ML27	AUSTEDO XR TB2462	BALVERSA26
ARZERRA24	avanafil 33	BANZEL TABS 200 MG (rufinamide) 11
ascorbic acid SOLN IJ 70	AVONEX PEN AJKT62	BANZEL TABS 400 MG (rufinamide) 11
asenapine maleate 2.5 MG29	AVONEX PSKT62	BARACLUDE SOLN31
asenapine maleate 5 MG, 10 MG . 29	AYVAKIT 25	BASAGLAR KWIKPEN SOPN16
aspirin CHEW 5		BAXDELA SOLR47
aspirin TABS 325 MG5		BAXDELA TABS47
		BELSOMRA50

benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG ...20	augmented CREA40	bosentan TABS 125 MG33
benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG .. 20	betamethasone dipropionate augmented LOTN40	bosentan TABS 62.5 MG33
benazepril hcl20	betamethasone dipropionate augmented OINT40	BOSULIF TABS 100 MG, 500 MG 26
bendamustine hcl SOLR23	betamethasone valerate CREA ...40	BOSULIF TABS 400 MG 26
BENEFIX KIT49	betamethasone valerate FOAM ...40	BRAFTOVI 75 MG26
BENZEPRO CREAMY WASH LIQD . 37	betamethasone valerate LOTN ...40	BREO ELLIPTA (fluticasone furoate- vilanterol)10
BENZEPRO FOAM 5.3 %37	betamethasone valerate OINT40	BREO ELLIPTA 10
benzonatate 100 MG37	BETASERON KIT62	BREZTRI AEROSPHERE10
benzonatate 150 MG37	betaxolol hcl (ophth) SOLN59	BRILINTA49
benzonatate 200 MG37	betaxolol hcl32	brimonidine tartrate (topical)42
benzoyl peroxide FOAM 5.3 %, 9.8 %37	bethanechol chloride 25 MG66	brimonidine tartrate 0.15 %, 0.2 % 59
benzoyl peroxide GEL 10 %37	bethanechol chloride 5 MG, 10 MG, 50 MG66	brimonidine tartrate-timolol maleate . 59
benzoyl peroxide GEL 5 %37	bexarotene (topical)39	brinzolamide60
benzoyl peroxide LIQD 4 %, 7 %, 10 %37	bexarotene27	BRIVIACT SOLN OR 10 MG/ML .. 11
benzoyl peroxide-erythromycin GEL . 37	BEXSERO66	BRIVIACT TABS11
benztropine mesylate SOLN28	bicalutamide25	bromfenac sodium (ophth)60
benztropine mesylate TABS28	BIJUVA46	bromocriptine mesylate CAPS28
bepotastine besilate60	BIKTARVY30	bromocriptine mesylate TABS 2.5 MG28
BESIVANCE59	bimatoprost SOLN60	BRUKINSA26
betaine45	bisacodyl SUPP51	budesonide (inhalation) SUSP9
betamethasone dipropionate (topical) CREA40	bisacodyl TBEC51	budesonide (intrarectal)7
betamethasone dipropionate (topical) LOTN40	bisoprolol & hydrochlorothiazide ..20	budesonide (nasal)58
betamethasone dipropionate (topical) OINT40	bisoprolol fumarate32	budesonide CPEP36
betamethasone dipropionate	bleomycin sulfate 15 UNIT25	budesonide-formoterol fumarate dihydrate10
	BOOSTRIX SUSP64	bumetanide SOLN 0.25 MG/ML ...44
	BOOSTRIX SUSY64	bumetanide TABS44
	bortezomib SOLR IJ26	buprenorphine hcl SOLN7
	BORTEZOMIB SOLR IV 3.5 MG ..26	

buprenorphine hcl SUBL7	butalbital-aspirin-caffeine CAPS5	captopril 12.5 MG20
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG7	butalbital-aspirin-caffeine w/cod6	captopril 25 MG, 50 MG, 100 MG .20
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG7	butenafine hcl38	carbamazepine CHEW 100 MG ...11
buprenorphine hcl-naloxone hcl dihydrate SUBL7	butorphanol tartrate IJ 1 MG/ML, 2 MG/ML7	carbamazepine CP12 100 MG11
buprenorphine PTWK7	butorphanol tartrate NA 10 MG/ML .7	carbamazepine CP12 200 MG11
bupropion hcl (smoking deterrent) 63	cabergoline46	carbamazepine CP12 300 MG11
bupropion hcl TABS13	CABLIVI49	carbamazepine SUSP11
bupropion hcl TB12 100 MG13	CABOMETYX TABS26	carbamazepine TABS12
bupropion hcl TB12 150 MG13	calcipotriene CREA39	carbamazepine TB12 100 MG, 400 MG12
bupropion hcl TB12 200 MG13	calcipotriene OINT39	carbamazepine TB12 200 MG12
bupropion hcl TB24 150 MG13	calcipotriene SOLN39	carbidopa28
bupropion hcl TB24 300 MG13	calcipotriene-betamethasone dipropionate OINT40	carbidopa-levodopa TABS28
buspirone hcl 5 MG8	calcipotriene-betamethasone dipropionate SUSP41	carbidopa-levodopa TBCR28
buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG8	calcitonin (salmon) NA44	carbidopa-levodopa TBDP28
busulfan SOLN23	calcitriol (topical)39	carbidopa-levodopa-entacapone .28
butalbital-acetaminophen TABS 50 MG-325 MG5	calcitriol CAPS45	carbinoxamine maleate SOLN18
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG4	calcitriol SOLN IV45	carbinoxamine maleate TABS 4 MG . 18
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG4	calcium acetate (phosphate binder) CAPS48	carboplatin SOLN 50 MG/5ML23
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG4	calcium acetate (phosphate binder) TABS48	carisoprodol TABS58
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG6	calcium chloride (dihydrate) SOLN 55	carmustine23
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG6	calcium polycarbophil TABS51	carteolol hcl (ophth)59
	CALQUENCE26	carvedilol32
	candesartan cilexetil20	carvedilol phosphate32
	candesartan cilexetil- hydrochlorothiazide20	caspofungin acetate18
	capecitabine24	CAYA DPRH51
	CAPRELSA26	CAYSTON22
		cefaclor CAPS34
		cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML34

cefadroxil CAPS	34	CHEMET	17	ciclopirox olamine CREA	38
cefadroxil SUSR	34	CHEMSTRIP-K STRP	43	ciclopirox olamine SUSP	38
cefadroxil TABS	34	chloramphenicol sodium succinate 22		ciclopirox SHAM	38
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG	34	chlordiazepoxide hcl CAPS	8	ciclopirox SOLN	38
cefdinir CAPS	34	chlordiazepoxide hcl-clidinium bromide	65	cidofovir	31
cefdinir SUSR	34	chlordiazepoxide-amitriptyline	62	cilostazol	49
cefepime hcl SOLR IV 2 GM	34	chlorhexidine gluconate (mouth- throat)	57	CIMDUO	30
cefixime CAPS	34	chloroquine phosphate TABS 250 MG	22	cimetidine TABS	65
cefixime SUSR	34	chloroquine phosphate TABS 500 MG	22	cinacalcet hcl	45
cefotaxime sodium IJ 1 GM, 2 GM	34	chlorpromazine hcl SOLN	29	CIPRO SUSR	47
cefotetan disodium IJ 1 GM, 2 GM	34	chlorpromazine hcl TABS	29	ciprofloxacin hcl (ophth) SOLN	59
cefoxitin sodium IV 1 GM, 2 GM ...	34	chlorthalidone 25 MG, 50 MG	44	ciprofloxacin hcl (otic)	60
cefpodoxime proxetil SUSR	34	chlorzoxazone TABS 500 MG	58	ciprofloxacin hcl TABS	47
cefpodoxime proxetil TABS	34	chlorzoxazone TABS 750 MG	58	ciprofloxacin in d5w 5 %-200 MG/100ML	47
cefprozil SUSR	34	CHOLBAM	47	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	47
cefprozil TABS	34	cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT	70	ciprofloxacin-dexamethasone	60
ceftazidime IJ 1 GM, 6 GM	34	cholecalciferol TABS 10 MCG, 400 UNIT	70	ciprofloxacin-fluocinolone acetone . 61	
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG	34	cholestyramine light PACK	19	cisplatin SOLN 100 MG/100ML	23
ceftriaxone sodium IJ 250 MG	34	cholestyramine light POWD	19	citalopram hydrobromide SOLN ...	13
cefuroxime axetil TABS	34	cholestyramine PACK	19	citalopram hydrobromide TABS 10 MG	13
cefuroxime sodium IJ 750 MG	34	cholestyramine POWD	19	citalopram hydrobromide TABS 20 MG	13
celecoxib	4	choline fenofibrate	19	citalopram hydrobromide TABS 40 MG	13
CELONTIN (methsuximide)	13	CHORIONIC GONADOTROPIN IM 45		clarithromycin SUSR	51
cephalexin CAPS	34	ciclopirox GEL	38	clarithromycin TABS	51
cephalexin SUSR	34			clarithromycin TB24	51
CERDELGA	49			CLASSIC PRENATAL TABS	57
CEREZYME 400 UNIT	49				
cetirizine hcl TABS	18				
cevimeline hcl	57				

clemastine fumarate SYRP	18	clobetasol propionate CREA 0.05 % .	29	clozapine TBDP 25 MG	29
clemastine fumarate TABS 2.68 MG .	18	41		COARTEM	22
CLIMARA PRO	46	clobetasol propionate emollient base	41	codeine sulfate TABS 30 MG	5
clindamycin hcl	22	0.05 %	41	CODEINE SULFATE TABS	5
clindamycin palmitate hydrochloride .	22	clobetasol propionate FOAM	41	colchicine TABS	48
clindamycin phosphate (topical)		clobetasol propionate GEL 0.05 %	41	colchicine w/ probenecid	48
FOAM	37	clobetasol propionate OINT 0.05 %	41	colesevelam hcl PACK	19
clindamycin phosphate (topical) GEL	37	clobetasol propionate SOLN 0.05 % .	41	colesevelam hcl TABS	19
clindamycin phosphate (topical)		41		colestipol hcl GRAN	19
LOTN	37	clocortolone pivalate	41	colestipol hcl PACK	19
clindamycin phosphate (topical)		clofarabine	24	colestipol hcl TABS	19
SOLN	37	clomiphene citrate TABS	45	COMBIPATCH PTTW	46
clindamycin phosphate (topical)		clomipramine hcl	14	COMETRIQ KIT	26
SWAB	37	clonazepam TABS	11	COMIRNATY 2023-24 SUSP	66
clindamycin phosphate (topical)		clonidine hcl (adhd) TB12	1	COMIRNATY 2023-24 SUSY	66
clindamycin phosphate SOLN IJ 9		clonidine hcl TABS	20	COMIRNATY 2024-25 SUSY	66
GM/60ML, 300 MG/2ML, 600		clonidine PTWK	20	COMIRNATY SUSP	66
MG/4ML, 900 MG/6ML, 9000		clopidogrel bisulfate 300 MG	49	COMPLERA	30
MG/60ML	22	clopidogrel bisulfate 75 MG	49	CONTRACE	1
clindamycin phosphate vaginal CREA		clorazepate dipotassium TABS	8	COPIKTRA	26
.....	69	clotrimazole (topical) CREA	38	CORDRAN TAPE	41
clindamycin phosphate-benzoyl		clotrimazole (topical) SOLN	38	CORLANOR SOLN	34
peroxide (refrigerate)	37	clotrimazole	57	CORLANOR TABS (ivabradine hcl)	34
clindamycin phosphate-benzoyl		clotrimazole vaginal CREA 1 % ...	69	CORTISPORIN-TC	61
peroxide GEL 5 %-1 %	37	clotrimazole w/ betamethasone		COSENTYX SENSOREADY PEN	
clindamycin phosphate-tretinoin ..	37	CREA	38	SOAJ	39
CLINIMIX 4.25%/DEXTROSE 10%	59	clotrimazole w/ betamethasone		COSENTYX SOSY 150 MG/ML ...	39
CLINIMIX 4.25%/DEXTROSE 5%	59	LOTN	38	COSENTYX SOSY 75 MG/0.5ML .	39
CLINIMIX E 5%/DEXTROSE 20%	59	clozapine TABS	29	COSENTYX UNOREADY SOAJ ..	39
clobazam SUSP	11	clozapine TBDP 100 MG	29		
clobazam TABS	11	clozapine TBDP 12.5 MG, 150 MG			

CREON CPEP	43	FOR PSORIASIS/UEITIS AJKT ...	3	deflazacort SUSP	36
CRESEMBA CAPS 186 MG	18	cyproheptadine hcl SYRP	19	deflazacort TABS	36
cromolyn sodium (ophth)	60	cyproheptadine hcl TABS	19	DELESTROGEN 10 MG/ML (estradiol valerate)	46
cromolyn sodium NEBU	9	CYSTAGON CAPS	48	DELSTRIGO	30
crotamiton LOTN	43	CYSTARAN	60	demeclocycline hcl TABS	64
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	57	cytarabine SOLN	24	DEPO-ESTRADIOL	46
cyanocobalamin SOLN IJ 1000 MCG/ML	49	dabigatran etexilate mesylate CAPS . 11		DEPO-MEDROL SUSP	36
cyclobenzaprine hcl TABS 5 MG, 10 MG	58	dacarbazine SOLR 200 MG	27	DEPO-SUBQ PROVERA 104 SUSY SC	36
cyclophosphamide CAPS	23	dactinomycin	25	desipramine hcl TABS	14
cyclophosphamide SOLR IJ	23	dalfampridine	62	desloratadine TABS	18
cycloserine	23	danazol CAPS	7	desloratadine TBDP 2.5 MG	18
cyclosporine (ophth) EMUL	59	dantrolene sodium CAPS	58	desmopressin acetate SOLN IJ ...	46
cyclosporine CAPS	56	dapagliflozin propanediol	16	DESMOPRESSIN ACETATE SOLN NA	46
cyclosporine modified (for microemulsion) CAPS	56	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	15	desmopressin acetate spray	46
cyclosporine modified (for microemulsion) SOLN	56	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	15	desmopressin acetate spray refrigerated	46
cyclosporine SOLN IV 50 MG/ML .	56	dapsone	22	desmopressin acetate TABS 0.1 MG 46	
CYLTEZO AJKT	3	DAPTACEL	64	desmopressin acetate TABS 0.2 MG 46	
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML	3	daptomycin 500 MG	22	desogestrel & ethinyl estradiol	35
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	3	darifenacin hydrobromide	66	desogestrel-ethinyl estradiol (biphasic)	35
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	3	darunavir TABS	30	desogestrel-ethinyl estradiol (triphasic)	35
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	3	dasatinib	26	desonide CREA	41
CYLTEZO STARTER PACKAGE		DAURISMO	25	desonide LOTN	41
		DEBACTEROL	57	desonide OINT	41
		decitabine	24	desoximetasone CREA 0.25 %	41
		deferasirox PACK	17	desoximetasone GEL	41
		deferasirox TABS	17		
		deferasirox TBSO	17		
		deferiprone TABS 500 MG	17		

desoximetasone OINT 0.25 %41	DIACOMIT CAPS 500 MG12	0.25 MG, 62.5 MCG, 125 MCG, 250 MCG33
desvenlafaxine succinate 100 MG .14	DIACOMIT PACK 250 MG12	dihydroergotamine mesylate SOLN IJ 1 MG/ML54
desvenlafaxine succinate 25 MG, 50 MG14	DIACOMIT PACK 500 MG12	dihydroergotamine mesylate SOLN NA 4 MG/ML54
dexamethasone ELIX36	diazepam (anticonvulsant) GEL ...11	DILANTIN (phenytoin sodium extended)12
DEXAMETHASONE INTENSOL CONC36	diazepam CONC8	DILANTIN12
dexamethasone sodium phosphate (ophth)60	diazepam SOLN OR 5 MG/5ML8	DILANTIN INFATABS CHEW (phenytoin)12
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML36	diazepam TABS8	DILANTIN-125 SUSP (phenytoin) .13
dexamethasone sodium phosphate SOSY IJ 4 MG/ML36	diazoxide16	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG32
dexamethasone SOLN36	dichlorphenamide44	diltiazem hcl coated beads CP24 180 MG, 240 MG32
dexamethasone TABS 0.5 MG, 0.75 MG36	diclofenac epolamine PTCH EX ...39	diltiazem hcl CP1232
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG36	diclofenac potassium TABS 50 MG .4	diltiazem hcl CP2432
dexchlorpheniramine maleate SOLN .18	diclofenac sodium (actinic keratoses) EX39	diltiazem hcl extended release beads32
dexlansoprazole65	diclofenac sodium (ophth)60	diltiazem hcl SOLN 50 MG/10ML ..32
dexmethylphenidate hcl CP242	diclofenac sodium (topical) GEL EX 39	DILTIAZEM HCL SOLR33
dexmethylphenidate hcl TABS2	diclofenac sodium TB244	diltiazem hcl TABS33
dextroamphetamine sulfate CP24 10 MG, 15 MG1	diclofenac sodium TBEC4	diltiazem hcl TB2433
dextroamphetamine sulfate CP24 5 MG1	diclofenac w/ misoprostol TBEC4	dimethyl fumarate CDPK63
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG .1	dicloxacin sodium61	dimethyl fumarate CPDR63
dextroamphetamine sulfate TABS 5 MG, 10 MG1	dicyclomine hcl CAPS65	DIPENTUM47
dextrose in lactated ringers55	dicyclomine hcl SOLN OR65	diphenhydramine hcl CAPS 50 MG 18
DIACOMIT CAPS 250 MG12	dicyclomine hcl TABS65	diphenhydramine hcl ELIX 12.5 MG/5ML18
	DIFFERIN LOTN37	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML18
	DIFICID TABS51	
	diflorasone diacetate CREA41	
	diflorasone diacetate OINT41	
	diflunisal TABS5	
	difluprednate60	
	digoxin SOLN OR 0.05 MG/ML33	
	digoxin TABS 0.0625 MG, 0.125 MG,	

diphenhydramine hcl SOLN 50 MG/ML	18	doxepin hcl (sleep)	50 42		
diphenoxylate w/ atropine LIQD ...	17	doxepin hcl CAPS	14	DUPIXENT SOAJ 300 MG/2ML ...	42
diphenoxylate w/ atropine TABS ...	17	doxepin hcl CONC	14	DUPIXENT SOSY 100 MG/0.67ML	42
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ..	64	doxercalciferol CAPS	45	DUPIXENT SOSY 200 MG/1.14ML	42
dipyridamole	49	doxercalciferol SOLN	45	DUPIXENT SOSY 300 MG/2ML ...	42
disopyramide phosphate CAPS	8	doxorubicin hcl liposomal SUSP ...	25	DUREX EXTRA SENSITIVE THIN DEVI	51
disulfiram	62	doxorubicin hcl SOLN	25	DUREX EXTRA SENSITIVE THIN MISC	52
DIURIL SUSP	44	doxorubicin hcl SOLR 10 MG, 50 MG	25	DUREX TROPICAL MISC	52
divalproex sodium TB24	13	doxycycline (monohydrate) CAPS 50 MG, 100 MG	64	dutasteride	48
divalproex sodium TBEC	13	doxycycline (monohydrate) CAPS 75 MG	64	dutasteride-tamsulosin hcl	48
docetaxel CONC 20 MG/ML	28	doxycycline (monohydrate) CAPS 75 MG	64	econazole nitrate CREA	38
docetaxel SOLN 20 MG/2ML	28	doxycycline (monohydrate) TABS 100 MG	64	EDARBI	20
docusate calcium	51	doxycycline (monohydrate) TABS 50 MG, 75 MG	64	EDURANT	30
docusate sodium CAPS 100 MG ..	51	doxycycline (monohydrate) TABS 50 MG, 75 MG	64	efavirenz CAPS 200 MG	30
docusate sodium CAPS 250 MG ..	51	doxycycline hyclate CAPS	64	efavirenz CAPS 50 MG	30
dofetilide	9	doxycycline hyclate SOLR	64	efavirenz TABS	30
donepezil hydrochloride TABS 10 MG	62	doxycycline hyclate SOLR	64	efavirenz-emtricitabine-tenofovir disoproxil fumarate	30
donepezil hydrochloride TABS 5 MG, 23 MG	62	doxycycline hyclate TABS 20 MG, 100 MG	64	efavirenz-lamivudine-tenofovir disoproxil fumarate	30
donepezil hydrochloride TBDP 10 MG	62	doxylamine-pyridoxine TBEC	17	EGRIFTA 2 MG	45
donepezil hydrochloride TBDP 5 MG 62		dronabinol CAPS	17	EGRIFTA SV	45
DOPTELET	49	drospirenone-ethinyl estradiol	35	ELAPRASE	45
dorzolamide hcl	60	drospirenone-ethinyl estradiol-levomefolate calcium	35	electrolyte-148	55
dorzolamide hcl-timolol maleate ..	59	DROXIA CAPS	49	electrolyte-a	55
DOVATO	30	DUAVEE	46	ELESTRIN GEL	46
doxazosin mesylate	20	DULERA	10	eletriptan hydrobromide	54
doxepin hcl (antipruritic)	39	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	14	ELIGARD KIT SC 7.5 MG	25
		duloxetine hcl CPEP 40 MG	14		
		DUPIXENT SOAJ 200 MG/1.14ML			

ELIGARD SC 22.5 MG, 30 MG, 45 MG	25	ENBREL SURECLICK SOAJ	4	EQUETRO 300 MG	29
ELIQUIS STARTER PACK TBPk .	10	ENGERIX-B SUSP 20 MCG/ML ...	66	ERAXIS	18
ELIQUIS TABS	10	ENGERIX-B SUSY	66	ERBITUX	24
ELLA	35	enoxaparin sodium SOLN IJ 300 MG/3ML	10	ergocalciferol CAPS	70
ELMIRON CAPS	48	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	10	ergocalciferol SOLN OR	70
ELOCTATE	49	enoxaparin sodium SOSY 30 MG/0.3ML	10	ergoloid mesylates TABS	63
EMCYT	25	enoxaparin sodium SOSY 40 MG/0.4ML	11	ERGOMAR SUBL	54
EMFLAZA SUSP (deflazacort)	36	enoxaparin sodium SOSY 60 MG/0.6ML	10	ergotamine w/ caffeine TABS	54
EMFLAZA TABS (deflazacort)	36	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	10	eribulin mesylate	28
EMGALITY SOAJ	54	ENSPRYNG	56	ERIVEDGE	25
EMGALITY SOSY 100 MG/ML	54	entacapone	28	ERLEADA 240 MG	25
EMGALITY SOSY 120 MG/ML	54	entecavir TABS	31	ERLEADA 60 MG	25
EMSAM	13	EPIDIOLEX	12	erlotinib hcl	24
emtricitabine CAPS	30	epinastine hcl (ophth)	60	ERTACZO	38
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	30	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	69	ertapenem sodium IJ	21
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	30	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	69	erythromycin (acne aid) PADS	38
EMTRIVA SOLN	30	EPIVIR HBV SOLN	31	erythromycin (acne aid) SOLN	38
EMVERM CHEW	8	eplerenone	21	erythromycin (ophth)	59
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20		EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	49	erythromycin base CPEP	51
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20		epoprostenol sodium	33	erythromycin base TABS	51
enalapril maleate TABS	20	EQL PRENATAL FORMULA TABS 57		erythromycin base TBEC	51
ENBREL MINI SOCT	4	EQUETRO 100 MG	29	erythromycin ethylsuccinate SUSR 51	
ENBREL SOLN	4	EQUETRO 200 MG	29	erythromycin ethylsuccinate TABS 51	
ENBREL SOSY 25 MG/0.5ML	4			escitalopram oxalate SOLN	13
ENBREL SOSY 50 MG/ML	4			escitalopram oxalate TABS 10 MG 13	
				escitalopram oxalate TABS 20 MG 13	
				escitalopram oxalate TABS 5 MG .	13
				esomeprazole magnesium CPDR 20	

MG	65	etoposide CAPS	28	FARXIGA	16
esomeprazole magnesium CPDR 40 MG	65	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	28	FASENRA PEN SOAJ	9
esomeprazole magnesium TBEC ..	65	etravirine 100 MG	30	FASENRA SOSY 30 MG/ML	9
ESPEROCT	49	etravirine 200 MG	30	FC2 FEMALE CONDOM	52
estazolam	50	EUCRISA	42	febuxostat	48
esterified estrogens & methyltestosterone	46	EVAMIST SOLN	47	felbamate SUSP	12
estradiol & norethindrone acetate TABS	46	everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	56	felbamate TABS 400 MG	12
estradiol GEL 0.06 %	46	everolimus (immunosuppressant) 1 MG	56	felbamate TABS 600 MG	12
estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	46	everolimus TABS	26	felodipine	33
estradiol PTTW	46	EVOTAZ	30	FEMCAP DEVI	52
estradiol PTWK	47	exemestane	25	FEMLYV TBDP	35
estradiol TABS	47	ezetimibe	19	FEMRING	69
estradiol vaginal CREA	69	ezetimibe-simvastatin	19	fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG ...	19
estradiol vaginal TABS	69	famciclovir 125 MG, 250 MG	31	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	19
estradiol valerate	46	famciclovir 500 MG	31	fenoprofen calcium TABS	4
ESTRING RING	69	famotidine in nacl SOLN	65	FENSOLVI SC	45
ESTROGEL GEL (estradiol)	47	famotidine SOLN 20 MG/2ML	65	fentanyl citrate LPOP	5
eszopiclone	50	famotidine SOLN 40 MG/4ML, 200 MG/20ML	65	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	5
ethacrynic acid	44	famotidine SUSR	65	ferrous fumarate-folic acid	50
ethambutol hcl TABS	23	famotidine TABS 20 MG, 40 MG ..	65	ferrous sulfate SOLN 15 MG/ML ..	50
ethosuximide CAPS	13	FANAPT	29	ferrous sulfate TABS 65 MG, 325 MG	50
ethosuximide SOLN	13	FANAPT TITRATION PACK	29	ferrous sulfate TBEC 325 MG	50
ethynodiol diacet & eth estrad	35	FANTASY LUBRICATED MISC ...	52	fesoterodine fumarate	66
etodolac CAPS	4	FANTASY LUBRICATED/SPERMICIDE MISC	52	FETZIMA CP24	14
etodolac TABS	4	FARXIGA (dapagliflozin propanediol)	16	FETZIMA TITRATION PACK C4PK	14
etonogestrel-ethinyl estradiol	35			finasteride	48
ETOPOPHOS	28				

fingolimod hcl63	flucytosine 18	fluoxetine hcl CAPS 20 MG13
FIRDAPSE 23	fludarabine phosphate SOLN24	fluoxetine hcl CAPS 40 MG14
FIRMAGON 25	fludarabine phosphate SOLR24	fluoxetine hcl CPDR14
flavoxate hcl66	fludrocortisone acetate TABS37	fluoxetine hcl SOLN14
flecainide acetate9	FLULAVAL 2024-2025 SUSY 67	fluoxetine hcl TABS 10 MG, 60 MG 14
floxuridine 24	FLULAVAL QUADRIVALENT 2022- 2023 SUSY67	fluoxetine hcl TABS 20 MG 14
FLUAD 2024-2025 66	FLULAVAL QUADRIVALENT 2023- 2024 SUSY67	fluphenazine hcl CONC29
FLUAD QUADRIVALENT 2022-202367	FLUMIST NASAL VACCINE 2024- 2025 67	fluphenazine hcl ELIX30
FLUAD QUADRIVALENT 2023-202467	FLUMIST QUADRIVALENT67	fluphenazine hcl SOLN 30
FLUARIX 2024-2025 SUSY 67	flunisolide (nasal) 0.025 %58	fluphenazine hcl TABS30
FLUARIX QUADRIVALENT 2022- 2023 SUSY67	fluocinolone acetonide (otic) 61	flurandrenolide CREA41
FLUARIX QUADRIVALENT 2023- 2024 SUSY 67	fluocinolone acetonide CREA 0.01 % 41	flurandrenolide LOTN41
FLUBLOK 2024-2025 SOSY 67	fluocinolone acetonide CREA 0.025 %41	flurazepam hcl50
FLUBLOK QUADRIVALENT 2022- 2023 67	fluocinolone acetonide OIL 41	flurbiprofen sodium60
FLUBLOK QUADRIVALENT 2023- 2024 67	fluocinolone acetonide OINT41	flurbiprofen TABS 4
FLUCELVAX 2024-2025 SUSP ... 67	fluocinolone acetonide SOLN41	flutamide25
FLUCELVAX 2024-2025 SUSY ... 67	fluocinonide CREA 0.05 %41	fluticasone furoate-vilanterol 10
FLUCELVAX QUADRIVALENT 2022-2023 SUSP 67	fluocinonide CREA 0.1 %41	fluticasone propionate (inhalation) AEPB9
FLUCELVAX QUADRIVALENT 2022-2023 SUSY 67	fluocinonide emulsified base41	fluticasone propionate (nasal) SUSP . 58
FLUCELVAX QUADRIVALENT 2023-2024 SUSP 67	fluocinonide GEL41	fluticasone propionate CREA 0.05 % 41
FLUCELVAX QUADRIVALENT 2023-2024 SUSY 67	fluocinonide OINT41	fluticasone propionate hfa9
fluconazole SUSR18	fluocinonide SOLN41	fluticasone propionate LOTN 41
fluconazole TABS18	fluorometholone (ophth) SUSP60	fluticasone propionate OINT41
	fluorouracil (topical) CREA 5 % ...39	fluticasone-salmeterol AEPB 10
	fluorouracil (topical) SOLN39	fluticasone-salmeterol AERO10
	fluorouracil 500 MG/10ML 24	fluvastatin sodium CAPS 20 MG ...19
	fluoxetine hcl CAPS 10 MG14	fluvastatin sodium CAPS 40 MG ...19

fluvoxamine maleate TABS 100 MG . 14	FORTEO SOPN (teriparatide) 44	fulvestrant SOSY 25
fluvoxamine maleate TABS 25 MG, 50 MG 14	FOSAMAX PLUS D 44	furosemide SOLN OR 10 MG/ML, 40 MG/5ML 44
FLUZONE 2024-2025 SUSP 67	fosamprenavir calcium TABS 30	furosemide TABS 44
FLUZONE 2024-2025 SUSY 67	fosfomycin tromethamine 22	FUZEON SOLR 30
FLUZONE HIGH-DOSE 2024-2025 SUSY 67	fosinopril sodium & hydrochlorothiazide 20	FYCOMPA TABS 2 MG 11
FLUZONE HIGH-DOSE 2024-2025 SUSY 67	fosinopril sodium 20	FYCOMPA TABS 4 MG 11
FLUZONE HIGH-DOSE PF 2022-2023 67	fosphenytoin sodium 13	FYCOMPA TABS 6 MG 11
FLUZONE HIGH-DOSE PF 2023-2024 67	FRAGMIN SOSY 11	FYCOMPA TABS 8 MG, 10 MG, 12 MG 11
FLUZONE QUADRIVALENT 2022-2023 SUSP 67	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM 53	gabapentin CAPS 12
FLUZONE QUADRIVALENT 2022-2023 SUSY 68	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM 53	gabapentin SOLN 12
FLUZONE QUADRIVALENT 2023-2024 SUSP 68	FREESTYLE LIBRE 2 PLUS/SENSOR/FLASH GLUCOSE MONITOR SYSTEM 53	gabapentin TABS 600 MG, 800 MG 12
FLUZONE QUADRIVALENT 2023-2024 SUSY 68	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM 53	GALAFOLD 45
FML FORTE SUSP 60	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM 53	galantamine hydrobromide CP24 . 62
FML OINT 60	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM 53	galantamine hydrobromide SOLN . 62
folic acid TABS 49	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM 53	galantamine hydrobromide TABS . 62
fondaparinux sodium 10 MG/0.8ML 11	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM 53	GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML 61
fondaparinux sodium 2.5 MG/0.5ML . 11	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM 53	GAMMAGARD LIQUID 30 GM/300ML 61
fondaparinux sodium 5 MG/0.4ML . 11	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM 53	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR 61
fondaparinux sodium 7.5 MG/0.6ML . 11	FREESTYLE LIBRE 3/READER/FLASH MONITORING SYSTEM 53	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML 61
FORA GTEL BLOOD KETONE TEST STRIPS 43	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM 53	GAMUNEX-C 61
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT .. 43	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM 53	ganciclovir sodium SOLR 31
formoterol fumarate NEBU 10	frovatriptan succinate 54	ganirelix acetate 45

gatifloxacin (ophth)	59	glucagon (rdna)	16	halobetasol propionate OINT	41
gefitinib	24	glyburide micronized 1.5 MG, 3 MG, 6 MG	17	HALOG OINT	41
gemcitabine hcl SOLR 2 GM, 200 MG	24	glyburide TABS	17	haloperidol decanoate	29
gemfibrozil TABS	19	glyburide-metformin 250 MG-1.25 MG	15	haloperidol lactate CONC	29
GENOTROPIN CART SC	45	glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	15	haloperidol lactate SOLN	29
gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %	2	glycine (gu irrigant) SOLN 1.5 % ..	48	haloperidol TABS	29
gentamicin sulfate (ophth) OINT ...	59	glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML	65	HAVRIX	68
gentamicin sulfate (ophth) SOLN ..	59	glycopyrrolate TABS 1 MG	65	HEALON PRO SOSY	60
gentamicin sulfate (topical) CREA .	38	glycopyrrolate TABS 2 MG	65	HEMANGEOL SOLN OR	32
gentamicin sulfate (topical) OINT ..	38	GLYXAMBI	15	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	11
gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML	2	GNP PRENATAL TABS	57	HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 11	
GENVOYA	30	GOJJI BLOOD KETONE TEST STRIPS	43	HEPLISAV-B SOSY	68
GILOTRIF	24	granisetron hcl SOLN IV 1 MG/ML	17	HIBERIX SOLR IJ	66
glatiramer acetate SOSY 20 MG/ML . 63		granisetron hcl TABS	17	HUMATROPE CART IJ	45
glatiramer acetate SOSY 40 MG/ML . 63		GRASTEK SUBL	2	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	3
GLEOSTINE 10 MG	23	griseofulvin microsize SUSP	18	HUMIRA PEN AJKT 80 MG/0.8ML .	3
GLEOSTINE 40 MG, 100 MG	23	griseofulvin microsize TABS	18	HUMIRA PEN AJKT	3
glimepiride 1 MG, 2 MG	16	griseofulvin ultramicrosize	18	HUMIRA PEN-CD/UC/HS STARTER AJKT	3
glimepiride 4 MG	17	guanfacine hcl (adhd)	1	HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT	3
glipizide TABS 5 MG, 10 MG	17	guanfacine hcl	20	HUMIRA PEN-PS/UV STARTER AJKT	3
glipizide TB24	17	GYNAZOLE-1	69	HUMIRA PSKT	3
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG	15	HADLIMA PUSHTOUCH SOAJ	3	HUMULIN R U-500 (CONCENTRATED) SOLN SC	16
glipizide-metformin hcl 500 MG-5 MG	15	HADLIMA SOSY	3	HUMULIN R U-500 KWIKPEN SOPN SC	16
GLUCAGEN DIAGNOSTIC	43	HAEGARDA SOLR SC	49		
		HALAVEN (eribulin mesylate)	28		
		halcinonide CREA	41		
		halobetasol propionate CREA	41		

HYCANTIN CAPS28	hydrocortisone butyrate CREA 41	ibandronate sodium TABS44
hydralazine hcl SOLN21	hydrocortisone butyrate OINT 41	IBRANCE CAPS26
hydralazine hcl TABS21	hydrocortisone butyrate SOLN 41	IBRANCE TABS 26
hydrochlorothiazide CAPS44	hydrocortisone sod succinate 100 MG36	ibuprofen SUSP 100 MG/5ML 4
hydrochlorothiazide TABS 12.5 MG 44	hydrocortisone TABS 36	ibuprofen TABS 400 MG, 600 MG ..4
hydrochlorothiazide TABS 25 MG, 50 MG44	hydrocortisone vaginal 69	ibuprofen TABS 800 MG4
hydrocodone polistirex- chlorpheniramine polistirex SUER .37	hydrocortisone valerate CREA41	icatibant acetate SOLN49
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 6	hydrocortisone valerate OINT 41	icatibant acetate SOSY49
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML 6	hydrocortisone w/acetic acid61	ICLUSIG26
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG6	hydromorphone hcl LIQD 5	icosapent ethyl 1 GM 19
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG6	hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 5	idarubicin hcl 20 MG/20ML 26
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG6	hydromorphone hcl TABS5	idarubicin hcl 5 MG/5ML, 10 MG/10ML 26
hydrocodone-ibuprofen 7.5 MG-200 MG7	hydromorphone hcl TB24 32 MG ... 5	IDELVION49
hydrocortisone (intrarectal)7	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG5	ifosfamide SOLN 1 GM/20ML 23
hydrocortisone (rectal) EX7	hydroxychloroquine sulfate 100 MG 23	ifosfamide SOLR23
hydrocortisone (topical) CREA 1 %, 2.5 %41	hydroxychloroquine sulfate 200 MG 23	imatinib mesylate26
hydrocortisone (topical) LOTN 2.5 % . 41	hydroxychloroquine sulfate 400 MG 22	IMBRUVICA CAPS 140 MG26
hydrocortisone (topical) OINT 1 %, 2.5 %41	hydroxyurea27	IMBRUVICA CAPS 70 MG 26
hydrocortisone acetate (rectal)7	hydroxyzine hcl SOLN 50 MG/ML ..8	IMBRUVICA SUSP 26
	hydroxyzine hcl SYRP8	IMBRUVICA TABS26
	hydroxyzine hcl TABS8	imipenem-cilastatin IV 21
	hydroxyzine pamoate CAPS8	imipramine hcl TABS14
	HYPERSAL NEBU37	imipramine pamoate14
	HYQVIA 61	imiquimod 5 %42
	ibandronate sodium SOLN44	IMPAVIDO21
		INCRELEX 45
		INCRUSE ELLIPTA9
		indapamide TABS 1.25 MG44
		indapamide TABS 2.5 MG44

indomethacin CAPS 25 MG, 50 MG	4	ipratropium-albuterol SOLN	10	JANSSEN COVID-19 VACCINE	68
indomethacin CPR	4	irbesartan	20	JANUMET TABS	15
INFANRIX	64	irbesartan-hydrochlorothiazide	20	JANUMET XR TB24 1000 MG-100 MG	15
INFLECTRA SOLR	47	IRESSA (gefitinib)	24	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	15
INGREZZA CAPS	62	irinotecan hcl 40 MG/2ML, 100 MG/5ML	28	JANUVIA	16
INGREZZA CPPK	62	irrigation solutions, physiological	56	JARDIANCE	16
INGREZZA CPSP	62	ISENTRESS CHEW	30	JEVTANA	28
INLYTA	24	ISENTRESS HD TABS	30	JIVI	49
INREBIC	26	ISENTRESS TABS	30	JULUCA	30
INSULIN ASPART FLEXPEN SOPN	16	ISOLYTE-P/DEXTROSE 5%	55	JYNARQUE TBP	46
INSULIN ASPART PENFILL SOCT	16	ISOLYTE-S	55	KALYDECO TABS	63
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	16	isoniazid SOLN	23	KAMELEON LUBRICATED MISC	52
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	16	isoniazid SYRP	23	KANJINTI	24
INSULIN ASPART SOLN IJ	16	isoniazid TABS	23	KCL 0.3%/D5W/NACL 0.9% (potassium chloride in dextrose & sodium chloride)	55
INSULIN DEGLUDEC FLEXTOUCH SOPN	16	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	8	KEPIVANCE 6.25 MG	27
INSULIN DEGLUDEC SOLN	16	isosorbide dinitrate-hydralazine hcl	33	KESIMPTA	63
INTELENCE 25 MG	30	isosorbide mononitrate TABS	8	ketoconazole (topical) CREA	38
INTRAROSA	69	isosorbide mononitrate TB24	8	ketoconazole (topical) SHAM 2 %	38
IONOSOL-MB/DEXTROSE 5%	55	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	38	ketoconazole	18
IOPIDINE	59	isradipine CAPS	33	KETONE STRP	43
IPOLE INACTIVATED IPV	68	itraconazole CAPS	18	KETONE TEST STRIPS STRP	43
ipratropium bromide (nasal) 0.03 %	58	itraconazole SOLN	18	ketoprofen CAPS 50 MG	4
ipratropium bromide (nasal) 0.06 %	58	ivabradine hcl TABS	34	ketorolac tromethamine (ophth)	60
ipratropium bromide SOLN 0.02 %	9	ivermectin (pediculicide)	43	ketorolac tromethamine TABS	4
		ivermectin	8	KETOSTIX STRP	43
		IXEMPRA KIT 15 MG	28	ketotifen fumarate (ophth) 0.035 %	60
		JAKAFI	26	KEVZARA SOAJ	3

KEVZARA SOSY4	KRINTAFEL23	MCG, 250 MCG (digoxin)33
KIMONO COLORS DEVI52	K-Y ME & YOU EXTRA	lansoprazole CPDR 15 MG65
KIMONO LUBRICATED MISC52	LUBRICATED DEVI52	lansoprazole CPDR 30 MG65
KIMONO MAXX/LARGE FLARE	K-Y ME & YOU INTENSE DEVI ...52	lanthanum carbonate CHEW48
MISC52	KYLEENA36	lapatinib ditosylate26
KIMONO MICRO THIN PLUS	KYPROLIS26	LASTACFT60
SPERMICIDE LUBRICATED MISC	labetalol hcl SOLN32	latanoprost SOLN60
52	labetalol hcl TABS 100 MG, 200 MG .	leflunomide4
KIMONO PLUS SPERMICIDE	32	lenalidomide 2.5 MG, 5 MG, 10 MG,
LUBRICATED MISC52	labetalol hcl TABS 300 MG32	15 MG, 25 MG56
KIMONO PLUS	lacosamide SOLN IV 200 MG/20ML .	lenalidomide 20 MG56
SPERMICIDE/LUBRICATED MISC	12	LENVIMA 10 MG DAILY DOSE ...24
52	lacosamide TABS12	LENVIMA 12MG DAILY DOSE ...24
KIMONO PS LUBRICATED MISC .52	lactated ringer's (irrigation)56	LENVIMA 14 MG DAILY DOSE ..24
KIMONO PS PLUS	lactated ringer's55	LENVIMA 18 MG DAILY DOSE ..24
SPERMICIDE/LUBRICATED MISC	lactic acid (ammonium lactate) CREA	LENVIMA 20 MG DAILY DOSE ...24
52	42	LENVIMA 24 MG DAILY DOSE ...24
KIMONO SENSATION	lactic acid (ammonium lactate) LOTN	LENVIMA 4 MG DAILY DOSE24
LUBRICATED MISC52	12 %42	LENVIMA 8 MG DAILY DOSE24
KIMONO SENSATION PLUS	lactulose (encephalopathy)47	letrozole25
SPERMICIDE LUBRICATED MISC	lactulose SOLN51	leucovorin calcium SOLR27
52	lamivudine (hbv) TABS31	leucovorin calcium TABS28
KIMONO SPECIAL DEVI52	lamivudine SOLN30	LEUKERAN23
KINRIX SUSY64	lamivudine TABS 150 MG30	LEUKINE SOLR IJ50
KISQALI26	lamivudine TABS 300 MG30	leuprolide acetate KIT IJ 1 MG/0.2ML
KISQALI FEMARA 200 DOSE26	lamivudine-zidovudine30	25
KISQALI FEMARA 400 DOSE26	lamotrigine CHEW 25 MG12	levalbuterol hcl10
KISQALI FEMARA 600 DOSE26	lamotrigine CHEW 5 MG12	levalbuterol tartrate10
KLARITY-A59	lamotrigine TABS12	LEVEMIR FLEXPEN SOPN16
KOGENATE FS KIT49	lamotrigine TBDP12	LEVEMIR FLEXTOUCH SOPN16
KOSELUGO26	LANOXIN SOLN IJ (digoxin)33	LEVEMIR SOLN16
KOVALTRY49	LANOXIN TABS 62.5 MCG, 125	
KP PRENATAL MULTIVITAMINS		
TABS57		

levetiracetam SOLN IV 500 MG/5ML 12	lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %51	lopinavir-ritonavir TABS30
levetiracetam TABS 1000 MG 12	lidocaine hcl (mouth-throat) 2 % ...57	loratadine CAPS 18
levetiracetam TABS 250 MG, 750 MG 12	lidocaine hcl (mouth-throat) 4 % ...57	loratadine CHEW18
levetiracetam TABS 500 MG 12	lidocaine hcl GEL 2 % 42	loratadine SOLN 18
levetiracetam TB24 12	lidocaine hcl PRSY42	loratadine TABS18
levobunolol hcl 0.5 % 59	lidocaine hcl SOLN42	loratadine TBDP 18
levocetirizine dihydrochloride SOLN 18	lidocaine PTCH 5 %42	lorazepam CONC 8
levocetirizine dihydrochloride TABS 18	lidocaine-prilocaine CREA42	lorazepam TABS 0.5 MG, 2 MG 8
levofloxacin (ophth) 0.5 % 59	LILETTA 20.1 MCG/DAY 36	lorazepam TABS 1 MG 8
levofloxacin in d5w 5 %-500 MG/100ML47	lincomycin hcl 22	LORBRENA 26
levofloxacin SOLN OR47	linezolid SUSR22	losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG 20
levofloxacin TABS 250 MG, 750 MG . 47	linezolid TABS 22	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 21
levofloxacin TABS 500 MG47	LINZESS48	losartan potassium20
levonorgestrel & eth estradiol TABS 35	liothyronine sodium SOLN64	LOTEMAX OINT60
levonorgestrel (emergency oc) 1.5 MG 35	liothyronine sodium TABS 64	loteprednol etabonate GEL60
levonorgestrel-eth estradiol (triphasic)35	lisdexamfetamine dimesylate CAPS 1	loteprednol etabonate SUSP 60
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG 35	lisdexamfetamine dimesylate CHEW . 1	lovastatin TABS 10 MG, 20 MG ... 19
levonorgestrel-ethinyl estradiol (continuous)35	lisinopril & hydrochlorothiazide ...20	lovastatin TABS 40 MG19
levonorgestrel-ethinyl estradiol-iron 35	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG 20	loxapine succinate 29
levorphanol tartrate TABS 2 MG5	lithium29	lubiprostone 47
levothyroxine sodium TABS 64	lithium carbonate CAPS 29	LUCEMYRA (lofexidine hcl)62
LEXIVA SUSP 30	lithium carbonate TABS29	luliconazole38
	lithium carbonate TBCR 29	LUMIZYME45
	LO LOESTRIN FE TABS 35	LUPRON DEPOT (1-MONTH) KIT IM25
	lofexidine hcl62	LUPRON DEPOT (3-MONTH) KIT IM25
	LOKELMA56	LUPRON DEPOT (4-MONTH) IM .25
	loperamide hcl CAPS 17	
	lopinavir-ritonavir SOLN 30	

LUPRON DEPOT (6-MONTH) IM . 25	medroxyprogesterone acetate 10 MG	mesalamine CPDR 47
LUPRON DEPOT-PED (1-MONTH) . 45	62	mesalamine ENEM 47
LUPRON DEPOT-PED (3-MONTH) 11.25 MG 45	medroxyprogesterone acetate 2.5 MG, 5 MG 62	mesalamine SUPP 47
LUPRON DEPOT-PED (3-MONTH) 30 MG 45	mefenamic acid CAPS 4	mesalamine TBEC 1.2 GM 47
lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG 29	mefloquine hcl 23	mesalamine TBEC 800 MG 47
lurasidone hcl 80 MG 29	megestrol acetate (appetite) 62	metaxalone 800 MG 58
LYNPARZA TABS 26	megestrol acetate SUSP 25	metformin hcl TABS 1000 MG 15
LYSODREN 25	megestrol acetate TABS 25	metformin hcl TABS 500 MG 15
mafenide acetate PACK 40	MEKINIST SOLR 26	metformin hcl TABS 850 MG 15
magnesium sulfate IJ 50 % 55	MEKINIST TABS 26	metformin hcl TB24 500 MG 15
malathion 43	MEKTOVI 26	metformin hcl TB24 750 MG 16
maraviroc TABS 150 MG 30	meloxicam TABS 4	methadone hcl CONC 5
maraviroc TABS 300 MG 30	melphalan 23	methadone hcl SOLN IJ 10 MG/ML . 5
MARPLAN 13	melphalan hcl IV 23	METHADONE HCL SOLN IJ 5
MASONATAL TABS 57	memantine hcl TABS 62	methadone hcl SOLN OR 10 MG/5ML 5
MATULANE 27	MENACTRA 66	methadone hcl SOLN OR 5 MG/5ML 5
MAXIDEX SUSP OP 60	MENEST 47	methadone hcl TABS 10 MG 5
MAXX LUBRICATED MISC 52	MENOSTAR PTWK 47	methadone hcl TABS 5 MG 5
MAXX PLUS SPERMICIDE LUBRICATED MISC 52	MENQUADFI 66	methadone hcl TBSO 5
meclizine hcl TABS 12.5 MG 17	MENVEO SOLN 66	methamphetamine hcl 1
meclizine hcl TABS 25 MG 17	MENVEO SOLR 66	methazolamide TABS 44
meclofenamate sodium CAPS 4	meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML 5	methenamine hippurate 22
MEDROL TABS 36	meperidine hcl SOLN OR 50 MG/5ML 5	methimazole TABS 64
medroxyprogesterone acetate (contraceptive) SUSP IM 36	meperidine hcl TABS 50 MG 5	methocarbamol TABS 500 MG, 750 MG 58
medroxyprogesterone acetate (contraceptive) SUSY IM 36	meprobamate 8	METHOTREXATE 3
	mercaptopurine TABS 24	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML 24
	meropenem 21	methotrexate sodium SOLR 24
	mesalamine CP24 47	

methotrexate sodium TABS 2.5 MG 24	125 MG, 500 MG, 1000 MG 36	midodrine hcl 69
methoxsalen rapid 39	methylprednisolone TABS 36	miglitol 15
methscopolamine bromide 65	methylprednisolone TBPk 36	miglustat 49
methsuximide 13	methyltestosterone TABS 7	minocycline hcl CAPS 64
methylidopa TABS 20	metoclopramide hcl SOLN IJ 5 MG/ML 47	minocycline hcl TABS 64
methylphenidate hcl CHEW 10 MG .2	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML 47	minoxidil 2.5 MG, 10 MG 21
methylphenidate hcl CHEW 2.5 MG 2	metoclopramide hcl TABS 47	MIRCERA 50
methylphenidate hcl CHEW 5 MG .. 2	metolazone 44	MIRENA 36
methylphenidate hcl CP24 10 MG, 60 MG 2	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG 21	mirtazapine TABS 15 MG 13
methylphenidate hcl CP24 20 MG, 40 MG 2	metoprolol & hydrochlorothiazide TABS 25 MG-50 MG 21	mirtazapine TABS 30 MG 13
methylphenidate hcl CP24 30 MG .. 2	metoprolol succinate TB24 200 MG 32	mirtazapine TABS 7.5 MG, 45 MG 13
methylphenidate hcl CP24 2		mirtazapine TBPd 15 MG 13
methylphenidate hcl CPCR 2		mirtazapine TBPd 30 MG 13
methylphenidate hcl SOLN 2		mirtazapine TBPd 45 MG 13
methylphenidate hcl TABS 10 MG, 20 MG 2	metoprolol succinate TB24 25 MG, 50 MG, 100 MG 32	misoprostol 65
methylphenidate hcl TABS 5 MG ... 2	metoprolol tartrate SOLN IV 5 MG/5ML 32	mitomycin SOLR IV 20 MG 26
methylphenidate hcl TB24 18 MG, 27 MG 2	metoprolol tartrate TABS 25 MG, 50 MG, 100 MG 32	mitoxantrone hcl 2 MG/ML 26
methylphenidate hcl TB24 36 MG, 54 MG 2	metronidazole (topical) CREA 42	M-M-R II SOLR 68
methylphenidate hcl TBCR 10 MG, 20 MG 2	metronidazole (topical) GEL 0.75 % 42	M-NATAL PLUS TABS 57
methylphenidate hcl TBCR 18 MG, 27 MG 2	metronidazole (topical) GEL 1 % .. 42	modafinil 100 MG 2
methylphenidate hcl TBCR 36 MG, 54 MG 2	metronidazole (topical) LOTN 42	modafinil 200 MG 2
methylphenidate PTCH 2	metronidazole TABS 21	MODERNA COVID-19 VACCINE SUSP 68
methylprednisolone acetate SUSP 36	metronidazole vaginal 69	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . 68
methylprednisolone sod succ 40 MG,	mexiletine hcl 8	MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY . 68
	micafungin sodium 18	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ... 68
	miconazole nitrate vaginal SUPP 200 MG 69	MODERNA COVID-19

VACCINE/BIVALENT/BA.4/BA.5 . 68	MVASI24	NEBUSAL NEBU 37
MODERNA COVID-19	MYALEPT 46	nefazodone hcl 14
VACCINE6MO-5Y SUSP68	mycophenolate mofetil CAPS56	nelarabine 24
moexipril hcl20	mycophenolate mofetil TABS56	neomycin sulfate TABS 2
mometasone furoate (nasal) SUSP 58	mycophenolate sodium56	neomycin-bacitracin zn-polymyxin 59
mometasone furoate CREA 42	MYLERAN TABS 23	neomycin-polymy-dexameth OINT 60
mometasone furoate OINT 42	nabumetone 4	neomycin-polymy-dexameth SUSP 60
mometasone furoate SOLN42	nadolol TABS 20 MG 32	neomycin-polymyxin-hc (ophth) ...60
montelukast sodium CHEW9	nadolol TABS 40 MG 32	neomycin-polymyxin-hc (otic) SOLN . 61
montelukast sodium PACK9	nadolol TABS 80 MG 32	neomycin-polymyxin-hc (otic) SUSP . 61
montelukast sodium TABS9	nafcillin sodium IV 10 GM61	NEONATAL COMPLETE TABS 120
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG5	naftifine hcl CREA 1 %39	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 MG57
morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML5	naftifine hcl CREA 2 %38	NEONATAL PLUS TABS57
morphine sulfate SOLN OR 10 MG/5ML5	NAGLAZYME46	NEONATAL PRENATAL VITAMIN TABS57
morphine sulfate SOLN OR 20 MG/5ML5	nalbuphine hcl 7	NEONATAL VITAMIN TABS57
morphine sulfate TABS6	naloxone hcl LIQD 17	neostigmine methylsulfate SOSY .23
morphine sulfate TBCR 6	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML17	NEO-SYNALAR38
MOTOFEN 17	naltrexone hcl 17	NEUPRO28
MOVANTIK48	naproxen sodium TABS 550 MG ...4	NEVANAC60
moxifloxacin hcl (ophth) SOLN OP 59	naproxen SUSP4	nevirapine SUSP30
moxifloxacin hcl in sodium chloride 47	naproxen TABS 4	nevirapine TABS31
moxifloxacin hcl TABS47	naproxen TBEC 500 MG4	nevirapine TB24 100 MG31
MOZOBIL (plerixafor)50	naratriptan hcl54	nevirapine TB24 400 MG31
MULPLETA50	NATACYN59	NEXIUM 24HR TBEC (esomeprazole magnesium)65
MULTI PRENATAL TABS 57	NATAZIA 35	NEXPLANON36
mupirocin OINT38	nateglinide16	
	NAYZILAM 11	
	nebivolol hcl 2.5 MG, 5 MG, 10 MG 32	
	nebivolol hcl 20 MG32	

NEXTSTELLIS	35	NITRO-BID OINT	8	estradiol-fe	35
niacin (antihyperlipidemic) TBCR ..	19	nitrofurantoin	22	norethindrone-eth estradiol (triphasic)	35
niacin CPCR 250 MG, 500 MG	70	nitrofurantoin macrocrystal 50 MG, 100 MG	22	norgestimate-ethinyl estradiol (triphasic)	35
niacin TABS	70	nitrofurantoin monohyd macro	22	norgestimate-ethinyl estradiol	35
niacin TBCR	70	nitroglycerin (intra-anal)	7	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	35
NIACIN TR TBCR	70	nitroglycerin CPCR	8	NORMOSOL-M/D5W	55
niacinamide TABS 100 MG	70	nitroglycerin PT24	8	NORMOSOL-R	55
niacinamide TABS 500 MG	70	NITROGLYCERIN SOLN IV	8	nortriptyline hcl CAPS	14
nicardipine hcl CAPS	33	nitroglycerin SUBL	8	nortriptyline hcl SOLN	14
nicardipine hcl SOLN	33	NIVA-PLUS TABS	57	NORVIR CAPS	31
nicotine MISC XX	63	nizatidine CAPS	65	NORVIR PACK	31
nicotine polacrilex GUM	63	NORDITROPIN FLEXPPO SOPN 30 MG/3ML	45	NORVIR SOLN	31
nicotine polacrilex LOZG	63	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	45	NOVA MAX PLUS KETONE TESTSTRIPS	43
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	63	norelgestromin-ethinyl estradiol ...	35	NOVAVAX COVID-19 VACCINE SUSP	68
NICOTINE TRANSDERMAL SYSTEM KIT	63	norethin acet & estrad-fe CAPS ...	35	NOVAVAX COVID-19 VACCINE/2023-24 SUSP	68
NICOTROL INHALER INHA	63	norethin acet & estrad-fe CHEW ...	35	NOVAVAX COVID-19 VACCINE/2024-25 SUSY	68
NICOTROL NS SOLN	63	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	35	NOVOEIGHT	49
nifedipine CAPS 10 MG	33	norethindrone & eth estradiol	35	NOVOLIN 70/30 FLEXPEN SUPN 16	
nifedipine CAPS 20 MG	33	norethindrone & ethinyl estradiol-fe 35		NOVOLIN 70/30 SUSP	16
nifedipine TB24 60 MG	33	norethindrone (contraceptive)	36	NOVOLIN N FLEXPEN SUPN	16
nifedipine TB24 90 MG	33	norethindrone acet & eth estra TABS 35		NOVOLIN N SUSP	16
nifedipine TB24	33	norethindrone acetate TABS	62	NOVOLIN R FLEXPEN SOPN IJ ..	16
nilutamide	25	norethindrone acetate-ethinyl estradiol	46	NOVOLIN R SOLN IJ	16
nimodipine CAPS	33	norethindrone acetate-ethinyl		NOXAFIL SUSP (posaconazole) ..	18
NINLARO	26			NP THYROID 120 TABS	64
NIPENT	27				
nisoldipine	33				
nitazoxanide TABS	21				
nitisinone CAPS	46				

NP THYROID 15 TABS	64	olanzapine SOLR	29	ondansetron TBDP 8 MG	17
NP THYROID 30 TABS	64	olanzapine TABS 2.5 MG, 5 MG ..	29	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS ..	57
NP THYROID 60 TABS	64	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	29	ONE VITE WOMENS PRENATALVITAMIN TABS	57
NP THYROID 90 TABS	64	olanzapine TBDP 20 MG	29	ONETOUCH DELICA SAFETY LANCING DEVICE	53
NUBEQA	25	olanzapine TBDP 5 MG, 10 MG, 15 MG	29	ONETOUCH DELICA SAFETY LANCING DEVICE 30G	53
NUCALA SOAJ	9	olmesartan medoxomil	20	OPILL	36
NUCALA SOLR	9	olmesartan medoxomil-amlodipine- hydrochlorothiazide	21	OPSUMIT	33
NUCALA SOSY 100 MG/ML	9	olmesartan medoxomil- hydrochlorothiazide	21	ORENITRAM TBCR	33
NUCALA SOSY 40 MG/0.4ML	9	olopatadine hcl (nasal)	58	ORGOVYX	25
NUCYNTA ER TB12	6	olopatadine hcl 0.1 %	60	ORILISSA	45
NUCYNTA TABS	6	olopatadine hcl 0.2 %	60	ORKAMBI PACK	63
NUEDEXTA	63	omega-3-acid ethyl esters	19	ORKAMBI TABS	63
NULOJIX	56	omeprazole CPDR	65	ORLADEYO	49
nystatin (mouth-throat)	57	omeprazole magnesium CPDR ...	65	orphenadrine citrate TB12	58
nystatin (topical) CREA	39	omeprazole TBEC	65	oseltamivir phosphate CAPS	32
nystatin (topical) OINT	39	omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	65	oseltamivir phosphate SUSR	32
nystatin (topical) POWD EX	39	OMNIFLEX DIAPHRAGM	52	OSMOPREP	51
nystatin TABS	18	ONCASPAR	27	OSPHERA	45
nystatin-triamcinolone CREA	39	ondansetron hcl SOLN IJ 4 MG/2ML . 17		OTEZLA TABS	4
nystatin-triamcinolone OINT	39	ondansetron hcl SOLN OR 4 MG/5ML	17	OTEZLA TBPk	4
NYVEPRIA	50	ondansetron hcl SOSY	17	oxacillin sodium IV 10 GM	61
octreotide acetate KIT	46	ondansetron hcl TABS 24 MG	17	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	23
octreotide acetate SOLN	46	ondansetron hcl TABS 4 MG	17	oxandrolone	7
ODEFSEY	31	ondansetron hcl TABS 8 MG	17	oxaprozin TABS	4
ODOMZO	25	ondansetron TBDP 4 MG	17	oxazepam CAPS	8
OFEV	63			OXBRYTA TABS 500 MG	49
ofloxacin (ophth)	59			oxcarbazepine SUSP	12
ofloxacin (otic)	60				
ofloxacin 300 MG, 400 MG	47				
OGIVRI	24				

oxcarbazepine TABS 150 MG, 300 MG	12	97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	43	51	
oxcarbazepine TABS 600 MG	12			peg 3350-potassium chloride-sod bicarbonate-sod chloride	51
oxiconazole nitrate CREA	39			PEGASYS SOLN	31
OXISTAT LOTN	39			PEGASYS SOSY	31
oxybutynin chloride SOLN	66	PANRETIN	39	PEMAZYRE	26
oxybutynin chloride TABS 5 MG ...	66	pantoprazole sodium TBEC 20 MG	65	pemetrexed disodium SOLR 500 MG	24
oxybutynin chloride TB24	66			penciclovir	40
oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	6	pantoprazole sodium TBEC 40 MG	65	penicillamine CAPS	56
oxycodone hcl TABS	6	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	35	penicillamine TABS	56
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7	paricalcitol CAPS	46	penicillin g potassium 5000000 UNIT	61
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	7	paricalcitol SOLN	46	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	61
oxymorphone hcl TABS	6	paroxetine hcl SUSP	14	PENICILLIN G PROCAINE	61
oxymorphone hcl TB12 40 MG	6	paroxetine hcl TABS 10 MG	14	penicillin g sodium	61
oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	6	paroxetine hcl TABS 20 MG	14	penicillin v potassium SOLR	61
OZEMPIC SOPN 2 MG/1.5ML	16	paroxetine hcl TABS 30 MG	14	penicillin v potassium TABS	61
OZEMPIC SOPN	16	paroxetine hcl TABS 40 MG	14	PENTACEL	64
paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML	28	paroxetine hcl TB24 12.5 MG	14	pentazocine w/ naloxone hcl	7
paclitaxel protein-bound particles ..	28	paroxetine hcl TB24 25 MG, 37.5 MG	14	pentoxifylline	49
paliperidone 1.5 MG, 3 MG, 9 MG ..	29	PASER PACK	23	perindopril erbumine 2 MG, 8 MG ..	20
paliperidone 6 MG	29	pazopanib hcl	26	perindopril erbumine 4 MG	20
palonosetron hcl SOLN	17	PEDIARIX SUSY	64	PERJETA	24
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	45	pediatric multivitamins w/fl CHEW ..	57	permethrin CREA	43
PAMIDRONATE DISODIUM SOLN 45		PEDVAX HIB SUSP	66	permethrin LIQD EX	43
PANCREAZE CPEP 149900 UNIT-		peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	51	perphenazine TABS	30
		peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM-		perphenazine-amitriptyline	62
				PERSERIS PRSY	29
				PFIZER-BIONTECH COVID-	

19VACCINE SUSP 68	phenytoin CHEW13	PLEGRIDY SOAJ63
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP 68	phenytoin sodium extended 100 MG, 200 MG, 300 MG13	PLEGRIDY SOSY SC 63
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP 68	phenytoin sodium SOLN13	PLEGRIDY STARTER PACK SOAJ . 63
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP 68	phenytoin SUSP 13	PLEGRIDY STARTER PACK SOSY SC63
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP68	PHEXXI69	plerixafor50
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP68	PHOSLYRA SOLN48	PNEUMOVAX 23 SOSY66
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP68	PHOTOFRIN27	PNEUMOVAX 23/1 DOSE SOLN . 66
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..68	PIFELTRO31	podofilox SOLN42
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y ... 68	pilocarpine hcl (oral)57	polymyxin b sulfate SOLR22
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y ...68	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 59	polymyxin b-trimethoprim 59
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 68	pimecrolimus42	POMALYST25
PHEBURANE PLLT46	pimozide63	posaconazole SUSP18
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG48	pindolol TABS32	potassium acetate SOLN 2 MEQ/ML . 56
phenacetin sulfate13	pioglitazone hcl16	potassium bicarbonate TBEF56
phenobarbital ELIX50	pioglitazone hcl-glimepiride15	potassium chloride CPCR56
phenobarbital TABS50	pioglitazone hcl-metformin hcl TABS . 15	potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %55
phenoxymethylamine hcl20	piperacillin sodium-tazobactam sodium61	potassium chloride in dextrose 5 %-20 MEQ/L55
phentermine hcl CAPS1	PIQRAY 200MG DAILY DOSE ...27	potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %55
	PIQRAY 250MG DAILY DOSE ...27	potassium chloride microencapsulated crystals er56
	PIQRAY 300MG DAILY DOSE ...27	potassium chloride PACK OR 20 MEQ56
	pirfenidone CAPS63	
	pirfenidone TABS 267 MG, 801 MG 64	
	pirfenidone TABS 534 MG64	
	piroxicam CAPS4	
	PLASMA-LYTE A (electrolyte-a) ..55	
	PLASMA-LYTE-148 (electrolyte-148)55	

POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 56	PREDNISOLONE SODIUM PHOSPHATE60	PRENATAL PLUS TABS 57
potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML56	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 36	PRENATAL PLUS VITAMIN ANDMINERAL TABS 57
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ 56	prednisolone sodium phosphate TBDP36	PRENATAL TABS 58
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS55	prednisolone SOLN36	PRENATAL VITAMIN & MINERAL TABS57
POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl)55	prednisolone TABS 36	PRENATAL VITAMIN TABS58
potassium citrate (alkalinizer) TBCR . 48	prednisone SOLN36	PRENATAL VITAMIN/IRON TABS 57
potassium phosphates 236 MG/ML- 224 MG/ML55	prednisone TABS 1 MG, 5 MG 36	PRENATAL VITAMINS PLUS LOW IRON TABS 58
PR BENZOYL PEROXIDE WASH LIQD38	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG36	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 58
pralatrexate 20 MG/ML 24	prednisone TBPk 36	PRENATRIX TABS 58
pramipexole dihydrochloride TABS 0.125 MG 28	PREFEST 46	PRENATRYL TABS 58
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG 28	pregabalin (once-daily) 330 MG ... 63	PREVNAR 13 66
prasugrel hcl49	pregabalin (once-daily) 82.5 MG, 165 MG 63	PREVNAR 20 66
pravastatin sodium 19	pregabalin CAPS 225 MG, 300 MG 12	PREZCOBIX 31
praziquantel 8	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ... 12	PREZISTA SUSP31
prazosin hcl CAPS20	pregabalin SOLN12	PREZISTA TABS (darunavir)31
PRECISION XTRA43	PREHEVBRIO68	PREZISTA TABS 75 MG, 150 MG 31
PRED MILD 60	PREMARIN69	PRIFTIN23
PRED-G SUSP60	PREMARIN SOLR47	primaquine phosphate TABS23
prednicarbate OINT42	PREMARIN TABS 47	primidone 50 MG, 250 MG12
prednisolone acetate (ophth)60	PREMPHASE 46	PRIORIX SUSR69
	PREMPRO 46	PROAIR DIGIHALER10
	PRENATAL MULTIVITAMIN TABS 57	PROAIR RESPICLICK AEPB10
	PRENATAL ONE DAILY TABS57	probenecid 48

procainamide hcl SOLN 500 MG/ML . 8	PROVISC SOSY60	QUZYTIR SOLN IV19
prochlorperazine 30	PULMICORT FLEXHALER AEPB .. 9	QVAR REDHALER 9
prochlorperazine maleate TABS ...30	PULMOZYME63	RA PRENATAL FORMULA/FOLICACID TABS58
PROCRT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML50	PX PRENATAL MULTIVITAMINS TABS58	RA PRENATAL TABS 58
PROCRT 40000 UNIT/ML 50	pyrazinamide23	rabeprazole sodium TBEC65
progesterone CAPS62	pyridostigmine bromide SOLN OR 23	raloxifene hcl45
PROGRAF PACK56	pyridostigmine bromide TABS 60 MG23	ramelteon51
PROGRAF SOLN56	pyridostigmine bromide TBCR23	ramipril CAPS20
PROLASTIN-C SOLN63	pyrimethamine23	ranitidine hcl TABS 150 MG 65
PROLEUKIN27	QC PRENATAL TABS58	ranolazine TB12 1000 MG 8
PROLIA SOSY45	QINLOCK27	ranolazine TB12 500 MG 8
PROMACTA PACK50	QUADRACEL SUSP64	rasagiline mesylate28
PROMACTA TABS 50	QUADRACEL SUSY64	REALITY LATEX CONDOMS/LUBRICATED MISC ..52
promethazine hcl SOLN OR 6.25 MG/5ML19	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG 29	REALITY LATEX/ULTRA TEXTURED DEVI52
promethazine hcl SUPP 12.5 MG, 25 MG 19	quetiapine fumarate TABS 300 MG, 400 MG29	REALITY LATEX/ULTRA THIN DEVI 52
promethazine hcl SUPP 50 MG ... 19	quetiapine fumarate TB24 300 MG, 400 MG29	REBIF REBIDOSE SOAJ63
promethazine hcl TABS19	quetiapine fumarate TB24 50 MG, 150 MG, 200 MG29	REBIF REBIDOSE TITRATIONPACK SOAJ63
propafenone hcl CP12 9	quinapril hcl 20 MG, 40 MG20	REBIF SOSY63
propafenone hcl TABS9	quinapril hcl 5 MG, 10 MG20	REBIF TITRATION PACK SOSY ..63
proparacaine hcl60	quinapril-hydrochlorothiazide 12.5 MG-10 MG21	RECOMBIVAX HB SUSP69
propranolol hcl CP2432	quinapril-hydrochlorothiazide 12.5 MG-20 MG21	RECOMBIVAX HB SUSY69
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML32	quinapril-hydrochlorothiazide 25 MG- 20 MG21	RECTIV (nitroglycerin (intra-anal)) . 7
propranolol hcl TABS32	quinidine sulfate TABS8	REGRANEX43
propylthiouracil 64	quinine sulfate CAPS 324 MG23	RELENZA DISKHALER32
PROQUAD SUSR69		RELION 2-IN-1 LANCET DEVICES 30G53
protriptyline hcl 14		RELION 2-IN-1 LANCING DEVICE

25G	53	risedronate sodium TABS 150 MG	45	rufinamide TABS 200 MG	12
RELION 2-IN-1 LANCING DEVICE		risedronate sodium TABS 35 MG	.45	rufinamide TABS 400 MG	12
30G	53	risedronate sodium TABS 5 MG, 30		RUKOBIA	31
RELION KETONE TEST STRIPS		MG	45	RUXIENCE	24
STRP	43	risedronate sodium TBEC	45	RYBELSUS TABS	16
RELION TRUE METRIX		RISPERDAL CONSTA (risperidone		salsalate	5
BLOODGLUCOSE TEST STRIPS		microspheres)	29	SANDOSTATIN LAR DEPOT KIT	
STRP	43	risperidone microspheres	29	(octreotide acetate)	46
RENFLEXIS	47	risperidone SOLN	29	SANDOSTATIN LAR DEPOT KIT	.46
repaglinide 0.5 MG, 1 MG	16	risperidone TABS	29	SANTYL OINT	42
repaglinide 2 MG	16	risperidone TBDP	29	sapropterin dihydrochloride PACK	.46
REPATHA PUSHTRONEX SYSTEM		ritonavir TABS	31	sapropterin dihydrochloride TABS	.46
SOCT	19	rivastigmine tartrate CAPS	62	SAVELLA TABS	62
REPATHA SOSY	19	rizatriptan benzoate TABS 10 MG	.54	SAVELLA TITRATION PACK MISC	
REPATHA SURECLICK SOAJ	19	rizatriptan benzoate TABS 5 MG	.54	62	
RETACRIT	50	rizatriptan benzoate TBDP 10 MG	.54	saxagliptin hcl	16
RETEVMO CAPS	27	rizatriptan benzoate TBDP 5 MG	.54	saxagliptin-metformin hcl 1000 MG-	
RETROVIR IV INFUSION SOLN ..	31	roflumilast	9	2.5 MG	15
REXULTI	30	romidepsin SOLR	27	saxagliptin-metformin hcl 1000 MG-5	
ribavirin (hepatitis c) CAPS	31	ropinirole hydrochloride TABS	28	MG, 500 MG-5 MG	15
ribavirin (hepatitis c) TABS 200 MG		ropinirole hydrochloride TB24 2 MG,		SCSEMBLIX 100 MG	27
31		4 MG, 6 MG	28	SCSEMBLIX 20 MG	27
RIDAURA	3	ropinirole hydrochloride TB24 8 MG,		SCSEMBLIX 40 MG	27
rifabutin	23	12 MG	28	scopolamine	17
rifampin CAPS	23	rosuvastatin calcium TABS	19	SELECT INSULIN SYRINGES	54
rifampin SOLR	23	ROTARIX SUSP	69	SELECT LANCETS	53
riluzole TABS	59	ROTARIX SUSR	69	selegiline hcl CAPS	29
rimantadine hydrochloride TABS ..	32	ROTATEQ SOLN	69	selegiline hcl TABS	29
ringer's	55	ROZLYTREK CAPS	27	selenium sulfide LOTN 2.5 %	40
ringer's irrigation	56	RUBRACA	27	SELZENTRY SOLN	31
RINVOQ LQ SOLN	3	rufinamide SUSP	12	SELZENTRY TABS 25 MG, 75 MG	
RINVOQ TB24	3			31	

SEREVENT DISKUS	10	SODIUM ACETATE SOLN (sodium acetate)	55	sotalol hcl (afib/afib)	32
sertraline hcl CONC	14	sodium acetate SOLN	55	sotalol hcl TABS 240 MG	32
sertraline hcl TABS 100 MG	14	sodium chloride (gu irrigant) 0.9 %	48	sotalol hcl TABS 80 MG, 120 MG, 160 MG	32
sertraline hcl TABS 25 MG, 50 MG 14		sodium chloride (inhalant) NEBU 7 %	37	SOVALDI TABS 200 MG	31
sevelamer carbonate PACK	48	sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	56	SOVALDI TABS 400 MG	31
sevelamer carbonate TABS	48	sodium citrate & citric acid	48	SPIKEVAX COVID-19 VACCINE SUSP	69
SHINGRIX	69	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	55	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	69
SIGNIFOR	46	sodium phenylbutyrate POWD	46	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	69
sildenafil citrate (pulmonary hypertension) SOLN	33	sodium phenylbutyrate TABS	46	SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	69
sildenafil citrate (pulmonary hypertension) SUSR	34	sodium polystyrene sulfonate POWD 56		spinosad	43
sildenafil citrate (pulmonary hypertension) TABS	34	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	57	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) ..	9
sildenafil citrate	33	sodium sulfate-potassium sulfate-magnesium sulfate	51	SPIRIVA RESPIMAT AERS	9
silodosin	48	SOFOSBUVIR/VELPATASVIR TABS	31	spironolactone & hydrochlorothiazide	44
silver sulfadiazine	40	solifenacin succinate TABS	66	spironolactone TABS	44
SIMPONI ARIA SOLN	3	SOLQUA 100/33	15	SPRAVATO 56MG DOSE	13
SIMULECT	56	SOLOSEC	2	SPRAVATO 84MG DOSE	13
simvastatin TABS	19	SOLU-CORTEF 100 MG, 500 MG, 1000 MG	36	SPRYCEL (dasatinib)	27
sirolimus TABS	56	SOLU-CORTEF 250 MG	36	stannous fluoride CONC	57
SIRTURO	23	SOLU-MEDROL 2 GM	36	stavudine CAPS	31
SIVEXTRO TABS	22	SOMAVERT 10 MG, 15 MG, 20 MG . 45		STELARA 130 MG/26ML	47
SKYLA	36	sofenib tosylate	27	STELARA SOLN 45 MG/0.5ML ...	40
SKYRIZI PEN SOAJ	40	SORBITOL 3 %	48	STELARA SOSY 45 MG/0.5ML ...	40
SKYRIZI SOCT	47	SORBITOL/MANNITOL IRRIGATION	48	STELARA SOSY 90 MG/ML	40
SKYRIZI SOLN	47			STENDRA	33
SKYRIZI SOSY	40			STIOLTO RESPIMAT	10
SLYND	36				
SM PRENATAL VITAMINS TABS .58					

STIVARGA	27	SULFAMYLLON CREA	40	TABS	34
STRENSIQ	46	sulfasalazine TABS	47	tadalafil 5 MG	33
streptomycin sulfate SOLR	2	sulfasalazine TBEC	47	TAFINLAR CAPS	27
STRIBILD	31	sulindac TABS	4	TAFINLAR TBSO	27
STRIVERDI RESPIMAT	10	sumatriptan	54	tafluprost	60
SUBSYS LIQD 100 MCG	6	sumatriptan succinate SOAJ	54	TAGRISSE 40 MG	24
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	6	sumatriptan succinate SOCT	54	TAGRISSE 80 MG	24
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	6	sumatriptan succinate SOLN 6 MG/0.5ML	54	TAKHZYRO SOLN	49
sucralfate SUSP	65	sumatriptan succinate TABS	55	TAKHZYRO SOSY	49
sucralfate TABS	65	sumatriptan-naproxen sodium	54	TALZENNA	27
sulconazole nitrate CREA	39	sunitinib malate 12.5 MG, 25 MG, 50 MG	27	tamoxifen citrate TABS	25
sulconazole nitrate SOLN	39	sunitinib malate 37.5 MG	27	tamsulosin hcl	48
sulfacetamide sodium (acne)	38	SUNOSI 150 MG	1	TASIGNA 150 MG, 200 MG	27
sulfacetamide sodium (ophth) SOLN . 59		SUNOSI 75 MG	1	TASIGNA 50 MG	27
sulfacetamide sodium w/ sulfur CREA 10 %-5 %	38	SYNAREL	45	tavaborole	39
sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	38	SYNERA PTCH	42	TAVALISSE	49
sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	38	SYNJARDY TABS	15	tazarotene CREA 0.1 %	40
sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	38	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	15	TAZVERIK	27
sulfacetamide sod-prednisolone SOLN	60	SYNJARDY XR TB24 1000 MG-25 MG	15	TDVAX SUSP	64
sulfadiazine TABS	64	SYNRIBO	27	TEFLARO	35
sulfamethoxazole-trimethoprim SOLN	21	SYNTHROID TABS (levothyroxine sodium)	64	TEGRETOL SUSP (carbamazepine) . 12	
sulfamethoxazole-trimethoprim SUSP	21	TABLOID	24	TEGRETOL TABS (carbamazepine) . 12	
sulfamethoxazole-trimethoprim TABS	21	TABRECTA	27	TEGSEDI	63
		tacrolimus (topical) OINT	42	telmisartan	20
		tacrolimus CAPS	56	telmisartan-amlodipine	21
		tadalafil (pulmonary hypertension)		telmisartan-hydrochlorothiazide ...	21
				temazepam 15 MG, 30 MG	50
				temazepam 7.5 MG, 22.5 MG	50
				TEMODAR SOLR	23

temozolomide CAPS	23	(tiopronin)	48	tolterodine tartrate TABS	66
temsirolimus	27	thioridazine hcl	30	tolvaptan TABS	46
TENIVAC INJ	64	thiotepa 15 MG	23	topiramate CPSP 15 MG	12
tenofovir disoproxil fumarate TABS 31		thiothixene	30	topiramate CPSP 25 MG	12
terazosin hcl	20	THYMOGLOBULIN	56	topiramate CS24	12
terbinafine hcl TABS	18	THYROGEN 0.9 MG	43	topiramate TABS 200 MG	12
terbutaline sulfate SOLN	10	tiagabine hcl	12	topiramate TABS 25 MG, 100 MG	12
terbutaline sulfate TABS	10	TIBSOVO	27	topiramate TABS 50 MG	12
terconazole vaginal CREA	69	tigecycline	64	topotecan hcl SOLN	28
terconazole vaginal SUPP	69	timolol maleate (ophth) SOLG	59	topotecan hcl SOLR	28
teriflunomide	63	timolol maleate (ophth) SOLN	59	toremifene citrate	25
teriparatide SOPN	45	timolol maleate TABS	32	torsemide TABS	44
TERIPARATIDE SOPN	45	tiopronin TBEC 100 MG	48	TRACLEER TBSO	33
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	7	tiopronin TBEC 300 MG	48	tramadol hcl TABS 50 MG	6
testosterone cypionate SOLN IM ...	7	tiotropium bromide monohydrate CAPS	9	tramadol hcl TB24	6
testosterone enanthate SOLN IM ...	7	TIVICAY TABS	31	tramadol-acetaminophen	7
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP	65	tizanidine hcl CAPS	58	trandolapril 1 MG, 2 MG	20
tetrabenazine	62	tizanidine hcl TABS	58	trandolapril 4 MG	20
tetracycline hcl CAPS	64	tobramycin (ophth) SOLN	59	trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	21
THALOMID	56	tobramycin NEBU	2	trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	21
theophylline ELIX	10	tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML ...	2	tranexamic acid SOLN 1000 MG/10ML	50
theophylline SOLN	10	tobramycin-dexamethasone SUSP 60		tranexamic acid TABS	50
theophylline TB12	10	TODAY SPONGE MISC	69	tranylcypromine sulfate	13
theophylline TB24	10	tolcapone	28	travoprost SOLN	60
THERANATAL CORE NUTRITION TABs	58	tolmetin sodium CAPS	4	TRAZIMERA	24
THIOLA EC TBEC 100 MG (tiopronin)	48	tolmetin sodium TABS 600 MG	4	trazodone hcl TABS	14
THIOLA EC TBEC 300 MG		TOLSURA CAPS	18	TRECTOR	23
		tolterodine tartrate CP24	66	TRELEGY ELLIPTA	10

TRELSTAR MIXJECT	25	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	44	tropicamide SOLN 0.5 %	59
TREMFYA SOAJ 100 MG/ML	40	triamterene & hydrochlorothiazide TABS	44	tropicamide SOLN 1 %	59
TREMFYA SOAJ 200 MG/2ML	40	triamterene CAPS	44	trospium chloride CP24	66
TREMFYA SOLN	40	triazolam	50	trospium chloride TABS	66
TREMFYA SOSY 100 MG/ML	40	TRICARE TABS	58	TRUE COVER DEVI	52
TREMFYA SOSY 200 MG/2ML	40	trientine hcl 250 MG	56	TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP ..	43
treprostinil SOLN IJ	33	trifluoperazine hcl TABS	30	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	54
tretinoin (chemotherapy)	27	trifluridine	59	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	43
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	38	trihexyphenidyl hcl SOLN	28	TRUE TRACK TEST STRP	43
tretinoin GEL 0.01 %, 0.025 %	38	trihexyphenidyl hcl TABS	28	TRULICITY	16
tretinoin microsphere 0.1 %	38	TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG ..	15	TRUMENBA	66
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	24	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	15	TRUSTEX COLOR CONDOMS + LUBE MISC	52
triamcinolone acetonide (mouth) ..	57	TRIKAFTA TBPK	63	TRUSTEX LUBRICATED EXTRALARGE MISC	52
triamcinolone acetonide (nasal) AERO	58	trimethobenzamide hcl CAPS	17	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	52
triamcinolone acetonide (topical) CREA 0.025 %	42	trimethoprim TABS	21	TRUSTEX LUBRICATED MISC ...	53
triamcinolone acetonide (topical) CREA 0.1 %	42	trimipramine maleate CAPS	15	TRUSTEX LUBRICATED/RIBBED/STUDED	52
triamcinolone acetonide (topical) CREA 0.5 %	42	TRINTELLIX	14	MISC	52
triamcinolone acetonide (topical) LOTN 0.025 %	42	TRIUMEQ TABS	31	TRUSTEX LUBRICATED/SPERMICIDE EXTRA	52
triamcinolone acetonide (topical) LOTN 0.1 %	42	TRIZIVIR	31	LARGE MISC	52
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	42	TROJAN MAGNUM MISC	52	TRUSTEX LUBRICATED/SPERMICIDE EXTRA	53
triamcinolone acetonide (topical) OINT 0.5 %	42	TROJAN ULTRA THIN LUBRICATED MISC	52	STRENGTH MISC	53
triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML	37	TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	52	TRUSTEX LUBRICATED/SPERMICIDE MISC	53
		TROJAN-ENZ LUBRICATED MISC 52		TRUSTEX NATURAL CONDOMS	
		TROJAN-ENZ W/SPERMICIDAL MISC	52		

+LUBE/LUBRICATED MISC53	ursodiol CAPS 47	venlafaxine hcl CP24 37.5 MG 14
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC53	ursodiol TABS47	venlafaxine hcl CP24 75 MG 14
TRUSTEX/RIA LUBRICATED MISC . 53	UVADEX27	venlafaxine hcl TABS 14
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC 53	valacyclovir hcl 1 GM, 1000 MG ...31	venlafaxine hcl TB24 150 MG 14
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC 53	valacyclovir hcl 500 MG32	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG 14
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 53	valganciclovir hcl TABS31	verapamil hcl CP24 100 MG, 200 MG, 300 MG 33
TRUXIMA24	valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML 13	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG 33
TUKYSA24	valproic acid CAPS 13	verapamil hcl SOLN 2.5 MG/ML ...33
TURALIO27	valrubicin 26	verapamil hcl TABS33
TUZISTRA XR37	valsartan TABS 20	verapamil hcl TBCR33
TWINRIX SUSY69	valsartan-hydrochlorothiazide21	VEREGEN38
TWIRLA 35	VALTOCO 10 MG DOSE LIQD11	VERZENIO27
TYBLUME CHEW35	VALTOCO 15 MG DOSE LQPK ...11	VICTOZA (liraglutide) 16
TYBOST31	VALTOCO 20 MG DOSE LQPK ...11	vigabatrin PACK 12
TYMLOS45	VALTOCO 5 MG DOSE LIQD11	vigabatrin TABS12
TYVASO REFILL KIT SOLN IN ...33	vancomycin hcl CAPS 22	VIIBRYD STARTER PACK KIT14
TYVASO SOLN IN33	vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG22	vilazodone hcl TABS14
TYVASO STARTER KIT SOLN IN .33	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .22	vincristine sulfate28
UBRELVY54	VAQTA 69	vinorelbine tartrate 10 MG/ML28
UCERIS (budesonide (intrarectal)) .7	varenicline tartrate TABS63	VIRACEPT TABS 250 MG31
UDENYCA ONBODY SOSY50	varenicline tartrate TBPB63	VIRACEPT TABS 625 MG31
UDENYCA SOAJ 50	VARIVAX SUSR 69	VIREAD POWD31
UDENYCA SOSY50	VARUBI TBPB 18	VIREAD TABS 150 MG, 200 MG, 250 MG31
UPTRAVI TABS 200 MCG34	VAXNEUVANCE66	VISTOGARD 17
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG 34	VECAMEYL21	VITAMIN D2 TABS 400 UNIT70
UPTRAVI TITRATION PACK TBPB 34	VECTIBIX 100 MG/5ML 24	VITATHELY/GINGER TABS58
	VELPHORO48	VITRAKVI CAPS27
	venlafaxine hcl CP24 150 MG14	

VITRAKVI SOLN	27	XARELTO TABS 2.5 MG, 15 MG ..	10	XTANDI TABS 40 MG	25
VIZIMPRO	24	XELJANZ SOLN	3	XTANDI TABS 80 MG	25
VORAXAZE	28	XELJANZ TABS 10 MG	3	XULTOPHY 100/3.6	15
voriconazole TABS	18	XELJANZ TABS 5 MG	3	XYNTHA	49
VOSEVI	31	XELJANZ XR TB24	3	XYNTHA SOLOFUSE	49
VOTRIENT (pazopanib hcl)	27	XEOMIN	59	YERVOY	24
VYNDAMAX	34	XERAVA	64	YONSA	25
VYNDAQEL	34	XGEVA SOLN	45	zafirlukast	9
VYVANSE CAPS	1	XHANCE EXHU	58	zaleplon 10 MG	50
warfarin sodium TABS	10	XIFAXAN 200 MG	21	zaleplon 5 MG	50
water for irrigation, sterile	56	XIFAXAN 550 MG	21	ZALTRAP 100 MG/4ML	24
WESTAB PLUS TABS	58	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	15	ZANOSAR	23
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	53	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	15	ZARONTIN CAPS (ethosuximide) .	13
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	53	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	15	ZARXIO	50
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	53	XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	9	ZEJULA CAPS	27
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	53	XOLAIR SOAJ 75 MG/0.5ML	9	ZEJULA TABS 100 MG	27
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	53	XOLAIR SOLR	9	ZEJULA TABS 200 MG, 300 MG ..	27
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	53	XOLAIR SOSY 150 MG/ML, 300 MG/2ML	9	ZELBORAF	27
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	53	XOLAIR SOSY 75 MG/0.5ML	9	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	44
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	53	XOSPATA	27	ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT	43
XALKORI CAPS	27	XPOVIO	25	zidovudine CAPS	31
XARELTO STARTER PACK TBPK 10		XPOVIO 60 MG TWICE WEEKLY 25		zidovudine SYRP	31
XARELTO SUSR	10	XPOVIO 80 MG TWICE WEEKLY 25		zidovudine TABS	31
XARELTO TABS 10 MG, 20 MG ..	10	XTAMPZA ER	6	ZIEXTENZO	50
		XTANDI CAPS	25		

zileuton TB12	9
ziprasidone hcl	29
ZIRABEV	24
ZIRGAN GEL	59
ZOLADEX 10.8 MG	25
ZOLADEX 3.6 MG	25
zoledronic acid CONC	45
zoledronic acid SOLN	45
ZOLINZA	27
zolmitriptan SOLN	55
zolmitriptan TABS	55
zolmitriptan TBDP	55
zolpidem tartrate TABS	50
zolpidem tartrate TBCR	50
zonisamide CAPS	12
ZONTIVITY	49
ZORBTIVE SC	45
ZYDELIG	27
ZYLET	60

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