



2026

Formulary

EFFECTIVE JANUARY 1, 2026



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 Health Solutions Bronze 5000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Bronze 5000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Bronze HSA 6400	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Bronze HSA 6400 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 0	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 0 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 1500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 1500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Health Solutions Gold 2500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 2500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 1350	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 1350 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 3000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 3000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 4500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 4500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 5000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 5000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver Copay HSA 4000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver Copay HSA 4000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Health Solutions Silver HSA 4000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver HSA 4000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Clarity Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Clarity VALUE Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Complete Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Complete Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Complete VALUE Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Enhanced Diabetes Care Silver with \$0 Drug Options	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Enhanced Diabetes Care Silver with \$0 Drug Options + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Everyday Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Everyday Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused VALUE Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused VALUE Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Expanded Bronze	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Expanded Bronze + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

Plan	Formulary	Summary of Benefits and Coverage
Standard Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Gold VALUE	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver VALUE	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver VALUE + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Texas Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

DRUG BY COST-SHARING TIER

Tier	Percent of drugs in each cost-sharing tier:
0	4.64%
1a	20.64%
1b	68.14%
2	1.47%
3	1.87%
4	3.23%

HOW PRESCRIPTION DRUGS ARE COVERED UNDER THE PLAN

A. FORMULARY COMPOSITION:

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

B. RIGHT TO APPEAL

If we deny your request for Prior Authorization, you have 180 days from being denied coverage for a drug to file an appeal and your appeal will be resolved within 30 days. In the event that your appeal is successful, non-specialty non-formulary drugs will be

covered at your Tier 3 cost-share (co-pay or co-insurance) and specialty non-formulary drugs will be covered at your Tier 4 cost-share (co-pay or co-insurance). Please consult your individual Summary of Benefits and Coverage for additional information on your cost-share. All other provisions of your benefit, such as deductibles and maximum out of pockets, apply to formulary and non-formulary drugs that have been provided through an appeal.

C. CONTINUATION OF COVERAGE

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

D. OFF-LABEL DRUG USE

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

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

E. COST SHARING

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. 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.
D/D+/C	Not applicable	Medications on the formulary with D/D+/C may take alternative copays for certain benefit designs. Please consult your benefit documents for more information.

Opioid Medications:

Medications identified on the formulary by "New starts limited to 7 day supply" allow up to two 7 day fills during any

28 day period and up to a total of 28 day non-consecutive supply in any 90 day period. This limit applies cumulatively to all opioid medications filled. For fills exceeding these limits, your providers may submit a Prior Authorization request.

Introducción al Formulario

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	Formulary	Summary of Benefits and Coverage
Ambetter Health Solutions Bronze 5000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Bronze 5000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Bronze HSA 6400	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Bronze HSA 6400 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 0	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 0 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 1500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 1500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Health Solutions Gold 2500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 2500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Gold 3500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 1350	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 1350 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 3000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 3000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 4500	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 4500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 5000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver 5000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver Copay HSA 4000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver Copay HSA 4000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Health Solutions Silver HSA 4000	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Ambetter Health Solutions Silver HSA 4000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Clarity Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Clarity VALUE Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Complete Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
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Complete VALUE Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Enhanced Diabetes Care Silver with \$0 Drug Options	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Enhanced Diabetes Care Silver with \$0 Drug Options + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Everyday Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Everyday Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused VALUE Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Focused VALUE Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Expanded Bronze	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Expanded Bronze + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

Plan	Formulary	Summary of Benefits and Coverage
Standard Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Gold VALUE	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver VALUE	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Standard Silver VALUE + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html
Texas Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2026-brochures.html

MEDICAMENTO POR NIVEL DE COSTO COMPARTIDO

Nivel	Porcentaje de medicamentos en cada nivel de costo compartido:
0	4.64%
1a	20.64%
1b	68.14%
2	1.47%
3	1.87%
4	3.23%

CÓMO CUBRE EL PLAN LOS MEDICAMENTOS RECETADOS

A. COMPOSICIÓN DEL FORMULARIO:

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

B. DERECHO A APELAR

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

C. CONTINUACIÓN DE COBERTURA

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

D. USO DE MEDICAMENTOS FUERA DE LO INDICADO

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

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

E. COSTO COMPARTIDO

El costo compartido es su participación monetaria en su atención médica. Deberá conocer algunos puntos para determinar el costo compartido que le corresponde. Conocer los siguientes elementos lo ayudará a estimar el costo del que será responsable en un momento dado:

qué parte del deducible ya ha pagado, cuánto le queda de deducible, qué medicamento le han recetado y la cantidad máxima que puede pagar de su bolsillo. Todos estos datos, a excepción del nivel, se pueden obtener en el Resumen de beneficios y cobertura (ver los enlaces anteriores). Para obtener información del nivel de su medicamento, consulte el Formulario.

Para determinar su costo compartido, siga los siguientes pasos:

- a. Consulte el Formulario para determinar el nivel en el que figura el medicamento o producto que está surtiendo.
- b. Una vez que haya determinado el nivel, utilice el Resumen de beneficios y cobertura (SBC) para determinar qué costo compartido se aplicará a su medicamento o producto seleccionado.
- c. Si no ha alcanzado su deducible, será responsable del costo total del medicamento

hasta que alcance el deducible.

- d. Si ha alcanzado su deducible pero no su gasto de bolsillo máximo, le cobrarán un copago por medicamentos que tengan un copago asignado según su SBC y un coseguro por medicamentos que tengan un coseguro asignado en su SBC. Por lo general, pagará un (1) copago por cada suministro de medicamentos para 30 días. Se cobrarán dos copagos por el suministro para 2 meses y tres copagos por el suministro para 3 meses de sus medicamentos respectivamente.
- e. Para determinar el costo de medicamentos o productos de coseguro, utilice nuestra herramienta de búsqueda de medicamentos en línea. Consulte la sección: “CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS” anterior.

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

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

D. REQUISITOS DE ADMINISTRACIÓN MÉDICA

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

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

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

Medicamentos fuera del Formulario: Los medicamentos que no figuran en este Formulario

se consideran medicamentos fuera del Formulario. Para obtener estos medicamentos, su proveedor debe presentar una solicitud de autorización previa regular. Todas las solicitudes de medicamentos fuera del Formulario serán revisadas bajo nuestra política de solicitud de medicamentos fuera del Formulario.

FORMULARIO ESTÁNDAR

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

Tenga en cuenta que el Formulario no pretende ser una lista completa de los medicamentos cubiertos por su beneficio de medicamentos recetados. Es posible que no estén cubiertas todas las formas farmacéuticas o concentraciones

de un medicamento. Esta lista se revisa y actualiza periódicamente y puede estar sujeta a cambios. Se puede agregar o eliminar medicamentos, o se pueden incorporar requisitos adicionales para aprobar el uso continuado de un medicamento específico.

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

Clave de la lista de medicamentos:

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

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

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

Nivel 1B - Copago bajo para aquellos medicamentos que ofrecen un gran valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.

Nivel 2 - El copago medio cubre los medicamentos de marca que suelen ser más asequibles, o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas condiciones.

Nivel 3 - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no figuran en la Lista de medicamentos recetados, pero cuya cobertura ha sido aprobada.

Nivel 4 - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “hemofilia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o

“hemofilia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/ Limits
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, 10 MG</i>	1B	QL(1 EA daily)
<i>amphetamine-dextroamphetamine CP24 15 MG</i>	1B	
<i>amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG</i>	1B	QL(2 EA daily)
<i>amphetamine-dextroamphetamine TABS 30 MG</i>	1B	QL(2 EA daily)
<i>amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG</i>	1B	QL(3 EA daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B	
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 EA daily)
<i>dextroamphetamine sulfate TABS 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)
Anorexiants Non-Amphetamine		

Drug Name	Drug Tier	Requirements/ Limits
<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>phentermine hcl CAPS</i>	1B	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 (DNRI)		
<i>SUNOSI 150 MG</i>	3	QL(1 EA daily); PA
<i>SUNOSI 75 MG</i>	3	QL(2 EA daily); PA
Stimulants - Misc.		
<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 30 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1B	QL(1 EA daily)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl CPCR</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	1B	QL(30 ML daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i>	1B	QL(1 EA daily); PA
<i>modafinil 200 MG</i>	1B	QL(2 EA daily); PA
<i>modafinil 100 MG</i>	1B	QL(1 EA daily); PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	1B	
<i>gentamicin sulfate IJ 40 MG/ML</i>	1B	
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin NEBU</i>	4	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	4	QL(12 ML daily); PA
RINVOQ TB24	4	QL(1 EA daily); PA
XELJANZ XR TB24	4	QL(1 EA daily); PA
XELJANZ SOLN	4	QL(20 ML daily); PA
XELJANZ TABS 10 MG	4	QL(2 EA daily); PA
XELJANZ TABS 5 MG	4	QL(2 EA daily); SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	PA
Anti-TNF-alpha - Monoclonal Antibodies		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	4	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA-PED<40KG CROHNS STARTER PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	4	QL(0.143 EA daily); PA	HUMIRA-PED>=40KG CROHNS START PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-AATY (2 PEN) AJKT	4	QL(0.143 EA daily); PA	HUMIRA-PED>=40KG UC STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	4	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-ADAZ SOAJ	4	QL(0.143 ML daily); PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ML daily); PA	SIMLANDI (1 PEN) AJKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM (2 PEN) AJKT	4	QL(0.143 EA daily); PA	SIMLANDI (1 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	SIMLANDI (2 PEN) AJKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	4	QL(0.143 EA daily); PA	SIMLANDI (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	4	QL(0.143 EA daily); PA	SIMPONI ARIA SOLN	4	PA
HUMIRA (2 PEN) AJKT	4	QL(0.143 EA daily); PA	YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	QL(0.072 EA daily); PA	YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	4	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
HUMIRA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA			
HUMIRA-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA			

Drug Name	Drug Tier	Requirements/ Limits
YUFLYMA (2 PEN) AJKT	4	QL(0.143 EA daily); PA
YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
YUFLYMA-CD/UC/HS STARTER AJKT	4	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
Gold Compounds		
AURANOFIN 3 MG	3	QL(3 EA daily)
RIDAURA	3	QL(3 EA daily)
Interleukin-1 Blockers		
ARCALYST	4	QL(0.286 EA daily); SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA
ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	4	QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); SP; PA
ACTEMRA SOLN 80 MG/4ML	4	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); SP; PA
ACTEMRA SOSY	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA
KEVZARA SOAJ	4	QL(0.082 ML daily); PA
KEVZARA SOSY	4	QL(0.082 ML daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
celecoxib	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac potassium TABS 50 MG</i>	1B	
<i>diclofenac sodium TB24</i>	1B	
<i>diclofenac sodium TBEC</i>	1B	
<i>diclofenac w/ misoprostol TBEC</i>	1B	
<i>etodolac CAPS</i>	1B	
<i>etodolac TABS</i>	1B	
<i>fenoprofen calcium TABS</i>	1B	QL(4 EA daily); ST
<i>flurbiprofen TABS</i>	1B	
<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	1B	RX/OTC
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
<i>ibuprofen TABS 800 MG</i>	1B	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
<i>indomethacin CPCR</i>	1B	
<i>ketoprofen CAPS 50 MG</i>	1B	
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 EA daily)
<i>meclofenamate sodium CAPS</i>	1B	
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 EA daily); ST
<i>meloxicam TABS</i>	1A	QL(1 EA daily)
<i>nabumetone</i>	1B	
<i>naproxen sodium TABS 550 MG</i>	1B	
<i>naproxen SUSP</i>	1B	PA
<i>naproxen TABS</i>	1B	
<i>naproxen TBEC 500 MG</i>	1B	QL(3 EA daily)
<i>oxaprozin TABS</i>	1B	
<i>piroxicam CAPS</i>	1B	
<i>sulindac TABS</i>	1B	
<i>tolmetin sodium CAPS</i>	1B	
<i>tolmetin sodium TABS 600 MG</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	4	QL(1 EA daily); PA
OTEZLA/OTEZLA XR INITIATION PK TBPk	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OTEZLA TABS	4	QL(2 EA daily); PA
OTEZLA TBPk	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OTEZLA TBPk	4	1 package(s) per 180 day(s) retail; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1B	QL(1 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	QL(0.146 ML daily); PA
ENBREL SURECLICK SOAJ	4	QL(0.146 ML daily); PA
ENBREL SOLN	4	QL(0.146 ML daily); PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ML daily); PA
ENBREL SOSY 50 MG/ML	4	QL(0.286 ML daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 EA daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 EA daily)
<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 EA daily)
Salicylates		
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TBEC 325 MG</i>	1A	
<i>diflunisal TABS</i>	1B	
<i>salsalate</i>	1B	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply
<i>fentanyl citrate LPOP</i>	1B	QL(4 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>hydrocodone bitartrate CP12</i>	3	QL(2 EA daily); PA
<i>hydrocodone bitartrate T24A</i>	3	QL(2 EA daily); PA
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)	<i>morphine sulfate SOLN PO 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ML daily)
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 EA daily); PA	<i>morphine sulfate SOLN PO 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ML daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 EA daily); PA	<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate TBCR</i>	1B	QL(2 EA daily)
<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B		<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(2 EA daily); PA
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ML per fill retail)	<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)
<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)	<i>oxymorphone hcl TABS</i>	1B	QL(12 EA daily); PA
<i>methadone hcl CONC</i>	1B	QL(10 ML daily)	<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 EA daily); PA
<i>methadone hcl SOLN PO 5 MG/5ML</i>	1B	QL(100 ML daily)	<i>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 EA daily); PA
<i>methadone hcl SOLN PO 10 MG/5ML</i>	1B	QL(50 ML daily)	SUBSYS LIQD 800 MCG	3	QL(8 EA daily); PA
<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B		<i>tramadol hcl TABS 50 MG</i>	1A	New starts limited to 7 day supply; QL(8 EA daily)
METHADONE HCL SOLN IJ (<i>methadone hcl</i>)	1B		<i>tramadol hcl TB24</i>	1B	QL(1 EA daily)
<i>methadone hcl TABS 5 MG</i>	1B	QL(4 EA daily)	Opioid Combinations		
<i>methadone hcl TABS 10 MG</i>	1B	QL(10 EA daily)	<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ML daily)
<i>methadone hcl TBSO</i>	1B	QL(2 EA daily)	<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 EA daily)
<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>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)
<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA	<i>oxycodone 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>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply	<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)
<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>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 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	Opioid Partial Agonists		
<i>butalbital-aspirin-caffeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1B	QL(2 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>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>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	1B	New starts limited to 7 day supply	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 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>buprenorphine hcl SOLN</i>	1B	
<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply	<i>buprenorphine hcl SUBL</i>	1B	QL(3 EA daily)
<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>buprenorphine PTWK</i>	1B	QL(0.143 EA daily); PA
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 EA daily)	<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ML daily); PA
			<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
			<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
			ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
			Androgens		
			<i>ANDRODERM PT24 2 MG/24HR, 4 MG/24HR</i>	2	QL(1 EA daily); PA
			<i>danazol CAPS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>methylestosterone TABS</i>	1B	
<i>testosterone cypionate SOLN IM</i>	1B	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
<i>testosterone enanthate SOLN IM</i>	1B	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	4	QL(3.2 GM daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
Rectal Steroids		
<i>hydrocortisone (rectal) EX</i>	1B	
<i>hydrocortisone acetate (rectal)</i>	1B	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 GM daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1B	PA
EMVERM CHEW	2	QL(2 EA daily; 6 EA per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail
<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

Drug Name	Drug Tier	Requirements/ Limits
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 EA daily)
<i>ranolazine TB12 500 MG</i>	1B	QL(3 EA daily)
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1A	
NITRO-BID OINT	3	
<i>nitroglycerin CPCR</i>	1B	QL(4 EA daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
ANTIANKXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>buspirone hcl 5 MG</i>	1A	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B	
<i>hydroxyzine hcl SYRP</i>	1B	
<i>hydroxyzine hcl TABS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B	
<i>meprobamate</i>	1B	
Benzodiazepines		
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 EA daily)
<i>alprazolam TABS 2 MG</i>	1B	QL(4 EA daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBDP</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN PO 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 EA daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 EA daily)
<i>lorazepam TABS 1 MG</i>	1A	QL(4 EA daily)
<i>oxazepam CAPS</i>	1B	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 150 MG/3ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	
<i>dofetilide</i>	1B	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ML daily); PA

Drug Name	Drug Tier	Requirements/Limits
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); PA
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1B	C; QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	3	QL(0.44 GM daily)
INCRUSE ELLIPTA	2	C; QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1B	C; QL(15 ML daily)
SPIRIVA RESPIMAT AERS IN	2	QL(0.14 GM daily)
<i>tiotropium bromide CAPS IN 18 MCG</i>	1B	QL(1 EA daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1B	C; QL(1 EA daily)
<i>montelukast sodium PACK</i>	1B	C; QL(1 EA daily)
<i>montelukast sodium TABS</i>	1B	C; QL(1 EA daily)
<i>zafirlukast</i>	1B	C; QL(2 EA daily)
<i>zileuton TB12</i>	3	QL(4 EA daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	1B	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	3	PA
ARNUITY ELLIPTA 100 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
ARNUITY ELLIPTA 50 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide (inhalation) SUSP</i>	1B	C; QL(4 ML daily); PA	<i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	1B	C
<i>fluticasone furoate (inhalation) 100 MCG/ACT</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1B	
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 200 MCG/ACT</i>	1B		<i>fluticasone-salmeterol AERO</i>	1B	C
<i>fluticasone propionate (inhalation) AEPB</i>	1B	C	<i>formoterol fumarate NEBU</i>	1B	C; QL(4 ML daily)
<i>fluticasone propionate hfa</i>	1B	C; QL(0.8 GM daily)	<i>ipratropium-albuterol SOLN</i>	1B	C; QL(18 ML daily)
PULMICORT FLEXHALER AEPB	2	C	<i>levalbuterol hcl</i>	1B	C
QVAR REDHALER	2	C	<i>levalbuterol tartrate</i>	1B	C; QL(0.5 GM daily)
Sympathomimetics			PROAIR DIGIHALER	3	
AIRDUO DIGIHALER	3		PROAIR RESPICLICK AEPB	3	
AIRSUPRA	3		SEREVENT DISKUS	2	C
<i>albuterol sulfate AERS</i>	1B	C	STIOLTO RESPIMAT	2	C
<i>albuterol sulfate NEBU</i>	1B	C	STRIVERDI RESPIMAT	2	C
<i>albuterol sulfate SYRP</i>	1B	C	<i>terbutaline sulfate SOLN</i>	1B	C
<i>albuterol sulfate TABS</i>	1B	C	<i>terbutaline sulfate TABS</i>	1B	C
<i>arformoterol tartrate</i>	1B	C; QL(4 ML daily)	TRELEGY ELLIPTA	2	C; QL(2 EA daily)
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	2	C	<i>umeclidinium-vilanterol</i>	2	C; QL(2 EA daily)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2		Xanthines		
BREZTRI AEROSPHERE	2	C; QL(0.38 GM daily)	<i>theophylline ELIX</i>	1B	
<i>budesonide-formoterol fumarate dihydrate</i>	1B		<i>theophylline SOLN</i>	1B	C; QL(56 ML daily)
COMBIVENT RESPIMAT AERS	2	QL(0.16 GM daily)	<i>theophylline TB12</i>	1B	C
DULERA	2	C	<i>theophylline TB24</i>	1B	C
<i>fluticasone furoate-vilanterol</i>	1B		ANTICOAGULANTS - Blood Thinners		
			Coumarin Anticoagulants		
			<i>warfarin sodium TABS</i>	1A	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Direct Factor Xa Inhibitors			<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
ELIQUIS DVT/PE STARTER PACK TBPB	2	QL(2.47 EA daily); 1 max fill(s) per 180 day(s) retail	<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
ELIQUIS TABS	2	QL(2 EA daily)	<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>rivaroxaban SUSR 1 MG/ML</i>	1B	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)	FRAGMIN SOSY	4	SP; PA
<i>rivaroxaban TABS 2.5 MG</i>	1B	QL(2 EA daily)	HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	1B	
XARELTO STARTER PACK TBPB	2	1 max fill(s) per 365 day(s) retail	<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B	
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	2	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)	Thrombin Inhibitors		
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)	<i>dabigatran etexilate mesylate CAPS</i>	1B	
XARELTO TABS 15 MG	2	QL(2 EA daily)	ANTICONVULSANTS - Drugs to Treat Seizures		
Heparins And Heparinoid-Like Agents			AMPA Glutamate Receptor Antagonists		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ML daily)	<i>perampanel TABS 6 MG</i>	1B	QL(2 EA daily); PA
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ML daily); SP	<i>perampanel TABS 8 MG, 10 MG, 12 MG</i>	1B	QL(1 EA daily); PA
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ML daily)	<i>perampanel TABS 2 MG</i>	1B	QL(6 EA daily); PA
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ML daily; 30 Day(s) limit); SP	<i>perampanel TABS 4 MG</i>	1B	QL(3 EA daily); PA
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ML daily)	Anticonvulsants - Benzodiazepines		
<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>clonazepam TABS</i>	1A	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail	DIACOMIT PACK 500 MG	4	QL(6 EA daily); PA
NAYZILAM	3	QL(10 EA per 30 day(s) retail); PA	DIACOMIT PACK 250 MG	4	QL(12 EA daily); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA	EPIDIOLEX	3	PA
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA	<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	1B	QL(2 EA daily); ST
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA	<i>gabapentin CAPS</i>	1B	
VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA	<i>gabapentin SOLN</i>	1B	QL(60 ML daily)
Anticonvulsants - Misc.			<i>gabapentin TABS 600 MG, 800 MG</i>	1B	
BANZEL TABS 400 MG (<i>rufinamide</i>)	2	QL(8 EA daily); PA	<i>lacosamide SOLN IV 200 MG/20ML</i>	1B	QL(40 ML daily)
BANZEL TABS 200 MG (<i>rufinamide</i>)	2	QL(2 EA daily); PA	<i>lacosamide TABS</i>	1B	QL(2 EA daily)
BRIVIACT SOLN PO 10 MG/ML	3	QL(20 ML daily); PA	<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 EA daily)
<i>carbamazepine CHEW 100 MG</i>	1B		<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 EA daily)
<i>carbamazepine CP12 100 MG</i>	1B		<i>lamotrigine TABS</i>	1B	
<i>carbamazepine CP12 200 MG</i>	1B	QL(6 EA daily)	<i>lamotrigine TBDP</i>	1B	QL(1 EA daily)
<i>carbamazepine CP12 300 MG</i>	1B	QL(4 EA daily)	<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ML daily)
<i>carbamazepine SUSP</i>	1B		<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 EA daily)
<i>carbamazepine TABS</i>	1B		<i>levetiracetam TABS 500 MG</i>	1B	QL(6 EA daily)
<i>carbamazepine TB12 200 MG</i>	1B	QL(6 EA daily)	<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 EA daily)
<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 EA daily)	<i>levetiracetam TB24</i>	1B	QL(4 EA daily)
DIACOMIT CAPS 500 MG	4	QL(6 EA daily); PA	<i>oxcarbazepine SUSP</i>	1B	QL(40 ML daily)
DIACOMIT CAPS 250 MG	4	QL(12 EA daily); PA	<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 EA daily)
			<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 EA daily)
			<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1B	QL(3 EA daily); ST
			<i>pregabalin CAPS 225 MG, 300 MG</i>	1B	QL(2 EA daily); ST
			<i>pregabalin SOLN</i>	1B	QL(30 ML daily); ST

Drug Name	Drug Tier	Requirements/ Limits
<i>primidone 50 MG, 250 MG</i>	1B	
<i>rufinamide SUSP</i>	1B	QL(80 ML daily); PA
<i>rufinamide TABS 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 200 MG</i>	1B	QL(2 EA daily)
<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>zonisamide CAPS</i>	1B	QL(6 EA daily)
Carbamates		
<i>felbamate SUSP</i>	1B	QL(30 ML daily)
<i>felbamate TABS 600 MG</i>	1B	QL(6 EA daily)
<i>felbamate TABS 400 MG</i>	1B	QL(9 EA daily)
GABA Modulators		
<i>tiagabine hcl</i>	1B	
<i>vigabatrin PACK</i>	4	QL(6 EA daily); SP; PA
<i>vigabatrin TABS</i>	4	QL(6 EA daily); SP; PA
Hydantoins		
DILANTIN	2	
DILANTIN (<i>phenytoin sodium extended</i>)	2	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>phenytoin</i>)	2	
DILANTIN SUSP (<i>phenytoin</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>fosphenytoin sodium</i>	1B	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
<i>phenytoin sodium SOLN</i>	1B	
<i>phenytoin CHEW</i>	1B	
<i>phenytoin SUSP</i>	1B	
Succinimides		
<i>ethosuximide CAPS</i>	1B	QL(6 EA daily)
<i>ethosuximide SOLN</i>	1B	QL(30 ML daily)
<i>methsuximide</i>	1B	QL(4 EA daily)
ZARONTIN CAPS (<i>ethosuximide</i>)	2	QL(6 EA daily)
Valproic Acid		
<i>divalproex sodium TB24</i>	1B	
<i>divalproex sodium TBEC</i>	1B	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1B	
<i>valproic acid CAPS</i>	1B	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1B	
<i>mirtazapine TBDP</i>	1B	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1B	D+/C
<i>bupropion hcl TB12</i>	1B	D+/C
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1B	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	2	QL(6 EA daily)
<i>phenelzine sulfate</i>	1B	
<i>tranylcypromine sulfate</i>	1B	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SPRAVATO (56 MG DOSE)	4	PA	FETZIMA TITRATION C4PK	3	PA
SPRAVATO (84 MG DOSE)	4	PA	FETZIMA CP24	3	QL(1 EA daily); PA
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>venlafaxine hcl CP24</i>	1B	D+/C
<i>citalopram hydrobromide SOLN</i>	1A		<i>venlafaxine hcl TABS</i>	1B	D/C
<i>citalopram hydrobromide TABS</i>	1A	D/C	<i>venlafaxine hcl TB24</i>	1B	
<i>escitalopram oxalate SOLN</i>	1B		Tricyclic Agents		
<i>escitalopram oxalate TABS</i>	1B	D+/C	<i>amitriptyline hcl TABS</i>	1A	D/C
<i>fluoxetine hcl CAPS</i>	1A	D/C	<i>amoxapine</i>	1B	
<i>fluoxetine hcl CPDR</i>	1A		<i>clomipramine hcl</i>	1B	
<i>fluoxetine hcl SOLN</i>	1B		<i>desipramine hcl TABS</i>	1B	
<i>fluoxetine hcl TABS</i>	1B		<i>doxepin hcl CAPS</i>	1B	
<i>fluvoxamine maleate TABS</i>	1B	D+/C	<i>doxepin hcl CONC</i>	1B	
<i>paroxetine hcl SUSP</i>	1B		<i>imipramine hcl TABS</i>	1B	D+/C
<i>paroxetine hcl TABS</i>	1B	D/C	<i>imipramine pamoate</i>	1B	
<i>paroxetine hcl TB24</i>	1B		<i>nortriptyline hcl CAPS</i>	1B	
<i>sertraline hcl CONC</i>	1B		<i>nortriptyline hcl SOLN</i>	1B	
<i>sertraline hcl TABS</i>	1B	D/C	<i>protriptyline hcl</i>	1B	
Serotonin Modulators			<i>trimipramine maleate CAPS</i>	1B	
<i>nefazodone hcl</i>	1B		ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>trazodone hcl TABS</i>	1B		Alpha-Glucosidase Inhibitors		
TRINTELLIX	3	QL(1 EA daily); PA	<i>acarbose</i>	1B	QL(3 EA daily)
VIIBRYD STARTER PACK KIT	3	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail	<i>miglitol</i>	1B	QL(3 EA daily)
<i>vilazodone hcl TABS</i>	1B		Antidiabetic Combinations		
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>alogliptin-metformin hcl</i>	1B	QL(2 EA daily); PA
<i>desvenlafaxine succinate</i>	1B		<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 EA daily); PA
<i>duloxetine hcl CPEP</i>	1B	D/C	<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 EA daily); PA
			<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 EA daily)
			<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide-metformin hcl</i> 250 MG-2.5 MG, 500 MG-2.5 MG	1B	D+; QL(2 EA daily)
<i>glipizide-metformin hcl</i> 500 MG-5 MG	1B	D+; QL(4 EA daily)
<i>glyburide-metformin</i> 500 MG-2.5 MG, 500 MG-5 MG	1B	D+; QL(4 EA daily)
<i>glyburide-metformin</i> 250 MG-1.25 MG	1B	D+; QL(2 EA daily)
GLYXAMBI	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET TABS	2	QL(2 EA daily)
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 EA daily)
<i>pioglitazone hcl-metformin hcl</i> TABS	1B	QL(2 EA daily)
<i>saxagliptin-metformin hcl</i> 1000 MG-5 MG, 500 MG-5 MG	1B	QL(1 EA daily)
<i>saxagliptin-metformin hcl</i> 1000 MG-2.5 MG	1B	QL(2 EA daily)
SOLIQUA	2	QL(0.5 ML daily); PA
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 EA daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 EA daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 EA daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 EA daily)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 EA daily)
XULTOPHY	2	QL(0.5 ML daily); PA
Biguanides		
<i>metformin hcl</i> TABS 850 MG	0	QL(3 EA daily)
<i>metformin hcl</i> TABS 500 MG	1A	D+; QL(5 EA daily)
<i>metformin hcl</i> TABS 1000 MG	1A	D+; QL(2.5 EA daily)
<i>metformin hcl</i> TB24 500 MG	1B	D+; QL(4 EA daily)
<i>metformin hcl</i> TB24 750 MG	1B	D+; QL(3 EA daily)
Diabetic Other		
<i>diazoxide</i>	3	
<i>glucagon SOLR IJ</i> 1 MG	1B	+; QL(0.035 EA daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	1B	QL(1 EA daily)
JANUVIA	2	QL(1 EA daily)
<i>saxagliptin hcl</i>	1B	QL(1 EA daily)
Incretin Mimetic Agents		
<i>liraglutide</i>	1B	QL(0.3 ML daily); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.054 ML daily); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(0.108 ML daily); PA
OZEMPIC (2 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RYBELSUS TABS	2	QL(1 EA daily); PA	REZVOGLAR KWIKPEN	3	PA
TRULICITY	2	QL(0.143 ML daily); PA	SEMGLEE (YFGN) SOLN	2	D
Insulin			SEMGLEE (YFGN) SOPN	2	D
APIDRA SOLOSTAR SOPN	3	PA	TRESIBA FLEXTouch SOPN	2	D
APIDRA SOLN	3	PA	TRESIBA SOLN	2	D
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	D; QL(1.34 ML daily)	Insulin Sensitizing Agents		
HUMULIN R U-500 KWIKPEN SOPN SC	2	D; QL(1.34 ML daily)	<i>pioglitazone hcl</i>	1B	D+; QL(1 EA daily)
INSULIN ASP PROT & ASP FLEXPEN SUPN	1B	D	Meglitinide Analogues		
INSULIN ASPART PROT & ASPART SUSP	1B	D	<i>nateglinide</i>	1B	QL(3 EA daily)
INSULIN GLARGINE-YFGN SOLN	2	D	<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 EA daily)
INSULIN GLARGINE-YFGN SOPN	2	D	<i>repaglinide 2 MG</i>	1B	QL(8 EA daily)
INSULIN LISPRO (1 UNIT DIAL) SOPN	1B		Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1B		<i>dapagliflozin propanediol</i>	2	QL(1 EA daily)
INSULIN LISPRO PROT & LISPRO SUPN	1B		FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 EA daily)
INSULIN LISPRO SOLN IJ	1B	D	JARDIANCE	2	QL(1 EA daily)
NOVOLIN 70/30 FLEXPEN SUPN	2	D	Sulfonylureas		
NOVOLIN 70/30 SUSP	2	D	<i>glimepiride 4 MG</i>	1A	D+; QL(2 EA daily)
NOVOLIN N FLEXPEN SUPN	2	D	<i>glimepiride 1 MG, 2 MG</i>	1A	D+; QL(4 EA daily)
NOVOLIN N SUSP	2	D	<i>glipizide TABS 5 MG, 10 MG</i>	1A	D+; QL(4 EA daily)
NOVOLIN R FLEXPEN SOPN IJ	2	D	<i>glipizide TB24</i>	1A	D+; QL(2 EA daily)
NOVOLIN R SOLN IJ	2	D	<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	D+; QL(4 EA daily)
NOVOLOG FLEXPEN SOPN	1B	D	<i>glyburide TABS</i>	1A	D+; QL(4 EA daily)
NOVOLOG PENFILL SOCT	1B	D	ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
NOVOLOG SOLN IJ	1B	D	Antiperistaltic Agents		
			<i>diphenoxylate w/ atropine LIQD</i>	1B	
			<i>diphenoxylate w/ atropine TABS</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
<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
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	1B	QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 EA daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 EA daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1B	QL(3.34 ML daily)
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 EA daily; 60 EA per fill retail; 60 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 EA daily; 45 EA per fill retail; 45 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 EA daily)
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 EA daily)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>palonosetron hcl SOLN</i>	1B	
Antiemetics - Anticholinergic		
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 EA daily)
<i>trimethobenzamide hcl CAPS</i>	1B	
Antiemetics - Miscellaneous		
AKYNZEO	3	PA
<i>doxylamine-pyridoxine TBEC</i>	1B	QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
<i>dronabinol CAPS</i>	1B	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS</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)
VARUBI (180 MG DOSE) TBPk	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>amphotericin b IV</i>	3	
<i>flucytosine</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>posaconazole SUSP</i>	3	QL(20 ML daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 EA daily)
ANTI HISTAMINES - Drugs to Treat Allergies		
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)
Antihistamines - Non-Sedating		
<i>cetirizine hcl TABS</i>	1A	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>desloratadine TABS</i>	1B	QL(1 EA daily)
<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ML daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 EA daily); RX/OTC
<i>loratadine CAPS</i>	1B	
<i>loratadine CHEW</i>	1B	
<i>loratadine SOLN</i>	1B	
<i>loratadine TABS</i>	1A	
<i>loratadine TBDP</i>	1B	
QUZYTIR SOLN IV	3	PA
Antihistamines - Phenothiazines		
<i>promethazine hcl SUPP 50 MG</i>	1B	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 EA daily)
<i>promethazine hcl TABS</i>	1B	
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	D+; 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)

Drug Name	Drug Tier	Requirements/ Limits
<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	D+; QL(1 EA daily)
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	D+; QL(1 EA daily)
<i>fenofibrate micronized 43 MG, 130 MG</i>	1B	QL(1 EA daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	D+; QL(1 EA daily)
<i>gemfibrozil TABS</i>	1B	D+; QL(2 EA daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1A	D+; QL(1 EA daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 EA daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 EA daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	1A	D+; QL(1 EA daily); PV
<i>lovastatin TABS 40 MG</i>	1A	D+; QL(2 EA daily); PV
<i>pravastatin sodium</i>	1B	D+; QL(1 EA daily)
<i>rosuvastatin calcium TABS</i>	1B	QL(1 EA daily)
<i>simvastatin TABS</i>	1A	D+; QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	D+; QL(1 EA daily)
Nicotinic Acid Derivatives		

Drug Name	Drug Tier	Requirements/ Limits
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 EA daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ML daily); PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ML daily); PA
REPATHA SOSY	4	QL(0.0714 ML daily); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl</i>	1A	D+
<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>	1A	D+
<i>fosinopril sodium</i>	1B	D+
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1A	D+
<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	D+
<i>trandolapril 4 MG</i>	1B	D+; QL(2 EA daily)
<i>trandolapril 1 MG, 2 MG</i>	1B	D+; 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)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>trandolapril-verapamil hcl</i> 180 MG-2 MG, 240 MG-1 MG	3	
<i>trandolapril-verapamil hcl</i> 240 MG-2 MG, 240 MG-4 MG	3	QL(1 EA daily)
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 EA daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
Vasodilators		
<i>hydralazine hcl</i> SOLN	1B	
<i>hydralazine hcl</i> TABS	1B	D+
<i>minoxidil</i> 2.5 MG, 10 MG	1B	D+
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole</i> TABS 250 MG, 500 MG	1B	
<i>pentamidine isethionate</i> IN	1B	
<i>tinidazole</i>	1B	
<i>trimethoprim</i> TABS	1B	
XIFAXAN 200 MG	3	QL(3 EA daily; 9 EA per 3 day(s) retail; 9 EA per 3 days mail); AL(At least 12 yrs old); PA
XIFAXAN 550 MG	3	QL(3 EA daily); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aztreonam 1 GM</i>	1B		Antimalarials		
CAYSTON	4	QL(3 ML daily); PA	<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 EA daily)
Oxazolidinones			<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>linezolid SUSR</i>	1B		<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 EA daily)
<i>linezolid TABS</i>	1B	QL(2 EA daily); PA	<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 EA daily)
Urinary Anti-infectives			<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 EA daily)
<i>fosfomycin tromethamine</i>	1B		KRINTAFEL	3	QL(2 EA per 30 day(s) retail)
<i>methenamine hippurate</i>	1B		<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>nitrofurantoin</i>	1B		<i>primaquine phosphate TABS</i>	3	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B		<i>pyrimethamine</i>	1B	QL(3 EA daily); PA
<i>nitrofurantoin monohyd macro</i>	1B		<i>quinine sulfate CAPS 324 MG</i>	1B	PA
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)			ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimalarial Combinations			Antimyasthenic/Cholinergic Agents		
<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	<i>neostigmine methylsulfate SOSY</i>	3	PA
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	<i>pyridostigmine bromide SOLN PO</i>	1B	
			<i>pyridostigmine bromide TABS 60 MG</i>	1B	
			<i>pyridostigmine bromide TBCR</i>	1B	
			ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antimycobacterial Agents			ZANOSAR	4	SP; PA
<i>cycloserine</i>	1B	QL(4 EA daily)	Antimetabolites		
<i>ethambutol hcl TABS</i>	1B		<i>azacitidine SUSR</i>	4	SP; PA
<i>isoniazid SOLN</i>	1B		<i>capecitabine</i>	4	SP; PA
<i>isoniazid SYRP</i>	1B		<i>clofarabine</i>	4	SP; PA
<i>isoniazid TABS</i>	1A		<i>decitabine</i>	4	SP; PA
PRIFTIN	3		<i>floxuridine</i>	4	SP; PA
<i>pyrazinamide</i>	1B		<i>fludarabine phosphate SOLN</i>	4	SP; PA
<i>rifabutin</i>	1B	PA	<i>fludarabine phosphate SOLR</i>	4	SP; PA
<i>rifampin CAPS</i>	1B		<i>fluorouracil 500 MG/10ML</i>	4	SP; PA
<i>rifampin SOLR</i>	1B		<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA
SIRTURO	3	PA	<i>mercaptopurine TABS</i>	1B	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B	
Alkylating Agents			<i>methotrexate sodium SOLR</i>	1B	SP
<i>busulfan SOLN</i>	4	SP; PA	<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP
<i>carmustine</i>	4	SP; PA	<i>nelarabine</i>	4	SP; PA
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA	<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA
<i>cyclophosphamide CAPS</i>	1B	PA	<i>pralatrexate 20 MG/ML</i>	4	SP; PA
<i>cyclophosphamide SOLR IJ</i>	4		TABLOID	4	SP; PA
GLEOSTINE 10 MG	4	SP; PA	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA
GLEOSTINE 40 MG, 100 MG	4	PA	Antineoplastic - Angiogenesis Inhibitors		
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA	INLYTA	4	QL(2 EA daily); SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA	LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); PA
LEUKERAN	4	SP; PA	LENVIMA (12 MG DAILY DOSE)	4	QL(3 EA daily); PA
<i>melphalan</i>	1B		LENVIMA (14 MG DAILY DOSE)	4	QL(2 EA daily); PA
<i>melphalan hcl IV</i>	1B		LENVIMA (18 MG DAILY DOSE)	4	QL(3 EA daily); PA
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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (20 MG DAILY DOSE)	4	QL(2 EA daily); PA	ERIVEDGE	4	QL(1 EA daily); SP; PA
LENVIMA (24 MG DAILY DOSE)	4	QL(3 EA daily); PA	ODOMZO	4	QL(1 EA daily); PA
LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); PA	Antineoplastic - Hormonal and Related Agents		
LENVIMA (8 MG DAILY DOSE)	4	QL(2 EA daily); PA	<i>abiraterone acetate 250 MG</i>	4	QL(4 EA daily); SP; PA
MVASI	4	PA	<i>abiraterone acetate 500 MG</i>	4	QL(2 EA daily); PA
ZALTRAP 100 MG/4ML	4	SP; PA	<i>anastrozole</i>	1B	QL(1 EA daily)
ZIRABEV	4	PA	<i>bicalutamide</i>	1B	QL(1 EA daily); SP
Antineoplastic - Antibodies			ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA
ARZERRA	4	SP; PA	ELIGARD KIT SC 7.5 MG	4	QL(0.0089 EA daily); SP; PA
LOQTORZI	4	PA	EMCYT	4	SP; PA
RUXIENCE	4	PA	ERLEADA 60 MG	4	QL(4 EA daily); PA
TRUXIMA	4	PA	ERLEADA 240 MG	4	QL(1 EA daily); PA
YERVOY	4	SP; PA	<i>exemestane</i>	4	QL(1 EA daily); SP
Antineoplastic - Anti-HER2 Agents			FIRMAGON 80 MG	4	QL(0.143 EA daily); SP; PA
KANJINTI	4	PA	FIRMAGON (240 MG DOSE)	4	QL(0.143 EA daily); SP; PA
OGIVRI	4	PA	<i>fulvestrant SOSY</i>	4	QL(0.357 ML daily); SP; PA
TRAZIMERA	4	PA	<i>letrozole</i>	1B	
TUKYSA	4	PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA
Antineoplastic - EGFR Inhibitors			LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 EA daily); SP; PA
ERBITUX	4	SP; PA	LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA
<i>erlotinib hcl</i>	4	QL(1 EA daily); SP; PA	LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 EA daily); SP; PA
<i>gefitinib</i>	4	QL(2 EA daily); PA	LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 EA daily); SP; PA
GILOTRIF	4	QL(1 EA daily); PA	LYSODREN	4	SP; PA
TAGRISSE 80 MG	4	QL(1 EA daily); PA	<i>megestrol acetate SUSP</i>	1B	
TAGRISSE 40 MG	4	QL(2 EA daily); PA	<i>megestrol acetate TABS</i>	1B	
VECTIBIX 100 MG/5ML	4	SP; PA			
VIZIMPRO	4	QL(1 EA daily); PA			
Antineoplastic - Hedgehog Pathway Inhibitors					
DAURISMO	4	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nilutamide</i>	1B	QL(2 EA daily)	KISQALI FEMARA (400 MG DOSE)	4	QL(2.5 EA daily); PA
NUBEQA	4	QL(4 EA daily); PA	KISQALI FEMARA (600 MG DOSE)	4	QL(3.25 EA daily); PA
ORGOVYX	4	PA	Antineoplastic Enzyme Inhibitors		
<i>tamoxifen citrate TABS</i>	0		ALECENSA	4	QL(8 EA daily); PA
<i>toremifene citrate</i>	1B		<i>bortezomib SOLR IJ</i>	4	SP; PA
TRELSTAR MIXJECT	4	SP; PA	BORTEZOMIB SOLR IV 3.5 MG	4	PA
VABRINTY SC 22.5 MG, 30 MG, 45 MG	4	SP; PA	CABOMETYX TABS	4	QL(1 EA daily); PA
XTANDI CAPS	4	QL(4 EA daily); SP; PA	CAPRELSA	4	QL(1 EA daily); SP; PA
XTANDI TABS 40 MG	4	QL(4 EA daily); PA	COMETRIQ (100 MG DAILY DOSE) KIT	4	QL(2 EA daily); SP; PA
XTANDI TABS 80 MG	4	QL(2 EA daily); PA	COMETRIQ (140 MG DAILY DOSE) KIT	4	QL(4 EA daily); SP; PA
YONSA	4	QL(4 EA daily); PA	COMETRIQ (60 MG DAILY DOSE) KIT	4	QL(3 EA daily); SP; PA
ZOLADEX 10.8 MG	4	QL(0.0119 EA daily); SP; PA	<i>dasatinib</i>	4	QL(1 EA daily); SP; PA
ZOLADEX 3.6 MG	4	QL(0.0357 EA daily); SP; PA	<i>everolimus TABS</i>	4	QL(1 EA daily); SP; PA
Antineoplastic - Immunomodulators			IBRANCE CAPS	4	QL(1 EA daily); PA
POMALYST	4	QL(1 EA daily); PA	IBRANCE TABS	4	QL(1 EA daily); PA
Antineoplastic Antibiotics			ICLUSIG	4	QL(1 EA daily); PA
<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA	<i>imatinib mesylate TABS</i>	4	QL(2 EA daily); SP; PA
<i>dactinomycin</i>	4	SP; PA	JAKAFI	4	QL(2 EA daily); SP; PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA	KISQALI (200 MG DOSE)	4	QL(2 EA daily); PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA	KISQALI (400 MG DOSE)	4	QL(2 EA daily); PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA	KISQALI (600 MG DOSE)	4	QL(2.5 EA daily); PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA	KYPROLIS	4	PA
<i>mitoxantrone hcl 25 MG/12.5ML</i>	4	SP; PA	<i>lapatinib ditosylate</i>	4	QL(6 EA daily); SP; PA
<i>valrubicin</i>	4	SP; PA	LORBRENA	4	QL(1 EA daily); PA
Antineoplastic Combinations					
KISQALI FEMARA (200 MG DOSE)	4	QL(2 EA daily); PA			

Drug Name	Drug Tier	Requirements/ Limits
LUMAKRAS 120 MG, 240 MG	3	QL(2 EA daily); PA
LUMAKRAS 320 MG	3	QL(3 EA daily); PA
LYNPARZA TABS	4	QL(4 EA daily); PA
MEKINIST SOLR	4	QL(40 ML daily); PA
MEKINIST TABS 0.5 MG	4	QL(3 EA daily); PA
MEKINIST TABS 2 MG	4	QL(1 EA daily); PA
<i>pazopanib hcl</i>	4	QL(4 EA daily); SP; PA
PIQRAY (200 MG DAILY DOSE)	4	QL(1 EA daily); PA
PIQRAY (250 MG DAILY DOSE)	4	QL(2 EA daily); PA
PIQRAY (300 MG DAILY DOSE)	4	QL(2 EA daily); PA
<i>romidepsin SOLR</i>	4	SP; PA
ROZLYTREK CAPS	4	PA
RUBRACA	4	QL(4 EA daily); PA
<i>sorafenib tosylate</i>	4	QL(4 EA daily); SP; PA
STIVARGA	4	QL(4 EA daily); SP; PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 EA daily); SP; PA
<i>sunitinib malate 37.5 MG</i>	4	QL(1 EA daily); PA
TAFINLAR CAPS	4	QL(4 EA daily); PA
TAFINLAR TBSO	4	QL(30 EA daily); PA
TALZENNA	4	QL(1 EA daily); PA
TAZVERIK	4	PA
<i>temsirolimus</i>	4	QL(0.143 ML daily); SP; PA
TURALIO 125 MG	4	PA
VERZENIO	4	QL(2 EA daily); PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
XALKORI CAPS	4	QL(2 EA daily); SP; PA
XOSPATA	4	PA
ZEJULA TABS	4	QL(1 EA daily); PA
ZELBORAF	4	QL(8 EA daily); SP; PA
ZOLINZA	4	QL(4 EA daily); SP; PA
ZYDELIG	4	QL(2 EA daily); PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
<i>bexarotene</i>	4	SP; PA
<i>hydroxyurea</i>	1B	
MATULANE	4	SP; PA
NIPENT	4	SP; PA
PHOTOFRIN	4	SP; PA
PROLEUKIN	4	SP; PA
SYNRIBO	4	SP; PA
<i>tretinoin (chemotherapy)</i>	1B	
UVADEX	4	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR</i>	1B	
<i>leucovorin calcium TABS</i>	1B	
VORAXAZE	4	SP; PA
Mitotic Inhibitors		
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA
<i>eribulin mesylate</i>	4	SP; PA
ETOPOPHOS	4	SP; PA
<i>etoposide CAPS</i>	4	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA
IXEMPRA KIT 15 MG	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>paclitaxel 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA	<i>carbidopa-levodopa-entacapone</i>	1B	
<i>paclitaxel protein-bound particles</i>	4	SP; PA	<i>carbidopa-levodopa TABS</i>	1B	
<i>vincristine sulfate</i>	4	SP; PA	<i>carbidopa-levodopa TBCR</i>	1B	
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA	<i>carbidopa-levodopa TBDP</i>	1B	
Topoisomerase I Inhibitors			NEUPRO	2	
<i>HYCAMTIN CAPS</i>	4	SP; PA	<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 EA daily)
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA	<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>topotecan hcl SOLN</i>	4		<i>ropinirole hydrochloride TABS</i>	1B	
<i>topotecan hcl SOLR</i>	4		<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 EA daily); ST
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			Antiparkinson Monoamine Oxidase Inhibitors		
<i>carbidopa</i>	1B		<i>rasagiline mesylate</i>	1B	QL(1 EA daily); PA
Antiparkinson Anticholinergics			<i>selegiline hcl CAPS</i>	1B	
<i>benztropine mesylate TABS</i>	1B		<i>selegiline hcl TABS</i>	1B	
<i>trihexyphenidyl hcl SOLN</i>	1B		ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
<i>trihexyphenidyl hcl TABS</i>	1B		Antimanic Agents		
Antiparkinson COMT Inhibitors			<i>lithium</i>	1B	
<i>entacapone</i>	1B	QL(8 EA daily)	<i>lithium carbonate CAPS</i>	1B	
<i>tolcapone</i>	1B		<i>lithium carbonate TABS</i>	1B	
Antiparkinson Dopaminergics			<i>lithium carbonate TBCR</i>	1B	
<i>amantadine hcl CAPS</i>	1B		Antipsychotics - Misc.		
<i>amantadine hcl SOLN</i>	1B		EQUETRO 100 MG	3	QL(2 EA daily); ST
<i>amantadine hcl TABS</i>	1B		EQUETRO 300 MG	3	QL(4 EA daily); ST
<i>apomorphine hydrochloride SOCT</i>	4	PA	EQUETRO 200 MG	3	QL(8 EA daily); ST
<i>bromocriptine mesylate CAPS</i>	1B				
<i>bromocriptine mesylate TABS 2.5 MG</i>	1B				

Drug Name	Drug Tier	Requirements/ Limits
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 EA daily)
<i>lurasidone hcl 80 MG</i>	1B	QL(2 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 A	2	PA
<i>paliperidone</i>	1B	
PERSERIS PRSY	2	QL(0.072 EA daily); PA
<i>risperidone microspheres</i>	1B	QL(0.072 EA daily); PA
<i>risperidone SOLN</i>	1B	
<i>risperidone TABS</i>	1B	
<i>risperidone TBDP</i>	1B	
Butyrophenones		
<i>haloperidol decanoate</i>	1B	QL(0.036 ML daily)
<i>haloperidol lactate CONC</i>	1B	
<i>haloperidol lactate SOLN</i>	1B	
<i>haloperidol TABS</i>	1B	
Dibenzapines		
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 EA daily); PA
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 EA daily); PA
<i>clozapine TABS</i>	1B	
<i>clozapine TBDP 25 MG</i>	1B	QL(3 EA daily)
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 EA daily)
<i>clozapine TBDP 100 MG</i>	1B	QL(9 EA daily)
<i>loxapine succinate</i>	1B	
<i>olanzapine SOLR</i>	1B	QL(0.215 EA daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 EA daily)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 EA daily)
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 EA daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1B	AL(At least 10 yrs old)
<i>quetiapine fumarate TB24</i>	1B	
Phenothiazines		
<i>chlorpromazine hcl SOLN</i>	3	
<i>chlorpromazine hcl TABS</i>	1B	
<i>fluphenazine hcl CONC</i>	1B	
<i>fluphenazine hcl ELIX</i>	1B	
<i>fluphenazine hcl SOLN</i>	1B	
<i>fluphenazine hcl TABS</i>	1B	
<i>perphenazine TABS</i>	1B	
<i>prochlorperazine</i>	1B	
<i>prochlorperazine maleate TABS</i>	1B	
<i>thioridazine hcl</i>	1B	
<i>trifluoperazine hcl TABS</i>	1B	
Quinolinone Derivatives		
<i>aripiprazole SOLN PO</i>	1B	QL(30 ML daily); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
REXULTI	3	PA
Thioxanthenes		
<i>thiothixene</i>	1B	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ML daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate TABS</i>	1B	QL(2 EA daily)	<i>etravirine 100 MG</i>	1B	QL(4 EA daily)
APTIVUS CAPS	3	QL(4 EA daily)	<i>etravirine 200 MG</i>	1B	QL(2 EA daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 EA daily)	EVOTAZ	3	QL(1 EA daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 EA daily)	<i>fosamprenavir calcium TABS</i>	1B	QL(4 EA daily)
BIKTARVY	3	QL(1 EA daily)	FUZEON SOLR	4	SP; PA
CABENUVA	3		GENVOYA	3	QL(1 EA daily)
CIMDUO	3	QL(1 EA daily); ST	INTELENCE 25 MG	3	QL(8 EA daily)
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	3	QL(1 EA daily)	ISENTRESS HD TABS	3	QL(2 EA daily)
<i>darunavir TABS</i>	1B		ISENTRESS CHEW	3	QL(6 EA daily)
DELSTRIGO	3	QL(1 EA daily)	ISENTRESS TABS	3	QL(2 EA daily)
DESCOVY 200 MG-25 MG	3		JULUCA	3	QL(1 EA daily)
DOVATO	3	QL(1 EA daily)	KALETRA SOLN	2	QL(12.5 ML daily)
EDURANT	3	QL(1 EA daily)	<i>lamivudine SOLN</i>	1B	QL(30 ML daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 EA daily)	<i>lamivudine TABS 300 MG</i>	1B	QL(1 EA daily)
<i>efavirenz CAPS 50 MG</i>	1B	QL(3 EA daily)	<i>lamivudine TABS 150 MG</i>	1B	QL(2 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)	<i>lamivudine-zidovudine</i>	1B	QL(2 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)	LEXIVA SUSP	3	QL(56 ML daily)
<i>efavirenz TABS</i>	1B	QL(1 EA daily)	<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ML daily)
<i>emtricitabine CAPS</i>	1B	QL(1 EA daily)	<i>lopinavir-ritonavir TABS</i>	1B	QL(4 EA daily)
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)	<i>maraviroc TABS 150 MG</i>	1B	QL(2 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 EA daily)	<i>maraviroc TABS 300 MG</i>	1B	QL(4 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 EA daily)	<i>nevirapine SUSP</i>	1B	QL(40 ML daily)
EMTRIVA SOLN	3	QL(24 ML daily)	<i>nevirapine TABS</i>	1B	QL(2 EA daily)
			<i>nevirapine TB24 400 MG</i>	1B	QL(1 EA daily)
			NORVIR CAPS	2	QL(12 EA daily)
			NORVIR PACK	3	QL(12 EA daily)
			ODEFSEY	3	QL(1 EA daily)
			PIFELTRO	3	QL(1 EA daily)
			PREZCOBIX	3	QL(1 EA daily)
			PREZISTA SUSP	3	QL(12 ML daily)
			PREZISTA TABS 75 MG, 150 MG	3	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
RETROVIR SOLN	3	
<i>ritonavir TABS</i>	1B	QL(12 EA daily)
SELZENTRY SOLN	3	QL(30 ML daily)
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 EA daily)
STRIBILD	3	QL(1 EA daily)
SYMTUZA	3	
<i>tenofovir disoproxil fumarate TABS</i>	1B	
TIVICAY PD TBSO	3	
TIVICAY TABS	3	QL(2 EA daily)
TRIUMEQ PD TBSO	3	
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		
<i>cidofovir</i>	3	
<i>ganciclovir sodium SOLR</i>	1B	
<i>valganciclovir hcl TABS</i>	1B	QL(4 EA daily); PA
Hepatitis Agents		
<i>adefovir dipivoxil</i>	4	QL(1 EA daily); SP
<i>entecavir TABS</i>	4	QL(1 EA daily); SP
<i>lamivudine (hbv) TABS</i>	1B	QL(3 EA daily); SP
PEGASYS SOLN	4	QL(0.0714 ML daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PEGASYS SOSY	4	QL(0.072 ML daily); PA
<i>ribavirin (hepatitis c) CAPS</i>	1B	QL(7 EA daily)
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 EA daily)
SOFOSBUVIR-VELPATASVIR TABS	1B	QL(1 EA daily); PA
SOVALDI TABS 200 MG	3	QL(1 EA daily); PA
SOVALDI TABS 400 MG	3	QL(1 EA daily); SP; 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 PO</i>	1B	QL(5 EA daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 EA daily)
<i>famciclovir 500 MG</i>	1B	QL(4 EA daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 EA daily)
<i>valacyclovir hcl 1 GM</i>	1B	QL(4 EA daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1B	Limit 1 fill every 90 days.; QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>oseltamivir phosphate SUSR</i>	1B	Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail
<i>rimantadine hydrochloride</i> TABS	1B	QL(2 EA daily)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1A	D+
<i>carvedilol phosphate</i>	3	QL(1 EA daily)
<i>labetalol hcl</i> SOLN	1B	
<i>labetalol hcl</i> TABS 300 MG	1B	D+; QL(8 EA daily)
<i>labetalol hcl</i> TABS 100 MG, 200 MG	1B	D+
Beta Blockers Cardio-Selective		
<i>acebutolol hcl</i> CAPS	1B	
<i>atenolol</i> TABS	1A	D+
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	D+
<i>metoprolol succinate</i> TB24 25 MG, 50 MG, 100 MG	1B	D+
<i>metoprolol succinate</i> TB24 200 MG	1B	D+; QL(2 EA daily)
<i>metoprolol tartrate</i> SOLN IV 5 MG/5ML	1B	
<i>metoprolol tartrate</i> TABS 25 MG, 50 MG, 100 MG	1A	D+
<i>nebivolol hcl</i> 20 MG	3	QL(2 EA daily)
<i>nebivolol hcl</i> 2.5 MG, 5 MG, 10 MG	3	QL(1 EA daily)
Beta Blockers Non-Selective		
HEMANGEOL SOLN PO	4	QL(75 ML daily); PA
<i>nadolol</i> TABS 40 MG	1B	QL(6 EA daily)
<i>nadolol</i> TABS 80 MG	1B	
<i>nadolol</i> TABS 20 MG	1B	QL(3 EA daily)
<i>pindolol</i> TABS	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol hcl</i> CP24	1B	QL(2 EA daily)
<i>propranolol hcl</i> SOLN PO 20 MG/5ML, 40 MG/5ML	1B	
<i>propranolol hcl</i> TABS	1B	
<i>sotalol hcl</i> (afib/afl)	1B	
<i>sotalol hcl</i> TABS 240 MG	1B	
<i>sotalol hcl</i> TABS 80 MG, 120 MG, 160 MG	1B	QL(2 EA daily)
<i>timolol maleate</i> TABS	1B	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate</i> TABS	1B	D+
<i>diltiazem hcl</i> coated beads CP24 180 MG, 240 MG	1B	QL(2 EA daily)
<i>diltiazem hcl</i> coated beads CP24 120 MG, 300 MG, 360 MG	1B	
<i>diltiazem hcl</i> extended release beads 420 MG	1B	
<i>diltiazem hcl</i> extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1B	D+
<i>diltiazem hcl</i> CP12	1B	QL(2 EA daily)
<i>diltiazem hcl</i> CP24	1B	D+
<i>diltiazem hcl</i> SOLN 50 MG/10ML	1B	
DILTIAZEM HCL SOLR	1B	
<i>diltiazem hcl</i> TABS	1B	D+
<i>diltiazem hcl</i> TB24	1B	
<i>felodipine</i>	1B	D+
<i>isradipine</i> CAPS	1B	
<i>nicardipine hcl</i> CAPS	1B	
<i>nicardipine hcl</i> SOLN	1B	
<i>nifedipine</i> CAPS 10 MG	1B	
<i>nifedipine</i> CAPS 20 MG	1B	QL(9 EA daily)
<i>nifedipine</i> TB24	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nifedipine TB24 90 MG</i>	1B	D+; QL(1 EA daily)	<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 EA daily); PA
<i>nifedipine TB24 60 MG</i>	1B	D+; QL(2 EA daily)	Prostaglandin Vasodilators		
<i>nifedipine TB24 30 MG</i>	1B	D+	<i>epoprostenol sodium</i>	4	PA
<i>nimodipine CAPS</i>	1B		ORENITRAM TBCR	4	PA
<i>nisoldipine</i>	1B		<i>treprostinil SOLN IJ</i>	4	SP; PA
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B		TYVASO REFILL KIT SOLN IN	4	PA
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 EA daily)	TYVASO STARTER KIT SOLN IN	4	PA
<i>verapamil hcl TABS</i>	1B	D+	TYVASO SOLN IN	4	PA
<i>verapamil hcl TBCR</i>	1B	D+	Pulmonary Hypertension - Endothelin Receptor Antagonists		
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm			<i>ambrisentan</i>	4	QL(1 EA daily); SP; PA
Cardiac Glycosides			<i>bosentan TABS 125 MG</i>	4	QL(2 EA daily); SP; PA
<i>digoxin SOLN PO 0.05 MG/ML</i>	1B		<i>bosentan TABS 62.5 MG</i>	4	QL(2 EA daily); PA
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1B		<i>bosentan TBSO 32 MG</i>	4	QL(2 EA daily); SP; PA
LANOXIN SOLN IJ (<i>digoxin</i>)	2		TRACLEER TBSO 32 MG (<i>bosentan</i>)	4	QL(2 EA daily); SP; PA
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	2		Pulmonary Hypertension - Phosphodiesterase Inhibitors		
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ML daily); SP; PA
Cardiovascular Agents Misc. - Combinations			<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ML daily); PA
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 EA daily)	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 EA daily); SP; PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1B		<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 EA daily); SP; PA
<i>sacubitril-valsartan TABS</i>	1B	QL(2 EA daily)	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
Impotence Agents					
<i>avanafil</i>	1B	QL(0.134 EA daily)			
<i>sildenafil citrate</i>	1B	QL(0.1334 EA daily); PA			

Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI TITRATION TBPK	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 200 MCG	4	PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 EA daily); PA
Sinus Node Inhibitors		
<i>ivabradine hcl</i> TABS	3	QL(2 EA daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil</i> CAPS	1B	
<i>cefadroxil</i> SUSR	1B	
<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 250 MG/5ML	1B	
<i>cefotetan disodium</i> IJ 1 GM, 2 GM	1B	
<i>cefoxitin 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	

Drug Name	Drug Tier	Requirements/ Limits
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>cefpodoxime proxetil</i> SUSR	1B	
<i>cefpodoxime proxetil</i> TABS	1B	
<i>ceftazidime</i> IJ 1 GM, 6 GM	1B	
Cephalosporins - 4th Generation		
<i>cefepime hcl</i> SOLR IV 2 GM	1B	
Cephalosporins - 5th Generation		
TEFLARO	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	0	
<i>desogestrel & ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
<i>ethynodiol diacet & eth estrad</i>	0	
FEMLYV TBDP	0	
<i>levonorgestrel & eth estradiol</i> TABS	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	
<i>levonorgestrel-ethinyl estradiol-iron</i>	0	
LO LOESTRIN FE TABS	0	
NATAZIA	0	
NEXTSTELLIS	0	
<i>norethin acet & estrad-fe CAPS</i>	0	
<i>norethin acet & estrad-fe CHEW</i>	0	
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	
<i>norethindrone & eth estradiol</i>	0	
<i>norethindrone & ethinyl estradiol-fe</i>	0	
<i>norethindrone acet & eth estra TABS</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
<i>norethindrone-eth estradiol (triphasic)</i>	0	
<i>norgestimate-ethinyl estradiol</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	
TYBLUME CHEW	0	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	0	
TWIRLA	0	QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail)

Drug Name	Drug Tier	Requirements/ Limits
Combination Contraceptives - Vaginal		
ANNOVERA	0	
<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 EA daily)
Copper Contraceptives - IUD		
MIUDELLA INTRAUTERINE COPPER	0	
PARAGARD INTRAUTERINE COPPER	0	
Emergency Contraceptives		
ELLA	0	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
Progestin Contraceptives - Implants		
NEXPLANON	0	
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	0	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ML per 90 day(s) retail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(90 Day(s) limit ; 1 ML per 90 day(s) retail)
Progestin Contraceptives - IUD		
KYLEENA	0	
LILETTA (52 MG)	0	
MIRENA (52 MG)	0	
SKYLA	0	
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	0	
OPILL	0	
SLYND	0	QL(1 EA daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Glucocorticosteroids		
<i>budesonide CPEP</i>	1B	QL(3 EA daily)
<i>deflazacort TABS</i>	4	PA
DEPO-MEDROL SUSP	3	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone ELIX</i>	1B	
<i>dexamethasone SOLN</i>	1B	
<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	
<i>hydrocortisone sod succinate 100 MG</i>	1B	2 max fill(s) per 30 day(s) retail
<i>hydrocortisone TABS</i>	1B	
MEDROL TABS	3	
<i>methylprednisolone acetate SUSP</i>	1B	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
<i>methylprednisolone TABS</i>	1B	
<i>methylprednisolone TBPK</i>	1B	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
<i>prednisolone sodium phosphate TBDP</i>	3	
<i>prednisolone SOLN</i>	1B	
<i>prednisolone TABS</i>	1B	
<i>prednisone SOLN</i>	1B	
<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>prednisone TBPK</i>	1B	
SOLU-CORTEF 250 MG	3	

Drug Name	Drug Tier	Requirements/ Limits
SOLU-CORTEF 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetonide SUSP 40 MG/ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 200 MG</i>	1B	QL(3 EA daily)
<i>benzonatate 100 MG</i>	1B	QL(6 EA daily)
<i>benzonatate 150 MG</i>	1B	QL(4 EA daily)
Cough/Cold/Allergy Combinations		
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B	
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine SOLN</i>	1B	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old)
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); RX/OTC
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old)
<i>benzoyl peroxide LIQD 4 %, 10 %</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 ML daily)
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ML daily); AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<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>tretinoin microsphere 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(1 GM daily)
Antibiotics - Topical		
ALTABAX	2	QL(15 GM per 30 day(s) retail; 15 GM per 30 days mail)
<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 GM daily)
<i>gentamicin sulfate (topical) OINT</i>	1B	
<i>mupirocin OINT</i>	1B	QL(6 GM daily)
NEO-SYNALAR	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
Antifungals - Topical		
<i>butenafine hcl</i>	1B	QL(6 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
<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
<i>naftifine hcl CREA 1 %</i>	1B	QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>nystatin (topical) CREA</i>	1B	QL(10 GM daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 GM daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 GM daily)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 GM daily)
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ML daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>sulconazole nitrate CREA</i>	1B	
<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>tavaborole</i>	1B	PA
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 EA daily); PA
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 GM daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	4	SP; PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 GM daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 GM daily)
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ML daily)
PANRETIN	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
Antipruritics - Topical		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	SKYRIZI SOSY	4	QL(0.025 ML daily); PA
Antipsoriatics			STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); PA
<i>acitretin 25 MG</i>	1B	QL(2 EA daily)	STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); PA
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 EA daily)	STELARA SOSY 90 MG/ML	4	QL(0.018 ML daily); PA
<i>calcipotriene CREA</i>	1B	QL(4 GM daily); PA	STEQEYMA 45 MG/0.5ML	4	QL(0.012 ML daily); PA
<i>calcipotriene OINT</i>	1B	QL(4 GM daily); PA	STEQEYMA 90 MG/ML	4	QL(0.018 ML daily); PA
<i>calcipotriene SOLN</i>	1B	QL(4 ML daily); PA	<i>tazarotene CREA 0.1 %</i>	1B	QL(1 GM daily)
<i>calcitriol (topical)</i>	1B	QL(3.34 GM daily)	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	4	QL(0.018 ML daily); PA
COSENTYX (300 MG DOSE) SOSY	4	QL(0.072 ML daily); PA	TREMFYA PEN SOAJ 100 MG/ML	4	QL(0.018 ML daily); PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); PA	TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); PA
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); PA	YESINTEK SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); PA
COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); PA	YESINTEK SOSY 90 MG/ML	4	QL(0.018 ML daily); PA
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); PA	YESINTEK SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); PA
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); PA	Antiseborrheic Products		
<i>methoxsalen rapid</i>	1B	QL(4 EA daily)	<i>selenium sulfide LOTN 2.5 %</i>	1B	
PYZCHIVA 90 MG/ML	4	QL(0.018 ML daily); PA	Antivirals - Topical		
PYZCHIVA 45 MG/0.5ML	4	QL(0.012 ML daily); PA	<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
PYZCHIVA SC 45 MG/0.5ML	4	QL(0.012 ML daily); PA	<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
SKYRIZI PEN SOAJ	4	QL(0.025 ML daily); PA	<i>penciclovir</i>	3	QL(0.18 GM daily)
			Burn Products		
			<i>mafenide acetate PACK</i>	3	
			<i>silver sulfadiazine</i>	1B	QL(20 GM daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SULFAMYLLON CREA	3		<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST
Corticosteroids - Topical			<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST
<i>alclometasone dipropionate CREA</i>	1B	QL(2 GM daily)	<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 GM daily); PA
<i>alclometasone dipropionate OINT</i>	1B	QL(3 GM daily)	<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 GM daily); PA
<i>amcinonide CREA</i>	1B	QL(60 GM per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail	<i>clobetasol propionate FOAM</i>	1B	QL(3 GM daily); ST
<i>amcinonide LOTN</i>	3		<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 GM daily); ST
<i>amcinonide OINT</i>	3		<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 GM daily); PA
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 GM daily)	<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ML daily); PA
<i>betamethasone dipropionate (topical) LOTN</i>	1B		<i>clocortolone pivalate</i>	3	QL(3 GM daily)
<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 GM daily)	CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 GM daily)	<i>desonide CREA</i>	1B	QL(4 GM daily)
<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ML daily)	<i>desonide LOTN</i>	1B	QL(4 ML daily)
<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 GM daily)	<i>desonide OINT</i>	1B	QL(3 GM daily)
<i>betamethasone valerate CREA</i>	1B	QL(2.5 GM daily)	<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 GM daily)
<i>betamethasone valerate FOAM</i>	1B	QL(1.67 GM daily)	<i>desoximetasone GEL</i>	1B	QL(3 GM daily)
<i>betamethasone valerate LOTN</i>	1B	QL(5 ML daily)	<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 GM daily)
<i>betamethasone valerate OINT</i>	1B	QL(3 GM daily)	<i>diflorasone diacetate CREA</i>	1B	PA
			<i>diflorasone diacetate OINT</i>	1B	PA
			<i>fluocinolone acetonide CREA 0.01 %</i>	1B	
			<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 GM daily)
			<i>fluocinolone acetonide OIL</i>	1B	QL(8 ML daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide OINT</i>	1B	QL(4 GM daily)	<i>hydrocortisone valerate OINT</i>	1B	
<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ML daily)	<i>mometasone furoate CREA</i>	1B	QL(3 GM daily)
<i>fluocinonide emulsified base</i>	1B	QL(2 GM daily)	<i>mometasone furoate OINT</i>	1B	QL(4 GM daily)
<i>fluocinonide CREA 0.1 %</i>	1B	QL(4 GM daily)	<i>mometasone furoate SOLN</i>	1B	QL(5 ML daily)
<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 GM daily)	<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 GM daily)
<i>fluocinonide GEL</i>	1B		<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 GM daily)
<i>fluocinonide OINT</i>	1B	QL(2 GM daily)	<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 GM daily)
<i>fluocinonide SOLN</i>	1B	QL(2 ML daily)	<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>flurandrenolide CREA</i>	2	QL(2 GM daily)	<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ML daily)
<i>flurandrenolide LOTN</i>	2	QL(2 ML daily)	<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 GM daily)
<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 GM daily)	<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 GM daily)
<i>fluticasone propionate LOTN</i>	1B	QL(6 ML daily)	Eczema Agents		
<i>fluticasone propionate OINT</i>	1B	QL(4 GM daily)	DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); PA
<i>halcinonide CREA</i>	1B	PA	DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); PA
<i>halobetasol propionate CREA</i>	1B	QL(3.5 GM daily)	DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); PA
<i>halobetasol propionate OINT</i>	1B	QL(3.5 GM daily)	DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); PA
HALOG OINT	3	PA	Emollients		
<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1B	QL(15.15 GM daily); RX/OTC	<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 GM daily); RX/OTC
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B		<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1B	QL(15.15 GM daily); RX/OTC	Enzymes - Topical		
<i>hydrocortisone butyrate CREA</i>	1B	QL(3 GM daily)	SANTYL OINT	3	PA
<i>hydrocortisone butyrate OINT</i>	1B	QL(3 GM daily)	Immunomodulating Agents - Topical		
<i>hydrocortisone butyrate SOLN</i>	1B	QL(5 ML daily)			
<i>hydrocortisone valerate CREA</i>	1B				

Drug Name	Drug Tier	Requirements/ Limits
<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
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	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 EA daily)
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
Diagnostic Tests		
CHEMSTRIP K STRP	1B	D
FORA GTEL BLOOD KETONE TEST	1B	D
FORA TEST N'GO ADV-VOICE-6 CON	1B	D
GOJJI BLOOD KETONE TEST	1B	D
KETONE TEST STRP	1B	D
KETOSTIX STRP	1B	D
NOVA MAX PLUS KETONE TEST	1B	D
PRECISION XTRA KETONE	1B	D
RELION KETONE TEST STRP	1B	D
RELION TRUE METRIX TEST STRIPS STRP	1B	D; QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1B	D; 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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2		<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1B	
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	<i>furosemide TABS</i>	1A	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			<i>torsemide TABS</i>	1B	
Carbonic Anhydrase Inhibitors			Potassium Sparing Diuretics		
<i>acetazolamide sodium</i>	1B		<i>amiloride hcl TABS</i>	1B	
<i>acetazolamide CP12</i>	1B	QL(2 EA daily)	<i>spironolactone TABS</i>	1B	
<i>acetazolamide TABS 250 MG</i>	1B	QL(4 EA daily)	<i>triamterene CAPS</i>	1B	QL(3 EA daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 EA daily)	Thiazides and Thiazide-Like Diuretics		
<i>methazolamide TABS</i>	1B	QL(6 EA daily)	<i>chlorthalidone 25 MG, 50 MG</i>	1A	
Diuretic Combinations			DIURIL SUSP	2	QL(20 ML daily)
<i>amiloride & hydrochlorothiazide</i>	1B		<i>hydrochlorothiazide CAPS</i>	1B	QL(2 EA daily)
<i>spironolactone & hydrochlorothiazide</i>	1B		<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 EA daily)
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1A		<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 EA daily)
<i>triamterene & hydrochlorothiazide TABS</i>	1A		<i>indapamide TABS 1.25 MG</i>	1A	QL(1 EA daily)
Loop Diuretics			<i>indapamide TABS 2.5 MG</i>	1A	QL(2 EA daily)
<i>bumetanide SOLN 0.25 MG/ML</i>	1B		<i>metolazone</i>	1B	QL(2 EA daily)
<i>bumetanide TABS</i>	1B	QL(5 EA daily)	ENDOCRINE AND METABOLIC AGENTS - MISC.		
<i>ethacrynic acid</i>	1B	QL(16 EA daily)	- Drugs to Treat Bone Disease and Regulate Hormones		
			Bone Density Regulators		
			<i>alendronate sodium TABS 35 MG, 70 MG</i>	1A	QL(0.143 EA daily)
			<i>alendronate sodium TABS 5 MG, 10 MG</i>	1A	QL(1 EA daily)
			<i>calcitonin (salmon) NA</i>	1B	QL(0.14 ML daily)
			FOSAMAX PLUS D	3	QL(0.143 EA daily); PA
			<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	Drug Name	Drug Tier	Requirements/ Limits
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA	ZORBTIVE SC	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA	Hormone Receptor Modulators		
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 EA daily); PA	OSPHEA	3	PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 EA daily); PA	<i>raloxifene hcl</i>	0	QL(1 EA daily)
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 EA daily); PA	Insulin-Like Growth Factors (Somatomedins)		
<i>risedronate sodium TBEC</i>	1B	PA	INCRELEX	4	SP; PA
<i>teriparatide SOPN</i>	4	QL(0.09 ML daily); SP; PA	LHRH/GnRH Agonist Analog Pituitary Suppressants		
TYMLOS	4	PA	FENSOLVI (6 MONTH) SC	4	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	4	SP; PA	SYNAREL	4	SP; PA
Corticotropin			Metabolic Modifiers		
ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	3	PA	ALDURAZYME	4	SP; PA
ACTHAR GEL	3	PA	<i>betaine</i>	4	SP; PA
Fertility Regulators			<i>calcitriol CAPS</i>	1B	
CHORIONIC GONADOTROPIN IM	4	PA	<i>calcitriol SOLN IV</i>	1B	
<i>clomiphene citrate TABS</i>	3	PA	<i>cinacalcet hcl</i>	1B	QL(4 EA daily); SP; PA
NOVAREL IM 10000 UNIT	4	PA	<i>doxercalciferol CAPS</i>	1B	
GnRH/LHRH Antagonists			<i>doxercalciferol SOLN</i>	1B	
<i>ganirelix acetate</i>	4	PA	ELAPRASE	4	SP; PA
ORILISSA	2	PA	MYALEPT	4	PA
Growth Hormones			<i>nitisinone CAPS</i>	4	PA
GENOTROPIN MINIQUICK PRSY	4	PA	<i>paricalcitol CAPS</i>	1B	
GENOTROPIN CART SC	4	PA	<i>paricalcitol SOLN</i>	1B	
HUMATROPE CART IJ	4	SP; PA	<i>sodium phenylbutyrate POWD</i>	1B	PA
NORDITROPIN FLEXPPO SOPN 30 MG/3ML	4	PA	<i>sodium phenylbutyrate TABS</i>	1B	PA
			Posterior Pituitary Hormones		
			<i>desmopressin acetate spray</i>	1B	
			<i>desmopressin acetate spray refrigerated 0.01 %</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate SOLN IJ</i>	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 EA daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 EA daily)
Prolactin Inhibitors		
<i>cabergoline</i>	1B	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	SP; PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
<i>tolvaptan TABS</i>	4	QL(2 EA daily); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
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	
PREMPHASE	2	
PREMPRO	2	QL(1 EA daily)
Estrogens		
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1B	
<i>estradiol GEL</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol GEL</i>	3	
<i>estradiol PTTW</i>	1B	QL(0.572 EA daily)
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	1B	QL(1 EA daily)
EVAMIST SOLN	3	
MENEST 2.5 MG	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens, conjugated</i>)	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS</i>	1B	
<i>ciprofloxacin in d5w 200 MG/100ML</i>	3	
<i>levofloxacin in d5w 500 MG/100ML</i>	1B	
<i>levofloxacin SOLN PO</i>	1B	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		

Drug Name	Drug Tier	Requirements/ Limits
5-HT4 Receptor Agonists		
<i>prucalopride succinate</i>	1B	QL(1 EA daily)
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	2	QL(1 EA daily)
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	1B	QL(3 EA daily)
<i>ursodiol TABS</i>	1B	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1B	QL(2 EA daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B	
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ML daily)
<i>metoclopramide hcl TABS</i>	1A	QL(6 EA daily)
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1B	QL(9 EA daily)
DIPENTUM	2	
INFLECTRA SOLR	4	PA
<i>mesalamine CP24</i>	1B	
<i>mesalamine CPDR</i>	1B	
<i>mesalamine ENEM</i>	3	
<i>mesalamine SUPP</i>	3	
<i>mesalamine TBEC 1.2 GM</i>	3	
<i>mesalamine TBEC 800 MG</i>	3	QL(6 EA daily)
PYZCHIVA 130 MG/26ML	4	QL(3.47 ML daily); PA
RENFLEXIS	4	PA
SKYRIZI SOCT	4	QL(0.043 ML daily); PA
SKYRIZI SOLN	4	QL(0.36 ML daily); PA
STELARA 130 MG/26ML	4	QL(3.47 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
STEQEYMA	4	QL(3.47 ML daily); PA
<i>sulfasalazine TABS</i>	1B	
<i>sulfasalazine TBEC</i>	1B	
TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(0.072 ML daily); PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	4	QL(0.143 ML daily); PA
TREMFYA SOLN IV	4	QL(0.72 ML daily); PA
TREMFYA SOSY SC 200 MG/2ML	4	QL(0.072 ML daily); PA
YESINTEK 130 MG/26ML	4	QL(3.47 ML daily); PA
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1B	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1B	QL(2 EA daily)
LINZESS	2	QL(1 EA daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1B	
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	
<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		

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Drug Name	Drug Tier	Requirements/ Limits
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 2.7 GM/100ML-0.54 GM/100ML	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 EA daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 EA daily)
<i>dutasteride</i>	1B	QL(1 EA daily)
<i>dutasteride-tamsulosin hcl</i>	1B	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, 200 MG</i>	1B	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	1A	
<i>colchicine TABS</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>febuxostat</i>	1B	QL(1 EA daily); PA
Uricosurics		
<i>probenecid</i>	1B	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOSY</i>	4	QL(9 ML daily); PA
Complement Inhibitors		
GOHIBIC	4	PA
HAEGARDA SOLR SC	4	PA
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
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1A	QL(1 EA daily)
<i>dipyridamole</i>	1B	
<i>eptifibatide 200 MG/100ML</i>	4	PA
<i>prasugrel hcl</i>	1B	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 EA daily); PA
<i>miglustat</i>	4	QL(3 EA daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ML daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	4	SP; PA
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	3	QL(1 EA daily); PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	3	QL(1 EA daily); PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
NYVEPRIA	4	PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA

Drug Name	Drug Tier	Requirements/ Limits
ZARXIO	4	PA
Hematopoietic Mixtures		
HEMATINIC/FOLIC ACID	1B	QL(1 EA daily)
Iron		
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	0	
<i>ferrous sulfate TBEC 325 MG</i>	0	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
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	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 EA daily)
<i>docusate sodium CAPS 250 MG</i>	1A	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1B	
<i>azithromycin SUSR</i>	1B	
<i>azithromycin TABS 500 MG</i>	1B	QL(4 EA per fill retail; 4 per fill mail)
<i>azithromycin TABS 250 MG</i>	1B	QL(6 EA per fill retail; 6 per fill mail)
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 EA daily)
Clarithromycin		
<i>clarithromycin SUSR</i>	1B	
<i>clarithromycin TABS</i>	1B	
<i>clarithromycin TB24</i>	1B	
Erythromycins		
<i>erythromycin base CPEP</i>	3	
<i>erythromycin base TABS</i>	3	
<i>erythromycin base TBEC</i>	1B	
<i>erythromycin ethylsuccinate SUSR</i>	1B	
<i>erythromycin ethylsuccinate TABS</i>	3	
Fidaxomicin		
<i>DIFICID TABS 200 MG (fidaxomicin)</i>	2	
<i>fidaxomicin TABS 200 MG</i>	1B	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
<i>AIMSCO LUBRICATED MISC</i>	0	
<i>CAYA DPRH</i>	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DUREX EXTRA SENSITIVE THIN DEVI	0		REALITY LATEX CONDOMS MISC	0	
DUREX EXTRA SENSITIVE THIN MISC	0		REALITY LATEX/ULTRA TEXTURED DEVI	0	
DUREX TROPICAL MISC	0		REALITY LATEX/ULTRA THIN DEVI	0	
FANTASY LUBRICATED/SPERMICIDE MISC	0		TROJAN BARESKIN DEVI	0	
FANTASY LUBRICATED MISC	0		TROJAN MAGNUM MISC	0	
FC2 FEMALE CONDOM	0	QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	TROJAN ULTRA THIN/SPERMICIDAL MISC	0	
FEMCAP DEVI	0		TROJAN ULTRA THIN MISC	0	
KAMELEON LUBRICATED MISC	0		TROJAN-ENZ LUBRICATED MISC	0	
KIMONO COLORS DEVI	0		TROJAN-ENZ/SPERMICIDAL MISC	0	
KIMONO MAXX-LARGE FLARE MISC	0		TRUE COVER DEVI	0	
KIMONO MICRO THIN PLUS MISC	0		TRUSTEX COLOR CONDOMS + LUBE MISC	0	
KIMONO PLUS MISC	0		TRUSTEX LUB/RIBBED/STUDDED MISC	0	
KIMONO PS PLUS MISC	0		TRUSTEX LUB/SPERMICIDE EX ST MISC	0	
KIMONO PS MISC	0		TRUSTEX LUB/SPERMICIDE XL MISC	0	
KIMONO SENSATION PLUS MISC	0		TRUSTEX LUBRICATED EX LARGE MISC	0	
KIMONO SENSATION MISC	0		TRUSTEX LUBRICATED EXTRA ST MISC	0	
KIMONO SPECIAL DEVI	0		TRUSTEX LUBRICATED/SPERMICIDE MISC	0	
KIMONO MISC	0		TRUSTEX LUBRICATED MISC	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0		TRUSTEX NATURAL CONDOMS + LUBE MISC	0	
K-Y ME & YOU INTENSE DEVI	0		TRUSTEX RIA LUB/SPERMICIDE MISC	0	
MAXX PLUS MISC	0				
MAXX MISC	0				
OMNIFLEX DIAPHRAGM	0				

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX RIA LUBRICATED MISC	0	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	0	
WIDE-SEAL DIAPHRAGM 60	0	
WIDE-SEAL DIAPHRAGM 65	0	
WIDE-SEAL DIAPHRAGM 70	0	
WIDE-SEAL DIAPHRAGM 75	0	
WIDE-SEAL DIAPHRAGM 80	0	
WIDE-SEAL DIAPHRAGM 85	0	
WIDE-SEAL DIAPHRAGM 90	0	
WIDE-SEAL DIAPHRAGM 95	0	
Diabetic Supplies		
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE 2 PLUS SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE 3 PLUS SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE 3 READER	3	QL(1 EA per 365 day(s) retail); PA
FREESTYLE LIBRE 3 SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE READER	3	PA
ONETOUCH DELICA SAFETY LANCING	1B	D; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION LANCET DEVICES 30G	1B	D; RX/OTC
RELION LANCETS	1B	D; RX/OTC
SELECT LANCETS	1B	6.66/day
SELECT LANCETS	1	6.66/day
TRUE METRIX LEVEL 3 SOLN	1B	D
Parenteral Therapy Supplies		
BD PEN NEEDLE NANO 2ND GEN	1B	D; QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	1B	D; QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	1B	D; QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	1B	D; QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	1B	D; QL(5 EA daily)
SELECT INSULIN SYRINGES	1B	5/day; #
SELECT INSULIN SYRINGES	1	5/day
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(0.04 ML daily); PA
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA
EMGALITY SOAJ	2	QL(0.07 ML daily); PA
EMGALITY SOSY	2	QL(0.07 ML daily); PA
UBRELVY 50 MG	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); ST
UBRELVY 100 MG	3	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); ST

Drug Name	Drug Tier	Requirements/ Limits
Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 EA daily)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
Migraine Products		
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B	
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ML daily)
ERGOMAR SUBL	3	QL(0.667 EA daily)
Serotonin Agonists		
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 EA daily); AL(At least 12 yrs old); ST
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
<i>eletriptan hydrobromide</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old); ST
<i>frovatriptan succinate</i>	1B	QL(0.4 EA daily); AL(At least 18 yrs old); ST
<i>naratriptan hcl</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
<i>sumatriptan</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>zolmitriptan SOLN</i>	1B	QL(0.2 EA daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TABS</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TBDP</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
MINERALS & ELECTROLYTES		
Bicarbonates		
<i>sodium acetate SOLN</i>	1B	
SODIUM ACETATE SOLN (<i>sodium acetate</i>)	1B	
Calcium		
<i>calcium chloride (dihydrate) SOLN</i>	1B	
Electrolyte Mixtures		
<i>electrolyte-148</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>electrolyte-a</i>	1B		<i>potassium bicarbonate TBEF</i>	1B	
IONOSOL-MB IN D5W	1B		<i>potassium chloride microencapsulated crystals er</i>	1B	
ISOLYTE-P IN D5W	1B		<i>potassium chloride CPCR</i>	1B	
ISOLYTE-S	1B		<i>potassium chloride PACK PO 20 MEQ</i>	1B	PA
KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (<i>potassium chloride in dextrose & sodium chloride</i>)	1B		<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B	
KCL-LACTATED RINGERS-D5W	1B		POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (<i>potassium chloride</i>)	1B	
NORMOSOL-M IN D5W	1B		<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1B	
NORMOSOL-R PH 7.4	1B		MISCELLANEOUS THERAPEUTIC CLASSES		
PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	1B		Chelating Agents		
PLASMA-LYTE A (<i>electrolyte-a</i>)	1B		<i>penicillamine CAPS</i>	1B	PA
<i>potassium chloride in dextrose 20 MEQ/L</i>	1B		<i>penicillamine TABS</i>	1B	QL(8 EA daily)
<i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B		<i>trientine hcl 250 MG</i>	4	QL(8 EA daily); SP; PA
<i>ringer's</i>	1B		Immunomodulators		
Fluoride			<i>lenalidomide 20 MG</i>	4	QL(1 EA daily); PA
<i>sodium fluoride CHEW</i>	0	QL(1 EA daily)	<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 EA daily); SP; PA
Phosphate			THALOMID	4	QL(3 EA daily); SP; PA
<i>potassium phosphates 45 MMOLE/15ML</i>	1B		Immunosuppressive Agents		
Potassium			ATGAM	4	SP; PA
<i>potassium acetate SOLN 2 MEQ/ML</i>	1B		AZATHIOPRINE SODIUM	1B	
			<i>azathioprine TABS</i>	1B	
			<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
			<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
			<i>cyclosporine CAPS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine SOLN IV 50 MG/ML</i>	1B		<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	
<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 EA daily); PA	Anti-infectives - Throat		
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 EA daily); SP; PA	<i>clotrimazole</i>	1B	
<i>mycophenolate mofetil CAPS</i>	1B		<i>nystatin (mouth-throat)</i>	1B	
<i>mycophenolate mofetil TABS</i>	1B		Antiseptics - Mouth/Throat		
<i>mycophenolate sodium</i>	1B		<i>chlorhexidine gluconate (mouth-throat)</i>	1B	
PROGRAF PACK	2	PA	Dental Products		
PROGRAF SOLN	2		<i>stannous fluoride CONC</i>	0	RX/OTC
SIMULECT	3		Steroids - Mouth/Throat/Dental		
<i>sirolimus TABS</i>	1B		<i>triamcinolone acetonide (mouth)</i>	1B	
<i>tacrolimus CAPS</i>	1B		Throat Products - Misc.		
THYMOGLOBULIN	4	SP; PA	<i>cevimeline hcl</i>	1B	
Irrigation Solutions			<i>pilocarpine hcl (oral)</i>	1B	
<i>irrigation solutions, physiological</i>	1B		MULTIVITAMINS		
<i>lactated ringer's (irrigation)</i>	1B		Ped MV w/ Fluoride		
<i>ringer's irrigation</i>	1B		<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC
<i>water for irrigation, sterile</i>	1B		Prenatal Vitamins		
Potassium Removing Agents			CLASSIC PRENATAL TABS	2	QL(1 EA daily)
LOKELMA	3	QL(1 EA daily); PA	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)
<i>sodium polystyrene sulfonate POWD</i>	1B		EQL PRENATAL FORMULA TABS	2	QL(1 EA daily)
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1B		FT PRENATAL TABS	2	QL(1 EA daily)
MOUTH/THROAT/DENTAL AGENTS			GNP PRENATAL/FOLIC ACID TABS	2	QL(1 EA daily)
Anesthetics Topical Oral			GNP PRENATAL TABS	2	QL(1 EA daily)
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ML daily)	KP PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MASONATAL TABS	2	QL(1 EA daily)	PRENATAL/IRON TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 EA daily)
M-NATAL PLUS TABS	2	QL(1 EA daily); RX/OTC	PRENATAL TABS	2	QL(1 EA daily)
MULTI PRENATAL TABS	2	QL(1 EA daily)	PRENATRIX TABS	2	QL(1 EA daily); RX/OTC
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 EA daily); RX/OTC	PRENATRYL TABS	2	QL(1 EA daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 EA daily); RX/OTC	PX PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)
NEONATAL PRENATAL TABS	2	QL(1 EA daily)	QC PRENATAL TABS	2	QL(1 EA daily)
NEONATAL VITAMIN TABS	2	QL(1 EA daily)	SM PRENATAL VITAMINS TABS	2	QL(1 EA daily)
NIVA-PLUS TABS	2	QL(1 EA daily); RX/OTC	THERANATAL CORE NUTRITION TABS	2	QL(1 EA daily); RX/OTC
ONE VITE WOMENS PLUS TABS	2	QL(1 EA daily); RX/OTC	TRICARE TABS	2	QL(1 EA daily); RX/OTC
ONE VITE WOMENS TABS	2	QL(1 EA daily)	VITATHELY WITH GINGER TABS	2	QL(1 EA daily); RX/OTC
PRENATAL ONE DAILY TABS	2	QL(1 EA daily)	WESTAB PLUS TABS	2	QL(1 EA daily); RX/OTC
PRENATAL PLUS VITAMIN/MINERAL TABS	2	QL(1 EA daily); RX/OTC	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
PRENATAL PLUS TABS	2	QL(1 EA daily); RX/OTC	Central Muscle Relaxants		
PRENATAL VITAMIN AND MINERAL TABS	2	QL(1 EA daily)	<i>baclofen TABS</i>	1B	
PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 EA daily)	<i>carisoprodol TABS</i>	1B	
			<i>chlorzoxazone TABS 750 MG</i>	1B	QL(4 EA daily)
			<i>chlorzoxazone TABS 500 MG</i>	1B	QL(6 EA daily)
			<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 EA daily)
			<i>metaxalone 800 MG</i>	1B	QL(4 EA daily)
			<i>methocarbamol TABS 500 MG, 750 MG</i>	1B	
			<i>orphenadrine citrate TB12</i>	1B	QL(2 EA daily)
			<i>tizanidine hcl CAPS</i>	1B	
			<i>tizanidine hcl TABS</i>	1B	

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin (ophth) 0.5 %</i>	1B	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1B	
<i>ofloxacin (ophth)</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B	
<i>sulfacetamide sodium (ophth) SOLN</i>	1B	
<i>tobramycin (ophth) SOLN</i>	1B	
<i>trifluridine</i>	1B	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	3	PA
Ophthalmic Local Anesthetics		
<i>proparacaine hcl</i>	1B	
Ophthalmic Steroids		
<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
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 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1B	
<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
PRED MILD	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.		
ALOCRIL	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	
LASTACFT	3	PA
NEVANAC	3	QL(0.2 ML daily); ST
<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ML daily)
<i>olopatadine hcl 0.2 %</i>	1B	RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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		
Monoclonal Antibodies		
BEYFORTUS	0	
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IV 10 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
Natural Penicillins		
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
<i>penicillin g potassium 5000000 UNIT</i>	1B	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1B	
<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	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		

Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<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
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	
<i>rivastigmine tartrate CAPS</i>	1B	
Combination Psychotherapeutics		

Drug Name	Drug Tier	Requirements/ Limits
<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 TABS	4	QL(4 EA daily); PA
<i>tetrabenazine</i>	4	QL(3 EA daily); SP; PA
Multiple Sclerosis Agents		
AVONEX PEN AJKT	4	QL(0.0714 EA daily); SP; PA
AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); SP; PA
BETASERON KIT	4	QL(0.5 EA daily); SP; PA
<i>dalfampridine</i>	4	QL(2 EA daily); SP; PA
<i>dimethyl fumarate CDPK</i>	1B	QL(2 EA daily)
<i>dimethyl fumarate CPDR</i>	1B	QL(2 EA daily)
<i> fingolimod hcl</i>	3	QL(1 EA daily); PA
<i>glatiramer acetate SOSY 20 MG/ML</i>	4	QL(1 ML daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	4	QL(0.43 ML daily)
LEMTRADA	4	QL(1.2 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 TITRATION PACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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>	3	QL(1 EA daily); PA
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 EA daily); PA
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 EA daily); PA
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	3	QL(2 EA daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1B	
<i>pimozide</i>	1B	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 EA daily)
<i>nicotine polacrilex GUM</i>	0	
<i>nicotine polacrilex LOZG</i>	0	
NICOTINE KIT	0	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 EA daily)
NICOTROL NS SOLN	0	
NICOTROL INHA	0	
<i>varenicline tartrate TABS</i>	0	QL(2 EA daily)
<i>varenicline tartrate TBPk</i>	0	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
PROLASTIN-C SOLR	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 EA daily); SP; PA
ORKAMBI PACK	4	QL(2 EA daily); PA
ORKAMBI TABS	4	QL(4 EA daily); PA
PULMOZYME	4	QL(2.5 ML daily); SP; PA
TRIKAFTA TBPk	4	QL(3 EA daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 EA daily); PA
<i>pirfenidone CAPS</i>	4	QL(1 EA daily); PA
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 EA daily); PA
<i>pirfenidone TABS 534 MG</i>	4	QL(3 EA daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1B	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 EA daily)
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1B	
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1B	
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits
PENTACEL	0	
QUADRACEL SUSP	0	
QUADRACEL SUSY	0	
TDVAX SUSP	0	
TENIVAC SUSP 2 LFU-5 LFU	0	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	0	
VAXELIS SUSP	0	
VAXELIS SUSY	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>dicyclomine hcl CAPS</i>	1B	
<i>dicyclomine hcl SOLN PO</i>	1B	
<i>dicyclomine hcl TABS</i>	1B	
<i>glycopyrrolate SOLN IJ 4 MG/20ML</i>	1B	
<i>glycopyrrolate TABS 1 MG</i>	1B	
<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 EA daily)
<i>methscopolamine bromide</i>	1B	
H-2 Antagonists		
<i>cimetidine TABS</i>	1B	RX/OTC
<i>famotidine in nacl SOLN</i>	1B	
<i>famotidine SUSR</i>	1B	QL(10 ML daily)
<i>famotidine TABS 20 MG, 40 MG</i>	1B	RX/OTC
<i>nizatidine CAPS</i>	1B	
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1B	QL(40 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>sucralfate TABS</i>	1B	QL(4 EA daily)
Proton Pump Inhibitors		
<i>dexlansoprazole</i>	3	QL(1 EA daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 EA daily); RX/OTC
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 EA daily)
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 EA daily)
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 EA daily); RX/OTC
<i>lansoprazole CPDR 30 MG</i>	1B	
NEXIUM 24HR TBEC 20 MG	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 40 MG</i>	1B	
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 EA daily)
<i>rabeprazole sodium TBEC</i>	1B	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)
<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)
<i>tolterodine tartrate CP24</i>	1B	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>trospium chloride CP24</i>	1B	QL(1 EA daily)
<i>trospium chloride TABS</i>	1B	QL(3 EA daily)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
<i>mirabegron TB24</i>	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 25 MG</i>	1B	
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 EA daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1B	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO 0.5 ML	0	
CAPVAXIVE	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI 0.5 ML	0	
MENVEO SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PENBRAYA	0	
PENMENVY SUSR IM	0	AL(At least 10 yrs old - Up to 25 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23 SOLN	0	
PNEUMOVAX 23 SOSY	0	
PREVNAR 13	0	
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail
TRUMENBA 0.5 ML	0	
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail
Viral Vaccines		
ABRYSVO	0	
AFLURIA PRESERVATIVE FREE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT SUSY 0.5 ML	0	1 max fill(s) per 180 day(s) retail
AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail
AREXVY	0	
AUDENZ EMUL	0	
AUDENZ PRSY	0	
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	0	
COMIRNATY SUSP	0	
COMIRNATY SUSY	0	
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC 6M-11Y SUSP	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC 6M-11Y SUSY	0	
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE SUSP	0	
FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail	MRESVIA	0	
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE SUSP	0	
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE SUSY	0	
FLUZONE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0	
GARDASIL 9 SUSP 0.5 ML	0	3 max fill(s) per 365 day(s) retail	PFIZER COVID-19 VAC BIVALENT	0	
GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 365 day(s) retail	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0		PFIZER COVID-19 VAC-TRIS 6M-4Y 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-BIONT COVID-19 VAC-TRIS SUSP	0	
IPOL IJ	0		PFIZER-BIONTECH COVID-19 VACC SUSP	0	
JYNNEOS	0		PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail	PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
MNEXSPIKE SUSY 10 MCG/0.2ML	0		PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail
MODERNA COVID-19 BIVALENT	0		RECOMBIVAX HB SUSP	0	
			RECOMBIVAX HB SUSY	0	
			ROTARIX SUSP	0	
			ROTATEQ SOLN	0	
			SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
			SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0	

Drug Name	Drug Tier	Requirements/ Limits
SPIKEVAX SUSP	0	
SPIKEVAX SUSY	0	
TWINRIX SUSY	0	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	
VAQTA	0	
VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail
VAGINAL AND RELATED PRODUCTS		
Spermicides		
TODAY SPONGE MISC	0	
VCF VAGINAL CONTRACEPTIVE FILM	0	
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<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 7.5 MCG/24HR	3	

Drug Name	Drug Tier	Requirements/ Limits
FEMRING	3	
PREMARIN	2	QL(1.5 GM daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	1B	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
Vasopressors		
<i>midodrine hcl</i>	1B	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	1A	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
<i>ascorbic acid SOLN IJ</i>	3	QL(0.4 ML daily)
NIACIN ER TBCR	1B	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
<i>niacin TABS</i>	1A	
<i>niacin TBCR</i>	1A	

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calcitonin (salmon) NA42	carbidopa-levodopa TABS27	cefprozil SUSR33
calcitriol (topical)38	carbidopa-levodopa TBCR 27	cefprozil TABS 33
calcitriol CAPS43	carbidopa-levodopa TBCR 27	ceftazidime IJ 1 GM, 6 GM 33
calcitriol SOLN IV43	carbidopa-levodopa TBCR27	cefuroxime axetil TABS33
calcium acetate (phosphate binder) CAPS45	carbidopa-levodopa-entacapone .27	cefuroxime sodium IJ 750 MG33
calcium acetate (phosphate binder) TABS45	carbinoxamine maleate SOLN18	celecoxib4
calcium chloride (dihydrate) SOLN 51	carbinoxamine maleate TABS 4 MG . 18	cephalexin CAPS 33
calcium polycarbophil TABS48	carisoprodol TABS54	cephalexin SUSR 33
candesartan cilexetil19	carmustine23	CERDELGA47
	carteolol hcl (ophth) 55	cetirizine hcl TABS18
	carvedilol 31	cevimeline hcl 53
	carvedilol phosphate31	CHEMET 17
	CAYA DPRH48	CHEMSTRIP K STRP41
	CAYSTON22	chloramphenicol sodium succinate 21

chlordiazepoxide hcl CAPS 9	CIMDUO 29	clindamycin phosphate (topical) SWAB 36
chlordiazepoxide hcl-clidinium bromide 60	cimetidine TABS 60	clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML 21
chlordiazepoxide-amitriptyline 58	ciprofloxacin hcl (ophth) SOLN 55	clindamycin phosphate vaginal CREA 64
chlorhexidine gluconate (mouth-throat) 53	ciprofloxacin hcl (otic) 57	clindamycin phosphate-benzoyl peroxide (refrigerate) 36
chloroquine phosphate TABS 250 MG 22	ciprofloxacin hcl TABS 44	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % 36
chloroquine phosphate TABS 500 MG 22	ciprofloxacin in d5w 200 MG/100ML . 44	clindamycin phosphate-tretinoin .. 36
chlorpromazine hcl SOLN 28	ciprofloxacin-dexamethasone 57	CLINIMIX/DEXTROSE (4.25/10) . 55
chlorpromazine hcl TABS 28	ciprofloxacin-fluocinolone acetonide . 57	CLINIMIX/DEXTROSE (4.25/5) ... 55
chlorthalidone 25 MG, 50 MG 42	cisplatin SOLN 100 MG/100ML ... 23	clobazam SUSP 11
chlorzoxazone TABS 500 MG 54	citalopram hydrobromide SOLN ... 14	clobazam TABS 11
chlorzoxazone TABS 750 MG 54	citalopram hydrobromide TABS ... 14	clobetasol propionate CREA 0.05 % . 39
cholecalciferol CAPS 64	clarithromycin SUSR 48	clobetasol propionate emollient base 0.05 % 39
cholecalciferol TABS 10 MCG, 400 UNIT 64	clarithromycin TABS 48	clobetasol propionate FOAM 39
cholestyramine light PACK 18	clarithromycin TB24 48	clobetasol propionate GEL 0.05 % 39
cholestyramine light POWD 18	CLASSIC PRENATAL TABS 53	clobetasol propionate OINT 0.05 % 39
cholestyramine PACK 18	clemastine fumarate SYRP 18	clobetasol propionate SOLN 0.05 % . 39
cholestyramine POWD 19	clemastine fumarate TABS 2.68 MG . 18	clocortolone pivalate 39
choline fenofibrate 19	CLIMARA PRO 44	clofarabine 23
CHORIONIC GONADOTROPIN IM 43	clindamycin hcl 21	clomiphene citrate TABS 43
ciclopirox GEL 37	clindamycin palmitate hydrochloride . 21	clomipramine hcl 14
ciclopirox olamine CREA 37	clindamycin phosphate (topical) FOAM 36	clonazepam TABS 11
ciclopirox olamine SUSP 37	clindamycin phosphate (topical) GEL 36	clonidine hcl (adhd) TB12 1
ciclopirox SHAM 37	clindamycin phosphate (topical) LOTN 36	clonidine hcl TABS 20
ciclopirox SOLN 37	clindamycin phosphate (topical) SOLN 36	
cidofovir 30		
cilostazol 46		

clonidine PTWK	20	COMETRIQ (140 MG DAILY DOSE) KIT	25	MG	54
clopidogrel bisulfate 300 MG	46	COMETRIQ (60 MG DAILY DOSE) KIT	25	cyclophosphamide CAPS	23
clopidogrel bisulfate 75 MG	46	COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	62	cyclophosphamide SOLR IJ	23
clorazepate dipotassium TABS	9	COMIRNATY SUSP	62	cycloserine	23
clotrimazole (topical) CREA	37	COMIRNATY SUSY	62	cyclosporine (ophth) EMUL	56
clotrimazole (topical) SOLN	37	COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	29	cyclosporine CAPS	52
clotrimazole	53	CORDRAN TAPE	39	cyclosporine modified (for microemulsion) CAPS	52
clotrimazole vaginal CREA 1 %	64	CORTISPORIN-TC	57	cyclosporine modified (for microemulsion) SOLN	52
clotrimazole w/ betamethasone CREA	37	COSENTYX (300 MG DOSE) SOSY . 38		cyclosporine SOLN IV 50 MG/ML .	53
clotrimazole w/ betamethasone LOTN	37	COSENTYX SENSOREADY (300 MG) SOAJ	38	cyproheptadine hcl SYRP	18
clozapine TABS	28	COSENTYX SENSOREADY PEN SOAJ	38	cyproheptadine hcl TABS	18
clozapine TBDP 100 MG	28	COSENTYX SOSY 150 MG/ML ...	38	CYSTAGON CAPS	46
clozapine TBDP 12.5 MG, 150 MG 28		COSENTYX SOSY 75 MG/0.5ML .	38	CYSTARAN	56
clozapine TBDP 25 MG	28	COSENTYX UNOREADY SOAJ ...	38	dabigatran etexilate mesylate CAPS .	11
COARTEM	22	CREON CPEP	41	dactinomycin	25
codeine sulfate TABS 30 MG	5	CRESEMBA CAPS 186 MG	18	dalfampridine	58
CODEINE SULFATE TABS	5	cromolyn sodium (ophth)	56	danazol CAPS	7
colchicine TABS	46	cromolyn sodium NEBU	9	dantrolene sodium CAPS	55
colchicine w/ probenecid	46	crotamiton LOTN	41	dapagliflozin propanediol	16
colesevelam hcl PACK	19	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	53	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	14
colesevelam hcl TABS	19	cyanocobalamin SOLN IJ 1000 MCG/ML	47	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	14
colestipol hcl GRAN	19	cyclobenzaprine hcl TABS 5 MG, 10		dapsone	21
colestipol hcl PACK	19			DAPTACEL	60
colestipol hcl TABS	19			daptomycin 500 MG	21
COMBIPATCH PTTW	44			darifenacin hydrobromide	61
COMBIVENT RESPIMAT AERS ..	10			darunavir TABS	29
COMETRIQ (100 MG DAILY DOSE) KIT	25			dasatinib	25

DAURISMO	24	desonide LOTN	39	diazepam CONC	9
decitabine	23	desonide OINT	39	diazepam SOLN PO 5 MG/5ML	9
deferasirox PACK	17	desoximetasone CREA 0.25 % ...	39	diazepam TABS	9
deferasirox TABS	17	desoximetasone GEL	39	diazoxide	15
deferasirox TBSO	17	desoximetasone OINT 0.25 %	39	diclofenac epolamine PTCH EX ...	37
deflazacort TABS	35	desvenlafaxine succinate	14	diclofenac potassium TABS 50 MG .	4
DELSTRIGO	29	dexamethasone ELIX	35	diclofenac sodium (actinic keratoses) EX	37
demeclocycline hcl TABS	59	DEXAMETHASONE INTENSOL CONC	35	diclofenac sodium (ophth)	56
DEPO-ESTRADIOL	44	dexamethasone sodium phosphate (ophth)	56	diclofenac sodium (topical) GEL EX	37
DEPO-MEDROL SUSP	35	dexamethasone SOLN	35	diclofenac sodium TB24	4
DEPO-SUBQ PROVERA 104 SUSY SC	34	dexamethasone TABS 0.5 MG, 0.75 MG	35	diclofenac sodium TBEC	4
DESCOVY 200 MG-25 MG	29	dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	35	diclofenac w/ misoprostol TBEC	4
desipramine hcl TABS	14	dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	35	dicloxacillin sodium	57
desloratadine TABS	18	dexlansoprazole	61	dicyclomine hcl CAPS	60
desloratadine TBDP 2.5 MG	18	dexmethylphenidate hcl CP24	1	dicyclomine hcl SOLN PO	60
desmopressin acetate SOLN IJ ...	44	dexmethylphenidate hcl TABS	1	dicyclomine hcl TABS	60
DESMOPRESSIN ACETATE SOLN NA	44	dextroamphetamine sulfate CP24 10 MG, 15 MG	1	DIFFERIN LOTN	36
desmopressin acetate spray	43	dextroamphetamine sulfate CP24 5 MG	1	DIFICID TABS 200 MG (fidaxomicin) 48	
desmopressin acetate spray refrigerated 0.01 %	43	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG .	1	diflorasone diacetate CREA	39
desmopressin acetate TABS 0.1 MG 44		dextroamphetamine sulfate TABS 5 MG, 10 MG	1	diflorasone diacetate OINT	39
desmopressin acetate TABS 0.2 MG 44		DIACOMIT CAPS 250 MG	12	diflunisal TABS	5
desogestrel & ethinyl estradiol	33	DIACOMIT CAPS 500 MG	12	difluprednate	56
desogestrel-ethinyl estradiol (biphasic)	33	DIACOMIT PACK 250 MG	12	digoxin SOLN PO 0.05 MG/ML	32
desogestrel-ethinyl estradiol (triphasic)	33	DIACOMIT PACK 500 MG	12	digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	32
desonide CREA	39	diazepam (anticonvulsant) GEL ...	12	dihydroergotamine mesylate SOLN IJ 1 MG/ML	51
				dihydroergotamine mesylate SOLN NA 4 MG/ML	51

DILANTIN (phenytoin sodium extended)	13	dipyridamole	46	MG, 100 MG	59
DILANTIN	13	disopyramide phosphate CAPS	9	doxycycline (monohydrate) CAPS 75 MG	59
DILANTIN INFATABS CHEW (phenytoin)	13	disulfiram	58	doxycycline (monohydrate) TABS 100 MG	59
DILANTIN SUSP (phenytoin)	13	DIURIL SUSP	42	doxycycline (monohydrate) TABS 50 MG, 75 MG	59
DILANTIN-125 SUSP (phenytoin) .	13	divalproex sodium TB24	13	doxycycline hyclate CAPS	60
diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	31	divalproex sodium TBEC	13	doxycycline hyclate TABS 20 MG, 100 MG	60
diltiazem hcl coated beads CP24 180 MG, 240 MG	31	docetaxel CONC 20 MG/ML	26	doxylamine-pyridoxine TBEC	17
diltiazem hcl CP12	31	docusate calcium	48	dronabinol CAPS	17
diltiazem hcl CP24	31	docusate sodium CAPS 100 MG ..	48	drospirenone-ethinyl estradiol	33
diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	31	docusate sodium CAPS 250 MG ..	48	drospirenone-ethinyl estradiol-levomefolate calcium	33
diltiazem hcl extended release beads 420 MG	31	dofetilide	9	DROXIA CAPS	47
diltiazem hcl SOLN 50 MG/10ML ..	31	donepezil hydrochloride TABS 10 MG	58	DUAVEE	44
DILTIAZEM HCL SOLR	31	donepezil hydrochloride TABS 5 MG, 23 MG	58	DULERA	10
diltiazem hcl TABS	31	donepezil hydrochloride TBDP 10 MG	58	duloxetine hcl CPEP	14
diltiazem hcl TB24	31	donepezil hydrochloride TBDP 5 MG 58		DUPIXENT SOAJ 200 MG/1.14ML 40	
dimethyl fumarate CDPK	58	dorzolamide hcl	56	DUPIXENT SOAJ 300 MG/2ML ...	40
dimethyl fumarate CPDR	58	dorzolamide hcl-timolol maleate ..	55	DUPIXENT SOSY 200 MG/1.14ML 40	
DIPENTUM	45	DOVATO	29	DUPIXENT SOSY 300 MG/2ML ...	40
diphenhydramine hcl CAPS 50 MG 18		doxazosin mesylate	20	DUREX EXTRA SENSITIVE THIN DEVI	49
diphenhydramine hcl ELIX 12.5 MG/5ML	18	doxepin hcl (antipruritic)	38	DUREX EXTRA SENSITIVE THIN MISC	49
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	18	doxepin hcl (sleep)	47	DUREX TROPICAL MISC	49
diphenoxylate w/ atropine LIQD ...	16	doxepin hcl CAPS	14	dutasteride	46
diphenoxylate w/ atropine TABS ...	16	doxepin hcl CONC	14	dutasteride-tamsulosin hcl	46
		doxercalciferol CAPS	43	econazole nitrate CREA	37
		doxercalciferol SOLN	43		
		doxorubicin hcl SOLR 10 MG, 50 MG	25		
		doxycycline (monohydrate) CAPS 50			

EDARBI	20	EMGALITY (300 MG DOSE) SOSY 50	50	enoxaparin sodium SOSY 40 MG/0.4ML	11
EDURANT	29	EMGALITY SOAJ	50	enoxaparin sodium SOSY 60 MG/0.6ML	11
efavirenz CAPS 200 MG	29	EMGALITY SOSY	50	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	11
efavirenz CAPS 50 MG	29	EMSAM	13	entacapone	27
efavirenz TABS	29	emtricitabine CAPS	29	entecavir TABS	30
efavirenz-emtricitabine-tenofovir disoproxil fumarate	29	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	29	EPIDIOLEX	12
efavirenz-lamivudine-tenofovir disoproxil fumarate	29	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	29	epinastine hcl (ophth)	56
ELAPRASE	43	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	29	epinephrine (anaphylaxis) SOAJ ..	64
electrolyte-148	51	EMTRIVA SOLN	29	eplerenone	21
electrolyte-a	52	EMVERM CHEW	8	epoprostenol sodium	32
ELESTRIN GEL	44	enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20	20	eptifibatide 200 MG/100ML	46
eletriptan hydrobromide	51	enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20	20	EQL PRENATAL FORMULA TABS 53	53
ELIGARD KIT SC 7.5 MG	24	enalapril maleate TABS	19	EQUETRO 100 MG	27
ELIGARD SC 22.5 MG, 30 MG, 45 MG	24	ENBREL MINI SOCT	5	EQUETRO 200 MG	27
ELIQUIS DVT/PE STARTER PACK TBPK	11	ENBREL SOLN	5	EQUETRO 300 MG	27
ELIQUIS TABS	11	ENBREL SOSY 25 MG/0.5ML	5	ERBITUX	24
ELLA	34	ENBREL SOSY 50 MG/ML	5	ergocalciferol CAPS	64
ELMIRON CAPS	46	ENBREL SURECLICK SOAJ	5	ergocalciferol SOLN PO 200 MCG/ML	64
eltrombopag olamine PACK 12.5 MG, 25 MG	47	ENERGIX-B SUSP 20 MCG/ML ..	62	ergoloid mesylates TABS	59
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	47	ENERGIX-B SUSY	62	ERGOMAR SUBL	51
EMBECTA AUTOSHIELD DUO ..	50	enoxaparin sodium SOLN IJ 300 MG/3ML	11	ergotamine w/ caffeine TABS	51
EMBECTA PEN NEEDLE NANO ..	50	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	11	eribulin mesylate	26
EMBECTA PEN NEEDLE NANO 2 GEN	50	enoxaparin sodium SOSY 30 MG/0.3ML	11	ERIVEDGE	24
EMBECTA PEN NEEDLE ULTRAFINE	50			ERLEADA 240 MG	24
EMCYT	24			ERLEADA 60 MG	24
				erlotinib hcl	24
				ERTACZO	37

ertapenem sodium IJ	21	estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	44	famotidine in nacl SOLN	60
erythromycin (acne aid) PADS	36	eszopiclone	47	famotidine SUSR	60
erythromycin (acne aid) SOLN	36	ethacrynic acid	42	famotidine TABS 20 MG, 40 MG ..	60
erythromycin (ophth)	55	ethambutol hcl TABS	23	FANAPT	28
erythromycin base CPEP	48	ethosuximide CAPS	13	FANAPT TITRATION PACK A	28
erythromycin base TABS	48	ethosuximide SOLN	13	FANTASY LUBRICATED MISC ...	49
erythromycin base TBEC	48	ethynodiol diacet & eth estrad	33	FANTASY LUBRICATED/SPERMICIDE MISC	49
erythromycin ethylsuccinate SUSR	48	etodolac CAPS	4	FARXIGA (dapagliflozin propanediol)	16
erythromycin ethylsuccinate TABS	48	etodolac TABS	4		16
escitalopram oxalate SOLN	14	etonogestrel-ethinyl estradiol	34	FASENRA PEN SOAJ	9
escitalopram oxalate TABS	14	ETOPOPHOS	26	FASENRA SOSY 10 MG/0.5ML	9
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	12	etoposide CAPS	26	FASENRA SOSY 30 MG/ML	9
esomeprazole magnesium CPDR 20 MG	61	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	26	FC2 FEMALE CONDOM	49
esomeprazole magnesium CPDR 40 MG	61	etravirine 100 MG	29	febuxostat	46
esomeprazole magnesium TBEC ..	61	etravirine 200 MG	29	felbamate SUSP	13
estazolam	47	EUCRISA	41	felbamate TABS 400 MG	13
esterified estrogens & methyltestosterone	44	EVAMIST SOLN	44	felbamate TABS 600 MG	13
estradiol & norethindrone acetate TABS	44	everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	53	felodipine	31
estradiol GEL	44	everolimus (immunosuppressant) 1 MG	53	FEMCAP DEVI	49
estradiol PTTW	44	everolimus TABS	25	FEMLYV TBDP	33
estradiol PTWK	44	EVEXITHROID TABS 180 MG	60	FEMRING	64
estradiol TABS	44	EVOTAZ	29	fenofibrate micronized 43 MG, 130 MG	19
estradiol vaginal CREA	64	exemestane	24	fenofibrate micronized 67 MG, 134 MG, 200 MG	19
estradiol vaginal TABS	64	ezetimibe	19	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	19
estradiol valerate	44	ezetimibe-simvastatin	18	fenoprofen calcium TABS	4
ESTRING RING 7.5 MCG/24HR ..	64	famciclovir 125 MG, 250 MG	30	FENSOLVI (6 MONTH) SC	43
		famciclovir 500 MG	30	fentanyl citrate LPOP	5

fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	5	fluconazole TABS	18	fluoxetine hcl SOLN	14
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	47	flucytosine	17	fluoxetine hcl TABS	14
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	47	fludarabine phosphate SOLN	23	fluphenazine hcl CONC	28
ferrous sulfate TBEC 325 MG	47	fludarabine phosphate SOLR	23	fluphenazine hcl ELIX	28
fesoterodine fumarate	61	fludrocortisone acetate TABS	35	fluphenazine hcl SOLN	28
FETZIMA CP24	14	FLULAVAL QUADRIVALENT SUSY . 62		fluphenazine hcl TABS	28
FETZIMA TITRATION C4PK	14	FLULAVAL SUSY	62	flurandrenolide CREA	40
fidaxomicin TABS 200 MG	48	FLUMIST	62	flurandrenolide LOTN	40
finasteride	46	FLUMIST QUADRIVALENT	63	flurazepam hcl	47
fingolimod hcl	58	flunisolide (nasal)	55	flurbiprofen sodium	56
FIRMAGON (240 MG DOSE)	24	fluocinolone acetonide (otic)	57	flurbiprofen TABS	4
FIRMAGON 80 MG	24	fluocinolone acetonide CREA 0.01 % 39		fluticasone furoate (inhalation) 100 MCG/ACT	10
flavoxate hcl	61	fluocinolone acetonide CREA 0.025 %	39	fluticasone furoate (inhalation) 50 MCG/ACT, 200 MCG/ACT	10
flecainide acetate	9	fluocinolone acetonide OIL	39	fluticasone furoate-vilanterol	10
floxuridine	23	fluocinolone acetonide OINT	40	fluticasone propionate (inhalation) AEPB	10
FLUAD	62	fluocinolone acetonide SOLN	40	fluticasone propionate (nasal) SUSP . 55	
FLUAD QUADRIVALENT	62	fluocinonide CREA 0.05 %	40	fluticasone propionate CREA 0.05 % 40	
FLUARIX QUADRIVALENT SUSY 62		fluocinonide CREA 0.1 %	40	fluticasone propionate hfa	10
FLUARIX SUSY	62	fluocinonide emulsified base	40	fluticasone propionate LOTN	40
FLUBLOK QUADRIVALENT	62	fluocinonide GEL	40	fluticasone propionate OINT	40
FLUBLOK SOSY	62	fluocinonide OINT	40	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	10
FLUCELVAX QUADRIVALENT SUSP	62	fluocinonide SOLN	40	fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	10
FLUCELVAX QUADRIVALENT SUSY	62	fluorometholone (ophth) SUSP	56	fluticasone-salmeterol AERO	10
FLUCELVAX SUSP	62	fluorouracil (topical) CREA 5 %	37		
FLUCELVAX SUSY	62	fluorouracil (topical) SOLN	37		
fluconazole SUSR	18	fluorouracil 500 MG/10ML	23		
		fluoxetine hcl CAPS	14		
		fluoxetine hcl CPDR	14		

fluvastatin sodium CAPS 20 MG ...19	FRAGMIN SOSY11	gatifloxacin (ophth)55
fluvastatin sodium CAPS 40 MG ...19	FREESTYLE LIBRE 14 DAY READER50	gefitinib24
fluvoxamine maleate TABS14	FREESTYLE LIBRE 14 DAY SENSOR50	gemcitabine hcl SOLR 2 GM, 200 MG23
FLUZONE HIGH-DOSE QUADRIVALENT63	FREESTYLE LIBRE 2 PLUS SENSOR50	gemfibrozil TABS19
FLUZONE HIGH-DOSE SUSY63	FREESTYLE LIBRE 2 READER ..50	GENOTROPIN CART SC43
FLUZONE QUADRIVALENT SUSP 63	FREESTYLE LIBRE 2 SENSOR ..50	GENOTROPIN MINIQUEL PRSY 43
FLUZONE QUADRIVALENT SUSY 63	FREESTYLE LIBRE 3 PLUS SENSOR50	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
FLUZONE SUSP63	FREESTYLE LIBRE 3 READER ..50	gentamicin sulfate (ophth) SOLN ..55
FLUZONE SUSY63	FREESTYLE LIBRE 3 SENSOR ..50	gentamicin sulfate (topical) CREA .36
FML FORTE SUSP56	FREESTYLE LIBRE READER50	gentamicin sulfate (topical) OINT ..36
folic acid TABS47	frovatriptan succinate51	gentamicin sulfate IJ 40 MG/ML2
fondaparinux sodium 10 MG/0.8ML 11	FT PRENATAL TABS53	GENVOYA29
fondaparinux sodium 2.5 MG/0.5ML . 11	fulvestrant SOSY24	GILOTTRIF24
fondaparinux sodium 5 MG/0.4ML .11	furosemide SOLN PO 8 MG/ML, 10 MG/ML42	glatiramer acetate SOSY 20 MG/ML . 58
fondaparinux sodium 7.5 MG/0.6ML . 11	furosemide TABS42	glatiramer acetate SOSY 40 MG/ML . 58
FORA GTBL BLOOD KETONE TEST41	FUZEON SOLR29	GLEOSTINE 10 MG23
FORA TEST N'GO ADV-VOICE-6 CON41	gabapentin CAPS12	GLEOSTINE 40 MG, 100 MG23
formoterol fumarate NEBU10	gabapentin SOLN12	glimepiride 1 MG, 2 MG16
FOSAMAX PLUS D42	gabapentin TABS 600 MG, 800 MG 12	glimepiride 4 MG16
fosamprenavir calcium TABS29	galantamine hydrobromide CP24 ..58	glipizide TABS 5 MG, 10 MG16
fosfomycin tromethamine22	galantamine hydrobromide SOLN .58	glipizide TB2416
fosinopril sodium & hydrochlorothiazide20	galantamine hydrobromide TABS .58	glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG15
fosinopril sodium19	ganciclovir sodium SOLR30	glipizide-metformin hcl 500 MG-5 MG15
fosphenytoin sodium13	ganirelix acetate43	GLUCAGEN DIAGNOSTIC41
	GARDASIL 9 SUSP 0.5 ML63	glucagon SOLR IJ 1 MG15
	GARDASIL 9 SUSY 0.5 ML63	

glyburide micronized 1.5 MG, 3 MG, 6 MG	16	haloperidol decanoate	28	HUMULIN R U-500 (CONCENTRATED) SOLN SC	16
glyburide TABS	16	haloperidol lactate CONC	28	HUMULIN R U-500 KWIKPEN SOPN SC	16
glyburide-metformin 250 MG-1.25 MG	15	haloperidol lactate SOLN	28	HYCANTIN CAPS	27
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	15	haloperidol TABS	28	hydralazine hcl SOLN	21
glycine (gu irrigant) SOLN 1.5 % ..	46	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	63	hydralazine hcl TABS	21
glycopyrrolate SOLN IJ 4 MG/20ML 60		HEALON PRO SOSY	56	hydrochlorothiazide CAPS	42
glycopyrrolate TABS 1 MG	60	HEMANGEOL SOLN PO	31	hydrochlorothiazide TABS 12.5 MG 42	
glycopyrrolate TABS 2 MG	60	HEMATINIC/FOLIC ACID	47	hydrochlorothiazide TABS 25 MG, 50 MG	42
GLYXAMBI	15	HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML 11		hydrocodone bitartrate CP12	5
GNP PRENATAL TABS	53	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	11	hydrocodone bitartrate T24A	5
GNP PRENATAL/FOLIC ACID TABS	53	HEPLISAV-B SOSY	63	hydrocodone polistirex-chlorpheniramine polistirex SUER .35	
GOHIBIC	46	HIBERIX SOLR IJ	61	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	7
GOJJI BLOOD KETONE TEST ...	41	HUMATROPE CART IJ	43	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	7
granisetron hcl SOLN IV 1 MG/ML	17	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	3	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	7
granisetron hcl TABS	17	HUMIRA (2 PEN) AJKT	3	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7
GRASTEK SUBL	2	HUMIRA (2 SYRINGE) PSKT	3	hydrocodone-acetaminophen TABS 325 MG-2.5 MG	7
griseofulvin microsize SUSP	18	HUMIRA-CD/UC/HS STARTER AJKT	3	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG	7
griseofulvin microsize TABS	18	HUMIRA-PED<40KG CROHNS STARTER PSKT	3	hydrocodone-ibuprofen 7.5 MG-200 MG	7
griseofulvin ultramicrosize	18	HUMIRA-PED>=40KG CROHNS START PSKT	3	hydrocortisone (intrarectal)	8
guanfacine hcl (adhd)	1	HUMIRA-PED>=40KG UC STARTER AJKT	3		
guanfacine hcl	20	HUMIRA-PS/UV/ADOL HS STARTER AJKT	3		
GYNAZOLE-1	64	HUMIRA-PSORIASIS/UEIT STARTER AJKT	3		
HAEGARDA SOLR SC	46				
halcinonide CREA	40				
halobetasol propionate CREA	40				
halobetasol propionate OINT	40				
HALOG OINT	40				

hydrocortisone (rectal) EX8	hydroxyzine hcl SOLN 50 MG/ML ...8	indomethacin CPR4
hydrocortisone (topical) CREA 1 %, 2.5 %40	hydroxyzine hcl SYRP8	INFANRIX60
hydrocortisone (topical) LOTN 2.5 % . 40	hydroxyzine hcl TABS8	INFLECTRA SOLR45
hydrocortisone (topical) OINT 1 %, 2.5 %40	hydroxyzine pamoate CAPS8	INLYTA23
hydrocortisone acetate (rectal)8	HYPERSAL NEBU35	INSULIN ASP PROT & ASP FLEXPEN SUPN16
hydrocortisone butyrate CREA40	HYQVIA57	INSULIN ASPART PROT & ASPART SUSP16
hydrocortisone butyrate OINT40	ibandronate sodium SOLN42	INSULIN GLARGINE-YFGN SOLN 16
hydrocortisone butyrate SOLN40	ibandronate sodium TABS42	INSULIN GLARGINE-YFGN SOPN 16
hydrocortisone sod succinate 100 MG35	IBRANCE CAPS25	INSULIN LISPRO (1 UNIT DIAL) SOPN16
hydrocortisone TABS35	IBRANCE TABS25	INSULIN LISPRO JUNIOR KWIKPEN SOPN16
hydrocortisone vaginal64	ibuprofen SUSP 100 MG/5ML, 200 MG/10ML4	INSULIN LISPRO PROT & LISPRO SUPN16
hydrocortisone valerate CREA40	ibuprofen TABS 400 MG, 600 MG ..4	INSULIN LISPRO SOLN IJ16
hydrocortisone valerate OINT40	ibuprofen TABS 800 MG4	INTELENCE 25 MG29
hydrocortisone w/acetic acid57	icatibant acetate SOSY46	IONOSOL-MB IN D5W52
hydromorphone hcl LIQD5	ICLUSIG25	IPOSOL-MB IN D5W52
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 5	icosapent ethyl 1 GM18	IPOSOL-MB IN D5W52
hydromorphone hcl TABS6	idarubicin hcl 20 MG/20ML25	IPOSOL-MB IN D5W52
hydromorphone hcl TB24 32 MG ...6	idarubicin hcl 5 MG/5ML, 10 MG/10ML25	IPOSOL-MB IN D5W52
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG6	ifosfamide SOLN 1 GM/20ML23	IPOSOL-MB IN D5W52
hydroxychloroquine sulfate 100 MG 22	ifosfamide SOLR23	IPOSOL-MB IN D5W52
hydroxychloroquine sulfate 200 MG 22	imatinib mesylate TABS25	IPOSOL-MB IN D5W52
hydroxychloroquine sulfate 400 MG 22	imipramine hcl TABS14	IPOSOL-MB IN D5W52
hydroxyurea26	imipramine pamoate14	IPOSOL-MB IN D5W52
	imiquimod 5 %41	IPOSOL-MB IN D5W52
	INCRELEX43	IPOSOL-MB IN D5W52
	INCRUSE ELLIPTA9	IPOSOL-MB IN D5W52
	indapamide TABS 1.25 MG42	IPOSOL-MB IN D5W52
	indapamide TABS 2.5 MG42	IPOSOL-MB IN D5W52
	indomethacin CAPS 25 MG, 50 MG 4	IPOSOL-MB IN D5W52

ISENTRESS CHEW 29	JYNNEOS 63	49
ISENTRESS HD TABS 29	KALETRA SOLN 29	KIMONO SPECIAL DEVI 49
ISENTRESS TABS 29	KALYDECO TABS 59	KINRIX SUSY 60
ISOLYTE-P IN D5W 52	KAMELEON LUBRICATED MISC . 49	KISQALI (200 MG DOSE) 25
ISOLYTE-S 52	KANJINTI 24	KISQALI (400 MG DOSE) 25
isoniazid SOLN 23	KCL IN DEXTROSE-NACL 5 %-40	KISQALI (600 MG DOSE) 25
isoniazid SYRP 23	MEQ/L-0.9 % (potassium chloride in	KISQALI FEMARA (200 MG DOSE) .
isoniazid TABS 23	dextrose & sodium chloride) 52	25
isosorbide dinitrate TABS 5 MG, 10	KCL-LACTATED RINGERS-D5W 52	KISQALI FEMARA (400 MG DOSE) .
MG, 20 MG, 30 MG 8	ketoconazole (topical) CREA 37	25
isosorbide dinitrate-hydralazine hcl	ketoconazole (topical) SHAM 2 % .37	KISQALI FEMARA (600 MG DOSE) .
32	ketoconazole 18	25
isosorbide mononitrate TABS 8	KETONE TEST STRP 41	KP PRENATAL MULTIVITAMINS
isosorbide mononitrate TB24 8	ketoprofen CAPS 50 MG 4	TABS 53
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG 36	ketorolac tromethamine (ophth) .. 56	KRINTAFEL 22
isradipine CAPS 31	ketorolac tromethamine TABS 4	K-Y ME & YOU EXTRA
itraconazole CAPS 18	KETOSTIX STRP 41	LUBRICATED DEVI 49
itraconazole SOLN 18	ketotifen fumarate (ophth) 0.035 %	K-Y ME & YOU INTENSE DEVI ... 49
ivabradine hcl TABS 33	56	KYLEENA 34
ivermectin (pediculicide) 41	KEVZARA SOAJ 4	KYPROLIS 25
ivermectin 8	KEVZARA SOSY 4	labetalol hcl SOLN 31
IXEMPRA KIT 15 MG 26	KIMONO COLORS DEVI 49	labetalol hcl TABS 100 MG, 200 MG .
JAKAFI 25	KIMONO MAXX-LARGE FLARE	31
JANUMET TABS 15	MISC 49	labetalol hcl TABS 300 MG 31
JANUMET XR TB24 1000 MG-100	KIMONO MICRO THIN PLUS MISC .	lacosamide SOLN IV 200 MG/20ML .
MG 15	49	12
JANUMET XR TB24 1000 MG-50	KIMONO MISC 49	lacosamide TABS 12
MG, 500 MG-50 MG 15	KIMONO PLUS MISC 49	lactated ringer's (irrigation) 53
JANUVIA 15	KIMONO PS MISC 49	lactic acid (ammonium lactate) CREA
JARDIANCE 16	KIMONO PS PLUS MISC 49	 40
JULUCA 29	KIMONO SENSATION MISC 49	lactic acid (ammonium lactate) LOTN
	KIMONO SENSATION PLUS MISC	12 % 40
		lactulose (encephalopathy) 45

lactulose SOLN	48	LENVIMA (8 MG DAILY DOSE) ..	24	levonorgestrel-eth estradiol (triphasic)	33
lamivudine (hbv) TABS	30	letrozole	24	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	34
lamivudine SOLN	29	leucovorin calcium SOLR	26	levonorgestrel-ethinyl estradiol (continuous)	34
lamivudine TABS 150 MG	29	leucovorin calcium TABS	26	levonorgestrel-ethinyl estradiol-iron 34	
lamivudine TABS 300 MG	29	LEUKERAN	23	levorphanol tartrate TABS 2 MG	6
lamivudine-zidovudine	29	LEUKINE SOLR IJ	47	levothyroxine sodium TABS	60
lamotrigine CHEW 25 MG	12	leuprolide acetate KIT IJ 1 MG/0.2ML	24	LEXIVA SUSP	29
lamotrigine CHEW 5 MG	12	levalbuterol hcl	10	lidocaine hcl (mouth-throat) 2 % ...	53
lamotrigine TABS	12	levalbuterol tartrate	10	lidocaine hcl (mouth-throat) 4 % ...	53
lamotrigine TBDP	12	levetiracetam SOLN IV 500 MG/5ML 12		lidocaine hcl GEL 2 %	41
LANOXIN SOLN IJ (digoxin)	32	levetiracetam TABS 1000 MG	12	lidocaine hcl PRSY	41
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	32	levetiracetam TABS 250 MG, 750 MG	12	lidocaine hcl SOLN	41
lansoprazole CPDR 15 MG	61	levetiracetam TABS 500 MG	12	lidocaine PTCH 5 %	41
lansoprazole CPDR 30 MG	61	levetiracetam TB24	12	lidocaine-prilocaine CREA	41
lanthanum carbonate CHEW	45	levobunolol hcl 0.5 %	55	LILETTA (52 MG)	34
lapatinib ditosylate	25	levocetirizine dihydrochloride SOLN 18		lincomycin hcl	21
LASTACRAFT	56	levocetirizine dihydrochloride TABS 18		linezolid SUSR	22
latanoprost SOLN	57	levofloxacin (ophth) 0.5 %	56	linezolid TABS	22
leflunomide	5	levofloxacin in d5w 500 MG/100ML 44		LINZESS	45
LEMTRADA	58	levofloxacin SOLN PO	44	liothyronine sodium SOLN	60
lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	52	levofloxacin TABS 250 MG, 750 MG . 44		liothyronine sodium TABS	60
lenalidomide 20 MG	52	levofloxacin TABS 500 MG	44	liraglutide	15
LENVIMA (10 MG DAILY DOSE) .	23	levonorgestrel & eth estradiol TABS 33		lisdexafetamine dimesylate CAPS 1 1	
LENVIMA (12 MG DAILY DOSE) .	23	levonorgestrel (emergency oc) 1.5 MG	34	lisdexafetamine dimesylate CHEW . 1	
LENVIMA (14 MG DAILY DOSE) .	23			lisinopril & hydrochlorothiazide ...	20
LENVIMA (18 MG DAILY DOSE) .	23			lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	19
LENVIMA (20 MG DAILY DOSE) .	24				
LENVIMA (24 MG DAILY DOSE) .	24				
LENVIMA (4 MG DAILY DOSE) ..	24				

lithium	27	lovastatin TABS 40 MG	19	medroxyprogesterone acetate (contraceptive) SUSP IM	34
lithium carbonate CAPS	27	loxapine succinate	28	medroxyprogesterone acetate (contraceptive) SUSY IM	34
lithium carbonate TABS	27	lubiprostone	45	medroxyprogesterone acetate 10 MG	58
lithium carbonate TBCR	27	luliconazole	37	medroxyprogesterone acetate 2.5 MG, 5 MG	58
LO LOESTRIN FE TABS	34	LUMAKRAS 120 MG, 240 MG	26	mefenamic acid CAPS	4
lofexidine hcl	58	LUMAKRAS 320 MG	26	mefloquine hcl	22
LOKELMA	53	LUPRON DEPOT (1-MONTH) KIT IM	24	megestrol acetate (appetite)	58
loperamide hcl CAPS	17	LUPRON DEPOT (3-MONTH) KIT IM	24	megestrol acetate SUSP	24
lopinavir-ritonavir SOLN	29	LUPRON DEPOT (4-MONTH) IM .	24	megestrol acetate TABS	24
lopinavir-ritonavir TABS	29	LUPRON DEPOT (6-MONTH) IM .	24	MEKINIST SOLR	26
LOQTORZI	24	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	28	MEKINIST TABS 0.5 MG	26
loratadine CAPS	18	lurasidone hcl 80 MG	28	MEKINIST TABS 2 MG	26
loratadine CHEW	18	LYNPARZA TABS	26	meloxicam TABS	4
loratadine SOLN	18	LYSODREN	24	melphalan	23
loratadine TABS	18	mafenide acetate PACK	38	melphalan hcl IV	23
loratadine TBDP	18	malathion	41	memantine hcl TABS	58
lorazepam CONC	9	maraviroc TABS 150 MG	29	MENACTRA	61
lorazepam TABS 0.5 MG, 2 MG	9	maraviroc TABS 300 MG	29	MENEST 2.5 MG	44
lorazepam TABS 1 MG	9	MARPLAN	13	MENOSTAR PTWK	44
LORBRENA	25	MASONATAL TABS	54	MENQUADFI 0.5 ML	61
losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG	20	MATULANE	26	MENVEO SOLN	61
losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 20		MAXIDEX SUSP OP	56	MENVEO SOLR	61
losartan potassium	20	MAXX MISC	49	meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	6
LOTEMAX OINT	56	MAXX PLUS MISC	49	meperidine hcl SOLN PO 50 MG/5ML	6
loteprednol etabonate GEL	56	meclizine hcl TABS 12.5 MG	17	meperidine hcl TABS 50 MG	6
loteprednol etabonate SUSP	56	meclizine hcl TABS 25 MG	17	meprobamate	8
lovastatin TABS 10 MG, 20 MG ...	19	meclofenamate sodium CAPS	4		
		MEDROL TABS	35		

mercaptopurine TABS	23	methotrexate sodium SOLR	23	methylprednisolone TABS	35
mesalamine CP24	45	methotrexate sodium TABS 2.5 MG		methylprednisolone TBPk	35
mesalamine CPDR	45	23		methyltestosterone TABS	8
mesalamine ENEM	45	methoxsalen rapid	38	metoclopramide hcl SOLN IJ 5	
mesalamine SUPP	45	methscopolamine bromide	60	MG/ML	45
mesalamine TBEC 1.2 GM	45	methsuximide	13	metoclopramide hcl SOLN PO 5	
mesalamine TBEC 800 MG	45	methyl dopa TABS	20	MG/5ML, 10 MG/10ML	45
metaxalone 800 MG	54	methylphenidate hcl CHEW 10 MG .	1	metoclopramide hcl TABS	45
metformin hcl TABS 1000 MG	15	methylphenidate hcl CHEW 2.5 MG	1	metolazone	42
metformin hcl TABS 500 MG	15	methylphenidate hcl CHEW 5 MG .	1	metoprolol & hydrochlorothiazide	
metformin hcl TABS 850 MG	15	methylphenidate hcl CP24 10 MG, 20		TABS 25 MG-100 MG, 50 MG-100	
metformin hcl TB24 500 MG	15	MG, 40 MG, 60 MG	1	MG	20
metformin hcl TB24 750 MG	15	methylphenidate hcl CP24 30 MG .	1	metoprolol & hydrochlorothiazide	
methadone hcl CONC	6	methylphenidate hcl CP24	1	TABS 25 MG-50 MG	20
METHADONE HCL SOLN IJ		methylphenidate hcl CP24	1	metoprolol succinate TB24 200 MG	
(methadone hcl)	6	methylphenidate hcl CPCr	2	31	
methadone hcl SOLN IJ 10 MG/ML .	6	methylphenidate hcl SOLN	2	metoprolol succinate TB24 25 MG,	
methadone hcl SOLN PO 10		methylphenidate hcl TABS 10 MG,		50 MG, 100 MG	31
MG/5ML	6	20 MG	2	metoprolol tartrate SOLN IV 5	
methadone hcl SOLN PO 5 MG/5ML		methylphenidate hcl TABS 5 MG .	2	MG/5ML	31
6		methylphenidate hcl TB24 18 MG, 27		metoprolol tartrate TABS 25 MG, 50	
methadone hcl TABS 10 MG	6	MG	2	MG, 100 MG	31
methadone hcl TABS 5 MG	6	methylphenidate hcl TB24 36 MG, 54		metronidazole (topical) CREA	41
methadone hcl TBSO	6	MG	2	metronidazole (topical) GEL 0.75 %	
methamphetamine hcl	1	methylphenidate hcl TBCr 10 MG,		41	
methazolamide TABS	42	20 MG	2	metronidazole (topical) GEL 1 % .	41
methenamine hippurate	22	methylphenidate hcl TBCr 18 MG,		metronidazole (topical) LOTN	41
methimazole TABS	60	27 MG	2	metronidazole TABS 250 MG, 500	
methocarbamol TABS 500 MG, 750		methylphenidate hcl TBCr 36 MG,		MG	21
MG	54	54 MG	2	metronidazole vaginal	64
methotrexate sodium SOLN 50		methylphenidate PTCH	2	mexiletine hcl	9
MG/2ML, 250 MG/10ML	23	methylprednisolone acetate SUSP	35	miconazole nitrate vaginal SUPP 200	
		methylprednisolone sod succ 40 MG,		MG	64
		125 MG, 500 MG, 1000 MG	35	midodrine hcl	64

miglitol	14	mometasone furoate CREA	40	nabumetone	4
miglustat	47	mometasone furoate OINT	40	nadolol TABS 20 MG	31
minocycline hcl CAPS	60	mometasone furoate SOLN	40	nadolol TABS 40 MG	31
minocycline hcl TABS	60	montelukast sodium CHEW	9	nadolol TABS 80 MG	31
minoxidil 2.5 MG, 10 MG	21	montelukast sodium PACK	9	nafcillin sodium IV 10 GM	57
mirabegron TB24	61	montelukast sodium TABS	9	naftifine hcl CREA 1 %	37
MIRCERA	47	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	6	naftifine hcl CREA 2 %	37
MIRENA (52 MG)	34	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML	6	naloxone hcl LIQD	17
mirtazapine TABS	13	morphine sulfate SOLN PO 10 MG/5ML	6	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	17
mirtazapine TBDP	13	morphine sulfate SOLN PO 20 MG/5ML	6	naltrexone hcl	17
misoprostol	61	morphine sulfate TABS	6	naproxen sodium TABS 550 MG ...	4
mitomycin SOLR IV 20 MG	25	morphine sulfate TBCR	6	naproxen SUSP	4
mitoxantrone hcl 25 MG/12.5ML ..	25	MOTOFEN	17	naproxen TABS	4
MIUDELLA INTRAUTERINE COPPER	34	MOVANTIK	45	naproxen TBEC 500 MG	4
M-M-R II SOLR	63	moxifloxacin hcl (ophth) SOLN OP	56	naratriptan hcl	51
M-NATAL PLUS TABS	54	44		NATACYN	56
MNEXSPIKE SUSY 10 MCG/0.2ML .	63	moxifloxacin hcl TABS	44	NATAZIA	34
modafinil 100 MG	2	MRESVIA	63	nateglinide	16
modafinil 200 MG	2	MULTI PRENATAL TABS	54	NAYZILAM	12
MODERNA COVID-19 BIVALENT	63	mupirocin OINT	36	nebivolol hcl 2.5 MG, 5 MG, 10 MG	31
MODERNA COVID-19 VAC 6M-11Y SUSP	63	MVASI	24	nebivolol hcl 20 MG	31
MODERNA COVID-19 VAC 6M-11Y SUSY	63	MYALEPT	43	NEBUSAL NEBU	35
MODERNA COVID-19 VACCINE SUSP	63	mycophenolate mofetil CAPS	53	nefazodone hcl	14
moexipril hcl	19	mycophenolate mofetil TABS	53	nelarabine	23
mometasone furoate (nasal) SUSP	55	mycophenolate sodium	53	neomycin sulfate TABS	2
		MYLERAN TABS	23	neomycin-bacitracin zn-polymyxin	56
				neomycin-polymy-dexameth OINT	56
				neomycin-polymy-dexameth SUSP	
				0.1 %-3.5 MG/ML-10000 UNIT/ML,	

0.1 %56	nicardipine hcl SOLN 31	nizatidine CAPS60
neomycin-polymyxin-hc (ophth) ...56	NICOTINE KIT 59	NORDITROPIN FLEXPPO SOPN 30 MG/3ML43
neomycin-polymyxin-hc (otic) SOLN . 57	nicotine polacrilex GUM59	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML43
neomycin-polymyxin-hc (otic) SUSP . 57	nicotine polacrilex LOZG59	norelgestromin-ethinyl estradiol ...34
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 54	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 59	norethin acet & estrad-fe CAPS ... 34
NEONATAL PLUS TABS54	NICOTROL INHA 59	norethin acet & estrad-fe CHEW .. 34
NEONATAL PRENATAL TABS ...54	NICOTROL NS SOLN 59	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG 34
NEONATAL VITAMIN TABS54	nifedipine CAPS 10 MG31	norethindrone & eth estradiol 34
neostigmine methylsulfate SOSY ..22	nifedipine CAPS 20 MG31	norethindrone & ethinyl estradiol-fe 34
NEO-SYNALAR36	nifedipine TB24 30 MG 32	norethindrone (contraceptive)34
NEUPRO27	nifedipine TB24 60 MG 32	norethindrone acet & eth estra TABS 34
NEVANAC56	nifedipine TB24 90 MG 32	norethindrone acetate TABS 58
nevirapine SUSP29	nifedipine TB24 31	norethindrone acetate-ethinyl estradiol 44
nevirapine TABS29	nilutamide25	norethindrone acetate-ethinyl estradiol-fe 34
nevirapine TB24 400 MG29	nimodipine CAPS 32	norethindrone-eth estradiol (triphasic)34
NEXIUM 24HR TBEC 20 MG61	NIPENT26	norgestimate-ethinyl estradiol (triphasic)34
NEXPLANON34	nisoldipine32	norgestimate-ethinyl estradiol34
NEXTSTELLIS 34	nitazoxanide TABS21	norgestrel & ethinyl estradiol 30 MCG-0.3 MG34
niacin (antihyperlipidemic) TBCR ..19	nitazoxanide TABS21	NORMOSOL-M IN D5W 52
niacin CPCR 250 MG, 500 MG64	nitrofurantoin 22	NORMOSOL-R PH 7.452
NIACIN ER TBCR64	nitrofurantoin macrocrystal 50 MG, 100 MG22	nortriptyline hcl CAPS14
niacin TABS64	nitrofurantoin monohyd macro22	nortriptyline hcl SOLN14
niacin TBCR64	nitroglycerin (intra-anal) 8	
niacinamide TABS 100 MG64	nitroglycerin CPCR8	
niacinamide TABS 500 MG64	nitroglycerin PT248	
nicardipine hcl CAPS 31	NITROGLYCERIN SOLN IV 8	
	nitroglycerin SUBL8	
	NIVA-PLUS TABS 54	

NORVIR CAPS	29	octreotide acetate SOLN	44	ondansetron hcl SOLN PO 4 MG/5ML	17
NORVIR PACK	29	ODEFSEY	29	ondansetron hcl SOSY	17
NOVA MAX PLUS KETONE TEST 41		ODOMZO	24	ondansetron hcl TABS 24 MG	17
NOVAREL IM 10000 UNIT	43	OFEV	59	ondansetron hcl TABS 4 MG	17
NOVAVAX COVID-19 VACCINE SUSP	63	ofloxacin (ophth)	56	ondansetron hcl TABS 8 MG	17
NOVAVAX COVID-19 VACCINE SUSY	63	ofloxacin (otic)	57	ondansetron TBDP 4 MG	17
NOVOLIN 70/30 FLEXPEN SUPN	16	ofloxacin 300 MG, 400 MG	44	ondansetron TBDP 8 MG	17
NOVOLIN 70/30 SUSP	16	OGIVRI	24	ONE VITE WOMENS PLUS TABS 54	
NOVOLIN N FLEXPEN SUPN	16	olanzapine SOLR	28	ONE VITE WOMENS TABS	54
NOVOLIN N SUSP	16	olanzapine TABS 2.5 MG, 5 MG	28	ONETOUCH DELICA SAFETY LANCING	50
NOVOLIN R FLEXPEN SOPN IJ	16	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	28	OPILL	34
NOVOLIN R SOLN IJ	16	olanzapine TBDP 20 MG	28	ORENITRAM TBCR	32
NOVOLOG FLEXPEN SOPN	16	olanzapine TBDP 5 MG, 10 MG, 15 MG	28	ORGOVYX	25
NOVOLOG PENFILL SOCT	16	olmesartan medoxomil	20	ORLISSA	43
NOVOLOG SOLN IJ	16	olmesartan medoxomil-amlodipine- hydrochlorothiazide	20	ORKAMBI PACK	59
NP THYROID TABS	60	olmesartan medoxomil- hydrochlorothiazide	20	ORKAMBI TABS	59
NUBEQA	25	olopatadine hcl (nasal)	55	ORLADEYO	46
NUEDEXTA	59	olopatadine hcl 0.1 %	56	orphenadrine citrate TB12	54
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	63	olopatadine hcl 0.2 %	56	oseltamivir phosphate CAPS	30
nystatin (mouth-throat)	53	omega-3-acid ethyl esters	18	oseltamivir phosphate SUSR	30
nystatin (topical) CREA	37	omeprazole CPDR	61	OSPHENA	43
nystatin (topical) OINT	37	omeprazole magnesium CPDR	61	OTEZLA TABS	5
nystatin (topical) POWD EX	37	omeprazole TBEC	61	OTEZLA TBPK	5
nystatin TABS	18	omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	61	OTEZLA XR TB24 PO 75 MG	5
nystatin-triamcinolone CREA	37	OMNIFLEX DIAPHRAGM	49	OTEZLA/OTEZLA XR INITIATION PK TBPK	5
nystatin-triamcinolone OINT	37	ondansetron hcl SOLN IJ 4 MG/2ML	17	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5	
NYVEPRIA	47				

MG/0.4ML, 25 MG/0.4ML	2	MG/25ML	27	pemetrexed disodium SOLR 500 MG	23
oxacillin sodium IV 10 GM	57	paclitaxel protein-bound particles	27	PENBRAYA	61
oxaliplatin SOLN 50 MG/10ML, 100		paliperidone	28	penciclovir	38
MG/20ML	23	palonosetron hcl SOLN	17	penicillamine CAPS	52
oxaprozin TABS	4	pamidronate disodium SOLN 30		penicillamine TABS	52
oxazepam CAPS	9	MG/10ML, 90 MG/10ML	43	PENICILLIN G POT IN DEXTROSE	
oxcarbazepine SUSP	12	PAMIDRONATE DISODIUM SOLN	43	40000 UNIT/ML, 60000 UNIT/ML	57
oxcarbazepine TABS 150 MG, 300		PANRETIN	37	penicillin g potassium 5000000 UNIT	57
MG	12	pantoprazole sodium TBEC 20 MG	61	penicillin g sodium	57
oxcarbazepine TABS 600 MG	12	61		penicillin v potassium SOLR	57
oxiconazole nitrate CREA	37	pantoprazole sodium TBEC 40 MG	61	penicillin v potassium TABS	57
OXISTAT LOTN	37	61		PENMENVY SUSR IM	61
oxybutynin chloride SOLN	61	PARAGARD INTRAUTERINE		PENTACEL	60
oxybutynin chloride TABS 5 MG	61	COPPER	34	pentamidine isethionate IN	21
oxybutynin chloride TB24	61	paricalcitol CAPS	43	pentazocine w/ naloxone hcl	7
oxycodone hcl T12A 10 MG, 20 MG,		paricalcitol SOLN	43	pentoxifylline	46
40 MG, 80 MG	6	paroxetine hcl SUSP	14	perampanel TABS 2 MG	11
oxycodone hcl TABS	6	paroxetine hcl TABS	14	perampanel TABS 4 MG	11
oxycodone w/ acetaminophen TABS		paroxetine hcl TB24	14	perampanel TABS 6 MG	11
325 MG-10 MG, 325 MG-5 MG, 325		pazopanib hcl	26	perampanel TABS 8 MG, 10 MG, 12	
MG-7.5 MG	7	PEDIARIX SUSY	60	MG	11
oxycodone w/ acetaminophen TABS		pediatric multivitamins w/fl CHEW	53	perindopril erbumine 2 MG, 8 MG	19
325 MG-2.5 MG	7	PEDVAX HIB SUSP	61	perindopril erbumine 4 MG	19
oxymorphone hcl TABS	6	peg 3350-kcl-nacl-na sulfate-na		permethrin CREA	41
oxymorphone hcl TB12 40 MG	6	ascorbate-ascorbic acid	48	permethrin LIQD EX	41
oxymorphone hcl TB12 5 MG, 7.5		peg 3350-kcl-sod bicarb-sod		perphenazine TABS	28
MG, 10 MG, 15 MG, 20 MG, 30 MG	6	chloride-sod sulfate SOLR 236 GM	48	perphenazine-amitriptyline	58
OZEMPIC (0.25 OR 0.5 MG/DOSE)		348		PERSERIS PRSY	28
SOPN	15	peg 3350-potassium chloride-sod		PFIZER COVID-19 VAC BIVALENT	63
OZEMPIC (1 MG/DOSE) SOPN 4		bicarbonate-sod chloride	48		
MG/3ML	15	PEGASYS SOLN	30		
OZEMPIC (2 MG/DOSE) SOPN	15	PEGASYS SOSY	30		
paclitaxel 100 MG/16.7ML, 150					

PFIZER COVID-19 VAC-TRIS 5-11Y SUSP63	pioglitazone hcl-metformin hcl TABS . 15	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 %52
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP63	PIQRAY (200 MG DAILY DOSE) .26	
PFIZER-BIONT COVID-19 VAC- TRIS SUSP 63	PIQRAY (250 MG DAILY DOSE) .26	potassium chloride in dextrose 20 MEQ/L52
PFIZER-BIONTECH COVID-19 VACC SUSP63	PIQRAY (300 MG DAILY DOSE) .26	potassium chloride microencapsulated crystals er 52
phenazopyridine hcl TABS 100 MG, 200 MG46	pirfenidone CAPS59	potassium chloride PACK PO 20 MEQ52
phenelzine sulfate 13	pirfenidone TABS 267 MG, 801 MG 59	POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 52
phenobarbital ELIX47	piroxicam CAPS4	potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML52
phenobarbital TABS47	PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L 52	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ 52
phenoxybenzamine hcl19	PLASMA-LYTE A (electrolyte-a) .52	potassium citrate (alkalinizer) TBCR . 46
phentermine hcl CAPS1	PLEGRIDY SOAJ58	potassium phosphates 45 MMOLE/15ML52
phenytoin CHEW13	PLEGRIDY SOSY SC58	PR BENZOYL PEROXIDE WASH LIQD36
phenytoin sodium extended 100 MG, 200 MG, 300 MG13	PLEGRIDY STARTER PACK SOAJ . 58	pralatrexate 20 MG/ML 23
phenytoin sodium SOLN13	PLEGRIDY STARTER PACK SOSY SC58	pramipexole dihydrochloride TABS 0.125 MG27
phenytoin SUSP 13	PNEUMOVAX 23 SOLN62	pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG27
PHEXXI64	PNEUMOVAX 23 SOSY62	prasugrel hcl46
PHOTOFRIN26	podofilox SOLN41	pravastatin sodium 19
PIFELTRO29	polymyxin b-trimethoprim 56	praziquantel8
pilocarpine hcl (oral)53	POMALYST25	prazosin hcl CAPS20
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 55	posaconazole SUSP18	PRECISION XTRA KETONE 41
pimecrolimus41	potassium acetate SOLN 2 MEQ/ML . 52	PRED MILD56
pimozide59	potassium bicarbonate TBEF52	
pindolol TABS31	potassium chloride CPCR 52	
pioglitazone hcl16	potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-10 MEQ/L-0.45 %, 5 %-20	

prednisolone acetate (ophth)56	PREDNISOLONE SODIUM PHOSPHATE56	prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML35	prednisolone sodium phosphate TBDP35	prednisolone SOLN35	prednisolone TABS35	prednisone SOLN35	prednisone TABS 1 MG, 5 MG35	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG35	prednisone TBPk35	pregabalin (once-daily) 330 MG ...59	pregabalin (once-daily) 82.5 MG, 165 MG59	pregabalin CAPS 225 MG, 300 MG 12	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...12	pregabalin SOLN12	PREHEVBRIO63	PREMARIN64	PREMARIN SOLR44	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated)44	PREMPHASE44	PREMPRO44	PRENATAL ONE DAILY TABS54	PRENATAL PLUS TABS54	PRENATAL PLUS VITAMIN/MINERAL TABS54	PRENATAL TABS54	PRENATAL VITAMIN AND MINERAL TABS54	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 UNIT54	PRENATAL/IRON TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT54	PRENATRIX TABS54	PRENATRYL TABS54	PREVNAR 1362	PREVNAR 2062	PREZCOBIX29	PREZISTA SUSP29	PREZISTA TABS 75 MG, 150 MG 29	PRIFTIN23	primaquine phosphate TABS22	primidone 50 MG, 250 MG13	PRIORIX SUSR63	PROAIR DIGIHALER10	PROAIR RESPIClick AEPB10	probenecid46	procainamide hcl SOLN 500 MG/ML .9	prochlorperazine28	prochlorperazine maleate TABS ...28	progesterone CAPS58	PROGRAF PACK53	PROGRAF SOLN53	PROLASTIN-C SOLN59	PROLASTIN-C SOLR59	PROLEUKIN26	PROLIA SOSY43	promethazine hcl SUPP 12.5 MG, 25 MG18	promethazine hcl SUPP 50 MG ...18	promethazine hcl TABS18	propafenone hcl CP129	propafenone hcl TABS9	proparacaine hcl56	propranolol hcl CP2431	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML31	propranolol hcl TABS31	propylthiouracil60	PROQUAD SUSR63	protriptyline hcl14	PROVISC SOSY56	prucalopride succinate45	PULMICORT FLEXHALER AEPB .10	PULMOZYME59	PX PRENATAL MULTIVITAMINS TABS54	pyrazinamide23	pyridostigmine bromide SOLN PO .22	pyridostigmine bromide TABS 60 MG.
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22	rasagiline mesylate	27	RETROVIR SOLN	30
pyridostigmine bromide TBCR	22	RASUVO SOAJ 7.5 MG/0.15ML, 10	REXULTI	28
pyrimethamine	22	MG/0.2ML, 12.5 MG/0.25ML, 15	REZVOGLAR KWIKPEN	16
PYZCHIVA 130 MG/26ML	45	MG/0.3ML, 17.5 MG/0.35ML, 20	ribavirin (hepatitis c) CAPS	30
PYZCHIVA 45 MG/0.5ML	38	MG/0.4ML, 22.5 MG/0.45ML, 25	ribavirin (hepatitis c) TABS 200 MG	30
PYZCHIVA 90 MG/ML	38	MG/0.5ML, 30 MG/0.6ML	30	
PYZCHIVA SC 45 MG/0.5ML	38	REALITY LATEX CONDOMS MISC .	RIDAURA	4
QC PRENATAL TABS	54	49	rifabutin	23
QUADRACEL SUSP	60	REALITY LATEX/ULTRA	rifampin CAPS	23
QUADRACEL SUSY	60	TEXTURED DEVI	rifampin SOLR	23
quetiapine fumarate TABS 25 MG, 50		49	riluzole TABS	55
MG, 100 MG, 200 MG, 300 MG, 400		REALITY LATEX/ULTRA THIN DEVI	rimantadine hydrochloride TABS ..	31
MG	28	49	ringer's	52
quetiapine fumarate TB24	28	REBIF REBIDOSE SOAJ	ringer's irrigation	53
quinapril hcl 20 MG, 40 MG	19	59	RINVOQ LQ SOLN	2
quinapril hcl 5 MG, 10 MG	19	REBIF REBIDOSE TITRATION	RINVOQ TB24	2
quinapril-hydrochlorothiazide 12.5		PACK SOAJ	risedronate sodium TABS 150 MG	43
MG-10 MG	20	58	risedronate sodium TABS 35 MG .	43
quinapril-hydrochlorothiazide 12.5		REBIF SOSY	risedronate sodium TABS 5 MG, 30	
MG-20 MG	20	59	MG	43
quinapril-hydrochlorothiazide 25 MG-		REBIF TITRATION PACK SOSY ..	risedronate sodium TBEC	43
20 MG	20	59	risperidone microspheres	28
quinidine sulfate TABS	9	RECOMBIVAX HB SUSP	risperidone SOLN	28
quinine sulfate CAPS 324 MG	22	63	risperidone TABS	28
QUZYTIR SOLN IV	18	RECOMBIVAX HB SUSY	risperidone TBDP	28
QVAR REDHALER	10	63	ritonavir TABS	30
rabeprazole sodium TBEC	61	RELENZA DISKHALER	rivaroxaban SUSR 1 MG/ML	11
raloxifene hcl	43	31	rivaroxaban TABS 2.5 MG	11
ramelteon	48	RELION KETONE TEST STRP ...	rivastigmine tartrate CAPS	58
ramipril CAPS	19	41	rizatriptan benzoate TABS 10 MG	51
ranolazine TB12 1000 MG	8	RELION LANCET DEVICES 30G	rizatriptan benzoate TABS 5 MG ..	51
ranolazine TB12 500 MG	8	50		
		RELION LANCETS		
		50		
		RELION TRUE METRIX TEST		
		STRIPS STRP		
		41		
		RENFLEXIS		
		45		
		repaglinide 0.5 MG, 1 MG		
		16		
		repaglinide 2 MG		
		16		
		REPATHA PUSHTRONEX SYSTEM		
		SOCT		
		19		
		REPATHA SOSY		
		19		
		REPATHA SURECLICK SOAJ		
		19		
		RETACRIT		
		47		

rizatriptan benzoate TBDP 10 MG .51	SELECT LANCETS 50	simvastatin TABS 19
rizatriptan benzoate TBDP 5 MG ..51	selegiline hcl CAPS 27	sirolimus TABS 53
roflumilast 9	selegiline hcl TABS 27	SIRTURO 23
romidepsin SOLR 26	selenium sulfide LOTN 2.5 % 38	SKYLA 34
ropinirole hydrochloride TABS 27	SELZENTRY SOLN 30	SKYRIZI PEN SOAJ 38
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG 27	SELZENTRY TABS 25 MG, 75 MG 30	SKYRIZI SOCT 45
ropinirole hydrochloride TB24 8 MG, 12 MG 27	SEMGLEE (YFGN) SOLN 16	SKYRIZI SOLN 45
rosuvastatin calcium TABS 19	SEMGLEE (YFGN) SOPN 16	SKYRIZI SOSY 38
ROTARIX SUSP 63	SEREVENT DISKUS 10	SLYND 34
ROTATEQ SOLN 63	sertraline hcl CONC 14	SM PRENATAL VITAMINS TABS .54
ROZLYTREK CAPS 26	sertraline hcl TABS 14	SODIUM ACETATE SOLN (sodium acetate) 51
RUBRACA 26	sevelamer carbonate PACK 45	sodium acetate SOLN 51
rufinamide SUSP 13	sevelamer carbonate TABS 45	sodium chloride (gu irrigant) 0.9 % 46
rufinamide TABS 200 MG 13	SHINGRIX 63	sodium chloride (inhalant) NEBU 7 % 35
rufinamide TABS 400 MG 13	SIGNIFOR 44	sodium citrate & citric acid 46
RUXIENCE 24	sildenafil citrate (pulmonary hypertension) SOLN 32	sodium fluoride CHEW 52
RYBELSUS TABS 16	sildenafil citrate (pulmonary hypertension) SUSR 32	sodium phenylbutyrate POWD 43
sacubitril-valsartan TABS 32	sildenafil citrate (pulmonary hypertension) TABS 32	sodium phenylbutyrate TABS 43
salsalate 5	sildenafil citrate 32	sodium polystyrene sulfonate POWD 53
SANTYL OINT 40	silodosin 46	sodium polystyrene sulfonate SUSP CO 15 GM/60ML 53
SAVELLA TABS 58	silver sulfadiazine 38	sodium sulfate-potassium sulfate- magnesium sulfate 48
SAVELLA TITRATION PACK MISC 58	SIMLANDI (1 PEN) AJKT 3	SOFOSBUVIR-VELPATASVIR TABS 30
saxagliptin hcl 15	SIMLANDI (1 SYRINGE) PSKT 3	solifenacin succinate TABS 61
saxagliptin-metformin hcl 1000 MG- 2.5 MG 15	SIMLANDI (2 PEN) AJKT 3	SOLQUA 15
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG 15	SIMLANDI (2 SYRINGE) PSKT 3	SOLU-CORTEF 250 MG 35
scopolamine 17	SIMPONI ARIA SOLN 3	SOLU-CORTEF 500 MG, 1000 MG
SELECT INSULIN SYRINGES ... 50	SIMULECT 53	

35	STIOLTO RESPIMAT	10	sumatriptan succinate SOAJ	51	
SOLU-MEDROL 2 GM	35	STIVARGA	26	sumatriptan succinate SOCT	51
sorafenib tosylate	26	streptomycin sulfate SOLR	2	sumatriptan succinate SOLN 6	
SORBITOL 3 %	46	STRIBILD	30	MG/0.5ML	51
SORBITOL-MANNITOL 2.7		STRIVERDI RESPIMAT	10	sumatriptan succinate TABS	51
GM/100ML-0.54 GM/100ML	46	SUBSYS LIQD 800 MCG	6	sumatriptan-naproxen sodium	5
sotalol hcl (afib/afib)	31	sucralfate SUSP	60	sunitinib malate 12.5 MG, 25 MG, 50	
sotalol hcl TABS 240 MG	31	sucralfate TABS	61	MG	26
sotalol hcl TABS 80 MG, 120 MG, 160 MG	31	sulconazole nitrate CREA	37	sunitinib malate 37.5 MG	26
SOVALDI TABS 200 MG	30	sulconazole nitrate SOLN	37	SUNOSI 150 MG	1
SOVALDI TABS 400 MG	30	sulfacetamide sodium (acne)	36	SUNOSI 75 MG	1
SPIKEVAX 6M-11Y SUSY 25		sulfacetamide sodium (ophth) SOLN	56	SYMTUZA	30
MCG/0.25ML	63	sulfacetamide sodium w/ sulfur		SYNAREL	43
SPIKEVAX SUSP	64	CREA 10 %-5 %	36	SYNJARDY TABS	15
SPIKEVAX SUSY	64	sulfacetamide sodium w/ sulfur LIQD		SYNJARDY XR TB24 1000 MG-10	
spinosad	41	10 %-5 %	36	MG, 1000 MG-12.5 MG, 1000 MG-5	
SPIRIVA RESPIMAT AERS IN	9	sulfacetamide sodium w/ sulfur LIQD		MG	15
spironolactone & hydrochlorothiazide	42	9 %-4.5 %	36	SYNJARDY XR TB24 1000 MG-25	
spironolactone TABS	42	sulfacetamide sod-prednisolone		MG	15
SPRAVATO (56 MG DOSE)	14	SOLN	56	SYNRIBO	26
SPRAVATO (84 MG DOSE)	14	sulfadiazine TABS	59	SYNTHROID TABS (levothyroxine sodium)	60
stannous fluoride CONC	53	sulfamethoxazole-trimethoprim SOLN	21	TABLOID	23
STELARA 130 MG/26ML	45	sulfamethoxazole-trimethoprim SUSP	21	tacrolimus (topical) OINT	41
STELARA SOLN 45 MG/0.5ML	38	sulfamethoxazole-trimethoprim TABS	21	tacrolimus CAPS	53
STELARA SOSY 45 MG/0.5ML	38	SULFAMYLON CREA	39	tadalafil (pulmonary hypertension)	
STELARA SOSY 90 MG/ML	38	sulfasalazine TABS	45	TABS	32
STEQEYMA	45	sulfasalazine TBEC	45	tadalafil 5 MG	32
STEQEYMA 45 MG/0.5ML	38	sulindac TABS	4	TAFINLAR CAPS	26
STEQEYMA 90 MG/ML	38	sumatriptan	51	TAFINLAR TBSO	26
				tafluprost	57
				TAGRISSO 40 MG	24

TAGRISSO 80 MG	24	terconazole vaginal SUPP	64	TIVICAY PD TBSO	30
TAKHZYRO SOLN	46	teriflunomide	59	TIVICAY TABS	30
TAKHZYRO SOSY	46	teriparatide SOPN	43	tizanidine hcl CAPS	54
TALZENNA	26	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	8	tizanidine hcl TABS	54
tamoxifen citrate TABS	25	testosterone cypionate SOLN IM ...	8	tobramycin (ophth) SOLN	56
tamsulosin hcl	46	testosterone enanthate SOLN IM ...	8	tobramycin NEBU	2
tavaborole	37	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	60	tobramycin-dexamethasone SUSP	56
tazarotene CREA 0.1 %	38	tetrabenazine	58	TODAY SPONGE MISC	64
TAZVERIK	26	tetracycline hcl CAPS	60	tolcapone	27
TDVAX SUSP	60	THALOMID	52	tolmetin sodium CAPS	4
TEFLARO	33	theophylline ELIX	10	tolmetin sodium TABS 600 MG	4
TEGRETOL SUSP (carbamazepine) .	13	theophylline SOLN	10	TOLSURA CAPS	18
TEGRETOL TABS (carbamazepine) .	13	theophylline TB12	10	tolterodine tartrate CP24	61
telmisartan	20	theophylline TB24	10	tolterodine tartrate TABS	61
telmisartan-amlodipine	20	THERANATAL CORE NUTRITION TABS	54	tolvaptan TABS	44
telmisartan-hydrochlorothiazide ...	20	thioridazine hcl	28	topiramate CPSP 15 MG	13
temazepam 15 MG, 30 MG	47	thiotepa 15 MG	23	topiramate CPSP 25 MG	13
temazepam 7.5 MG, 22.5 MG	47	thiothixene	28	topiramate CS24	13
TEMODAR SOLR	23	THYMOGLOBULIN	53	topiramate TABS 200 MG	13
temozolomide CAPS	23	THYROGEN 0.9 MG	41	topiramate TABS 25 MG, 100 MG .	13
temsirolimus	26	tiagabine hcl	13	topiramate TABS 50 MG	13
TENIVAC SUSP 2 LFU-5 LFU	60	ticagrelor 60 MG, 90 MG	46	topotecan hcl SOLN	27
tenofovir disoproxil fumarate TABS	30	timolol maleate (ophth) SOLG	55	topotecan hcl SOLR	27
terazosin hcl	20	timolol maleate (ophth) SOLN	55	toremifene citrate	25
terbinafine hcl TABS	18	timolol maleate TABS	31	torsemide TABS	42
terbutaline sulfate SOLN	10	tinidazole	21	TRACLEER TBSO 32 MG (bosentan)	32
terbutaline sulfate TABS	10	tiotropium bromide CAPS IN 18 MCG	9	tramadol hcl TABS 50 MG	6
terconazole vaginal CREA	64			tramadol hcl TB24	6
				tramadol-acetaminophen	7

trandolapril 1 MG, 2 MG 19	tretinoin GEL 0.01 %, 0.025 % 36	trihexyphenidyl hcl TABS 27
trandolapril 4 MG 19	tretinoin microsphere 0.1 % 36	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG . 15
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG 21	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG 23	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG 15
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG 21	triamcinolone acetonide (mouth) .. 53	TRIKAFTA TBPK 59
tranexamic acid SOLN 1000 MG/10ML 47	triamcinolone acetonide (nasal) AERO 55	trimethobenzamide hcl CAPS 17
tranexamic acid TABS 47	triamcinolone acetonide (topical) CREA 0.025 % 40	trimethoprim TABS 21
tranylcypromine sulfate 13	triamcinolone acetonide (topical) CREA 0.1 % 40	trimipramine maleate CAPS 14
travoprost SOLN 57	triamcinolone acetonide (topical) CREA 0.5 % 40	TRINTELLIX 14
TRAZIMERA 24	triamcinolone acetonide (topical) LOTN 0.025 % 40	TRIUMEQ PD TBSO 30
trazodone hcl TABS 14	triamcinolone acetonide (topical) LOTN 0.1 % 40	TRIUMEQ TABS 30
TRELEGY ELLIPTA 10	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % 40	TRIZIVIR 30
TRELSTAR MIXJECT 25	triamcinolone acetonide (topical) OINT 0.5 % 40	TROJAN BARESKIN DEVI 49
TREMFYA ONE-PRESS SOPN SC 100 MG/ML 38	triamcinolone acetonide SUSP 40 MG/ML 35	TROJAN MAGNUM MISC 49
TREMFYA PEN SOAJ 100 MG/ML 38	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG 42	TROJAN ULTRA THIN MISC 49
TREMFYA PEN SOAJ SC 200 MG/2ML 45	triamterene & hydrochlorothiazide TABS 42	TROJAN ULTRA THIN/SPERMICIDAL MISC 49
TREMFYA SOLN IV 45	triamterene CAPS 42	TROJAN-ENZ LUBRICATED MISC 49
TREMFYA SOSY 100 MG/ML 38	triazolam 47	TROJAN-ENZ/SPERMICIDAL MISC . 49
TREMFYA SOSY SC 200 MG/2ML 45	TRICARE TABS 54	tropicamide SOLN 0.5 % 55
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML 45	trientine hcl 250 MG 52	tropicamide SOLN 1 % 55
treprostinil SOLN IJ 32	trifluoperazine hcl TABS 28	trospium chloride CP24 61
TRESIBA FLEXTOUCH SOPN 16	trifluridine 56	trospium chloride TABS 61
TRESIBA SOLN 16	trihexyphenidyl hcl SOLN 27	TRUE COVER DEVI 49
tretinoin (chemotherapy) 26		TRUE METRIX BLOOD GLUCOSE TEST STRP 41
tretinoin CREA 0.025 %, 0.05 %, 0.1 % 36		TRUE METRIX LEVEL 3 SOLN ... 50
		TRULANCE 45
		TRULICITY 16

TRUMENBA 0.5 ML62	TYVASO SOLN IN32	VALTOCO 5 MG DOSE LIQD12
TRUSTEX COLOR CONDOMS + LUBE MISC49	TYVASO STARTER KIT SOLN IN 32	vancomycin hcl CAPS 21
TRUSTEX LUB/RIBBED/STUDED MISC49	UBRELVY 100 MG50	vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .21
TRUSTEX LUB/SPERMICIDE EX ST MISC49	UBRELVY 50 MG50	VAQTA 64
TRUSTEX LUB/SPERMICIDE XL MISC49	UDENYCA ONBODY SOSY47	VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML 64
TRUSTEX LUBRICATED EX LARGE MISC49	UDENYCA SOAJ 47	varenicline tartrate TABS 59
TRUSTEX LUBRICATED EXTRA ST MISC49	UDENYCA SOSY47	varenicline tartrate TBPK 59
TRUSTEX LUBRICATED MISC ...49	umeclidinium-vilanterol10	VARIVAX SUSR 64
TRUSTEX LUBRICATED/SPERMICIDE MISC 49	UPTRAVI TABS 200 MCG33	VARUBI (180 MG DOSE) TBPK ...17
TRUSTEX NATURAL CONDOMS + LUBE MISC49	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG 33	VAXELIS SUSP60
TRUSTEX RIA LUB/SPERMICIDE MISC49	UPTRAVI TITRATION TBPK33	VAXELIS SUSY60
TRUSTEX RIA LUBRICATED MISC . 50	ursodiol CAPS 45	VAXNEUVANCE 62
TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC50	ursodiol TABS45	VCF VAGINAL CONTRACEPTIVE FILM64
TRUXIMA24	UVADEX26	VECAMYL21
TUKYSA24	VABRINTY SC 22.5 MG, 30 MG, 45 MG 25	VECTIBIX 100 MG/5ML 24
TURALIO 125 MG 26	valacyclovir hcl 1 GM 30	VELPHORO45
TWINRIX SUSY64	valacyclovir hcl 500 MG30	venlafaxine hcl CP24 14
TWIRLA 34	valganciclovir hcl TABS30	venlafaxine hcl TABS 14
TYBLUME CHEW34	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML 13	venlafaxine hcl TB2414
TYBOST30	valproic acid CAPS 13	verapamil hcl CP24 100 MG, 200 MG, 300 MG 32
TYMLOS43	valrubicin 25	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG 32
TYVASO REFILL KIT SOLN IN ...32	valsartan TABS 20	verapamil hcl TABS32
	valsartan-hydrochlorothiazide21	verapamil hcl TBCR32
	VALTOCO 10 MG DOSE LIQD12	VEREGEN36
	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML12	VERZENIO26
	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML12	vigabatrin PACK 13
		vigabatrin TABS13

VIIBRYD STARTER PACK KIT14	XARELTO STARTER PACK TBPk	MG/0.4ML3
vilazodone hcl TABS14	11	YUFLYMA (1 PEN) AJKT 80
vincristine sulfate27	XARELTO SUSR 1 MG/ML	MG/0.8ML3
vinorelbine tartrate 10 MG/ML27	(rivaroxaban)11	YUFLYMA (2 PEN) AJKT4
VIRACEPT TABS 250 MG30	XARELTO TABS 10 MG, 20 MG ..11	YUFLYMA (2 SYRINGE) PSKT4
VIRACEPT TABS 625 MG30	XARELTO TABS 15 MG11	YUFLYMA-CD/UC/HS STARTER
VIREAD POWD30	XELJANZ SOLN2	AJKT4
VIREAD TABS 150 MG, 200 MG,	XELJANZ TABS 10 MG2	zafirlukast9
250 MG30	XELJANZ TABS 5 MG2	zaleplon 10 MG48
VISTOGARD17	XELJANZ XR TB242	zaleplon 5 MG48
VITAMIN D2 TABS 400 UNIT64	XEOMIN55	ZALTRAP 100 MG/4ML24
VITATHELY WITH GINGER TABS	XHANCE EXHU55	ZANOSAR23
54	XIFAXAN 200 MG21	ZARONTIN CAPS (ethosuximide) .13
VITRAKVI CAPS26	XIFAXAN 550 MG21	ZARXIO47
VITRAKVI SOLN26	XIGDUO XR (dapagliflozin	ZEJULA TABS26
VIZIMPRO24	propanediol-metformin hcl)15	ZELBORAF26
VORAXAZE26	XIGDUO XR 1000 MG-10 MG, 500	ZENPEP CPEP 105000 UNIT-79000
voriconazole TABS18	MG-10 MG, 500 MG-5 MG15	UNIT-25000 UNIT, 14000 UNIT-
VOSEVI30	XIGDUO XR 1000 MG-2.5 MG, 1000	10000 UNIT-3000 UNIT, 168000
warfarin sodium TABS10	MG-5 MG15	UNIT-126000 UNIT-40000 UNIT,
water for irrigation, sterile53	XOSPATA26	24000 UNIT-17000 UNIT-5000 UNIT,
WESTAB PLUS TABS54	XTANDI CAPS25	42000 UNIT-32000 UNIT-10000
WIDE-SEAL DIAPHRAGM 6050	XTANDI TABS 40 MG25	UNIT, 63000 UNIT-47000 UNIT-
WIDE-SEAL DIAPHRAGM 6550	XTANDI TABS 80 MG25	15000 UNIT, 84000 UNIT-63000
WIDE-SEAL DIAPHRAGM 7050	XULTOPHY15	UNIT-20000 UNIT42
WIDE-SEAL DIAPHRAGM 7550	YERVOY24	ZENPEP CPEP 252600 UNIT-
WIDE-SEAL DIAPHRAGM 8050	YESINTEK 130 MG/26ML45	189600 UNIT-60000 UNIT42
WIDE-SEAL DIAPHRAGM 8550	YESINTEK SOLN 45 MG/0.5ML ..38	zidovudine CAPS30
WIDE-SEAL DIAPHRAGM 9050	YESINTEK SOSY 45 MG/0.5ML ..38	zidovudine SYRP30
WIDE-SEAL DIAPHRAGM 9550	YESINTEK SOSY 90 MG/ML38	zidovudine TABS30
XALKORI CAPS26	YONSA25	zileuton TB129
	YUFLYMA (1 PEN) AJKT 40	ziprasidone hcl28
		ZIRABEV24
		ZIRGAN GEL56

ZOLADEX 10.8 MG	25
ZOLADEX 3.6 MG	25
zoledronic acid SOLN 5 MG/100ML	
43	
ZOLINZA	26
zolmitriptan SOLN	51
zolmitriptan TABS	51
zolmitriptan TBDP	51
zolpidem tartrate TABS	48
zolpidem tartrate TBCR	48
zonisamide CAPS	13
ZONTIVITY	47
ZORBTIVE SC	43
ZYDELIG	26
ZYLET	56

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