



2024 Formulary

Effective January 1, 2024



Ambetter.LouisianaHealthConnect.com

Formulary Introduction

FORMULARY

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

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

FORMULARY CHANGES

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

USING THE FORMULARY

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

Drug List Key:

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

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

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

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

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

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

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

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

Prior Authorization

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

Step Therapy

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

Quantity Limit

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

Age Limit

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

Non-formulary

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

PRIOR AUTHORIZATION FOR NON-FORMULARY DRUGS

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

DISCLOSURE ON EXCESS COST

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

EXCEPTION TO STEP THERAPY

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

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

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

Formulary Abbreviations:

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

Opioid Medications:

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

Introducción al Formulario

FORMULARIO

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

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

CAMBIOS EN EL FORMULARIO

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

USO DEL FORMULARIO

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

Clave de la lista de medicamentos:

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

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

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

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

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

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

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

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

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

Autorización previa

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

Terapia escalonada

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

Límite de cantidad

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

Límite de edad

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

No incluido en el Formulario

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

AUTORIZACIÓN PREVIA PARA MEDICAMENTOS NO INCLUIDOS EN EL FORMULARIO

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

DIVULGACIÓN SOBRE COSTO EXCEDENTE

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

EXCEPCIÓN A LA TERAPIA ESCALONADA

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

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

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

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/Limits
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 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG</i>	1B	QL(1 ea daily)
<i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1B	
<i>amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)
<i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG</i>	1B	QL(3 ea daily)
<i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 ea daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl CP24 20 MG, 40 MG</i>	1B	AL(At least 6 yrs old)
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1B	
<i>methylphenidate hcl CPCR</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i>	1B	QL(1 ea daily); PA
<i>modafinil 100 MG</i>	1B	QL(1 ea daily); PA
<i>modafinil 200 MG</i>	1B	QL(2 ea daily); PA
RELEXXII TBCR 36 MG, 54 MG	2	QL(2 ea daily); AL(At least 6 yrs old)
RELEXXII TBCR 27 MG	2	QL(1 ea daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		

Drug Name	Drug Tier	Requirements/Limits
GRASTEK SUBL	3	PA
AMEBICIDES		
Amebicides		
SOLOSEC	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	1B	
<i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i>	1B	
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>	1B	
<i>tobramycin NEBU</i>	4	QL(280 ml per 56 days retail; 280 ml per 56 days mail); PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ	4	QL(1 ea daily); PA
XELJANZ XR TB24	4	QL(1 ea daily); PA
XELJANZ SOLN	4	QL(20 ml daily); PA
XELJANZ TABS 5 MG	4	QL(2 ea daily); SP; PA
XELJANZ TABS 10 MG	4	QL(2 ea daily); PA
Antirheumatic Antimetabolites		

Drug Name	Drug Tier	Requirements/Limits
METHOTREXATE	4	QL(1.714 ea daily); SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ	4	QL(0.086 ml daily); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.086 ml daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	QL(0.215 ea daily); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	4	QL(0.143 ea daily); PA
CYLTEZO AJKT	4	QL(0.215 ea daily); PA
CYLTEZO PSKT 10 MG/0.2ML	4	QL(0.072 ea daily); PA
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 ea daily); PA
HADLIMA PUSHTOUCH SOAJ	4	QL(0.172 ml daily); PA
HADLIMA PUSHTOUCH SOAJ	4	QL(0.086 ml daily); PA
HADLIMA SOSY	4	QL(0.172 ml daily); PA
HADLIMA SOSY	4	QL(0.086 ml daily); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	4	1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA
HUMIRA PEN PNKT	4	QL(0.143 ea daily); PA
HUMIRA PEN PNKT 80 MG/0.8ML	4	QL(0.072 ea daily); PA
HUMIRA PEN-PS/UV STARTER PNKT	4	1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA
HUMIRA PSKT	4	QL(0.143 ea daily); PA
SIMPONI ARIA SOLN	4	PA
Gold Compounds		
RIDAURA	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST	4	QL(0.286 ea daily); SP; PA
Interleukin-6 Receptor Inhibitors		
KEVZARA SOAJ	4	QL(0.082 ml daily); PA
KEVZARA SOSY	4	QL(0.082 ml daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
<i>celecoxib</i>	1B	QL(2 ea daily)
<i>diclofenac potassium TABS 50 MG</i>	1B	
<i>diclofenac sodium TB24</i>	1B	
<i>diclofenac sodium TBEC</i>	1B	
<i>diclofenac w/ misoprostol TBEC</i>	1B	
<i>etodolac CAPS</i>	1B	
<i>etodolac TABS</i>	1B	
<i>fenoprofen calcium TABS</i>	1B	QL(4 ea daily); ST

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Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen TABS</i>	1B	
<i>ibuprofen SUSP 100 MG/5ML</i>	1B	RX/OTC
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
<i>ibuprofen TABS 800 MG</i>	1B	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
<i>indomethacin CPR</i>	1B	
<i>ketoprofen CAPS 50 MG</i>	1B	
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 ea daily)
<i>meclofenamate sodium CAPS</i>	1B	
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 ea daily); ST
<i>meloxicam TABS</i>	1A	QL(1 ea daily)
<i>nabumetone</i>	1B	
<i>naproxen sodium TABS 550 MG</i>	1B	
<i>naproxen SUSP</i>	1B	PA
<i>naproxen TABS</i>	1B	
<i>naproxen TBEC 500 MG</i>	1B	QL(3 ea daily)
<i>oxaprozin TABS</i>	1B	
<i>piroxicam CAPS</i>	1B	
<i>sulindac TABS</i>	1B	
<i>tolmetin sodium CAPS</i>	1B	
<i>tolmetin sodium TABS 600 MG</i>	1B	
Phosphodiesterase 4 (PDE4) Inhibitors		
<i>OTEZLA TABS</i>	4	QL(2 ea daily); PA
<i>OTEZLA TBPk</i>	4	1 rtl pack lmt amt; 180 rtl pack lmt day(s); PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Soluble Tumor Necrosis Factor Receptor Agents		
<i>ENBREL MINI SOCT</i>	4	QL(0.146 ml daily); PA
<i>ENBREL SURECLICK SOAJ</i>	4	QL(0.146 ml daily); PA
<i>ENBREL SOLN</i>	4	QL(0.146 ml daily); PA
<i>ENBREL SOLR</i>	4	QL(0.286 ea daily); SP; PA
<i>ENBREL SOSY 50 MG/ML</i>	4	QL(0.286 ml daily); SP; PA
<i>ENBREL SOSY 25 MG/0.5ML</i>	4	QL(0.146 ml daily); PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 ea daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 ea daily)
<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 325 MG</i>	1A	
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal TABS</i>	1B	
<i>salsalate</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	<i>methadone hcl SOLN OR 10 MG/5ML</i>	1B	QL(50 ml daily)
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply	<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
<i>fentanyl citrate LPOP</i>	1B	QL(4 ea daily); PA	METHADONE HCL SOLN IJ	1B	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 ea daily)	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 ea daily)
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 5 MG</i>	1B	QL(4 ea daily)
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B		<i>methadone hcl TB50</i>	1B	QL(2 ea daily)
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)	<i>morphine sulfate CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 ea daily); PA
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 ea daily); PA	<i>morphine sulfate SOLN OR 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ml daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA	<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ml per fill retail)	<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B		<i>morphine sulfate TBCR</i>	1B	QL(2 ea daily)
<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)	NUCYNTA ER TB12	2	QL(2 ea daily); PA
<i>methadone hcl CONC</i>	1B	QL(10 ml daily)	NUCYNTA TABS	2	QL(6 ea daily); PA
<i>methadone hcl SOLN OR 5 MG/5ML</i>	1B	QL(100 ml daily)	<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(2 ea daily); PA
			<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
			<i>oxymorphone hcl TABS</i>	1B	QL(12 ea daily); PA
			<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 ea daily); PA	<i>butalbital-aspirin-caffeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
SUBSYS LIQD 100 MCG	3	QL(3 ea daily); PA	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1B	New starts limited to 7 day supply; QL(180 ml daily)
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	QL(4 ea daily); PA	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	3	QL(8 ea daily); PA	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>tramadol hcl TABS 50 MG</i>	1A	New starts limited to 7 day supply; QL(8 ea daily)	<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 ea daily)
<i>tramadol hcl TB24</i>	1B	QL(1 ea daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
XTAMPZA ER	2	QL(2 ea daily); 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)
Opioid Combinations			<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)
<i>acetaminophen w/codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ml daily)	Opioid Partial Agonists		
<i>acetaminophen w/codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 ea daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1B	QL(2 ea daily)
<i>acetaminophen w/codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)	<i>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>acetaminophen w/codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 ea daily)
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply	<i>buprenorphine hcl SOLN</i>	1B	
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA	<i>buprenorphine hcl SUBL</i>	1B	QL(3 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply			
<i>butalbital-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)			

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine PTWK</i>	1B	QL(0.143 ea daily); PA
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ml daily); PA
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>oxandrolone</i>	1B	
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 ea daily); PA
<i>danazol CAPS</i>	1B	
METHITEST TABS	3	
<i>testosterone cypionate SOLN IM</i>	1B	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
<i>testosterone enanthate SOLN IM</i>	1B	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	4	QL(3.2 gm daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
UCERIS (<i>budesonide (intrarectal)</i>)	4	QL(3.2 gm daily); PA
Rectal Steroids		
<i>hydrocortisone (rectal) EX</i>	1B	RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 gm daily)
RECTIV (<i>nitroglycerin (intra-anal)</i>)	3	QL(2 gm daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1B	PA
EMVERM CHEW	2	1 rtl MAX fill; 60 rtl day(s) supply; 1 mail MAX fill; QL(2 ea daily; 6 ea per fill retail; 6 per fill mail)
<i>ivermectin</i>	1B	1 rtl MAX fill; 75 rtl day(s) supply; 1 mail MAX fill; QL(9 ea per fill retail; 9 per fill mail)
<i>praziquantel</i>	1B	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 ea daily)
<i>ranolazine TB12 500 MG</i>	1B	QL(3 ea daily)
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1B	
NITRO-BID OINT	3	
<i>nitroglycerin CPCR</i>	1B	QL(4 ea daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin SUBL</i>	1B	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 5 MG</i>	1A	
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B	
<i>hydroxyzine hcl SYRP</i>	1B	
<i>hydroxyzine hcl TABS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B	
<i>meprobamate</i>	1B	QL(6 ea daily)
Benzodiazepines		
<i>alprazolam TABS 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN OR 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 ea daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 1 MG</i>	1A	QL(4 ea daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>oxazepam CAPS</i>	1B	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 50 MG/ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	
<i>dofetilide</i>	1B	
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ml daily); PA
FASENRA SOSY	4	QL(0.036 ml daily); PA
NUCALA SOAJ	4	QL(0.1073 ml daily); PA
NUCALA SOLR	4	QL(0.1073 ea daily); PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ml daily); PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ml daily); PA
XOLAIR SOLR	4	QL(0.286 ea daily); PA
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ml daily); PA
XOLAIR SOSY 150 MG/ML	4	QL(0.286 ml daily); PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ml daily)
Bronchodilators - Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA	3	QL(0.44 gm daily)	AIRDUO DIGIHALER 55/14	3	
INCRUSE ELLIPTA	2	QL(1 ea daily)	AIRSUPRA	3	
<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ml daily)	<i>albuterol sulfate AERS</i>	1B	
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	2	QL(1 ea daily)	<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1B	
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)	<i>albuterol sulfate SYRP</i>	1B	
<i>tiotropium bromide monohydrate CAPS</i>	1B	QL(1 ea daily)	<i>albuterol sulfate TABS</i>	1B	
Leukotriene Modulators			ANORO ELLIPTA	2	QL(2 ea daily)
<i>montelukast sodium CHEW</i>	1B	QL(1 ea daily)	<i>arformoterol tartrate</i>	1B	QL(4 ml daily)
<i>montelukast sodium PACK</i>	1B	QL(1 ea daily)	BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	
<i>montelukast sodium TABS</i>	1B	QL(1 ea daily)	BREO ELLIPTA	2	
<i>zafirlukast</i>	1B	QL(2 ea daily)	BREZTRI AEROSPHERE	2	QL(0.38 gm daily)
<i>zileuton TB12</i>	1B	QL(4 ea daily)	<i>budesonide-formoterol fumarate dihydrate</i>	1B	
Selective Phosphodiesterase 4 (PDE4) Inhibitors			DULERA	2	
<i>roflumilast</i>	3	QL(1 ea daily)	<i>fluticasone furoate-vilanterol</i>	1B	
Steroid Inhalants			<i>fluticasone-salmeterol AEPB</i>	1B	
ALVESCO	3	PA	<i>fluticasone-salmeterol AERO</i>	1B	
ARNUITY ELLIPTA	2		<i>formoterol fumarate NEBU</i>	1B	QL(4 ml daily)
<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ml daily); PA	<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ml daily)
<i>fluticasone propionate (inhalation) AEPB</i>	1B		<i>levalbuterol hcl</i>	1B	
<i>fluticasone propionate hfa</i>	1B	QL(0.8 gm daily)	<i>levalbuterol tartrate</i>	1B	QL(0.5 gm daily)
PULMICORT FLEXHALER AEPB	2		PROAIR DIGIHALER	3	
QVAR REDIHALER	2		PROAIR RESPICLICK AEPB	3	
Sympathomimetics			SEREVENT DISKUS	2	
AIRDUO DIGIHALER 113/14	3		STIOLTO RESPIMAT	2	
AIRDUO DIGIHALER 232/14	3		STRIVERDI RESPIMAT	2	
			<i>terbutaline sulfate SOLN</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate</i> TABS	1B		<i>enoxaparin sodium</i> SOSY 60 MG/0.6ML	4	QL(1.2 ml daily; 30 Day(s) limit); SP
TRELEGY ELLIPTA	2	QL(2 ea daily)	<i>enoxaparin sodium</i> SOSY 40 MG/0.4ML	4	QL(0.8 ml daily; 30 Day(s) limit); SP
Xanthines			<i>fondaparinux sodium</i> 7.5 MG/0.6ML	4	QL(5.4 ml per 180 days retail; 5 ml per 180 days mail); SP
<i>aminophylline</i> SOLN	1B		<i>fondaparinux sodium</i> 10 MG/0.8ML	4	QL(7.2 ml per 180 days retail; 7 ml per 180 days mail); SP
<i>theophylline</i> ELIX	1B		<i>fondaparinux sodium</i> 5 MG/0.4ML	4	QL(3.6 ml per 180 days retail; 4 ml per 180 days mail); SP
<i>theophylline</i> SOLN	1B	QL(56 ml daily)	<i>fondaparinux sodium</i> 2.5 MG/0.5ML	4	QL(4.5 ml per 180 days retail; 4 ml per 180 days mail); SP
<i>theophylline</i> TB12	1B		FRAGMIN SOSY	4	SP; PA
<i>theophylline</i> TB24	1B		<i>heparin sodium (porcine)</i> SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1B	
ANTICOAGULANTS - Blood Thinners			HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B	
Coumarin Anticoagulants			Thrombin Inhibitors		
<i>warfarin sodium</i> TABS	1B		<i>dabigatran etexilate mesylate</i> CAPS	1B	
Direct Factor Xa Inhibitors			ANTICONVULSANTS - Drugs to Treat Seizures		
ELIQUIS STARTER PACK TBPK	2	1 rtl MAX fill; 180 rtl day(s) supply; QL(2.47 ea daily)	AMPA Glutamate Receptor Antagonists		
ELIQUIS TABS	2	QL(2 ea daily)	FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill; 365 rtl day(s) supply	FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA
XARELTO SUSR	2	QL(900 ml per 30 days retail; 900 ml per 30 days mail)	FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)	FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)	Anticonvulsants - Benzodiazepines		
Heparins And Heparinoid-Like Agents					
<i>enoxaparin sodium</i> SOLN IJ 300 MG/3ML	4	QL(6 ml daily)			
<i>enoxaparin sodium</i> SOSY 80 MG/0.8ML, 120 MG/0.8ML	4	QL(1.6 ml daily)			
<i>enoxaparin sodium</i> SOSY 100 MG/ML, 150 MG/ML	4	QL(2 ml daily)			
<i>enoxaparin sodium</i> SOSY 30 MG/0.3ML	4	QL(0.6 ml daily); SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA	<i>carbamazepine TABS</i>	1B	
<i>clobazam TABS</i>	1B	QL(2 ea daily); PA	<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)
<i>clonazepam TABS</i>	1A		<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)
<i>diazepam (anticonvulsant) GEL</i>	3	5 rtl pack lmt amt; 30 rtl pack lmt day(s); 5 rtl pack lmt per fill; 30 mail pack lmt amt	DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
NAYZILAM	3	QL(10 ea per 30 days retail); PA	DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 days retail); PA	DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 days retail); PA	DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 days retail); PA	EPIDIOLEX	3	PA
VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 days retail); PA	<i>gabapentin CAPS</i>	1B	
Anticonvulsants - Misc.			<i>gabapentin SOLN</i>	1B	QL(60 ml daily)
APTIOM	3	QL(2 ea daily); ST	<i>gabapentin TABS 600 MG, 800 MG</i>	1B	
BANZEL TABS 200 MG (<i>rufinamide</i>)	2	QL(2 ea daily); PA	<i>lacosamide SOLN OR</i>	1B	QL(40 ml daily)
BANZEL TABS 400 MG (<i>rufinamide</i>)	2	QL(8 ea daily); PA	<i>lacosamide TABS</i>	1B	QL(2 ea daily)
BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA	<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)
BRIVIACT TABS	3	QL(2 ea daily); PA	<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)
<i>carbamazepine CHEW</i>	1B		<i>lamotrigine TABS</i>	1B	
<i>carbamazepine CP12 100 MG</i>	1B		<i>lamotrigine TBDP</i>	1B	QL(1 ea daily)
<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)	<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)
<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)	<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)
<i>carbamazepine SUSP</i>	1B		<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)
			<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 ea daily)
			<i>levetiracetam TB24</i>	1B	QL(4 ea daily)
			<i>oxcarbazepine SUSP</i>	1B	QL(40 ml daily)
			<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea daily)
			<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 ea daily)
			<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA	DILANTIN-125 SUSP (<i>phenytoin</i>)	2	
<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA	<i>fosphenytoin sodium</i>	1B	
<i>primidone 50 MG, 250 MG</i>	1B		<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
<i>rufinamide SUSP</i>	1B	QL(80 ml daily); PA	<i>phenytoin sodium SOLN</i>	1B	
<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA	<i>phenytoin CHEW</i>	1B	
<i>rufinamide TABS 200 MG</i>	1B	QL(2 ea daily); PA	<i>phenytoin SUSP</i>	1B	
TEGRETOL SUSP (<i>carbamazepine</i>)	2		Succinimides		
TEGRETOL TABS (<i>carbamazepine</i>)	2		CELONTIN (<i>methsuximide</i>)	3	QL(4 ea daily)
<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)	<i>ethosuximide CAPS</i>	1B	QL(6 ea daily)
<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)	<i>ethosuximide SOLN</i>	1B	QL(30 ml daily)
<i>topiramate CS24</i>	3	PA	<i>methsuximide</i>	1B	QL(4 ea daily)
<i>topiramate TABS 200 MG</i>	1B	QL(2 ea daily)	ZARONTIN CAPS (<i>ethosuximide</i>)	2	QL(6 ea daily)
<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)	Valproic Acid		
<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)	<i>divalproex sodium TB24</i>	1B	
<i>zonisamide CAPS</i>	1B	QL(6 ea daily)	<i>divalproex sodium TBEC</i>	1B	
Carbamates			<i>valproate sodium SOLN OR 250 MG/5ML</i>	1B	
<i>felbamate SUSP</i>	1B	QL(30 ml daily)	<i>valproic acid CAPS</i>	1B	
<i>felbamate TABS 400 MG</i>	1B	QL(9 ea daily)	ANTIDEPRESSANTS - Drugs to Treat Depression		
<i>felbamate TABS 600 MG</i>	1B	QL(6 ea daily)	Alpha-2 Receptor Antagonists (Tetracyclics)		
GABA Modulators			<i>mirtazapine TABS 7.5 MG, 45 MG</i>	1B	QL(1 ea daily)
<i>tiagabine hcl</i>	1B		<i>mirtazapine TABS 15 MG</i>	1B	QL(3 ea daily)
<i>vigabatrin PACK</i>	4	QL(6 ea daily); SP; PA	<i>mirtazapine TABS 30 MG</i>	1B	QL(1.5 ea daily)
<i>vigabatrin TABS</i>	4	QL(6 ea daily); SP; PA	<i>mirtazapine TBDP 15 MG</i>	1B	QL(3 ea daily)
Hydantoins			<i>mirtazapine TBDP 45 MG</i>	1B	QL(1 ea daily)
DILANTIN	2		<i>mirtazapine TBDP 30 MG</i>	1B	QL(1.5 ea daily)
DILANTIN (<i>phenytoin sodium extended</i>)	2		Antidepressants - Misc.		
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2		<i>bupropion hcl TABS</i>	1B	QL(3 ea daily)
			<i>bupropion hcl TB12 150 MG</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl TB12 100 MG</i>	1B	QL(4 ea daily)
<i>bupropion hcl TB12 200 MG</i>	1B	QL(2 ea daily)
<i>bupropion hcl TB24 300 MG</i>	1B	QL(1 ea daily)
<i>bupropion hcl TB24 150 MG</i>	1B	QL(3 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 ea daily)
MARPLAN	2	QL(6 ea daily)
<i>phenelzine sulfate</i>	1B	
<i>tranylcypromine sulfate</i>	1B	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide SOLN</i>	1B	QL(20 ml daily)
<i>citalopram hydrobromide TABS 20 MG</i>	1B	QL(2 ea daily)
<i>citalopram hydrobromide TABS 40 MG</i>	1B	QL(1 ea daily)
<i>citalopram hydrobromide TABS 10 MG</i>	1B	QL(4 ea daily)
<i>escitalopram oxalate SOLN</i>	1B	QL(20 ml daily)
<i>escitalopram oxalate TABS 5 MG</i>	1B	QL(4 ea daily)
<i>escitalopram oxalate TABS 10 MG</i>	1B	QL(2 ea daily)
<i>escitalopram oxalate TABS 20 MG</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1B	QL(2 ea daily)
<i>fluoxetine hcl CAPS 10 MG</i>	1A	QL(1 ea daily)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
SOLIQUA 100/33	2	QL(0.5 ml daily); PA
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)
XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
Biguanides		
<i>metformin hcl TABS 1000 MG</i>	1B	QL(2.5 ea daily)
<i>metformin hcl TABS 850 MG</i>	0	QL(3 ea daily)
<i>metformin hcl TABS 500 MG</i>	1B	QL(5 ea daily)
<i>metformin hcl TB24 500 MG</i>	1B	QL(4 ea daily)
<i>metformin hcl TB24 750 MG</i>	1B	QL(3 ea daily)
Diabetic Other		
<i>diazoxide</i>	3	
<i>glucagon (rdna)</i>	1B	QL(0.035 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	1B	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Incretin Mimetic Agents		
OZEMPIC SOPN	2	QL(0.108 ml daily); PA
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA
RYBELSUS TABS	2	QL(1 ea daily); PA
TRULICITY	2	QL(0.143 ml daily); PA
VICTOZA	2	QL(0.3 ml daily); PA
Insulin		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
BASAGLAR KWIKPEN SOPN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ml daily)
INSULIN ASPART FLEXPEN SOPN	1B	
INSULIN ASPART PENFILL SOCT	1B	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1B	
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1B	
INSULIN ASPART SOLN IJ	1B	
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	
INSULIN DEGLUDEC SOLN	2	
LEVEMIR FLEXPEN SOPN	3	PA
LEVEMIR FLEXTOUCH SOPN	3	PA
LEVEMIR SOLN	3	PA

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N FLEXPEN SUPN	2	
NOVOLIN N SUSP	2	
NOVOLIN R FLEXPEN SOPN IJ	2	
NOVOLIN R SOLN IJ	2	
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1B	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1B	QL(3 ea daily)
<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
<i>glimepiride 4 MG</i>	1B	QL(2 ea daily)
<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 ea daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>glipizide TB24</i>	1B	QL(2 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 ea daily)
<i>glyburide TABS</i>	1B	QL(4 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1B	
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS</i>	1B	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
<i>deferiprone TABS 500 MG</i>	1B	
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	1B	2 rtl MAX fill; 30 rtl day(s) supply; QL(2 ea per fill retail); RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 ea daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 ea daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 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 12.5 MG</i>	1A	RX/OTC
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 ea daily)
<i>trimethobenzamide hcl CAPS</i>	1B	
Antiemetics - Miscellaneous		
AKYNZEO	3	PA
<i>doxylamine-pyridoxine TBEC</i>	1B	3 rtl MAX fill; 365 rtl day(s) supply; 3 mail MAX fill; QL(4 ea daily); PA
<i>dronabinol CAPS</i>	1B	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant MISC</i>	1B	PA
VARUBI TBPB	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>miconazole sodium</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
Antifungals		
ABELCET	3	
<i>amphotericin b IV</i>	3	
<i>amphotericin b liposome</i>	3	
<i>flucytosine</i>	1B	
<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize TABS</i>	1B	
<i>griseofulvin ultramicrosize</i>	1B	
<i>nystatin TABS</i>	1B	
<i>terbinafine hcl TABS</i>	1B	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	PA
<i>fluconazole SUSP</i>	1B	
<i>fluconazole TABS</i>	1B	
<i>itraconazole CAPS</i>	1B	QL(4 ea daily); PA
<i>itraconazole SOLN</i>	1B	QL(20 ml daily); PA
<i>ketoconazole</i>	1B	
NOXAFIL SUSP (<i>posaconazole</i>)	3	QL(20 ml daily)
<i>posaconazole SUSP</i>	1B	QL(20 ml daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 ea daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate SOLN</i>	1B	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B	
<i>clemastine fumarate SYRP</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate</i> TABS 2.68 MG	1B	
<i>diphenhydramine hcl</i> CAPS 50 MG	1A	
<i>diphenhydramine hcl ELIX</i> 12.5 MG/5ML	1B	
<i>diphenhydramine hcl</i> LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	1B	QL(20 ml daily)
<i>diphenhydramine hcl</i> SOLN 50 MG/ML	1B	
Antihistamines - Non-Sedating		
<i>cetirizine hcl</i> TABS	1A	QL(1 ea daily)
<i>desloratadine</i> TABS	1B	QL(1 ea daily)
<i>desloratadine TBDP</i> 2.5 MG	1B	QL(1 ea daily)
<i>levocetirizine</i> <i>dihydrochloride</i> SOLN	1B	QL(10 ml daily); RX/OTC
<i>levocetirizine</i> <i>dihydrochloride</i> TABS	1B	QL(1 ea daily); RX/OTC
<i>loratadine</i> CAPS	1B	
<i>loratadine</i> CHEW	1B	
<i>loratadine</i> SOLN	1B	
<i>loratadine</i> TABS	1A	
<i>loratadine TBDP</i>	1B	
QUZYTIR SOLN IV	3	PA
Antihistamines - Phenothiazines		
<i>promethazine hcl</i> SOLN OR 6.25 MG/5ML	1B	
<i>promethazine hcl SUPP</i> 12.5 MG, 25 MG	1B	QL(6 ea daily)
<i>promethazine hcl SUPP</i> 50 MG	1B	
<i>promethazine hcl</i> TABS	1B	
Antihistamines - Piperidines		
<i>cyproheptadine hcl</i> SYRP	1B	
<i>cyproheptadine hcl</i> TABS	1B	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		

Drug Name	Drug Tier	Requirements/Limits
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i> 1 GM	1B	QL(4 ea daily); PA
<i>omega-3-acid ethyl esters</i>	1B	QL(4 ea daily)
Bile Acid Sequestrants		
<i>cholestyramine light</i> PACK	1B	QL(6 ea daily)
<i>cholestyramine light</i> POWD	1B	QL(24 gm daily)
<i>cholestyramine</i> PACK	1B	QL(6 ea daily)
<i>cholestyramine</i> POWD	1B	QL(25.2 gm daily)
<i>colesevelam hcl</i> PACK	1B	QL(1 ea daily); PA
<i>colesevelam hcl</i> TABS	1B	QL(7 ea daily)
<i>colestipol hcl</i> GRAN	1B	QL(6 gm daily)
<i>colestipol hcl</i> PACK	1B	QL(6 ea daily)
<i>colestipol hcl</i> TABS	1B	QL(16 ea daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	QL(1 ea daily)
<i>fenofibrate micronized</i> 67 MG, 134 MG, 200 MG	1B	QL(1 ea daily)
<i>fenofibrate</i> TABS 48 MG, 54 MG, 145 MG, 160 MG	1B	QL(1 ea daily)
<i>gemfibrozil</i> TABS	1B	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i> TABS	1B	QL(1 ea daily)
<i>fluvastatin sodium</i> CAPS 40 MG	1B	QL(2 ea daily)
<i>fluvastatin sodium</i> CAPS 20 MG	1B	QL(1 ea daily)
<i>lovastatin</i> TABS 10 MG, 20 MG	1B	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV

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Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin TABS 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
<i>pravastatin sodium</i>	1B	QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	3	QL(1 ea daily)
<i>simvastatin TABS</i>	1B	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ml daily); PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ml daily); PA
REPATHA SOSY	4	QL(0.0714 ml daily); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl</i>	1B	
<i>captopril 12.5 MG</i>	1B	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 ea daily)
<i>enalapril maleate TABS</i>	1B	
<i>fosinopril sodium</i>	1B	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1B	
<i>moexipril hcl</i>	1B	QL(2 ea daily)
<i>perindopril erbumine 4 MG</i>	1B	
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 ea daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B	
<i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 ea daily)
<i>bisoprolol & hydrochlorothiazide</i>	1B	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B	
<i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 ea daily)
<i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i>	1B	
<i>fosinopril sodium & hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	1B	
<i>lisinopril & hydrochlorothiazide</i>	1B	
<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	QL(1 ea daily)
<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1B	QL(2 ea daily)
<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 ea daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim TABS</i>	1B	
XIFAXAN 200 MG	3	QL(3 ea daily; 9 ea per 3 days retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA
XIFAXAN 550 MG	3	QL(3 ea daily); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1B	QL(4 ea daily; 40 ea per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ml per fill retail)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(12 ea per fill retail; 12 per fill mail)
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(24 ea per fill retail; 24 per fill mail)
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 ea daily)
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 ea daily)
KRINTAFEL	3	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(5 ea daily)
<i>primaquine phosphate TABS</i>	3	
<i>pyrimethamine</i>	1B	QL(3 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1B	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		

Drug Name	Drug Tier	Requirements/Limits
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	PA
<i>neostigmine methylsulfate SOSY</i>	3	PA
<i>pyridostigmine bromide SOLN OR</i>	1B	
<i>pyridostigmine bromide TABS 60 MG</i>	1B	
<i>pyridostigmine bromide TBCR</i>	1B	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	1B	QL(4 ea daily)
<i>ethambutol hcl TABS</i>	1B	
<i>isoniazid SOLN</i>	1B	
<i>isoniazid SYRP</i>	1B	
<i>isoniazid TABS</i>	1B	
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin CAPS</i>	1B	
<i>rifampin SOLR</i>	1B	
SIRTURO	3	PA
TRECTOR	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>bendamustine hcl SOLR</i>	4	SP; PA
<i>busulfan SOLN</i>	4	SP; PA
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide CAPS</i>	1B	PA	<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP
<i>cyclophosphamide SOLR IJ</i>	4		<i>nelarabine</i>	4	SP; PA
GLEOSTINE 40 MG, 100 MG	4	PA	<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA
GLEOSTINE 10 MG	4	SP; PA	<i>pralatrexate 20 MG/ML</i>	4	SP; PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA	TABLOID	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA
LEUKERAN	4	SP; PA	Antineoplastic - Angiogenesis Inhibitors		
<i>melphalan</i>	1B		INLYTA	4	QL(2 ea daily); SP; PA
<i>melphalan hcl</i>	1B		LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily); PA
MYLERAN TABS	4	SP; PA	LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily); PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA	LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily); PA
TEMODAR SOLR	4		LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily); PA
<i>temozolomide CAPS</i>	4	SP; PA	LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily); PA
<i>thiotepa 15 MG</i>	4	SP; PA	LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily); PA
ZANOSAR	4	SP; PA	LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily); PA
Antimetabolites			LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily); PA
<i>azacitidine SUSR</i>	4	SP; PA	MVASI	4	PA
<i>capecitabine</i>	4	SP; PA	ZALTRAP 100 MG/4ML	4	SP; PA
<i>clofarabine</i>	4	SP; PA	ZIRABEV	4	PA
<i>cytarabine SOLN</i>	4	SP; PA	Antineoplastic - Antibodies		
<i>decitabine</i>	4	SP; PA	ADCETRIS	4	SP; PA
<i>floxuridine</i>	4	SP; PA	ARZERRA	4	SP; PA
<i>fludarabine phosphate SOLN</i>	4	SP; PA	RUXIENCE	4	PA
<i>fludarabine phosphate SOLR</i>	4	SP; PA	TRUXIMA	4	PA
<i>fluorouracil 500 MG/10ML</i>	4	SP; PA	YERVOY	4	SP; PA
<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA	Antineoplastic - Anti-HER2 Agents		
<i>mercaptopurine TABS</i>	1B		KANJINTI	4	PA
<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B				
<i>methotrexate sodium SOLR</i>	1B	SP			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OGIVRI	4	PA	ERLEADA 240 MG	4	QL(1 ea daily); PA
PERJETA	4	SP; PA	<i>exemestane</i>	4	QL(1 ea daily); SP
TRAZIMERA	4	PA	FIRMAGON	4	QL(0.143 ea daily); SP; PA
TUKYSA	4	PA	<i>flutamide</i>	4	QL(6 ea daily); SP; PA
Antineoplastic - EGFR Inhibitors			<i>fulvestrant SOSY</i>	4	QL(0.357 ml daily); SP; PA
ERBITUX	4	SP; PA	<i>letrozole</i>	1B	
<i>erlotinib hcl</i>	4	QL(1 ea daily); SP; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA
<i>gefitinib</i>	4	QL(2 ea daily); PA	LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 ea daily); SP; PA
GILOTRIF	4	QL(1 ea daily); PA	LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA
IRESSA (<i>gefitinib</i>)	4	QL(2 ea daily); PA	LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA
TAGRISSE 40 MG	4	QL(2 ea daily); PA	LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA
TAGRISSE 80 MG	4	QL(1 ea daily); PA	LYSODREN	4	SP; PA
VECTIBIX 100 MG/5ML	4	SP; PA	<i>megestrol acetate SUSP</i>	1B	
VIZIMPRO	4	QL(1 ea daily); PA	<i>megestrol acetate TABS</i>	1B	
Antineoplastic - Hedgehog Pathway Inhibitors			<i>nilutamide</i>	1B	QL(2 ea daily)
DAURISMO	4	PA	NUBEQA	4	QL(4 ea daily); PA
ERIVEDGE	4	QL(1 ea daily); SP; PA	<i>tamoxifen citrate TABS</i>	0	
ODOMZO	4	QL(1 ea daily); PA	<i>toremifene citrate</i>	1B	
Antineoplastic - Hormonal and Related Agents			TRELSTAR MIXJECT	4	SP; PA
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily); SP; PA	XTANDI CAPS	4	QL(4 ea daily); SP; PA
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily); PA	XTANDI TABS 80 MG	4	QL(2 ea daily); PA
<i>anastrozole</i>	1B	QL(1 ea daily)	XTANDI TABS 40 MG	4	QL(4 ea daily); PA
<i>bicalutamide</i>	4	QL(1 ea daily); SP; PA	YONSA	4	QL(4 ea daily); PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA	ZOLADEX 10.8 MG	4	QL(0.0119 ea daily); SP; PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily); SP; PA	ZOLADEX 3.6 MG	4	QL(0.0357 ea daily); SP; PA
EMCYT	4	SP; PA	Antineoplastic - Immunomodulators		
ERLEADA 60 MG	4	QL(4 ea daily); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POMALYST	4	QL(1 ea daily); PA	BALVERSA	4	PA
Antineoplastic - PDGFR-alpha Inhibitors			<i>bortezomib SOLR IJ</i>	4	SP; PA
AYVAKIT	4	QL(1 ea daily); PA	BORTEZOMIB SOLR IV 3.5 MG	4	PA
Antineoplastic - XPO1 Inhibitors			BOSULIF TABS 100 MG, 500 MG	4	QL(1 ea daily); SP; PA
XPOVIO	4	PA	BOSULIF TABS 400 MG	4	QL(1 ea daily); PA
XPOVIO 60 MG TWICE WEEKLY	4	PA	BRAFTOVI 75 MG	4	SP; PA
XPOVIO 80 MG TWICE WEEKLY	4	PA	BRUKINSA	4	PA
Antineoplastic Antibiotics			CABOMETYX TABS	4	QL(1 ea daily); PA
<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA	CALQUENCE	4	QL(2 ea daily); PA
<i>dactinomycin</i>	4	SP; PA	CALQUENCE	4	QL(2 ea daily); PA
<i>doxorubicin hcl liposomal</i>	4	SP; PA	CAPRELSA	4	QL(1 ea daily); SP; PA
<i>doxorubicin hcl SOLN</i>	4	SP; PA	COMETRIQ KIT	4	QL(2 ea daily); SP; PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA	COMETRIQ KIT	4	QL(4 ea daily); SP; PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA	COMETRIQ KIT	4	QL(3 ea daily); SP; PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA	COPIKTRA	4	PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA	<i>everolimus TABS</i>	4	QL(1 ea daily); SP; PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP; PA	IBRANCE CAPS	4	QL(1 ea daily); PA
<i>valrubicin</i>	4	SP; PA	IBRANCE TABS	4	QL(1 ea daily); PA
Antineoplastic Combinations			ICLUSIG	4	QL(1 ea daily); PA
KISQALI FEMARA 200 DOSE	4	QL(2 ea daily); PA	<i>imatinib mesylate</i>	4	QL(2 ea daily); SP; PA
KISQALI FEMARA 400 DOSE	4	QL(2.5 ea daily); PA	IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); PA
KISQALI FEMARA 600 DOSE	4	QL(3.25 ea daily); PA	IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); PA
Antineoplastic Enzyme Inhibitors			IMBRUVICA SUSP	4	QL(8 ml daily); PA
ALECENSA	4	QL(4 ea daily); PA	IMBRUVICA TABS	4	QL(1 ea daily); PA
ALUNBRIG TABS	4	QL(1 ea daily); PA	INREBIC	4	PA
ALUNBRIG TBPK	4	QL(1 ea daily); PA	JAKAFI	4	QL(2 ea daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KISQALI	4	QL(2.5 ea daily); PA	TAFINLAR CAPS	4	QL(4 ea daily); PA
KISQALI	4	QL(2 ea daily); PA	TAFINLAR TBSO	4	PA
KOSELUGO	4	PA	TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	QL(1 ea daily); PA
KYPROLIS	4	PA	TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA
<i>lapatinib ditosylate</i>	4	QL(6 ea daily); SP; PA	TASIGNA 50 MG	4	QL(4 ea daily); PA
LORBRENA	4	QL(1 ea daily); PA	TAZVERIK	4	PA
LYNPARZA TABS	4	QL(4 ea daily); PA	<i>temsirolimus</i>	4	QL(0.143 ml daily); SP; PA
MEKINIST SOLR	4	PA	TIBSOVO	4	PA
MEKINIST TABS 0.5 MG	4	QL(3 ea daily); PA	TURALIO	4	PA
MEKINIST TABS 2 MG	4	QL(1 ea daily); PA	VERZENIO	4	QL(2 ea daily); PA
MEKTOVI	4	SP; PA	VITRAKVI CAPS	4	PA
NINLARO	4	QL(0.143 ea daily); PA	VITRAKVI SOLN	4	PA
<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA	VOTRIENT (<i>pazopanib hcl</i>)	4	QL(4 ea daily); SP; PA
PEMAZYRE	4	QL(1 ea daily); PA	XALKORI CAPS	4	QL(2 ea daily); SP; PA
PIQRAY 200MG DAILY DOSE	4	PA	XOSPATA	4	PA
PIQRAY 250MG DAILY DOSE	4	PA	ZEJULA CAPS	4	QL(3 ea daily); PA
PIQRAY 300MG DAILY DOSE	4	PA	ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
QINLOCK	4	PA	ZEJULA TABS 100 MG	4	QL(3 ea daily); PA
RETEVMO	4	PA	ZELBORAF	4	SP; PA
<i>romidepsin SOLR</i>	4	SP; PA	ZOLINZA	4	QL(4 ea daily); SP; PA
ROZLYTREK CAPS	4	PA	ZYDELIG	4	QL(2 ea daily); PA
RUBRACA	4	QL(4 ea daily); PA	Antineoplastic Enzymes		
<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA	ONCASPAR	4	SP; PA
SPRYCEL	4	QL(1 ea daily); SP; PA	Antineoplastics Misc.		
STIVARGA	4	QL(4 ea daily); SP; PA	ACTIMMUNE	4	SP; PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily); SP; PA	<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
TABRECTA	4	PA	<i>bexarotene</i>	4	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
<i>hydroxyurea</i>	1B	
INTRON A SOLR 18000000 UNIT	4	SP
MATULANE	4	SP; PA
NIPENT	4	SP; PA
PHOTOFRIN	4	SP; PA
PROLEUKIN	4	SP; PA
SYNRIBO	4	SP; PA
<i>tretinoin (chemotherapy)</i>	1B	
UVADEX	4	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 6.25 MG	4	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR</i>	1B	
<i>leucovorin calcium TABS</i>	1B	
VORAXAZE	4	SP; PA
Mitotic Inhibitors		
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA
<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA
ETOPOPHOS	4	SP; PA
<i>etoposide CAPS</i>	4	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA
HALAVEN	4	SP; PA
IXEMPRA KIT 15 MG	4	SP; PA
JEVTANA	4	SP; PA
<i>paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA
<i>paclitaxel protein-bound particles</i>	4	SP; PA
<i>vincristine sulfate</i>	4	SP; PA

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

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa TBDP</i>	1B	
NEUPRO	2	
<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 ea daily)
<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>ropinirole hydrochloride TABS</i>	1B	
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily); ST
<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 ea daily); ST
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1B	QL(1 ea daily); PA
<i>selegiline hcl CAPS</i>	1B	
<i>selegiline hcl TABS</i>	1B	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1B	
<i>lithium carbonate CAPS</i>	1B	
<i>lithium carbonate TABS</i>	1B	
<i>lithium carbonate TBCR</i>	1B	
Antipsychotics - Misc.		
EQUETRO 100 MG	3	QL(2 ea daily); ST
EQUETRO 300 MG	3	QL(4 ea daily); ST
EQUETRO 200 MG	3	QL(8 ea daily); ST
<i>lurasidone hcl 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)

Drug Name	Drug Tier	Requirements/Limits
Benzisoxazoles		
FANAPT	2	QL(2 ea daily); PA
FANAPT TITRATION PACK	2	PA
<i>paliperidone 6 MG</i>	1B	QL(2 ea daily)
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily); PA
RISPERDAL CONSTA (<i>risperidone microspheres</i>)	2	QL(0.072 ea daily); PA
<i>risperidone microspheres</i>	1B	QL(0.072 ea daily); PA
<i>risperidone SOLN</i>	1B	QL(8 ml daily)
<i>risperidone TABS</i>	1B	QL(4 ea daily)
<i>risperidone TBDP</i>	1B	QL(4 ea daily)
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 5 MG, 10 MG, 15 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1B	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 ea daily)
<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 ea daily)
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 OR</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI	3	PA
Thioxanthenes		
<i>thiothixene</i>	1B	
ANTIVIRALS - Drugs to Treat Viral Infections		

Drug Name	Drug Tier	Requirements/Limits
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ml daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 ea daily)
APTIVUS CAPS	3	QL(4 ea daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 ea daily)
BIKTARVY	3	QL(1 ea daily)
CIMDUO	3	QL(1 ea daily); ST
COMPLERA	3	QL(1 ea daily)
<i>darunavir TABS</i>	1B	
DELSTRIGO	3	QL(1 ea daily)
DOVATO	3	QL(1 ea daily)
EDURANT	3	QL(1 ea daily)
<i>efavirenz CAPS 50 MG</i>	1B	QL(3 ea daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>efavirenz TABS</i>	1B	QL(1 ea daily)
<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)
EMTRIVA SOLN	3	QL(24 ml daily)
<i>etravirine 200 MG</i>	1B	QL(2 ea daily)
<i>etravirine 100 MG</i>	1B	QL(4 ea daily)
EVOTAZ	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir calcium TABS</i>	1B	QL(4 ea daily)	SELZENTRY TABS 25 MG, 75 MG	3	QL(2 ea daily)
FUZEON SOLR	4	SP; PA	<i>stavudine CAPS</i>	1B	QL(2 ea daily)
GENVOYA	3	QL(1 ea daily)	STRIBILD	3	QL(1 ea daily)
INTELENCE 25 MG	3	QL(8 ea daily)	<i>tenofovir disoproxil fumarate TABS</i>	1B	
ISENTRESS HD TABS	3	QL(2 ea daily)	TIVICAY TABS	3	QL(2 ea daily)
ISENTRESS CHEW	3	QL(6 ea daily)	TRIUMEQ TABS	3	QL(1 ea daily)
ISENTRESS TABS	3	QL(2 ea daily)	TRIZIVIR	3	QL(2 ea daily)
JULUCA	3	QL(1 ea daily)	TYBOST	3	QL(1 ea daily)
<i>lamivudine SOLN</i>	1B	QL(30 ml daily)	VIRACEPT TABS 625 MG	3	QL(4 ea daily)
<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)	VIRACEPT TABS 250 MG	3	QL(10 ea daily)
<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)	VIREAD POWD	3	QL(7.5 gm daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 ea daily)
LEXIVA SUSP	3	QL(56 ml daily)	<i>zidovudine CAPS</i>	1B	QL(6 ea daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)	<i>zidovudine SYRP</i>	1B	QL(60 ml daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)	<i>zidovudine TABS</i>	1B	QL(2 ea daily)
<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)	CMV Agents		
<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)	<i>cidofovir</i>	3	
<i>nevirapine SUSP</i>	1B	QL(40 ml daily)	<i>ganciclovir sodium SOLR</i>	1B	
<i>nevirapine TABS</i>	1B	QL(2 ea daily)	<i>valganciclovir hcl TABS</i>	1B	QL(4 ea daily); PA
<i>nevirapine TB24 400 MG</i>	1B	QL(1 ea daily)	Hepatitis Agents		
<i>nevirapine TB24 100 MG</i>	1B	QL(3 ea daily)	<i>adefovir dipivoxil</i>	4	QL(1 ea daily); SP
NORVIR PACK	3	QL(12 ea daily)	BARACLUDE SOLN	4	QL(20 ml daily); SP; PA
NORVIR SOLN	3	QL(15 ml daily)	<i>entecavir TABS</i>	4	QL(1 ea daily); SP
ODEFSEY	3	QL(1 ea daily)	EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
PIFELTRO	3	QL(1 ea daily)	<i>lamivudine (hbv) TABS</i>	1B	QL(3 ea daily); SP
PREZCOBIX	3	QL(1 ea daily)	PEGASYS SOLN	4	QL(0.0714 ml daily); SP; PA
PREZISTA SUSP	3	QL(12 ml daily)	PEGASYS SOSY	4	QL(0.072 ml daily); PA
PREZISTA TABS 75 MG, 150 MG	3	QL(2 ea daily)	<i>ribavirin (hepatitis c) CAPS</i>	1B	QL(7 ea daily)
PREZISTA TABS (<i>darunavir</i>)	3				
RETROVIR IV INFUSION SOLN	3				
<i>ritonavir TABS</i>	1B	QL(12 ea daily)			
RUKOBIA	4	PA			
SELZENTRY SOLN	3	QL(30 ml daily)			

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Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 ea daily)
SOFOSBUVIR/VELPATA SVIR TABS	1B	QL(1 ea daily); PA
SOVALDI TABS 200 MG	4	QL(1 ea daily); PA
SOVALDI TABS 400 MG	4	QL(1 ea daily); SP; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1A	QL(5 ea daily; 50 ea per fill retail; 50 per fill mail)
<i>acyclovir SUSP</i>	1B	QL(13.34 ml daily)
<i>acyclovir TABS OR</i>	1B	QL(5 ea daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 ea daily)
<i>famciclovir 500 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 ea daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1B	Limit 1 fill every 90 days.; 1 rtl MAX fill; 90 rtl day(s) supply; 1 mail MAX fill; QL(10 ea per fill retail; 10 per fill mail)
<i>oseltamivir phosphate SUSR</i>	1B	Limit 1 fill every 90 days.; 1 rtl MAX fill; 90 rtl day(s) supply; QL(125 ml per fill retail)
RELENZA DISKHALER	2	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
<i>rimantadine hydrochloride TABS</i>	1B	QL(2 ea daily)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		

Drug Name	Drug Tier	Requirements/Limits
Alpha-Beta Blockers		
<i>carvedilol</i>	1B	
<i>carvedilol phosphate</i>	3	QL(1 ea daily)
<i>labetalol hcl SOLN</i>	1B	
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	
<i>labetalol hcl TABS 300 MG</i>	1B	QL(8 ea daily)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS</i>	1B	
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	
<i>metoprolol succinate TB24 200 MG</i>	1B	QL(2 ea daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B	
<i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1B	
<i>nebivolol hcl 20 MG</i>	3	QL(2 ea daily)
<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 ea daily)
Beta Blockers Non-Selective		
HEMANGEOL SOLN OR	4	QL(75 ml daily); PA
<i>nadolol TABS 40 MG</i>	1B	QL(6 ea daily)
<i>nadolol TABS 80 MG</i>	1B	
<i>nadolol TABS 20 MG</i>	1B	QL(3 ea daily)
<i>pindolol TABS</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl TABS</i>	1B	
<i>sotalol hcl (afib/afl)</i>	1B	
<i>sotalol hcl TABS 240 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)
<i>timolol maleate TABS</i>	1B	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1B	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 ea daily)
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl CP12</i>	1B	QL(2 ea daily)
<i>diltiazem hcl CP24</i>	1B	
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	
DILTIAZEM HCL SOLR	1B	
<i>diltiazem hcl TABS</i>	1B	
<i>diltiazem hcl TB24</i>	1B	
<i>felodipine</i>	1B	
<i>isradipine CAPS</i>	1B	
<i>nicardipine hcl CAPS</i>	1B	
<i>nicardipine hcl SOLN</i>	1B	
<i>nifedipine CAPS 20 MG</i>	1B	QL(9 ea daily)
<i>nifedipine CAPS 10 MG</i>	1B	
<i>nifedipine TB24 90 MG</i>	1B	QL(1 ea daily)
<i>nifedipine TB24 60 MG</i>	1B	QL(2 ea daily)
<i>nifedipine TB24</i>	1B	
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine 8.5 MG, 17 MG, 20 MG, 30 MG, 34 MG, 40 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 ea daily)
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<i>verapamil hcl SOLN 2.5 MG/ML</i>	1B	
<i>verapamil hcl TABS</i>	1B	
<i>verapamil hcl TBCR</i>	1B	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN OR 0.05 MG/ML</i>	1B	
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
LANOXIN SOLN IJ (<i>digoxin</i>)	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
Impotence Agents		
<i>sildenafil citrate</i>	1B	QL(0.1334 ea daily); PA
STENDRA	3	QL(0.134 ea daily)
<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 ea daily); PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TBCR	4	PA
<i>treprostinil SOLN IJ</i>	4	SP; PA
TYVASO REFILL SOLN IN	4	PA
TYVASO STARTER SOLN IN	4	PA
TYVASO SOLN IN	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 ea daily); SP; PA
<i>bosentan TABS 125 MG</i>	4	QL(2 ea daily); SP; PA
<i>bosentan TABS 62.5 MG</i>	4	QL(2 ea daily); PA
OPSUMIT	4	QL(1 ea daily); PA
TRACLEER TBSO	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ml daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ml daily); PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 ea daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPB	4	1 rtl MAX fill; 180 rtl day(s) supply; PA
UPTRAVI TABS 200 MCG	4	PA

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 ea daily); PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); PA
CORLANOR TABS	3	QL(2 ea daily); PA
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1B	
<i>cefadroxil SUSR</i>	1B	
<i>cefadroxil TABS</i>	1B	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B	
<i>cephalexin CAPS</i>	1B	
<i>cephalexin SUSR</i>	1B	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS</i>	1B	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1B	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1B	
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1B	
<i>cefprozil SUSR</i>	1B	

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

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Drug Name	Drug Tier	Requirements/Limits
TYBLUME CHEW	0	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	0	
TWIRLA	0	QL(3 ea per 28 days retail; 9 ea per 84 days mail)
Combination Contraceptives - Vaginal		
ANNOVERA	0	PA
<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 ea daily)
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	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	90 rtl day(s) supply; 90 rtl lmt day(s); QL(1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(90 Day(s) limit ; 1 ml per 90 days retail)
Progestin Contraceptives - IUD		
KYLEENA	0	
LILETTA 20.1 MCG/DAY	0	
MIRENA	0	
SKYLA	0	

Drug Name	Drug Tier	Requirements/Limits
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	0	
OPILL	0	
SLYND	0	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide CPEP</i>	1B	QL(3 ea daily)
<i>deflazacort TABS</i>	4	PA
DEPO-MEDROL SUSP	3	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B	
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1B	
<i>dexamethasone ELIX</i>	1B	
<i>dexamethasone SOLN</i>	1B	
<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	
EMFLAZA SUSP	4	PA
EMFLAZA TABS (<i>deflazacort</i>)	4	PA
<i>hydrocortisone TABS</i>	1B	
MEDROL TABS	3	
<i>methylprednisolone acetate SUSP</i>	1B	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
<i>methylprednisolone TABS</i>	1B	
<i>methylprednisolone TBPK</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
<i>prednisolone sodium phosphate TBDP</i>	3	
<i>prednisolone SOLN</i>	1B	
<i>prednisolone TABS</i>	1B	
<i>prednisone SOLN</i>	1B	
<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone TBPK</i>	1B	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 rtl MAX fill; 30 rtl day(s) supply
SOLU-CORTEF 250 MG	3	
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)
Cough/Cold/Allergy Combinations		
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B	
TUZISTRA XR	2	PA
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	

Drug Name	Drug Tier	Requirements/Limits
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); PA
<i>adapalene GEL 0.1 %</i>	1B	AL(At least 12 yrs old); PA; RX/OTC
<i>adapalene GEL 0.3 %</i>	1B	AL(At least 12 yrs old); ST
AZELEX	3	QL(50 gm per 30 days retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide LIQD 4 %, 7 %, 10 %</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 gm daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 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); PA
<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)	Agents for External Genital and Perianal Warts		
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA	VEREGEN	3	QL(1 gm daily)
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA	Antibiotics - Topical		
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST	ALTABAX	2	QL(15 gm per 30 days retail; 15 gm per 30 days mail)
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST	<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 gm daily)
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)	<i>gentamicin sulfate (topical) OINT</i>	1B	
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)	<i>mupirocin OINT</i>	1B	QL(6 gm daily)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA	NEO-SYNALAR	3	QL(60 gm per 30 days retail; 60 gm per 30 days mail); PA
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC	Antifungals - Topical		
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)	<i>butenafine hcl</i>	1B	QL(6 gm daily); RX/OTC
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox olamine CREA</i>	1B	1 rti MAX fill; 30 rti day(s) supply; QL(90 gm per fill retail)
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox olamine SUSP</i>	1B	
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST	<i>ciclopirox GEL</i>	1B	QL(3.35 gm daily)
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox SHAM</i>	1B	QL(10 ml daily)
<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA	<i>ciclopirox SOLN</i>	1B	QL(0.22 ml daily)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA	<i>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	

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Drug Name	Drug Tier	Requirements/Limits
<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	1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(2 gm daily)
<i>naftifine hcl CREA 1 %</i>	1B	1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(3 gm daily)
<i>nystatin (topical) CREA</i>	1B	QL(10 gm daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 gm daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 gm daily)
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 gm daily)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 gm daily)
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(3 gm daily)
OXISTAT LOTN	2	Limit 1 Fill per 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(2 ml daily)
<i>sulconazole nitrate CREA</i>	1B	
<i>sulconazole nitrate SOLN</i>	1B	1 rtl MAX fill; 90 rtl day(s) supply; 1 mail MAX fill
<i>tavaborole</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
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 days retail; 60 gm per 30 days mail)
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(45 gm per fill retail; 45 per fill mail); PA
Antipsoriatics		
<i>acitretin 25 MG</i>	1B	QL(2 ea daily)
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)
<i>calcipotriene CREA</i>	1B	QL(4 gm daily); PA
<i>calcipotriene OINT</i>	1B	QL(4 gm daily); PA
<i>calcipotriene SOLN</i>	1B	QL(4 ml daily); PA
<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily); PA
COSENTYX UNOREADY SOAJ	4	QL(0.072 ml daily); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily); PA	<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)
COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily); PA	<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA	<i>amcinonide CREA</i>	1B	1 rtl MAX fill; 30 rtl day(s) supply; 1 mail MAX fill; QL(60 gm per fill retail; 60 per fill mail)
<i>methoxsalen rapid</i>	1B	QL(4 ea daily)	<i>amcinonide LOTN</i>	3	
SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA	<i>amcinonide OINT</i>	3	
SKYRIZI PSKT	4	QL(0.025 ea daily); PA	<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)
SKYRIZI SOSY	4	QL(0.025 ml daily); PA	<i>betamethasone dipropionate (topical) LOTN</i>	1B	
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ml daily); PA	<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 gm daily)
STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily); SP; PA	<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 gm daily)
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily); PA	<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ml daily)
<i>tazarotene CREA</i>	1B	QL(1 gm daily)	<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 gm daily)
TREMFYA SOPN	4	QL(0.018 ml daily); PA	<i>betamethasone valerate CREA</i>	1B	QL(2.5 gm daily)
TREMFYA SOSY	4	QL(0.018 ml daily); PA	<i>betamethasone valerate FOAM</i>	1B	QL(1.67 gm daily)
Antiseborrheic Products			<i>betamethasone valerate LOTN</i>	1B	QL(5 ml daily)
<i>selenium sulfide LOTN 2.5 %</i>	1B		<i>betamethasone valerate OINT</i>	1B	QL(3 gm daily)
Antivirals - Topical			<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST
<i>acyclovir topical CREA</i>	1B	1 rtl pack lmt per fill; 1 mail pack lmt per fill			
<i>acyclovir topical OINT</i>	1B	1 rtl pack lmt per fill; 1 mail pack lmt per fill			
<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)			
SULFAMYLON CREA	3				
Corticosteroids - Topical					

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate OINT</i>	1B	QL(4 gm daily)
<i>mometasone furoate SOLN</i>	1B	QL(5 ml daily)
<i>prednicarbate OINT</i>	1B	
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 gm daily)
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ml daily)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 gm daily)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide-dimethicone-silicone</i>	1B	PA
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 gm daily); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1B	QL(12 ea per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1B	QL(3 gm daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>podofilox SOLN</i>	1B	
Local Anesthetics - Topical		
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl PRSY</i>	1B	QL(4 ml daily)
<i>lidocaine hcl SOLN</i>	1B	QL(10 ml daily)
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 gm daily)
<i>lidocaine PTCH 5 %</i>	1B	PA
SYNERA PTCH	3	1 rti MAX fill; 30 rti day(s) supply; 1 mail MAX fill; QL(10 ea per fill retail; 10 per fill mail)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 gm daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1B	QL(1.67 gm daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 gm daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 gm daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) LOTN</i>	1B	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA; RX/OTC
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
Wound Care Products		
REGRANEX	3	QL(0.5 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)
THYROGEN 0.9 MG	3	1 rtl MAX fill; 365 rtl day(s) supply; 1 mail MAX fill; PA
Diagnostic Tests		
CHEMSTRIP-K STRP	1B	
FORA GTEL BLOOD KETONE TEST STRIPS	1B	
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	1B	
GOJJI BLOOD KETONE TEST STRIPS	1B	
KETONE TEST STRIPS STRP	1B	
KETONE STRP	1B	
KETOSTIX STRP	1B	
NOVA MAX PLUS KETONE TESTSTRIPS	1B	
PRECISION XTRA	1B	
PTS PANELS KETONE TEST	1B	
RELION KETONE TEST STRIPS STRP	1B	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive		

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	30 rtl day(s) supply; PA
<i>clomiphene citrate TABS</i>	3	PA
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
ORLISSA	2	PA
Growth Hormone Receptor Antagonists		
SOMAVERT 10 MG, 15 MG, 20 MG	4	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA
Growth Hormones		
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	4	SP; PA
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
SYNAREL	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Metabolic Modifiers		
ALDURAZYME	4	SP; PA
<i>betaine</i>	4	SP; PA
<i>calcitriol CAPS</i>	1B	
<i>calcitriol SOLN IV</i>	1B	
<i>cinacalcet hcl</i>	4	QL(4 ea daily); SP; PA
<i>doxercalciferol CAPS</i>	1B	
<i>doxercalciferol SOLN</i>	1B	
ELAPRASE	4	SP; PA
GALAFOLD	4	QL(0.5 ea daily); PA
LUMIZYME	4	SP; PA
MYALEPT	4	PA
NAGLAZYME	4	SP; PA
<i>nitisinone CAPS</i>	4	PA
<i>paricalcitol CAPS</i>	1B	
<i>paricalcitol SOLN</i>	1B	
PHEBURANE PLLT	4	PA
<i>sapropterin dihydrochloride PACK</i>	4	PA
<i>sapropterin dihydrochloride TABS</i>	4	PA
<i>sodium phenylbutyrate POWD</i>	1B	PA
<i>sodium phenylbutyrate TABS</i>	1B	PA
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1B	
<i>desmopressin acetate spray refrigerated</i>	1B	
<i>desmopressin acetate SOLN IJ</i>	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 ea daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	QL(1 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS</i>	1B	
<i>ciprofloxacin in d5w 5 %-200 MG/100ML</i>	3	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1B	2 rtl MAX fill; 30 rtl day(s) supply
CIPRO SUSR	2	2 rtl MAX fill; 30 rtl day(s) supply
<i>levofloxacin in d5w 5 %-500 MG/100ML</i>	1B	
<i>levofloxacin SOLN OR</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	SP; PA
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	1B	QL(3 ea daily)
<i>ursodiol TABS</i>	1B	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1B	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phosphate binder) CAPS</i>	1B	
<i>calcium acetate (phosphate binder) TABS</i>	1B	RX/OTC
<i>lanthanum carbonate CHEW</i>	1B	
PHOSLYRA SOLN	2	
<i>sevelamer carbonate PACK</i>	1B	
<i>sevelamer carbonate TABS</i>	1B	
VELPHORO	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 1080 MG</i>	1B	
<i>sodium citrate & citric acid</i>	1B	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	1B	
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1B	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1B	
SORBITOL 3 %	1B	
SORBITOL/MANNITOL IRRIGATION	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 ea daily)
<i>dutasteride</i>	1B	QL(1 ea daily)
<i>dutasteride-tamsulosin hcl</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl</i> TABS 100 MG, 100 MG, 200 MG	1B	
Urinary Stone Agents		
THIOLA EC TBEC 100 MG (<i>tiopronin</i>)	3	QL(3 ea daily); PA
THIOLA EC TBEC 300 MG (<i>tiopronin</i>)	3	QL(10 ea daily); PA
<i>tiopronin TBEC 100 MG</i>	3	QL(3 ea daily); PA
<i>tiopronin TBEC 300 MG</i>	3	QL(10 ea daily); PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
Gout Agents		
<i>allopurinol</i>	1B	
<i>colchicine TABS</i>	1B	QL(1 ea daily)
<i>febuxostat</i>	1B	QL(1 ea daily); PA
Uricosurics		
<i>probenecid</i>	1B	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOLN</i>	4	QL(9 ml daily); PA
<i>icatibant acetate SOSY</i>	4	QL(9 ml daily); PA
Complement Inhibitors		
HAEGARDA SOLR SC	4	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</i>	1B	QL(2 ea daily); PA
BRILINTA	2	QL(2 ea daily)
CABLIVI	4	PA
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 ea daily); PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	QL(3 ea daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS 500 MG	4	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		

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Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTELET	4	QL(3 ea daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML	4	PA
MULPLETA	4	QL(1 ea daily); PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 40000 UNIT/ML	4	SP; PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Iron		
<i>ferrous sulfate SOLN 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	0	
<i>ferrous sulfate TBEC 325 MG</i>	0	
Stem Cell Mobilizers		
MOZOBIL (<i>plerixafor</i>)	4	SP; PA
<i>plerixafor</i>	4	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily); PA
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 ea daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl</i>	1B	PA
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 ea daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>triazolam</i>	1B	
<i>zaleplon 10 MG</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	1A	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1B	QL(1 ea daily)
Orexin Receptor Antagonists		
<i>BELSOMRA</i>	3	PA
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1B	
Laxative Combinations		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1B	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1B	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B	
Laxatives - Miscellaneous		
<i>lactulose SOLN</i>	1B	
Saline Laxatives		
<i>OSMOPREP</i>	3	PA
Stimulant Laxatives		

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate</i> TABS	3		KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	
Fidaxomicin			KIMONO SENSATION LUBRICATED MISC	0	
DIFICID TABS	2		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	
MEDICAL DEVICES AND SUPPLIES			KIMONO SPECIAL DEVI	0	
Contraceptives			K-Y ME & YOU EXTRA LUBRICATED DEVI	0	
AIMSCO LUBRICATED MISC	0		K-Y ME & YOU INTENSE DEVI	0	
CAYA DPRH	0		MAXX LUBRICATED MISC	0	
DUREX EXTRA SENSITIVE THIN DEVI	0		MAXX PLUS SPERMICIDE LUBRICATED MISC	0	
FANTASY LUBRICATED/SPERMICIDE MISC	0		OMNIFLEX DIAPHRAGM	0	
FANTASY LUBRICATED MISC	0		PREMIUM CONDOMS LUBRICATED MISC	0	
FC2 FEMALE CONDOM	0	1 rtl MAX fill; 90 rtl day(s) supply; 1 mail MAX fill; QL(12 ea per fill retail; 12 per fill mail)	REALITY LATEX CONDOMS/LUBRICATED MISC	0	
FEMCAP DEVI	0		REALITY LATEX/ULTRA TEXTURED DEVI	0	
KAMELEON LUBRICATED MISC	0		REALITY LATEX/ULTRA THIN DEVI	0	
KIMONO COLORS DEVI	0		TRUSTEX COLOR CONDOMS + LUBE MISC	0	
KIMONO LUBRICATED MISC	0		TRUSTEX LUBRICATED EXTRALARGE MISC	0	
KIMONO MAXX/LARGE FLARE MISC	0		TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	0	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0				
KIMONO PS LUBRICATED MISC	0				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0		FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA
TRUSTEX LUBRICATED/SPERMICIDE MISC	0		FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX LUBRICATED MISC	0		FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	3	PA
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0		FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	0		FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0		FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA
TRUSTEX/RIA LUBRICATED MISC	0		ONETOUCH DELICA SAFETY LANCING DEVICE	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0		ONETOUCH DELICA SAFETY LANCING DEVICE 30G	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0		RELION 2-IN-1 LANCET DEVICES 30G	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0		RELION 2-IN-1 LANCING DEVICE 25G	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0		RELION 2-IN-1 LANCING DEVICE 30G	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0		SELECT LANCETS	1B	6.66/day
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0		SELECT LANCETS	1	6.66/day
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0		TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0		Parenteral Therapy Supplies		
Diabetic Supplies			SELECT INSULIN SYRINGES	1B	5/day

Drug Name	Drug Tier	Requirements/Limits
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 SOAJ	2	QL(0.07 ml daily); PA
EMGALITY SOSY 100 MG/ML	2	QL(0.1 ml daily); PA
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA
UBRELVY	3	QL(10 ea per 30 days retail); ST
Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 days retail; 10 ea per 30 days mail)
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ml daily)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B	
ERGOMAR SUBL	3	QL(0.667 ea daily)
Serotonin Agonists		
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST

Drug Name	Drug Tier	Requirements/Limits
<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)
<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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan TABS</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	<i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B	
<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		<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1B	
SODIUM ACETATE SOLN (<i>sodium acetate</i>)	1B				
Calcium					
<i>calcium chloride (dihydrate) SOLN</i>	1B		POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	
Electrolyte Mixtures					
<i>dextrose in lactated ringers</i>	1B		POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (<i>potassium chloride in nacl</i>)	1B	
<i>electrolyte-148</i>	1B		<i>ringer's</i>	1B	
<i>electrolyte-a</i>	1B		Fluoride		
IONOSOL-MB/DEXTROSE 5%	1B		<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)
ISOLYTE-P/DEXTROSE 5%	1B		Magnesium		
ISOLYTE-S	1B		<i>magnesium sulfate IJ 50 %</i>	1B	
KCL 0.3%/D5W/NACL 0.9% (<i>potassium chloride in dextrose & sodium chloride</i>)	1B		Phosphate		
<i>lactated ringer's</i>	1B		<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1B	
NORMOSOL-M/D5W	1B		Potassium		
NORMOSOL-R	1B		<i>potassium acetate SOLN 2 MEQ/ML</i>	1B	
PLASMA-LYTE A (<i>electrolyte-a</i>)	1B		<i>potassium bicarbonate TBEF</i>	1B	
PLASMA-LYTE-148 (<i>electrolyte-148</i>)	1B		<i>potassium chloride microencapsulated crystals er</i>	1B	
<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	1B				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride CPR</i>	1B		<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
<i>potassium chloride PACK OR 20 MEQ</i>	1B	PA	ENSPRYNG	4	PA
<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B		<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 ea daily); SP; PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (<i>potassium chloride</i>)	1B		<i>mycophenolate mofetil CAPS</i>	1B	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1B		<i>mycophenolate mofetil TABS</i>	1B	
Sodium			<i>mycophenolate sodium</i>	1B	
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B		NULOJIX	4	SP; PA
MISCELLANEOUS THERAPEUTIC CLASSES			PROGRAF PACK	2	PA
Chelating Agents			PROGRAF SOLN	2	
<i>penicillamine CAPS</i>	1B	PA	SIMULECT	3	
<i>penicillamine TABS</i>	1B	QL(8 ea daily)	<i>sirolimus TABS</i>	1B	
<i>trientine hcl 250 MG</i>	4	QL(8 ea daily); SP; PA	<i>tacrolimus CAPS</i>	1B	
Immunomodulators			THYMOGLOBULIN	4	SP; PA
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA	Irrigation Solutions		
<i>lenalidomide 20 MG</i>	4	QL(1 ea daily); PA	<i>irrigation solutions, physiological</i>	1B	
THALOMID	4	QL(3 ea daily); SP; PA	<i>lactated ringer's (irrigation)</i>	1B	
Immunosuppressive Agents			<i>ringer's irrigation</i>	1B	
ATGAM	4	SP; PA	<i>water for irrigation, sterile</i>	1B	
AZATHIOPRINE	1B		Potassium Removing Agents		
<i>azathioprine TABS</i>	1B		LOKELMA	3	QL(1 ea daily); PA
<i>cyclosporine modified (for microemulsion) CAPS</i>	1B		<i>sodium polystyrene sulfonate POWD</i>	1B	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1B		<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	1B	
<i>cyclosporine CAPS</i>	1B		MOUTH/THROAT/DENTAL AGENTS		
			Anesthetics Topical Oral		
			<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B		MULTI PRENATAL TABS	2	QL(1 ea daily)
Anti-infectives - Throat			NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 ea daily); RX/OTC
<i>clotrimazole</i>	1B		NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
<i>nystatin (mouth-throat)</i>	1B		NEONATAL PRENATAL VITAMIN TABS	2	QL(1 ea daily)
Antiseptics - Mouth/Throat			NEONATAL VITAMIN TABS	2	QL(1 ea daily)
<i>chlorhexidine gluconate (mouth-throat)</i>	1B		NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
DEBACTEROL	2		ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
Dental Products			ONE VITE WOMENS PRENATAL VITAMIN TABS	2	QL(1 ea daily)
<i>stannous fluoride CONC</i>	0	RX/OTC	PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
Steroids - Mouth/Throat/Dental			PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
<i>triamcinolone acetonide (mouth)</i>	1B		PRENATAL PLUS VITAMIN AND MINERAL TABS	2	QL(1 ea daily); RX/OTC
Throat Products - Misc.			PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
<i>cevimeline hcl</i>	1B		PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
<i>pilocarpine hcl (oral)</i>	1B		PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
MULTIVITAMINS			PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
Ped MV w/ Fluoride			PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 ea daily)
<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC	PRENATAL VITAMIN TABS	2	QL(1 ea daily)
Prenatal Vitamins					
CLASSIC PRENATAL TABS	2	QL(1 ea daily)			
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	2	QL(1 ea daily)			
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)			
GNP PRENATAL TABS	2	QL(1 ea daily)			
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)			
MASONATAL TABS	2	QL(1 ea daily)			
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits
PRENATAL TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
PREPLUS TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen TABS 10 MG, 20 MG</i>	1B	
<i>carisoprodol TABS</i>	1B	
<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	
Direct Muscle Relaxants		

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium CAPS</i>	1B	QL(4 ea daily)
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine</i>	3	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	RX/OTC
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		
<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) 0.025 %</i>	1B	1 rtl pack lmt per fill
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 ml daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>bromfenac sodium (ophth) 0.09 %</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	
LASTACAFT	3	PA
NEVANAC	3	QL(0.2 ml daily); ST
<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ml daily); RX/OTC
<i>olopatadine hcl 0.2 %</i>	1B	RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	3	
<i>latanoprost SOLN</i>	1B	
<i>tafluprost</i>	1B	
<i>travoprost SOLN</i>	1B	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1B	QL(0.5 ml daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
Otic Combinations		
<i>ciprofloxacin-dexamethasone</i>	1B	PA
<i>ciprofloxacin-fluocinolone acetate</i>	1B	QL(0.5 ea daily); PA
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1B	QL(2 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1B	
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD LIQUID 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD LIQUID 1 GM/10ML	4	SP; PA
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP; PA
GAMMAKED 1 GM/10ML	4	SP; PA
GAMMAKED 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMUNEX-C 1 GM/10ML	4	SP; PA
GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	4	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IJ 1 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
Natural Penicillins		
<i>penicillin g potassium 5000000 UNIT</i>	1B	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1B	
<i>amoxicillin & pot clavulanate SUSR</i>	1B	
<i>amoxicillin & pot clavulanate TABS</i>	1B	
<i>amoxicillin & pot clavulanate TB12</i>	1B	
<i>ampicillin & sulbactam sodium IV 10 GM-5 GM</i>	1B	
<i>piperacillin sodium-tazobactam sodium</i>	1B	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1B	
<i>naftillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>megestrol acetate (appetite)</i>	1B	PA
<i>norethindrone acetate TABS</i>	0	
<i>progesterone CAPS</i>	1B	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
LUCEMYRA	3	QL(224 ea per 14 days retail); PA
Antidementia Agents		
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TABS 5 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 ea daily)
<i>galantamine hydrobromide CP24</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ml daily)
<i>galantamine hydrobromide TABS</i>	1B	QL(2 ea daily)
<i>memantine hcl TABS</i>	1B	
<i>memantine hcl TABS</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate CAPS</i>	1B	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	1B	
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	2	1 rtl MAX fill; 365 rtl day(s) supply; PA
SAVELLA TABS	2	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	4	QL(4 ea daily); PA
INGREZZA CAPS	4	QL(1 ea daily); PA
INGREZZA CPPK	4	1 rtl MAX fill; 180 rtl day(s) supply; PA
<i>tetrabenazine</i>	4	QL(3 ea daily); SP; PA
Multiple Sclerosis Agents		
AVONEX PEN AJKT	4	QL(0.0714 ml daily); SP; PA
AVONEX PSKT	4	QL(0.0714 ml daily); SP; PA
BETASERON KIT	4	QL(0.5 ea daily); SP; PA
<i>dalfampridine</i>	4	QL(2 ea daily); SP; PA
<i>dimethyl fumarate CDPK</i>	1B	QL(2 ea daily)
<i>dimethyl fumarate CPDR</i>	1B	QL(2 ea daily)
<i> fingolimod hcl</i>	4	QL(1 ea daily)
<i>glatiramer acetate SOSY 20 MG/ML</i>	3	QL(1 ml daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	3	QL(0.43 ml daily)
KESIMPTA	4	QL(0.0144 ml daily); PA
PLEGRIDY STARTER PACK SOPN	4	QL(0.036 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
PLEGRIDY SOPN	4	QL(0.036 ml daily); PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 rtl MAX fill; 365 rtl day(s) supply; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 rtl MAX fill; 365 rtl day(s) supply; SP; PA
REBIF SOSY	4	QL(0.214 ml daily); SP; PA
<i>teriflunomide</i>	4	QL(1 ea daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 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 TRANSDERMAL SYSTEM KIT	0	
<i>nicotine MISC XX</i>	0	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 ea daily)
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
<i>varenicline tartrate TABS</i>	0	QL(2 ea daily)
<i>varenicline tartrate TBPK</i>	0	
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	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 100 MG-50 MG	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		

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Drug Name	Drug Tier	Requirements/Limits
Infections		
Fluorocyclines		
XERAVA	4	PA
Glycylcyclines		
<i>tigecycline</i>	1B	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1B	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1B	
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) TABS 50 MG</i>	1B	
<i>doxycycline hyclate CAPS</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate SOLR</i>	1B	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>minocycline hcl CAPS</i>	1B	QL(3 ea daily)
<i>minocycline hcl TABS</i>	1B	QL(3 ea daily)
<i>tetracycline hcl CAPS</i>	1B	QL(8 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium TABS</i>	1B	
<i>liothyronine sodium SOLN</i>	1B	
<i>liothyronine sodium TABS</i>	1B	
NP THYROID 120 TABS	1B	QL(1 ea daily)
NP THYROID 15 TABS	1B	QL(1 ea daily)
NP THYROID 30 TABS	1B	QL(1 ea daily)
NP THYROID 60 TABS	1B	QL(1 ea daily)
NP THYROID 90 TABS	1B	QL(1 ea daily)
SYNTHROID TABS (<i>levothyroxine sodium</i>)	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
BOOSTRIX SUSY	0	
DAPTACEL	0	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX	0	
KINRIX SUSY	0	
PEDIARIX SUSY	0	
PENTACEL	0	
QUADRACEL SUSP	0	
QUADRACEL SUSY	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>	1B	
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>dicyclomine hcl CAPS</i>	1B	
<i>dicyclomine hcl SOLN OR</i>	1B	
<i>dicyclomine hcl TABS</i>	1B	
<i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i>	1B	
<i>glycopyrrolate TABS 1 MG</i>	1B	
<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 ea daily)
<i>methscopolamine bromide</i>	1B	
H-2 Antagonists		
<i>cimetidine TABS</i>	1B	RX/OTC
<i>famotidine in nacl SOLN</i>	1B	
<i>famotidine SOLN 20 MG/2ML</i>	1A	
<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B	
<i>famotidine SUSR</i>	1B	QL(10 ml daily)
<i>famotidine TABS 20 MG, 40 MG</i>	1B	
<i>nizatidine CAPS</i>	1B	
<i>nizatidine SOLN</i>	1B	QL(20 ml daily)
<i>ranitidine hcl TABS 150 MG</i>	1B	
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1B	QL(40 ml daily)
<i>sucralfate TABS</i>	1B	QL(4 ea daily)
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 30 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>NEXIUM 24HR TBEC (esomeprazole magnesium)</i>	1B	QL(2 ea daily)
<i>omeprazole magnesium CPDR</i>	1B	QL(4 ea daily)
<i>omeprazole CPDR</i>	1B	QL(2 ea daily)
<i>omeprazole TBEC</i>	1B	QL(2 ea daily)
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 ea daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>rabeprazole sodium TBEC</i>	3	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1B	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 rtl MAX day(s) supply; 365 rtl lmt day(s); 14 mail MAX day(s) supply; 365 mail lmt day(s)
<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)		
<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)
<i>fesoterodine fumarate</i>	1B	QL(1 ea daily); PA
<i>oxybutynin chloride SOLN</i>	1B	
<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>oxybutynin chloride TB24</i>	1B	
<i>solifenacin succinate TABS</i>	1B	QL(1 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate CP24</i>	1B	QL(1 ea daily)	AFLURIA QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
<i>tolterodine tartrate TABS</i>	1B		AFLURIA QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
<i>trospium chloride CP24</i>	1B	QL(1 ea daily)	AFLURIA QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
<i>trospium chloride TABS</i>	1B	QL(3 ea daily)	AFLURIA QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
Urinary Antispasmodics - Cholinergic Agonists			AFLURIA QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
<i>bethanechol chloride 25 MG</i>	1B		AFLURIA QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)	AREXVY	0	
Urinary Antispasmodics - Direct Muscle Relaxants			COMIRNATY 2023-24 SUSP	0	
<i>flavoxate hcl</i>	1B		COMIRNATY 2023-24 SUSY	0	
VACCINES			COMIRNATY SUSP	0	
Bacterial Vaccines			ENGERIX-B SUSP 20 MCG/ML	0	3 rtl MAX fill; 365 rtl day(s) supply; 3 mail MAX fill
ACTHIB SOLR IM	0		ENGERIX-B SUSY	0	3 rtl MAX fill; 365 rtl day(s) supply; 3 mail MAX fill
BEXSERO	0		FLUAD QUADRIVALENT 2021-2022	0	1 rtl MAX fill; 180 rtl day(s) supply
HIBERIX SOLR IJ	0		FLUAD QUADRIVALENT 2022-2023	0	1 rtl MAX fill; 180 rtl day(s) supply
MENACTRA	0		FLUAD QUADRIVALENT 2023-2024	0	1 rtl MAX fill; 180 rtl day(s) supply
MENQUADFI	0				
MENVEO SOLR	0				
PEDVAX HIB SUSP	0				
PNEUMOVAX 23	0				
PNEUMOVAX 23/1 DOSE	0				
PREVNAR 13	0				
PREVNAR 20	0	1 rtl MAX fill; 999 rtl day(s) supply			
TRUMENBA	0				
VAXNEUVANCE	0	4 rtl MAX fill; 999 rtl day(s) supply			
Viral Vaccines					
ABRYSVO	0				
AFLURIA QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUARIX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLUARIX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLUARIX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLULAVAL QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLUBLOK QUADRIVALENT 2021-2022	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLUBLOK QUADRIVALENT 2022-2023	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUZONE HIGH-DOSE PF 2021-2022	0	1 rtl MAX fill; 180 rtl day(s) supply
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUZONE HIGH-DOSE PF 2022-2023	0	1 rtl MAX fill; 180 rtl day(s) supply
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUZONE HIGH-DOSE PF 2023-2024	0	1 rtl MAX fill; 180 rtl day(s) supply
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUZONE QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
			FLUZONE QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0	
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0	
FLUZONE QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0	
GARDASIL 9 SUSP	0	3 rtl MAX fill; 365 rtl day(s) supply	PFIZER-BIONTECH COVID-19VACCINE SUSP	0	
GARDASIL 9 SUSY	0	3 rtl MAX fill; 365 rtl day(s) supply	PREHEVBRIO	0	3 rtl MAX fill; 365 rtl day(s) supply
HAVRIX	0		PRIORIX SUSR	0	3 rtl MAX fill; 365 rtl day(s) supply
HEPLISAV-B SOSY	0	2 rtl MAX fill; 292 rtl day(s) supply; 2 mail MAX fill	RECOMBIVAX HB SUSP	0	
IPOL INACTIVATED IPV	0		RECOMBIVAX HB SUSY	0	
M-M-R II SOLR	0	2 rtl MAX fill; 365 rtl day(s) supply	ROTARIX SUSP	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0		ROTARIX SUSR	0	
MODERNA COVID-19 VACCINE6-11Y SUSP	0		ROTATEQ SOLN	0	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	0		SHINGRIX	0	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old)
MODERNA COVID-19 VACCINE SUSP	0		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	0	
			SPIKEVAX COVID-19 VACCINE SUSP	0	
			TWINRIX SUSY	0	
			VAQTA	0	
			VARIVAX INJ	0	2 rtl MAX fill; 365 rtl day(s) supply
VAGINAL AND RELATED PRODUCTS					

Ambetter Formulary Updated May 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Vaginal Products			epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML		
INTRAROSA	3	QL(1 ea daily); PA	2 rtl MAX fill; 365 rtl day(s) supply; 2 mail MAX fill; QL(2 ea per fill retail; 2 per fill mail)		
Spermicides			epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML		
TODAY SPONGE MISC	0		2 rtl MAX fill; 365 rtl day(s) supply; 2 mail MAX fill; QL(2 ea per fill retail; 2 per fill mail)		
Vaginal Anti-infectives			Vasopressors		
clindamycin phosphate vaginal CREA	1B		midodrine hcl	1B	
clotrimazole vaginal CREA 1 %	1B		VITAMINS		
GYNAZOLE-1	3	QL(5 gm per 30 days retail; 5 gm per 30 days mail)	Oil Soluble Vitamins		
metronidazole vaginal	1B		cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT	1A	
miconazole nitrate vaginal SUPP 200 MG	1B		cholecalciferol TABS 10 MCG, 400 UNIT	0	
terconazole vaginal CREA	1B		ergocalciferol CAPS	0	
terconazole vaginal CREA	1B		ergocalciferol SOLN OR	1B	
terconazole vaginal SUPP	1B		VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Vaginal Anti-inflammatory Agents			Water Soluble Vitamins		
hydrocortisone vaginal	1B	QL(15.15 gm daily)	ascorbic acid SOLN IJ	3	QL(0.4 ml daily)
Vaginal Contraceptive - pH Modulators			NIACIN TR TBCR	1B	
PHEXXI	0	PV	niacinamide TABS 100 MG	1B	
Vaginal Estrogens			niacinamide TABS 500 MG	1A	
estradiol vaginal CREA	1B	QL(2 gm daily)	niacin CPCR 250 MG, 500 MG	1A	
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FEMRING	3	PA	niacin TBCR	1A	
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Anaphylaxis Therapy Agents					

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		colchicine w/ probenecid	47	cyclobenzaprine hcl TABS 5 MG, 10 MG	56
		colesevelam hcl PACK	18	cyclophosphamide CAPS	23
		colesevelam hcl TABS	18	cyclophosphamide SOLR IJ	23
		colestipol hcl GRAN	18	cycloserine	22
		colestipol hcl PACK	18		
		colestipol hcl TABS	18		

cyclosporine (ophth) EMUL	57	darunavir TABS	29	(biphasic)	34
cyclosporine CAPS	54	DAURISMO	24	desogestrel-ethinyl estradiol (triphasic)	34
cyclosporine modified (for microemulsion) CAPS	54	DEBACTEROL	55	desonide CREA	40
cyclosporine modified (for microemulsion) SOLN	54	decitabine	23	desonide LOTN	40
cyclosporine SOLN IV 50 MG/ML .	54	deferasirox PACK	16	desonide OINT	40
CYLTEZO AJKT	3	deferasirox TABS	16	desoximetasone CREA 0.25 %	40
CYLTEZO PSKT 10 MG/0.2ML	3	deferasirox TBSO	16	desoximetasone GEL	40
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	3	deferiprone TABS 500 MG	16	desoximetasone OINT 0.25 %	40
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	3	deflazacort TABS	35	desvenlafaxine succinate 100 MG .	14
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	3	DELESTROGEN 10 MG/ML (estradiol valerate)	45	desvenlafaxine succinate 25 MG, 50 MG	14
cyproheptadine hcl SYRP	18	DELSTRIGO	29	dexamethasone ELIX	35
cyproheptadine hcl TABS	18	demeclocycline hcl TABS	62	DEXAMETHASONE INTENSOL CONC	35
CYSTAGON CAPS	46	DEPO-ESTRADIOL	45	dexamethasone sodium phosphate (ophth)	58
CYSTARAN	58	DEPO-MEDROL SUSP	35	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	35
cytarabine SOLN	23	DEPO-SUBQ PROVERA 104 SUSY SC	35	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	35
dabigatran etexilate mesylate CAPS . 10		desipramine hcl TABS	14	dexamethasone SOLN	35
dacarbazine SOLR 200 MG	27	desloratadine TABS	18	dexamethasone TABS 0.5 MG, 0.75 MG	35
dactinomycin	25	desloratadine TBDP 2.5 MG	18	dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	35
dalfampridine	60	desmopressin acetate SOLN IJ ...	44	dexchlorpheniramine maleate SOLN . 17	
danazol CAPS	7	DESMOPRESSIN ACETATE SOLN NA	44	dexlansoprazole	63
dantrolene sodium CAPS	56	desmopressin acetate spray	44	dexmethylphenidate hcl CP24	1
dapsone	21	desmopressin acetate spray refrigerated	44	dexmethylphenidate hcl TABS	1
DAPTACEL	62	desmopressin acetate TABS 0.1 MG 44		dextroamphetamine sulfate CP24 10 MG, 15 MG	1
daptomycin 500 MG	21	desmopressin acetate TABS 0.2 MG 44			
darifenacin hydrobromide	63	desogestrel & ethinyl estradiol	34		
		desogestrel-ethinyl estradiol			

dextroamphetamine sulfate CP24 5 MG	1	diflorasone diacetate CREA	40	DIPENTUM	46
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	diflorasone diacetate OINT	40	diphenhydramine hcl CAPS 50 MG 18	
dextrose in lactated ringers	53	diflunisal TABS	4	diphenhydramine hcl ELIX 12.5 MG/5ML	18
DIACOMIT CAPS 250 MG	11	difluprednate	58	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	18
DIACOMIT CAPS 500 MG	11	digoxin SOLN OR 0.05 MG/ML	32	diphenhydramine hcl SOLN 50 MG/ML	18
DIACOMIT PACK 250 MG	11	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	32	diphenoxylate w/ atropine LIQD ...	16
DIACOMIT PACK 500 MG	11	dihydroergotamine mesylate SOLN IJ 1 MG/ML	52	diphenoxylate w/ atropine TABS ...	16
diazepam (anticonvulsant) GEL ...	11	dihydroergotamine mesylate SOLN NA 4 MG/ML	52	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	62
diazepam CONC	8	DILANTIN (phenytoin sodium extended)	12	dipyridamole	47
diazepam SOLN OR 5 MG/5ML	8	DILANTIN	12	disopyramide phosphate CAPS	8
diazepam TABS	8	DILANTIN INFATABS CHEW (phenytoin)	12	disulfiram	60
diazoxide	15	DILANTIN-125 SUSP (phenytoin) .	12	DIURIL SUSP	43
dichlorphenamide	42	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	32	divalproex sodium TB24	12
diclofenac epolamine PTCH EX ...	38	diltiazem hcl coated beads CP24 180 MG, 240 MG	32	divalproex sodium TBEC	12
diclofenac potassium TABS 50 MG .	3	diltiazem hcl CP12	32	docetaxel CONC 20 MG/ML	27
diclofenac sodium (actinic keratoses) EX	38	diltiazem hcl CP24	32	docetaxel SOLN 20 MG/2ML	27
diclofenac sodium (ophth)	58	diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	32	docosate calcium	49
diclofenac sodium (topical) GEL EX 38		diltiazem hcl SOLN 50 MG/10ML ..	32	docosate sodium CAPS 100 MG ..	49
diclofenac sodium TB24	3	DILTIAZEM HCL SOLR	32	docosate sodium CAPS 250 MG ..	49
diclofenac sodium TBEC	3	diltiazem hcl TABS	32	dofetilide	8
diclofenac w/ misoprostol TBEC	3	diltiazem hcl TB24	32	donepezil hydrochloride TABS 10 MG	60
dicloxacillin sodium	59	dimethyl fumarate CDPK	60	donepezil hydrochloride TABS 5 MG .	60
dicyclomine hcl CAPS	63	dimethyl fumarate CPDR	60	donepezil hydrochloride TBDP 10 MG	60
dicyclomine hcl SOLN OR	63			donepezil hydrochloride TBDP 5 MG	
dicyclomine hcl TABS	63				
DIFFERIN LOTN	37				
DIFICID TABS	50				

60	levomefolate calcium	34	ELIQUIS TABS	10
DOPTELET	DROXIA CAPS	48	ELLA	35
dorzolamide hcl	DUAVEE	58	ELMIRON CAPS	46
dorzolamide hcl-timolol maleate	DULERA	57	EMCYT	24
DOVATO	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	29	EMFLAZA SUSP	35
doxazosin mesylate	duloxetine hcl CPEP 40 MG	19	EMFLAZA TABS (deflazacort)	35
doxepin hcl (antipruritic)	DUREX EXTRA SENSITIVE THIN DEVI	38	EMGALITY SOAJ	52
doxepin hcl (sleep)	dutasteride	48	EMGALITY SOSY 100 MG/ML	52
doxepin hcl CAPS	dutasteride-tamsulosin hcl	14	EMGALITY SOSY 120 MG/ML	52
doxepin hcl CONC	econazole nitrate CREA	14	EMSAM	13
doxercalciferol CAPS	EDARBI	44	emtricitabine CAPS	29
doxercalciferol SOLN	EDURANT	44	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	29
doxorubicin hcl liposomal	efavirenz CAPS 200 MG	25	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	29
doxorubicin hcl SOLN	efavirenz CAPS 50 MG	25	EMTRIVA SOLN	29
doxorubicin hcl SOLR 10 MG, 50 MG	efavirenz TABS	25	EMVERM CHEW	7
doxycycline (monohydrate) CAPS 50 MG, 100 MG	efavirenz-emtricitabine-tenofovir disoproxil fumarate	62	enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20	
doxycycline (monohydrate) CAPS 75 MG	efavirenz-lamivudine-tenofovir disoproxil fumarate	62	enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20	
doxycycline (monohydrate) TABS 100 MG	EGRIFTA 2 MG	62	enalapril maleate TABS	19
doxycycline (monohydrate) TABS 50 MG	EGRIFTA SV	62	ENBREL MINI SOCT	4
doxycycline hyclate CAPS	ELAPRASE	62	ENBREL SOLN	4
doxycycline hyclate SOLR	electrolyte-148	62	ENBREL SOLR	4
doxycycline hyclate TABS 20 MG, 100 MG	electrolyte-a	62	ENBREL SOSY 25 MG/0.5ML	4
doxylamine-pyridoxine TBEC	ELESTRIN GEL	17	ENBREL SOSY 50 MG/ML	4
dronabinol CAPS	eletriptan hydrobromide	17	ENBREL SURECLICK SOAJ	4
drosiprenone-ethinyl estradiol	ELIGARD KIT SC 7.5 MG	34	ENGERIX-B SUSP 20 MCG/ML	64
drosiprenone-ethinyl estradiol-	ELIGARD SC 22.5 MG, 30 MG, 45 MG	34	ENGERIX-B SUSY	64
	ELIQUIS STARTER PACK TBPK	10		

enoxaparin sodium SOLN IJ 300 MG/3ML	10	ergocalciferol CAPS	67	estradiol GEL 0.06 %	45
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	10	ergocalciferol SOLN OR	67	estradiol GEL	45
enoxaparin sodium SOSY 30 MG/0.3ML	10	ergoloid mesylates TABS	61	estradiol PTTW	45
enoxaparin sodium SOSY 40 MG/0.4ML	10	ERGOMAR SUBL	52	estradiol PTWK	45
enoxaparin sodium SOSY 60 MG/0.6ML	10	ergotamine w/ caffeine TABS	52	estradiol TABS	45
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	10	ERIVEDGE	24	estradiol vaginal CREA	67
ENSPRYNG	54	ERLEADA 240 MG	24	estradiol vaginal TABS	67
entacapone	27	ERLEADA 60 MG	24	estradiol valerate	45
entecavir TABS	30	erlotinib hcl	24	ESTROGEL GEL 0.06 % (estradiol) 45	
EPIDIOLEX	11	ERTACZO	38	eszopiclone	48
epinastine hcl (ophth)	58	ertapenem sodium IJ	21	ethacrynic acid	43
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	67	erythromycin (acne aid) PADS	37	ethambutol hcl TABS	22
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	67	erythromycin (acne aid) SOLN	37	ethosuximide CAPS	12
EPIVIR HBV SOLN	30	erythromycin (ophth)	57	ethosuximide SOLN	12
eplerenone	20	erythromycin base CPEP	49	ethynodiol diacet & eth estrad	34
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	48	erythromycin base TABS	49	etodolac CAPS	3
epoprostenol sodium	32	erythromycin base TBEC	49	etodolac TABS	3
EQL PRENATAL FORMULA TABS 55		erythromycin ethylsuccinate SUSR 49		etonogestrel-ethinyl estradiol	35
EQUETRO 100 MG	28	erythromycin ethylsuccinate TABS 50		ETOPOPHOS	27
EQUETRO 200 MG	28	escitalopram oxalate SOLN	13	etoposide CAPS	27
EQUETRO 300 MG	28	escitalopram oxalate TABS 10 MG 13		etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	27
ERAXIS	17	escitalopram oxalate TABS 20 MG 13		etravirine 100 MG	29
ERBITUX	24	escitalopram oxalate TABS 5 MG . 13		etravirine 200 MG	29
		esomeprazole magnesium CPDR 20 MG	63	EUCRISA	41
		esomeprazole magnesium CPDR 40 MG	63	EVAMIST SOLN	45
		esomeprazole magnesium TBEC . 63		everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	54
		estazolam	48	everolimus TABS	25
				EVOTAZ	29

exemestane	24	fenoprofen calcium TABS	3	2024 SUSY	65
ezetimibe	19	FENSOLVI SC	44	FLUBLOK QUADRIVALENT 2021-2022	65
ezetimibe-simvastatin	18	fentanyl citrate LPOP	5	FLUBLOK QUADRIVALENT 2022-2023	65
famciclovir 125 MG, 250 MG	31	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	5	FLUBLOK QUADRIVALENT 2023-2024	65
famciclovir 500 MG	31	ferrous fumarate-folic acid	48	FLUCELVAX QUADRIVALENT 2021-2022 SUSP	65
famotidine in nacl SOLN	63	ferrous sulfate SOLN 15 MG/ML ..	48	FLUCELVAX QUADRIVALENT 2021-2022 SUSY	65
famotidine SOLN 20 MG/2ML	63	ferrous sulfate TABS 65 MG, 325 MG	48	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	65
famotidine SOLN 40 MG/4ML, 200 MG/20ML	63	ferrous sulfate TBEC 325 MG	48	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	65
famotidine SUSR	63	fesoterodine fumarate	63	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	65
famotidine TABS 20 MG, 40 MG ..	63	FETZIMA CP24	14	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	65
FANAPT	28	FETZIMA TITRATION PACK C4PK 14	14	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	65
FANAPT TITRATION PACK	28	finasteride	47	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	65
FANTASY LUBRICATED MISC ...	50	fingolimod hcl	60	fluconazole SUSR	17
FANTASY LUBRICATED/SPERMICIDE MISC 50	50	FIRDAPSE	22	fluconazole TABS	17
FARXIGA	16	FIRMAGON	24	flucytosine	17
FASENRA PEN SOAJ	8	flavoxate hcl	64	fludarabine phosphate SOLN	23
FASENRA SOSY	8	flecainide acetate	8	fludarabine phosphate SOLR	23
FC2 FEMALE CONDOM	50	floxuridine	23	fludrocortisone acetate TABS	36
febuxostat	47	FLUAD QUADRIVALENT 2021-2022	64	FLULAVAL QUADRIVALENT 2021-2022 SUSY	65
felbamate SUSP	12	FLUAD QUADRIVALENT 2022-2023	64	FLULAVAL QUADRIVALENT 2022-2023 SUSY	65
felbamate TABS 400 MG	12	FLUAD QUADRIVALENT 2023-2024	64	FLULAVAL QUADRIVALENT 2023-2024 SUSY	65
felbamate TABS 600 MG	12	FLUARIX QUADRIVALENT 2021-2022 SUSY	65	FLUMIST QUADRIVALENT	65
felodipine	32	FLUARIX QUADRIVALENT 2022-2023 SUSY	65	flunisolide (nasal) 0.025 %	56
FEMCAP DEVI	50	FLUARIX QUADRIVALENT 2023-		fluocinolone acetonide (otic)	59
FEMRING	67				
fenofibrate micronized 67 MG, 134 MG, 200 MG	18				
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	18				

fluocinolone acetonide CREA 0.01 % 40	flurbiprofen sodium58	2023 SUSY66
fluocinolone acetonide CREA 0.025 %40	flurbiprofen TABS4	FLUZONE QUADRIVALENT 2023- 2024 SUSP66
fluocinolone acetonide OIL40	flutamide24	FLUZONE QUADRIVALENT 2023- 2024 SUSY66
fluocinolone acetonide OINT40	fluticasone furoate-vilanterol9	FML FORTE SUSP58
fluocinolone acetonide SOLN40	fluticasone propionate (inhalation) AEPB9	FML OINT58
fluocinonide CREA 0.05 %40	fluticasone propionate (nasal) SUSP . 56	folic acid TABS47
fluocinonide emulsified base40	fluticasone propionate CREA 0.05 % 40	fondaparinux sodium 10 MG/0.8ML 10
fluocinonide GEL40	fluticasone propionate hfa9	fondaparinux sodium 2.5 MG/0.5ML . 10
fluocinonide OINT40	fluticasone propionate LOTN40	fondaparinux sodium 5 MG/0.4ML .10
fluocinonide SOLN40	fluticasone propionate OINT40	fondaparinux sodium 7.5 MG/0.6ML . 10
fluorometholone (ophth) SUSP58	fluticasone-salmeterol AEPB9	FORA GTEL BLOOD KETONE TEST STRIPS42
fluorouracil (topical) CREA 5 %38	fluticasone-salmeterol AERO9	FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..42
fluorouracil (topical) SOLN38	fluvastatin sodium CAPS 20 MG ...18	formoterol fumarate NEBU9
fluorouracil 500 MG/10ML23	fluvastatin sodium CAPS 40 MG ...18	FORTEO SOPN (teriparatide (recombinant))43
fluoxetine hcl CAPS 10 MG13	fluvoxamine maleate TABS 100 MG . 13	FOSAMAX PLUS D43
fluoxetine hcl CAPS 20 MG13	fluvoxamine maleate TABS 25 MG, 50 MG13	fosamprenavir calcium TABS30
fluoxetine hcl CAPS 40 MG13	FLUZONE HIGH-DOSE PF 2021- 202265	fosfomycin tromethamine21
fluoxetine hcl CPDR13	FLUZONE HIGH-DOSE PF 2022- 202365	fosinopril sodium & hydrochlorothiazide20
fluoxetine hcl SOLN13	FLUZONE HIGH-DOSE PF 2023- 202465	fosinopril sodium19
fluoxetine hcl TABS 10 MG, 60 MG 13	FLUZONE QUADRIVALENT 2021- 2022 SUSP65	fosphenytoin sodium12
fluoxetine hcl TABS 20 MG13	FLUZONE QUADRIVALENT 2021- 2022 SUSY65	FRAGMIN SOSY10
fluphenazine hcl CONC29	FLUZONE QUADRIVALENT 2022- 2023 SUSP66	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM51
fluphenazine hcl ELIX29	FLUZONE QUADRIVALENT 2022- 2023 SUSY66	FREESTYLE LIBRE 14
fluphenazine hcl SOLN29	FLUZONE QUADRIVALENT 2022- 2023 SUSP66	
fluphenazine hcl TABS29	FLUZONE QUADRIVALENT 2022- 2023 SUSY66	
flurandrenolide CREA40		
flurandrenolide LOTN40		
flurazepam hcl48		

DAY/SENSOR/FLASH MONITORING SYSTEM	51	galantamine hydrobromide TABS . 60	MG/2ML	2
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	51	GAMMAGARD LIQUID 1 GM/10ML 59	GENVOYA	30
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	51	GAMMAGARD LIQUID 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	59	GILOTRIF
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	51	GAMMAGARD LIQUID 30 GM/300ML	59	60 glatiramer acetate SOSY 20 MG/ML . 60
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	51	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	59	60 glatiramer acetate SOSY 40 MG/ML . 60
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	51	GAMMAKED 1 GM/10ML	59	GLEOSTINE 10 MG
frovatriptan succinate	52	GAMMAKED 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	59	GLEOSTINE 40 MG, 100 MG
fulvestrant SOSY	24	GAMUNEX-C 1 GM/10ML	59	glimepiride 1 MG, 2 MG
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	43	GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	59	glimepiride 4 MG
furosemide TABS	43	ganciclovir sodium SOLR	30	glipizide TABS 5 MG, 10 MG
FUZEON SOLR	30	ganirelix acetate	44	glipizide TB24
FYCOMPA TABS 2 MG	10	GARDASIL 9 SUSP	66	glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG
FYCOMPA TABS 4 MG	10	GARDASIL 9 SUSY	66	14 glipizide-metformin hcl 500 MG-5 MG
FYCOMPA TABS 6 MG	10	gatifloxacin (ophth)	57	42 GLUCAGEN DIAGNOSTIC
FYCOMPA TABS 8 MG, 10 MG, 12 MG	10	gefitinib	24	15 glucagon (rdna)
gabapentin CAPS	11	gemcitabine hcl SOLR 2 GM, 200 MG	23	16 glyburide micronized 1.5 MG, 3 MG, 6 MG
gabapentin SOLN	11	gemfibrozil TABS	18	16 glyburide TABS
gabapentin TABS 600 MG, 800 MG 11		gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %	2	14 glyburide-metformin 250 MG-1.25 MG
GALAFOLD	44	gentamicin sulfate (ophth) OINT ..	57	14 glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG
galantamine hydrobromide CP24 ..	60	gentamicin sulfate (ophth) SOLN ..	57	46 glycine (gu irrigant) SOLN 1.5 % ..
galantamine hydrobromide SOLN ..	60	gentamicin sulfate (topical) CREA ..	37	63 glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML
		gentamicin sulfate (topical) OINT ..	37	63 glycopyrrolate TABS 1 MG
		gentamicin sulfate IJ 40 MG/ML, 80		63 glycopyrrolate TABS 2 MG
				14 GLYXAMBI
				55 GNP PRENATAL TABS

GOJJI BLOOD KETONE TEST STRIPS	42	HEPLISAV-B SOSY	66	MG-7.5 MG	6
granisetron hcl SOLN IV 1 MG/ML	16	HIBERIX SOLR IJ	64	hydrocodone-acetaminophen TABS	
granisetron hcl TABS	16	HUMATROPE CART IJ	44	325 MG-10 MG, 325 MG-5 MG, 325	
GRASTEK SUBL	2	HUMIRA PEDIATRIC CROHNS		MG-7.5 MG	6
griseofulvin microsize SUSP	17	DISEASE STARTER PACK PSKT 80		hydrocodone-ibuprofen 10 MG-200	
griseofulvin microsize TABS	17	MG/0.8ML	3	MG, 5 MG-200 MG	6
griseofulvin ultramicrosize	17	HUMIRA PEN PNKT 80 MG/0.8ML	3	hydrocodone-ibuprofen 7.5 MG-200	
guanfacine hcl (adhd)	1	HUMIRA PEN PNKT	3	MG	6
guanfacine hcl	19	HUMIRA PEN-CD/UC/HS STARTER		hydrocortisone (intrarectal)	7
GYNAZOLE-1	67	PNKT	3	hydrocortisone (rectal) EX	7
HADLIMA PUSHTOUCH SOAJ	3	HUMIRA PEN-PEDIATRIC UC		hydrocortisone (topical) CREA 1 %,	
HADLIMA SOSY	3	STARTER PACK PNKT	3	2.5 %	40
HAEGARDA SOLR SC	47	HUMIRA PEN-PS/UV STARTER		hydrocortisone (topical) LOTN 2.5 % .	
HALAVEN	27	PNKT	3	40	
halcinonide CREA	40	HUMIRA PSKT	3	hydrocortisone (topical) OINT 1 %,	
halobetasol propionate CREA	40	HUMULIN R U-500		2.5 %	40
halobetasol propionate OINT	40	(CONCENTRATED) SOLN SC	15	hydrocortisone acetate (rectal)	7
HALOG OINT	40	HUMULIN R U-500 KWIKPEN SOPN		hydrocortisone butyrate CREA	40
haloperidol decanoate	28	SC	15	hydrocortisone butyrate OINT	40
haloperidol lactate CONC	28	HYCAMTIN CAPS	27	hydrocortisone butyrate SOLN	40
haloperidol lactate SOLN	28	hydralazine hcl SOLN	20	hydrocortisone TABS	35
haloperidol TABS	28	hydralazine hcl TABS	20	hydrocortisone vaginal	67
HAVRIX	66	hydrochlorothiazide CAPS	43	hydrocortisone valerate CREA	40
HEALON PRO SOSY	58	hydrochlorothiazide TABS 12.5 MG		hydrocortisone valerate OINT	40
HEMANGEOL SOLN OR	31	43		hydrocortisone w/acetic acid	59
heparin sodium (porcine) SOLN IJ		hydrochlorothiazide TABS 25 MG, 50		hydromorphone hcl LIQD	5
5000 UNIT/ML, 10000 UNIT/ML,		MG	43	hydromorphone hcl SOLN IJ 10	
20000 UNIT/ML	10	hydrocodone polistirex-		MG/ML, 50 MG/5ML, 500 MG/50ML .	
HEPARIN SODIUM/NACL 0.45%		chlorpheniramine polistirex SUER	36	5	
SOLN IV 0.45 %-12500 UNIT/250ML		hydrocodone-acetaminophen SOLN		hydromorphone hcl TABS	5
10		108 MG/5ML-2.5 MG/5ML, 217		hydromorphone hcl TB24 32 MG ...	5
		MG/10ML-5 MG/10ML, 325		hydromorphone hcl TB24 8 MG, 12	
		MG/15ML-7.5 MG/15ML	6	MG, 16 MG	5
		hydrocodone-acetaminophen TABS			
		300 MG-10 MG, 300 MG-5 MG, 300			

hydroxychloroquine sulfate 200 MG 22	imipramine hcl TABS14	INTRON A SOLR 18000000 UNIT 27
hydroxyurea27	imipramine pamoate14	IONOSOL-MB/DEXTROSE 5% ...53
hydroxyzine hcl SOLN 50 MG/ML .. 8	imiquimod 5 % 41	IOPIDINE57
hydroxyzine hcl SYRP8	IMPAVIDO20	IPOL INACTIVATED IPV66
hydroxyzine hcl TABS8	INCRELEX 44	ipratropium bromide (nasal) 0.03 % 56
hydroxyzine pamoate CAPS8	INCRUSE ELLIPTA9	ipratropium bromide (nasal) 0.06 % 56
HYPERSAL NEBU36	indapamide TABS 1.25 MG43	ipratropium bromide SOLN 0.02 % . 9
HYQVIA 59	indapamide TABS 2.5 MG43	ipratropium-albuterol SOLN9
ibandronate sodium SOLN43	indomethacin CAPS 25 MG, 50 MG 4	irbesartan19
ibandronate sodium TABS43	indomethacin CPCR 4	irbesartan-hydrochlorothiazide ...20
IBRANCE CAPS25	INFANRIX 62	IRESSA (gefitinib)24
IBRANCE TABS 25	INFLECTRA SOLR 46	irinotecan hcl 40 MG/2ML, 100 MG/5ML27
ibuprofen SUSP 100 MG/5ML 4	INGREZZA CAPS60	irrigation solutions, physiological ..54
ibuprofen TABS 400 MG, 600 MG ..4	INGREZZA CPPK60	ISENTRESS CHEW 30
ibuprofen TABS 800 MG4	INLYTA 23	ISENTRESS HD TABS 30
icatibant acetate SOLN47	INREBIC25	ISENTRESS TABS 30
icatibant acetate SOSY47	INSULIN ASPART FLEXPEN SOPN . 15	ISOLYTE-P/DEXTROSE 5%53
ICLUSIG25	INSULIN ASPART PENFILL SOCT 15	ISOLYTE-S53
icosapent ethyl 1 GM 18	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN15	isoniazid SOLN 22
idarubicin hcl 20 MG/20ML25	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP15	isoniazid SYRP 22
idarubicin hcl 5 MG/5ML, 10 MG/10ML25	INSULIN ASPART SOLN IJ 15	isoniazid TABS22
ifosfamide SOLN 1 GM/20ML23	INSULIN DEGLUDEC FLEXTOUCH SOPN 15	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG 7
ifosfamide SOLR23	INSULIN DEGLUDEC SOLN15	isosorbide dinitrate-hydralazine hcl 32
imatinib mesylate25	INTELENCE 25 MG30	isosorbide mononitrate TABS7
IMBRUVICA CAPS 140 MG25	INTRAROSA 67	isosorbide mononitrate TB24 7
IMBRUVICA CAPS 70 MG 25		isotretinoin 10 MG, 20 MG, 30 MG, 40 MG37
IMBRUVICA SUSP25		
IMBRUVICA TABS25		
imipenem-cilastatin IV 21		

isradipine CAPS	32	ketorolac tromethamine TABS	4	KOSELUGO	26
itraconazole CAPS	17	KETOSTIX STRP	42	KP PRENATAL MULTIVITAMINS TABS	55
itraconazole SOLN	17	ketotifen fumarate (ophth) 0.035 % 58		KRINTAFEL	22
ivermectin (pediculicide)	41	KEVZARA SOAJ	3	K-Y ME & YOU EXTRA LUBRICATED DEVI	50
ivermectin	7	KEVZARA SOSY	3	K-Y ME & YOU INTENSE DEVI ...	50
IXEMPRA KIT 15 MG	27	KIMONO COLORS DEVI	50	KYLEENA	35
JAKAFI	25	KIMONO LUBRICATED MISC	50	KYPROLIS	26
JANUMET TABS	14	KIMONO MAXX/LARGE FLARE MISC	50	labetalol hcl SOLN	31
JANUMET XR TB24 1000 MG-100 MG	14	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 50		labetalol hcl TABS 100 MG, 200 MG .	31
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	14	KIMONO PLUS SPERMICIDE LUBRICATED MISC	50	labetalol hcl TABS 300 MG	31
JANUVIA	15	KIMONO PLUS SPERMICIDE LUBRICATED MISC	50	lacosamide SOLN OR	11
JARDIANCE	16	KIMONO PLUS SPERMICIDE/LUBRICATED MISC 50		lacosamide TABS	11
JEVTANA	27	KIMONO PS LUBRICATED MISC .	50	lactated ringer's (irrigation)	54
JULUCA	30	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 50		lactated ringer's	53
KALYDECO TABS	61	KIMONO SENSATION LUBRICATED MISC	50	lactic acid (ammonium lactate) CREA	41
KAMELEON LUBRICATED MISC .	50	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 50		lactic acid (ammonium lactate) LOTN 12 %	41
KANJINTI	23	KIMONO SPECIAL DEVI	50	lactulose (encephalopathy)	46
KCL 0.3%/D5W/NACL 0.9% (potassium chloride in dextrose & sodium chloride)	53	KINRIX SUSY	62	lactulose SOLN	49
KEPIVANCE 6.25 MG	27	KISQALI	26	lamivudine (hbv) TABS	30
KESIMPTA	60	KISQALI FEMARA 200 DOSE ...	25	lamivudine SOLN	30
ketoconazole (topical) CREA	38	KISQALI FEMARA 400 DOSE ...	25	lamivudine TABS 150 MG	30
ketoconazole (topical) SHAM 2 % .	38	KISQALI FEMARA 600 DOSE ...	25	lamivudine TABS 300 MG	30
ketoconazole	17	KLARITY-A	57	lamivudine-zidovudine	30
KETONE STRP	42			lamotrigine CHEW 25 MG	11
KETONE TEST STRIPS STRP	42			lamotrigine CHEW 5 MG	11
ketoprofen CAPS 50 MG	4			lamotrigine TABS	11
ketorolac tromethamine (ophth) ...	58			lamotrigine TBDP	11

LANOXIN SOLN IJ (digoxin)	32	LEVEMIR FLEXTOUCH SOPN	15	levothyroxine sodium TABS	62
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	32	LEVEMIR SOLN	15	LEXIVA SUSP	30
lansoprazole CPDR 15 MG	63	levetiracetam SOLN IV 500 MG/5ML 11		lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %	49
lansoprazole CPDR 30 MG	63	levetiracetam TABS 1000 MG	11	lidocaine hcl (mouth-throat) 2 %	54
lanthanum carbonate CHEW	46	levetiracetam TABS 250 MG, 750 MG	11	lidocaine hcl (mouth-throat) 4 %	55
lapatinib ditosylate	26	levetiracetam TABS 500 MG	11	lidocaine hcl GEL 2 %	41
LASTACAFT	58	levetiracetam TB24	11	lidocaine hcl PRSY	41
latanoprost SOLN	58	levobunolol hcl 0.5 %	57	lidocaine hcl SOLN	41
leflunomide	4	levocetirizine dihydrochloride SOLN 18		lidocaine PTCH 5 %	41
lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	54	levocetirizine dihydrochloride TABS 18		lidocaine-prilocaine CREA	41
lenalidomide 20 MG	54	levofloxacin (ophth) 0.5 %	57	LILETTA 20.1 MCG/DAY	35
LENVIMA 10 MG DAILY DOSE	23	levofloxacin in d5w 5 %-500 MG/100ML	45	lincomycin hcl	21
LENVIMA 12MG DAILY DOSE	23	levofloxacin SOLN OR	45	linezolid SUSR	21
LENVIMA 14 MG DAILY DOSE	23	levofloxacin TABS 250 MG, 750 MG .	45	linezolid TABS	21
LENVIMA 18 MG DAILY DOSE	23	levofloxacin TABS 500 MG	45	LINZESS	46
LENVIMA 20 MG DAILY DOSE	23	levonorgestrel & eth estradiol TABS 34		liothyronine sodium SOLN	62
LENVIMA 24 MG DAILY DOSE	23	levonorgestrel (emergency oc) 1.5 MG	35	liothyronine sodium TABS	62
LENVIMA 4 MG DAILY DOSE	23	levonorgestrel-eth estradiol (triphasic)	34	lisdexamfetamine dimesylate CAPS 1	
LENVIMA 8 MG DAILY DOSE	23	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	34	lisinopril & hydrochlorothiazide ...	20
letrozole	24	levonorgestrel-ethinyl estradiol (continuous)	34	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	19
leucovorin calcium SOLR	27	levorphanol tartrate TABS 2 MG	5	lithium	28
leucovorin calcium TABS	27			lithium carbonate CAPS	28
LEUKERAN	23			lithium carbonate TABS	28
LEUKINE SOLR IJ	48			lithium carbonate TBCR	28
leuprolide acetate KIT IJ 1 MG/0.2ML	24			LO LOESTRIN FE TABS	34
levabuterol hcl	9			LOKELMA	54
levabuterol tartrate	9			loperamide hcl CAPS	16
LEVEMIR FLEXPEN SOPN	15			lopinavir-ritonavir SOLN	30

loratadine CAPS	18	LUPRON DEPOT-PED (1-MONTH) .	44	medroxyprogesterone acetate 2.5	MG, 5 MG	60
loratadine CHEW	18	LUPRON DEPOT-PED (3-MONTH)	11.25 MG	mefenamic acid CAPS	4	
loratadine SOLN	18	LUPRON DEPOT-PED (3-MONTH)	30 MG	mefloquine hcl	22	
loratadine TABS	18			megestrol acetate (appetite)	60	
loratadine TBDP	18			megestrol acetate SUSP	24	
lorazepam CONC	8	lurasidone hcl 20 MG, 40 MG, 60	MG, 120 MG	28	MEKINIST SOLR	26
lorazepam TABS 0.5 MG, 2 MG	8			MEKINIST TABS 0.5 MG	26	
lorazepam TABS 1 MG	8			MEKINIST TABS 2 MG	26	
LORBRENA	26	LYNPARZA TABS	26	MEKTOVI	26	
losartan potassium &		LYSODREN	24	meloxicam TABS	4	
hydrochlorothiazide 12.5 MG-100		mafenide acetate PACK	39	melphalan	23	
MG, 25 MG-100 MG	20	magnesium sulfate IJ 50 %	53	melphalan hcl	23	
losartan potassium &		malathion	41	memantine hcl TABS	60	
hydrochlorothiazide 12.5 MG-50 MG .		maraviroc TABS 150 MG	30	MENACTRA	64	
20		maraviroc TABS 300 MG	30	MENEST	45	
losartan potassium	19	MARPLAN	13	MENOSTAR PTWK	45	
LOTEMAX OINT	58	MASONATAL TABS	55	MENQUADFI	64	
loteprednol etabonate GEL	58	MATULANE	27	MENVEO SOLR	64	
loteprednol etabonate SUSP	58	MAXIDEX SUSP OP	58			
lovastatin TABS 10 MG, 20 MG ...	18	MAXX LUBRICATED MISC	50	meperidine hcl SOLN IJ 25 MG/ML,	50 MG/ML, 100 MG/ML	5
lovastatin TABS 40 MG	19	MAXX PLUS SPERMICIDE		meperidine hcl SOLN OR 50	MG/5ML	5
loxapine succinate	28	LUBRICATED MISC	50	meperidine hcl TABS 50 MG	5	
lubiprostone	45	meclizine hcl TABS 12.5 MG	17	meprobamate	8	
LUCEMYRA	60	meclizine hcl TABS 25 MG	17	mercaptapurine TABS	23	
luliconazole	38	meclofenamate sodium CAPS	4	meropenem	21	
LUMIZYME	44	MEDROL TABS	35	mesalamine CP24	46	
LUPRON DEPOT (1-MONTH) KIT IM		medroxyprogesterone acetate		mesalamine CPDR	46	
.....	24	(contraceptive) SUSP IM	35	mesalamine ENEM	46	
LUPRON DEPOT (3-MONTH) KIT IM		medroxyprogesterone acetate				
.....	24	(contraceptive) SUSY IM	35			
LUPRON DEPOT (4-MONTH) IM .	24	medroxyprogesterone acetate 10 MG				
LUPRON DEPOT (6-MONTH) IM .	24	60			

mesalamine SUPP	46	methoxsalen rapid	39	metolazone	43
mesalamine TBEC 1.2 GM	46	methscopolamine bromide	63	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG	20
mesalamine TBEC 800 MG	46	methsuximide	12	metoprolol & hydrochlorothiazide TABS 25 MG-50 MG	20
metaxalone 800 MG	56	methyldopa TABS	19	metoprolol succinate TB24 200 MG 31	
metformin hcl TABS 1000 MG	15	methylphenidate hcl CP24 20 MG, 40 MG	2	metoprolol succinate TB24 25 MG, 50 MG, 100 MG	31
metformin hcl TABS 500 MG	15	methylphenidate hcl CP24 30 MG ..	2	metoprolol tartrate SOLN IV 5 MG/5ML	31
metformin hcl TABS 850 MG	15	methylphenidate hcl CP24	2	metoprolol tartrate TABS 25 MG, 50 MG, 100 MG	31
metformin hcl TB24 500 MG	15	methylphenidate hcl CPCR	2	metronidazole (topical) CREA	41
metformin hcl TB24 750 MG	15	methylphenidate hcl SOLN	2	metronidazole (topical) GEL 0.75 % 41	
methadone hcl CONC	5	methylphenidate hcl TABS 10 MG, 20 MG	2	metronidazole (topical) GEL 1 % ..	41
methadone hcl SOLN IJ 10 MG/ML .5	5	methylphenidate hcl TABS 5 MG ..	2	metronidazole (topical) LOTN	41
METHADONE HCL SOLN IJ	5	methylphenidate hcl TB24 27 MG ..	2	metronidazole TABS	20
methadone hcl SOLN OR 10 MG/5ML	5	methylphenidate hcl TB24 36 MG, 54 MG	2	metronidazole vaginal	67
methadone hcl SOLN OR 5 MG/5ML 5		methylphenidate hcl TBCR 10 MG, 20 MG	2	mexiletine hcl	8
methadone hcl TABS 10 MG	5	methylphenidate hcl TBCR 18 MG, 27 MG	2	micafungin sodium	17
methadone hcl TABS 5 MG	5	methylphenidate hcl TBCR 36 MG, 54 MG	2	miconazole nitrate vaginal SUPP 200 MG	67
methadone hcl TBSO	5	methylphenidate PTCH	2	midodrine hcl	67
methamphetamine hcl	1	methylprednisolone acetate SUSP 35		miglitol	14
methazolamide TABS	42	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	35	miglustat	47
methenamine hippurate	21	methylprednisolone TABS	35	minocycline hcl CAPS	62
methimazole TABS	62	methylprednisolone TBPK	35	minocycline hcl TABS	62
METHITEST TABS	7	metoclopramide hcl SOLN IJ 5 MG/ML	46	minoxidil 2.5 MG, 10 MG	20
methocarbamol TABS 500 MG, 750 MG	56	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	46	MIRCERA 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200	
METHOTREXATE	3	metoclopramide hcl TABS	46		
methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML	23				
methotrexate sodium SOLR	23				
methotrexate sodium TABS 2.5 MG 23					

MCG/0.3ML	48	montelukast sodium TABS	9	nafcillin sodium IV 10 GM	59
MIRENA	35	morphine sulfate CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 5		naftifine hcl CREA 1 %	38
mirtazapine TABS 15 MG	12	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML	5	naftifine hcl CREA 2 %	38
mirtazapine TABS 30 MG	12	morphine sulfate SOLN OR 10 MG/5ML	5	NAGLAZYME	44
mirtazapine TABS 7.5 MG, 45 MG	12	morphine sulfate SOLN OR 20 MG/5ML	5	nalbuphine hcl	7
mirtazapine TBDP 15 MG	12	morphine sulfate TABS	5	naloxone hcl LIQD	16
mirtazapine TBDP 30 MG	12	morphine sulfate TBCR	5	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	16
mirtazapine TBDP 45 MG	12	MOTOFEN	16	naltrexone hcl	16
misoprostol	63	MOVANTIK	46	naproxen sodium TABS 550 MG ...	4
mitomycin SOLR IV 20 MG	25	moxifloxacin hcl (ophth) SOLN OP	57	naproxen SUSP	4
mitoxantrone hcl 2 MG/ML	25	moxifloxacin hcl in sodium chloride	45	naproxen TABS	4
M-M-R II SOLR	66	moxifloxacin hcl TABS	45	naproxen TBEC 500 MG	4
M-NATAL PLUS TABS	55	MOZOBIL (plerixafor)	48	naratriptan hcl	52
modafinil 100 MG	2	MULPLETA	48	NATAACYN	57
modafinil 200 MG	2	MOZOBIL (plerixafor)	48	NATAZIA	34
MODERNA COVID-19 VACCINE SUSP	66	MULTI PRENATAL TABS	55	nateglinide	16
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	66	mupirocin OINT	37	NAYZILAM	11
MODERNA COVID-19 VACCINE6- 11Y SUSP	66	MVASI	23	nebivolol hcl 2.5 MG, 5 MG, 10 MG 31	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	66	MYALEPT	44	nebivolol hcl 20 MG	31
moexipril hcl	19	MYCOPHENOLATE MOFETIL CAPS	54	NEBUSAL NEBU	36
mometasone furoate (nasal) SUSP	56	MYCOPHENOLATE MOFETIL TABS	54	nefazodone hcl	13
mometasone furoate CREA	40	MYCOPHENOLATE SODIUM	54	nelarabine	23
mometasone furoate OINT	41	MYLERAN TABS	23	neomycin sulfate TABS	2
mometasone furoate SOLN	41	nabumetone	4	neomycin-bacitracin zn-polymyxin	57
montelukast sodium CHEW	9	nadolol TABS 20 MG	31	neomycin-polymy-dexameth OINT	58
montelukast sodium PACK	9	nadolol TABS 40 MG	31	neomycin-polymy-dexameth SUSP	58
		nadolol TABS 80 MG	31	neomycin-polymyxin-hc (ophth) ...	58
				neomycin-polymyxin-hc (otic) SOLN .	

58	nicardipine hcl SOLN	32	NITROGLYCERIN SOLN IV	7
neomycin-polymyxin-hc (otic) SUSP	nicotine MISC XX	61	nitroglycerin SUBL	8
59	nicotine polacrilex GUM	61	NIVA-PLUS TABS	55
NEONATAL COMPLETE TABS 120	nicotine polacrilex LOZG	61	nizatidine CAPS	63
MG-10 MG-9.2 MG-1000 MCG-10	nicotine PT24 TD 7 MG/24HR, 14	61	nizatidine SOLN	63
MCG-12 MCG-3 MG-5 MG-20 MG-	MG/24HR, 21 MG/24HR	61	NORDITROPIN FLEXPPO SOPN 30	44
27 MG-200 MG-1.84 MG-25 MG-2	NICOTINE TRANSDERMAL		MG/3ML	
MG-1200 MCG-2 MG-0.2 MG	SYSTEM KIT	61	NORDITROPIN FLEXPPO SOPN 5	44
NEONATAL PLUS TABS	NICOTROL INHALER INHA	61	MG/1.5ML, 10 MG/1.5ML, 15	
NEONATAL PRENATAL VITAMIN	NICOTROL NS SOLN	61	MG/1.5ML	44
TABS	nifedipine CAPS 10 MG	32	norelgestromin-ethinyl estradiol	35
NEONATAL VITAMIN TABS	nifedipine CAPS 20 MG	32	norethin acet & estrad-fe CAPS	34
neostigmine methylsulfate SOSY	nifedipine TB24 60 MG	32	norethin acet & estrad-fe CHEW	34
NEO-SYNALAR	nifedipine TB24 90 MG	32	norethin acet & estrad-fe TABS 1	
NEUPRO	nifedipine TB24	32	MG-20 MCG-75 MG, 1.5 MG-30	
NEVANAC	nilutamide	24	MCG-75 MG	34
nevirapine SUSP	nimodipine CAPS	32	norethindrone & eth estradiol	34
nevirapine TABS	NINLARO	26	norethindrone & ethinyl estradiol-fe	34
nevirapine TB24 100 MG	NIPENT	27	norethindrone (contraceptive)	35
nevirapine TB24 400 MG	nisoldipine 8.5 MG, 17 MG, 20 MG,	32	norethindrone acet & eth estra	34
NEXIUM 24HR TBEC (esomeprazole	30 MG, 34 MG, 40 MG	32	norethindrone acetate TABS	60
magnesium)	nitazoxanide TABS	21	norethindrone acetate-ethinyl	
NEXPLANON	nitisinone CAPS	44	estradiol	45
NEXTSTELLIS	NITRO-BID OINT	7	norethindrone acetate-ethinyl	
niacin (antihyperlipidemic) TBCR	nitrofurantoin	21	estradiol-fe	34
niacin CPCR 250 MG, 500 MG	nitrofurantoin macrocrystal 50 MG,	21	norethindrone-eth estradiol (triphasic)	
niacin TABS	100 MG	21	34
niacin TBCR	nitrofurantoin monohyd macro	21	norgestimate-ethinyl estradiol	
NIACIN TR TBCR	nitroglycerin (intra-anal)	7	(triphasic)	34
niacinamide TABS 100 MG	nitroglycerin CPCR	7	norgestimate-ethinyl estradiol	34
niacinamide TABS 500 MG	nitroglycerin PT24	7	norgestrel & ethinyl estradiol 30	
nicardipine hcl CAPS			MCG-0.3 MG	34

NORMOSOL-R	53	nystatin (topical) OINT	38	omeprazole TBEC	63
nortriptyline hcl CAPS	14	nystatin (topical) POWD EX	38	omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	63
nortriptyline hcl SOLN	14	nystatin TABS	17	OMNIFLEX DIAPHRAGM	50
NORVIR PACK	30	nystatin-triamcinolone CREA	38	ONCASPAR	26
NORVIR SOLN	30	nystatin-triamcinolone OINT	38	ondansetron hcl SOLN IJ 4 MG/2ML . 16	
NOVA MAX PLUS KETONE TESTSTRIPS	42	octreotide acetate SOLN	45	ondansetron hcl SOLN OR 4 MG/5ML	16
NOVOLIN 70/30 FLEXPEN SUPN	16	ODEFSEY	30	ondansetron hcl SOSY	16
NOVOLIN 70/30 SUSP	16	ODOMZO	24	ondansetron hcl TABS 24 MG	17
NOVOLIN N FLEXPEN SUPN	16	OFEV	61	ondansetron hcl TABS 4 MG	16
NOVOLIN N SUSP	16	ofloxacin (ophth)	57	ondansetron hcl TABS 8 MG	17
NOVOLIN R FLEXPEN SOPN IJ ..	16	ofloxacin (otic)	58	ondansetron TBDP 4 MG	17
NOVOLIN R SOLN IJ	16	ofloxacin 300 MG, 400 MG	45	ondansetron TBDP 8 MG	17
NOXAFIL SUSP (posaconazole) ..	17	OGIVRI	24	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	55
NP THYROID 120 TABS	62	olanzapine SOLR	28	ONE VITE WOMENS PRENATALVITAMIN TABS	55
NP THYROID 15 TABS	62	olanzapine TABS 2.5 MG, 5 MG ..	29	ONETOUCH DELICA SAFETY LANCING DEVICE	51
NP THYROID 30 TABS	62	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	28	ONETOUCH DELICA SAFETY LANCING DEVICE 30G	51
NP THYROID 60 TABS	62	olanzapine TBDP 20 MG	29	OPILL	35
NP THYROID 90 TABS	62	olanzapine TBDP 5 MG, 10 MG, 15 MG	29	OPSUMIT	33
NUBEQA	24	olmesartan medoxomil	19	ORENITRAM TBCR	33
NUCALA SOAJ	8	olmesartan medoxomil-amlodipine- hydrochlorothiazide	20	ORILISSA	44
NUCALA SOLR	8	olmesartan medoxomil- hydrochlorothiazide	20	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	61
NUCALA SOSY 100 MG/ML	8	olopatadine hcl (nasal)	56	ORKAMBI TABS	61
NUCALA SOSY 40 MG/0.4ML	8	olopatadine hcl 0.1 %	58	ORLADEYO	47
NUCYNTA ER TB12	5	olopatadine hcl 0.2 %	58	orphenadrine citrate TB12	56
NUCYNTA TABS	5	omega-3-acid ethyl esters	18	oseltamivir phosphate CAPS	31
NUDEXTA	61	omeprazole CPDR	63		
NULOJIX	54	omeprazole magnesium CPDR	63		
nystatin (mouth-throat)	55				
nystatin (topical) CREA	38				

oseltamivir phosphate SUSP 31	OZEMPIC SOPN 15	paroxetine hcl TB24 25 MG, 37.5 MG 13
OSMOPREP 49	paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML 27	PASER PACK 22
OSPHENA 44	paclitaxel protein-bound particles .27	pazopanib hcl 26
OTEZLA TABS 4	paliperidone 1.5 MG, 3 MG, 9 MG .28	PEDIARIX SUSY 62
OTEZLA TBPK 4	paliperidone 6 MG 28	pediatric multivitamins w/fl CHEW .55
oxacillin sodium IV 10 GM 59	palonosetron hcl SOLN 17	PEDVAX HIB SUSP 64
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML 23	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML 43	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 49
oxandrolone 7	PAMIDRONATE DISODIUM SOLN 43	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM- 2.97 GM-5.86 GM-22.74 GM-236 GM 49
oxaprozin TABS 4	PANCREAZE CPEP 149900 UNIT- 97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT- 16800 UNIT 42	PEGASYS SOLN 30
oxazepam CAPS 8	PANRETIN 38	PEGASYS SOSY 30
OXBRYTA TABS 500 MG 47	pantoprazole sodium TBEC 20 MG 63	PEMAZYRE 26
oxcarbazepine SUSP 11	pantoprazole sodium TBEC 40 MG 63	pemetrexed disodium SOLR 500 MG 23
oxcarbazepine TABS 150 MG, 300 MG 11	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A 35	penciclovir 39
oxcarbazepine TABS 600 MG 11	paricalcitol CAPS 44	penicillamine CAPS 54
oxiconazole nitrate CREA 38	paricalcitol SOLN 44	penicillamine TABS 54
OXISTAT LOTN 38	paroxetine hcl SUSP 13	penicillin g potassium 5000000 UNIT 59
oxybutynin chloride SOLN 63	paroxetine hcl TABS 10 MG 13	PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML 59
oxybutynin chloride TABS 5 MG ... 63	paroxetine hcl TABS 20 MG 13	PENICILLIN G PROCAINE 59
oxybutynin chloride TB24 63	paroxetine hcl TABS 30 MG 13	penicillin g sodium 59
oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG 5	paroxetine hcl TABS 40 MG 13	penicillin v potassium SOLR 59
oxycodone hcl TABS 5	paroxetine hcl TB24 12.5 MG 13	penicillin v potassium TABS 59
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 6		PENTACEL 62

pentazocine w/ naloxone hcl	7	phentermine hcl CAPS	1	53	
pentoxifylline	47	phenytoin CHEW	12	PLEGRIDY SOPN	61
perindopril erbumine 2 MG, 8 MG	19	phenytoin sodium extended 100 MG, 200 MG, 300 MG	12	PLEGRIDY SOSY SC	61
perindopril erbumine 4 MG	19	phenytoin sodium SOLN	12	PLEGRIDY STARTER PACK SOPN	60
PERJETA	24	phenytoin SUSP	12	PLEGRIDY STARTER PACK SOSY SC	61
permethrin CREA	41	PHEXXI	67	plerixafor	48
permethrin LIQD EX	41	PHOSLYRA SOLN	46	PNEUMOVAX 23	64
perphenazine TABS	29	PHOTOFRIN	27	PNEUMOVAX 23/1 DOSE	64
perphenazine-amitriptyline	60	PIFELTRO	30	podofilox SOLN	41
PERSERIS PRSY	28	pilocarpine hcl (oral)	55	polymyxin b sulfate SOLR	21
PFIZER-BIONTECH COVID-19VACCINE SUSP	66	pilocarpine hcl SOLN 1 %, 2 %, 4 %	57	polymyxin b-trimethoprim	57
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	66	pimecrolimus	41	POMALYST	25
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	66	pimozide	61	posaconazole SUSP	17
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	66	pindolol TABS	31	potassium acetate SOLN 2 MEQ/ML	53
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	66	pioglitazone hcl	16	potassium bicarbonate TBEF	53
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	66	pioglitazone hcl-glimepiride	14	potassium chloride CPCR	54
PHEBURANE PLLT	44	pioglitazone hcl-metformin hcl TABS	14	potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %	53
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	47	piperacillin sodium-tazobactam sodium	59	potassium chloride in dextrose 5 %-20 MEQ/L	53
phendimetrazine tartrate TABS	1	PIQRAY 200MG DAILY DOSE	26	potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	53
phenelzine sulfate	13	PIQRAY 250MG DAILY DOSE	26	potassium chloride microencapsulated crystals er	53
phenobarbital ELIX	48	PIQRAY 300MG DAILY DOSE	26	potassium chloride PACK OR 20	
phenobarbital TABS 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG	48	pirfenidone CAPS	61		
phenoxybenzamine hcl	19	pirfenidone TABS 267 MG, 801 MG	61		
		pirfenidone TABS 534 MG	61		
		piroxicam CAPS	4		
		PLASMA-LYTE A (electrolyte-a)	53		
		PLASMA-LYTE-148 (electrolyte-148)			

MEQ	54	prednisolone acetate (ophth)	58	PRENATAL ONE DAILY TABS	55
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 54		PREDNISOLONE SODIUM PHOSPHATE	58	PRENATAL PLUS TABS	55
potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML	54	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 36		PRENATAL PLUS VITAMIN ANDMINERAL TABS	55
potassium chloride TBCR 8 MEQ, 10 MEQ	54	prednisolone sodium phosphate TBDP	36	PRENATAL TABS	56
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	53	prednisolone SOLN	36	PRENATAL VITAMIN & MINERAL TABS	55
POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl)	53	prednisolone TABS	36	PRENATAL VITAMIN TABS	55
potassium citrate (alkalinizer) TBCR 10 MEQ, 1080 MG	46	prednisone SOLN	36	PRENATAL VITAMIN/IRON TABS	55
potassium phosphates 236 MG/ML- 224 MG/ML	53	prednisone TABS 1 MG, 5 MG	36	PRENATAL VITAMINS PLUS LOW IRON TABS	55
PR BENZOYL PEROXIDE WASH LIQD	37	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	36	PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	55
pralatrexate 20 MG/ML	23	prednisone TBPK	36	PRENATRIX TABS	56
pramipexole dihydrochloride TABS 0.125 MG	28	pregabalin (once-daily) 330 MG ...	61	PRENATRYL TABS	56
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	28	pregabalin (once-daily) 82.5 MG, 165 MG	61	PREPLUS TABS	56
prasugrel hcl	47	pregabalin CAPS 225 MG, 300 MG 12		PREVNAR 13	64
pravastatin sodium	19	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	11	PREVNAR 20	64
praziquantel	7	pregabalin SOLN	12	PREZCOBIX	30
prazosin hcl CAPS	19	PREHEVBRIO	66	PREZISTA SUSP	30
PRECISION XTRA	42	PREMARIN	67	PREZISTA TABS (darunavir)	30
PRED MILD	58	PREMARIN SOLR	45	PREZISTA TABS 75 MG, 150 MG	30
PRED-G SUSP	58	PREMARIN TABS	45	PRIFTIN	22
prednicarbate OINT	41	PREMIUM CONDOMS LUBRICATED MISC	50	primaquine phosphate TABS	22
		PREMPHASE	45	primidone 50 MG, 250 MG	12
		PREMPRO	45	PRIORIX SUSR	66
		PRENATAL MULTIVITAMIN TABS	55	PROAIR DIGIHALER	9
				PROAIR RESPICLICK AEPB	9
				probenecid	47

procainamide hcl SOLN 500 MG/ML . 8	PULMOZYME 61	RA PRENATAL FORMULA/FOLICACID TABS 56
prochlorperazine 29	PX PRENATAL MULTIVITAMINS TABS 56	RA PRENATAL TABS 56
prochlorperazine maleate TABS ... 29	pyrazinamide 22	rabeprazole sodium TBEC 63
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 48	pyridostigmine bromide SOLN OR 22	raloxifene hcl 44
PROCRIT 40000 UNIT/ML 48	pyridostigmine bromide TABS 60 MG 22	ramelteon 49
progesterone CAPS 60	pyridostigmine bromide TBCR 22	ramipril CAPS 19
PROGRAF PACK 54	pyrimethamine 22	ranitidine hcl TABS 150 MG 63
PROGRAF SOLN 54	QC PRENATAL TABS 56	ranolazine TB12 1000 MG 7
PROLASTIN-C SOLN 61	QINLOCK 26	ranolazine TB12 500 MG 7
PROLEUKIN 27	QUADRACEL SUSP 62	rasagiline mesylate 28
PROLIA SOSY 43	QUADRACEL SUSY 62	REALITY LATEX CONDOMS/LUBRICATED MISC .. 50
promethazine hcl SOLN OR 6.25 MG/5ML 18	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG 29	REALITY LATEX/ULTRA TEXTURED DEVI 50
promethazine hcl SUPP 12.5 MG, 25 MG 18	quetiapine fumarate TABS 300 MG, 400 MG 29	REALITY LATEX/ULTRA THIN DEVI 50
promethazine hcl SUPP 50 MG ... 18	quetiapine fumarate TB24 300 MG, 400 MG 29	REBIF REBIDOSE SOAJ 61
promethazine hcl TABS 18	quetiapine fumarate TB24 50 MG, 150 MG, 200 MG 29	REBIF REBIDOSE TITRATIONPACK SOAJ 61
propafenone hcl CP12 8	quinapril hcl 20 MG, 40 MG 19	REBIF SOSY 61
propafenone hcl TABS 8	quinapril hcl 5 MG, 10 MG 19	REBIF TITRATION PACK SOSY .. 61
proparacaine hcl 57	quinapril-hydrochlorothiazide 12.5 MG-10 MG 20	RECOMBIVAX HB SUSP 66
propranolol hcl CP24 31	quinapril-hydrochlorothiazide 12.5 MG-20 MG 20	RECOMBIVAX HB SUSY 66
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML 31	quinapril-hydrochlorothiazide 25 MG- 20 MG 20	RECTIV (nitroglycerin (intra-anal)) . 7
propranolol hcl TABS 31	quinidine sulfate TABS 8	REGRANEX 41
propylthiouracil 62	quinine sulfate CAPS 324 MG 22	RELENZA DISKHALER 31
protriptyline hcl 14	QUZYTIR SOLN IV 18	RELEXXII TBCR 27 MG 2
PROVISC SOSY 58	QVAR REDIHALER 9	RELEXXII TBCR 36 MG, 54 MG ... 2
PTS PANELS KETONE TEST 42		RELION 2-IN-1 LANCET DEVICES 30G 51
PULMICORT FLEXHALER AEPB .. 9		RELION 2-IN-1 LANCING DEVICE

25G	51	risedronate sodium TABS 35 MG ..	43	rufinamide TABS 400 MG	12
RELION 2-IN-1 LANCING DEVICE		risedronate sodium TABS 5 MG, 30		RUKOBIA	30
30G	51	MG	43	RUXIENCE	23
RELION KETONE TEST STRIPS		risedronate sodium TBEC	43	RYBELSUS TABS	15
STRP	42	RISPERDAL CONSTA (risperidone		salsalate	4
RELION TRUE METRIX		microspheres)	28	SANDOSTATIN LAR DEPOT KIT ..	45
BLOODGLUCOSE TEST STRIPS		risperidone microspheres	28	SANTYL OINT	41
STRP	42	risperidone SOLN	28	sapropterin dihydrochloride	44
RENFLEXIS	46	risperidone TABS	28	sapropterin dihydrochloride	44
repaglinide 0.5 MG, 1 MG	16	risperidone TBDP	28	SAVELLA TABS	60
repaglinide 2 MG	16	ritonavir TABS	30	SAVELLA TITRATION PACK MISC	
REPATHA PUSHTRONEX SYSTEM		rivastigmine tartrate CAPS	60	60	
SOCT	19	rizatriptan benzoate TABS 10 MG ..	52	saxagliptin hcl	15
REPATHA SOSY	19	rizatriptan benzoate TABS 5 MG ..	52	saxagliptin-metformin hcl 1000	
REPATHA SURECLICK SOAJ	19	rizatriptan benzoate TBDP 10 MG ..	52	2.5 MG	14
RETACRIT	48	rizatriptan benzoate TBDP 5 MG ..	52	saxagliptin-metformin hcl 1000	
RETEVMO	26	roflumilast	9	MG, 500 MG-5 MG	14
RETROVIR IV INFUSION SOLN ..	30	romidepsin SOLR	26	scopolamine	17
REXULTI	29	ropinirole hydrochloride TABS	28	SELECT INSULIN SYRINGES	51
ribavirin (hepatitis c) CAPS	30	ropinirole hydrochloride TB24 2 MG,		SELECT INSULIN SYRINGES	52
ribavirin (hepatitis c) TABS 200		4 MG, 6 MG	28	SELECT LANCETS	51
31		ropinirole hydrochloride TB24 8 MG,		selegiline hcl CAPS	28
RIDAURA	3	12 MG	28	selegiline hcl TABS	28
rifabutin	22	rosuvastatin calcium TABS	19	selenium sulfide LOTN 2.5 %	39
rifampin CAPS	22	ROTARIX SUSP	66	SELZENTRY SOLN	30
rifampin SOLR	22	ROTARIX SUSR	66	SELZENTRY TABS 25 MG, 75 MG	
riluzole TABS	56	ROTATEQ SOLN	66	30	
rimantadine hydrochloride TABS ..	31	ROZLYTREK CAPS	26	SEREVENT DISKUS	9
ringer's	53	RUBRACA	26	sertraline hcl CONC	13
ringer's irrigation	54	rufinamide SUSP	12	sertraline hcl TABS 100 MG	13
RINVOQ	2	rufinamide TABS 200 MG	12	sertraline hcl TABS 25 MG, 50	
risedronate sodium TABS 150 MG	43			13	

sevelamer carbonate PACK	46	sodium chloride SOLN IV 0.45 %, 0.9 % , 3 %, 4 MEQ/ML, 5 %	54	SOVALDI TABS 400 MG	31
sevelamer carbonate TABS	46	sodium citrate & citric acid	46	SPIKEVAX COVID-19 VACCINE SUSP	66
SHINGRIX	66	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	53	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	66
SIGNIFOR	45	sodium phenylbutyrate POWD	44	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	66
sildenafil citrate (pulmonary hypertension) SOLN	33	sodium phenylbutyrate TABS	44	spinosad	41
sildenafil citrate (pulmonary hypertension) SUSR	33	sodium polystyrene sulfonate POWD 54		SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) ..	9
sildenafil citrate (pulmonary hypertension) TABS	33	sodium polystyrene sulfonate SUSP OR 15 GM/60ML	54	SPIRIVA RESPIMAT AERS	9
sildenafil citrate	32	sodium sulfate-potassium sulfate- magnesium sulfate	49	spironolactone & hydrochlorothiazide	43
silodosin	47	SOFOSBUVIR/VELPATASVIR TABS	31	spironolactone TABS	43
silver sulfadiazine	39	SOLIFENACIN SUCCINATE TABS	63	SPRAVATO 56MG DOSE	13
SIMPONI ARIA SOLN	3	SOLU-CORTEF 100 MG, 500 MG, 1000 MG	36	SPRAVATO 84MG DOSE	13
SIMULECT	54	SOLU-CORTEF 250 MG	36	SPRYCEL	26
simvastatin TABS	19	SOLU-MEDROL 2 GM	36	stannous fluoride CONC	55
sirolimus TABS	54	SOMAVERT 10 MG, 15 MG, 20 MG . 44		stavudine CAPS	30
SIRTURO	22	SORafenib tosylate	26	STELARA 130 MG/26ML	46
SIVEXTRO TABS	21	SORBITOL 3 %	46	STELARA SOLN 45 MG/0.5ML ...	39
SKYLA	35	SORBITOL/MANNITOL IRRIGATION	46	STELARA SOSY 45 MG/0.5ML ...	39
SKYRIZI PEN SOAJ	39	sotalol hcl (afib/af)	31	STELARA SOSY 90 MG/ML	39
SKYRIZI PSKT	39	sotalol hcl TABS 240 MG	31	STENDRA	32
SKYRIZI SOCT	46	sotalol hcl TABS 80 MG, 120 MG, 160 MG	32	STIMATE SOLN NA	45
SKYRIZI SOSY	39	SOVALDI TABS 200 MG	31	STIOLTO RESPIMAT	9
SLYND	35			STIVARGA	26
SM PRENATAL VITAMINS TABS .	56			streptomycin sulfate SOLR	2
SODIUM ACETATE SOLN (sodium acetate)	53			STRIBILD	30
sodium acetate SOLN	53			STRIVERDI RESPIMAT	9
sodium chloride (gu irrigant) 0.9 %	46			SUBSYS LIQD 100 MCG	6
sodium chloride (inhalant) NEBU 7 %	36			SUBSYS LIQD 200 MCG, 400 MCG,	

600 MCG	6	sumatriptan succinate SOCT	52	TAKHZYRO SOLN	47
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	6	sumatriptan succinate SOLN 6 MG/0.5ML	52	TAKHZYRO SOSY	47
sucralfate SUSP	63	sumatriptan succinate TABS	52	TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	26
sucralfate TABS	63	sumatriptan-naproxen sodium	52	tamoxifen citrate TABS	24
sulconazole nitrate CREA	38	sunitinib malate 12.5 MG, 25 MG, 50 MG	26	tamsulosin hcl	47
sulconazole nitrate SOLN	38	SUNOSI 150 MG	1	TASIGNA 150 MG, 200 MG	26
sulfacetamide sodium (acne)	37	SUNOSI 75 MG	1	TASIGNA 50 MG	26
sulfacetamide sodium (ophth) SOLN . 57		SYNAREL	44	tavorole	38
sulfacetamide sodium w/ sulfur CREA 10 %-5 %	37	SYNERA PTCH	41	tazarotene CREA	39
sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	37	SYNJARDY TABS	15	TAZVERIK	26
sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	37	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	15	TDVAX SUSP	62
sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	37	SYNJARDY XR TB24 1000 MG-25 MG	15	TEFLARO	34
sulfacetamide sod-prednisolone SOLN	58	SYNRIBO	27	TEGRETOL SUSP (carbamazepine) . 12	
sulfadiazine TABS	61	SYNTHROID TABS (levothyroxine sodium)	62	TEGRETOL TABS (carbamazepine) . 12	
sulfamethoxazole-trimethoprim SOLN	21	TABLOID	23	TEGSEDI	61
sulfamethoxazole-trimethoprim SUSP	21	TABRECTA	26	telmisartan	19
sulfamethoxazole-trimethoprim TABS	21	tacrolimus (topical) OINT	41	telmisartan-amlodipine	20
SULFAMYLON CREA	39	tacrolimus CAPS	54	telmisartan-hydrochlorothiazide ..	20
sulfasalazine TABS	46	tadalafil (pulmonary hypertension) TABs	33	temazepam 15 MG, 30 MG	48
sulfasalazine TBEC	46	tadalafil 5 MG	32	temazepam 7.5 MG, 22.5 MG	48
sulindac TABS	4	TAFINLAR CAPS	26	TEMODAR SOLR	23
sumatriptan	52	TAFINLAR TBSO	26	temozolomide CAPS	23
sumatriptan succinate SOAJ	52	tafluprost	58	temsirolimus	26
		TAGRISSO 40 MG	24	TENIVAC INJ	62
		TAGRISSO 80 MG	24	tenofovir disoproxil fumarate TABS 30	
				terazosin hcl	19
				terbinafine hcl TABS	17

terbutaline sulfate SOLN	9	TIBSOVO	26	topiramate TABS 50 MG	12
terbutaline sulfate TABS	10	tigecycline	62	topotecan hcl SOLN	27
terconazole vaginal CREA	67	timolol maleate (ophth) SOLG	57	topotecan hcl SOLR	27
terconazole vaginal SUPP	67	timolol maleate (ophth) SOLN	57	toremifene citrate	24
teriflunomide	61	timolol maleate TABS	32	toremide TABS	43
teriparatide (recombinant) SOPN ..	43	tiopronin TBEC 100 MG	47	TRACLEER TBSO	33
TERIPARATIDE SOPN	43	tiopronin TBEC 300 MG	47	tramadol hcl TABS 50 MG	6
TESTOSTERONE CYPIONATE		tiotropium bromide monohydrate		tramadol hcl TB24	6
SOLN IJ 200 MG/ML	7	CAPS	9	tramadol-acetaminophen	6
testosterone cypionate SOLN IM ...	7	TIVICAY TABS	30	trandolapril 1 MG, 2 MG	19
testosterone enanthate SOLN IM ...	7	tizanidine hcl CAPS	56	trandolapril 4 MG	19
TETANUS/DIPHTHERIA TOXOIDS-		tizanidine hcl TABS	56	trandolapril-verapamil hcl 180 MG-2	
ADSORBED ADULT SUSP	62	tobramycin (ophth) SOLN	57	MG, 240 MG-1 MG	20
tetrabenazine	60	tobramycin NEBU	2	trandolapril-verapamil hcl 240 MG-2	
tetracycline hcl CAPS	62	tobramycin sulfate SOLN IJ 10		MG, 240 MG-4 MG	20
THALOMID	54	MG/ML, 40 MG/ML, 80 MG/2ML ...	2	tranexamic acid SOLN 1000	
theophylline ELIX	10	tobramycin-dexamethasone SUSP		MG/10ML	48
theophylline SOLN	10	58		tranexamic acid TABS	48
theophylline TB12	10	TODAY SPONGE MISC	67	tranylcypromine sulfate	13
theophylline TB24	10	tolcapone	27	travoprost SOLN	58
THERANATAL CORE NUTRITION		tolmetin sodium CAPS	4	TRAZIMERA	24
TABS	56	tolmetin sodium TABS 600 MG	4	trazodone hcl TABS	13
THIOLA EC TBEC 100 MG		TOLSURA CAPS	17	TRECATOR	22
(tiopronin)	47	tolterodine tartrate CP24	64	TRELEGY ELLIPTA	10
THIOLA EC TBEC 300 MG		tolterodine tartrate TABS	64	TRELSTAR MIXJECT	24
(tiopronin)	47	tolvaptan TABS	45	TREMFYA SOPN	39
thioridazine hcl	29	topiramate CPSP 15 MG	12	TREMFYA SOSY	39
thiotepa 15 MG	23	topiramate CPSP 25 MG	12	treprostinil SOLN IJ	33
thiothixene	29	topiramate CS24	12	tretinoin (chemotherapy)	27
THYMOGLOBULIN	54	topiramate TABS 200 MG	12	tretinoin CREA 0.025 %, 0.05 %, 0.1	
THYROGEN 0.9 MG	42	topiramate TABS 25 MG, 100 MG ..	12	%	37
tiagabine hcl	12				

tretinoin GEL 0.01 %, 0.025 %	37	trifluridine	57	EXTRASTRENGTH MISC	50
tretinoin microsphere 0.1 %	37	trihexyphenidyl hcl SOLN	27	TRUSTEX LUBRICATED MISC	51
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	23	trihexyphenidyl hcl TABS	27	TRUSTEX LUBRICATED/RIBBED/STUDED MISC	50
triamcinolone acetonide (mouth)	55	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	15	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	50
triamcinolone acetonide (nasal) AERO	56	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	15	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	51
triamcinolone acetonide (topical) CREA 0.025 %	41	TRIKAFTA TBPK 100 MG-50 MG	61	TRUSTEX LUBRICATED/SPERMICIDE MISC	51
triamcinolone acetonide (topical) CREA 0.1 %	41	trimethobenzamide hcl CAPS	17	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	51
triamcinolone acetonide (topical) CREA 0.5 %	41	trimethoprim TABS	21	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	51
triamcinolone acetonide (topical) LOTN 0.025 %	41	trimipramine maleate CAPS	14	TRUSTEX/RIA LUBRICATED MISC	51
triamcinolone acetonide (topical) LOTN 0.1 %	41	TRINTELLIX	13	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	51
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	41	TRIUMEQ TABS	30	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	51
triamcinolone acetonide (topical) OINT 0.5 %	41	TRIZIVIR	30	TRUXIMA	23
triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML	36	tropicamide SOLN 0.5 %	57	TUKYSA	24
triamcinolone acetonide-dimethicone-silicone	41	tropicamide SOLN 1 %	57	TURALIO	26
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	43	trospium chloride CP24	64	TUZISTRA XR	36
triamterene & hydrochlorothiazide TABS	43	trospium chloride TABS	64	TWINRIX SUSY	66
triamterene CAPS	43	TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	42	TWIRLA	35
triazolam	49	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	51	TYBLUME CHEW	35
TRICARE TABS	56	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	42	TYBOST	30
trientine hcl 250 MG	54	TRULICITY	15	TYMLOS	43
trifluoperazine hcl TABS	29	TRUMENBA	64	TYVASO REFILL SOLN IN	33
		TRUSTEX COLOR CONDOMS + LUBE MISC	50		
		TRUSTEX LUBRICATED EXTRALARGE MISC	50		
		TRUSTEX LUBRICATED			

TYVASO SOLN IN	33	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML ..	21	vilazodone hcl TABS	14
TYVASO STARTER SOLN IN	33	VAQTA	66	vincristine sulfate	27
UBRELVY	52	varenicline tartrate TABS	61	vinorelbine tartrate 10 MG/ML	27
UCERIS (budesonide (intrarectal)) ..	7	varenicline tartrate TBPK	61	VIRACEPT TABS 250 MG	30
UDENYCA ONBODY SOSY	48	VARIVAX INJ	66	VIRACEPT TABS 625 MG	30
UDENYCA SOAJ	48	VARUBI TBPK	17	VIREAD POWD	30
UDENYCA SOSY	48	VAXNEUVANCE	64	VIREAD TABS 150 MG, 200 MG, 250 MG	30
UPTRAVI TABS 200 MCG	33	VECAMYL	20	VISTOGARD	16
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	33	VECTIBIX 100 MG/5ML	24	VITAMIN D2 TABS 400 UNIT	67
UPTRAVI TITRATION PACK TBPK 33		VELPHORO	46	VITATHELY/GINGER TABS	56
ursodiol CAPS	45	venlafaxine hcl CP24 150 MG	14	VITRAKVI CAPS	26
ursodiol TABS	45	venlafaxine hcl CP24 37.5 MG	14	VITRAKVI SOLN	26
UVADEX	27	venlafaxine hcl CP24 75 MG	14	VIZIMPRO	24
valacyclovir hcl 1 GM, 1000 MG ...	31	venlafaxine hcl TABS	14	VORAXAZE	27
valacyclovir hcl 500 MG	31	venlafaxine hcl TB24 150 MG	14	voriconazole TABS	17
valganciclovir hcl TABS	30	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	14	VOTRIENT (pazopanib hcl)	26
valproate sodium SOLN OR 250 MG/5ML	12	verapamil hcl CP24 100 MG, 200 MG, 300 MG	32	VYNDAMAX	33
valproic acid CAPS	12	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	32	VYNDAQEL	33
valrubicin	25	verapamil hcl SOLN 2.5 MG/ML ...	32	VYVANSE CAPS	1
valsartan TABS	19	verapamil hcl TABS	32	warfarin sodium TABS	10
valsartan-hydrochlorothiazide	20	verapamil hcl TBCR	32	water for irrigation, sterile	54
VALTOCO 10 MG DOSE LIQD ...	11	VEREGEN	37	WESTAB PLUS TABS	56
VALTOCO 15 MG DOSE LQPK ...	11	VERZENIO	26	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	51
VALTOCO 20 MG DOSE LQPK ...	11	VICTOZA	15	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	51
VALTOCO 5 MG DOSE LIQD	11	vigabatrin PACK	12	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	51
vancomycin hcl CAPS	21	vigabatrin TABS	12	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	51
vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG	21	VIIBRYD STARTER PACK KIT ...	13	WIDE-SEAL SILICONE	

DIAPHRAGM KIT 80	51	XPOVIO 60 MG TWICE WEEKLY 25	zidovudine SYRP	30
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	51	XPOVIO 80 MG TWICE WEEKLY 25	zidovudine TABS	30
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	51	XTAMPZA ER	ZIEXTENZO	48
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	51	XTANDI CAPS	zileuton TB12	9
XALKORI CAPS	26	XTANDI TABS 40 MG	ziprasidone hcl	28
XARELTO STARTER PACK TBPK 10		XTANDI TABS 80 MG	ZIRABEV	23
XARELTO SUSR	10	XULTOPHY 100/3.6	ZIRGAN GEL	57
XARELTO TABS 10 MG, 20 MG	10	YERVOY	ZOLADEX 10.8 MG	24
XARELTO TABS 2.5 MG, 15 MG	10	YONSA	ZOLADEX 3.6 MG	24
XELJANZ SOLN	2	zafirlukast	zoledronic acid CONC	43
XELJANZ TABS 10 MG	2	zaleplon 10 MG	zoledronic acid SOLN	43
XELJANZ TABS 5 MG	2	zaleplon 5 MG	ZOLINZA	26
XELJANZ XR TB24	2	ZALTRAP 100 MG/4ML	zolmitriptan SOLN	52
XEOMIN	56	ZANOSAR	zolmitriptan TABS	53
XERAVA	62	ZARONTIN CAPS (ethosuximide)	zolmitriptan TBDP	53
XGEVA SOLN	43	ZARXIO	zolpidem tartrate TABS	49
XHANCE EXHU	56	ZEJULA CAPS	zolpidem tartrate TBCR	49
XIFAXAN 200 MG	21	ZEJULA TABS 100 MG	zonisamide CAPS	12
XIFAXAN 550 MG	21	ZEJULA TABS 200 MG, 300 MG	ZONTIVITY	47
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	15	ZEJULA TABS 200 MG, 300 MG	ZORBTIVE SC	44
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	15	ZELBORAF	ZYDELIG	26
XOLAIR SOLR	8	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	ZYLET	58
XOLAIR SOSY 150 MG/ML	8	ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT		
XOLAIR SOSY 75 MG/0.5ML	8	zidovudine CAPS		30
XOSPATA	26			
XPOVIO	25			

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