



FROM |  **sunflower**  
**health plan.**  
Insured by Celtic Insurance Company

# 2024 Formulary

Effective January 1, 2024



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

# Formulary Introduction

## FORMULARY

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

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

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

### Drug List Key:

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

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

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

### Prior Authorization for Non-Formulary Drugs

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

### Formulary Abbreviations:

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

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

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

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

Clave de la lista de medicamentos:

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

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

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



### Autorización previa para medicamentos no incluidos en el Formulario

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

### Abreviaturas del Formulario:

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

### Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
<i>amphetamine sulfate TABS</i>	3	PA
<i>amphetamine-dextroamphetamine CP24 5 MG-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</i>	1B	QL(2 ea daily)
<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</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 TABS 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, 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>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>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1B	
<i>lisdexamfetamine dimesylate CAPS</i>	1B	QL(1 ea daily); ST
<i>methamphetamine hcl</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS	3	QL(1 ea daily); ST
<b>Anorexiants Non-Amphetamine</b>		
<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>phentermine hcl CAPS</i>	1B	PA
<b>Anti-Obesity Agents</b>		
CONTRACE	3	QL(4 ea daily); PA
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	1B	
<i>guanfacine hcl (adhd)</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)</b>		
SUNOSI 150 MG	3	QL(1 ea daily); PA
SUNOSI 75 MG	3	QL(2 ea daily); PA
<b>Stimulants - Misc.</b>		
<i>armodafinil</i>	1B	QL(1 ea daily); AL(At least 17 yrs old); PA
<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 ea daily)

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 ea daily)
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 ea daily)
<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 ea daily)
<i>methylphenidate hcl CP24 10 MG, 60 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24 20 MG, 40 MG</i>	1B	AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1B	
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CPCR</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i>	1B	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil 200 MG</i>	1B	QL(2 ea daily); PA
<i>modafinil 100 MG</i>	1B	QL(1 ea daily); PA
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
Allergenic Extracts		
GRASTEK SUBL	3	PA
<b>AMEBICIDES</b>		
Amebicides		
SOLOSEC	3	PA
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	1B	
<i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i>	1B	
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>	1B	
<i>tobramycin NEBU</i>	4	QL(280 ml per 56 day(s) retail; 280 ml per 56 days mail); PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24	4	QL(1 ea daily); PA
XELJANZ XR TB24	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
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
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE	4	QL(1.714 ea daily); SP; PA
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
ADALIMUMAB-ADAZ SOAJ	4	QL(0.086 ml daily); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.086 ml daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	QL(0.215 ea daily); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	4	QL(0.143 ea daily); PA
CYLTEZO AJKT	4	QL(0.029 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
CYLTEZO PSKT 40 MG/0.4ML	4	QL(0.029 ea daily); PA
HADLIMA PUSHTOUCH SOAJ	4	QL(0.172 ml daily); PA
HADLIMA PUSHTOUCH SOAJ	4	QL(0.086 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
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 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PEN PNKT 80 MG/0.8ML	4	QL(0.072 ea daily); PA
HUMIRA PEN PNKT	4	QL(0.143 ea daily); PA
HUMIRA PEN-PS/UV STARTER PNKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PSKT	4	QL(0.143 ea daily); PA
SIMPONI ARIA SOLN	4	PA
<b>Gold Compounds</b>		
RIDAURA	3	QL(3 ea daily)
<b>Interleukin-1 Blockers</b>		
ARCALYST	4	QL(0.286 ea daily); SP; PA
<b>Interleukin-6 Receptor Inhibitors</b>		
KEVZARA SOAJ	4	QL(0.082 ml daily); PA
KEVZARA SOSY	4	QL(0.082 ml daily); PA
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		

Ambetter Formulary Updated July 1, 2024



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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ml per fill retail)
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>aspirin TBEC 325 MG</i>	1A		<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>methadone hcl CONC</i>	1B	QL(10 ml daily)
<i>diflunisal TABS</i>	1B		<i>methadone hcl SOLN OR 10 MG/5ML</i>	1B	QL(50 ml daily)
<i>salsalate</i>	1B		<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>			<i>methadone hcl SOLN OR 5 MG/5ML</i>	1B	QL(100 ml daily)
<b>Opioid Agonists</b>			METHADONE HCL SOLN IJ	1B	
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 ea daily)
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 5 MG</i>	1B	QL(4 ea daily)
<i>fentanyl citrate LPOP</i>	1B	QL(4 ea daily); PA	<i>methadone hcl TBSO</i>	1B	QL(2 ea daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 ea daily)	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 ea daily); PA
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate SOLN OR 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ml daily)
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B		<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)	<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 ea daily); PA	<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA	<i>morphine sulfate TBCR</i>	1B	QL(2 ea daily)
<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply	NUCYNTA ER TB12	2	QL(2 ea daily); PA

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TABS	2	QL(6 ea daily); PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(2 ea daily); PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply
<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 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>oxymorphone hcl TABS</i>	1B	QL(12 ea daily); PA	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>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)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 ea daily); PA	<i>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 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)
SUBSYS LIQD 100 MCG	3	QL(3 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 200 MCG, 400 MCG, 600 MCG	3	QL(4 ea daily); PA	<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 ea daily)
<i>tramadol hcl TABS 50 MG</i>	1A	New starts limited to 7 day supply; QL(8 ea daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
<i>tramadol hcl TB24</i>	1B	QL(1 ea daily)	<i>oxycodone w/acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
XTAMPZA ER	2	QL(2 ea daily); PA	<i>oxycodone w/acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<b>Opioid Combinations</b>					
<i>acetaminophen w/codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ml daily)			
<i>acetaminophen w/codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 ea daily)			
<i>acetaminophen w/codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)			
<i>acetaminophen w/codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)			

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

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate SOLN IM</i>	1B	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
<i>budesonide (intrarectal)</i>	4	QL(3.2 gm daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
UCERIS ( <i>budesonide (intrarectal)</i> )	4	QL(3.2 gm daily); PA
<b>Rectal Steroids</b>		
<i>hydrocortisone (rectal) EX</i>	1B	RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1B	
<b>Vasodilating Agents</b>		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 gm daily)
RECTIV ( <i>nitroglycerin (intra-anal)</i> )	3	QL(2 gm daily)
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole</i>	1B	PA
EMVERM CHEW	2	QL(2 ea daily; 6 ea per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail
<i>ivermectin</i>	1B	QL(9 ea per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
<i>praziquantel</i>	1B	PA
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		

Ambetter Formulary Updated July 1, 2024



Drug Name	Drug Tier	Requirements/Limits
<b>Antianginals-Other</b>		
<i>ranolazine TB12 500 MG</i>	1B	QL(3 ea daily)
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 ea daily)
<b>Nitrates</b>		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1B	
NITRO-BID OINT	3	
<i>nitroglycerin CPR</i>	1B	QL(4 ea daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
<b>ANTIANGIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<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)
<b>Benzodiazepines</b>		
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam TABS 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN OR 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 ea daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>lorazepam TABS 1 MG</i>	1A	QL(4 ea daily)
<i>oxazepam CAPS</i>	1B	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl</i>	1B	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl SOLN 50 MG/ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	
<i>dofetilide</i>	1B	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Antiasthmatic - Monoclonal Antibodies</b>		
FASENRA PEN SOAJ	4	QL(0.036 ml daily); PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ml daily); PA

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
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 SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ml daily); PA
XOLAIR SOLR	4	QL(0.286 ea daily); PA
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ml daily); PA
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ml daily)
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA	3	QL(0.44 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS ( <i>tiotropium bromide monohydrate</i> )	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	1B	QL(1 ea daily)
<b>Leukotriene Modulators</b>		
<i>montelukast sodium CHEW</i>	1B	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1B	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1B	QL(1 ea daily)
<i>zafirlukast</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>zileuton TB12</i>	1B	QL(4 ea daily)
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
<i>roflumilast</i>	3	QL(1 ea daily)
<b>Steroid Inhalants</b>		
ALVESCO	3	PA
ARNUITY ELLIPTA	2	
<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ml daily); PA
<i>fluticasone propionate (inhalation) AEPB</i>	1B	
<i>fluticasone propionate hfa</i>	1B	QL(0.8 gm daily)
PULMICORT FLEXHALER AEPB	2	
QVAR REDIHALER	2	
<b>Sympathomimetics</b>		
AIRDUO DIGIHALER 113/14	3	
AIRDUO DIGIHALER 232/14	3	
AIRDUO DIGIHALER 55/14	3	
AIRSUPRA	3	
<i>albuterol sulfate AERS</i>	1B	
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1B	
<i>albuterol sulfate SYRP</i>	1B	
<i>albuterol sulfate TABS</i>	1B	
ANORO ELLIPTA	2	QL(2 ea daily)
<i>arformoterol tartrate</i>	1B	QL(4 ml daily)
BREO ELLIPTA	2	
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	2	
BREZTRI AEROSPHERE	2	QL(0.38 gm daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1B	

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
DULERA	2	
<i>fluticasone furoate-vilanterol</i>	1B	
<i>fluticasone-salmeterol AEPB</i>	1B	
<i>fluticasone-salmeterol AERO</i>	1B	
<i>formoterol fumarate NEBU</i>	1B	QL(4 ml daily)
<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ml daily)
<i>levabuterol hcl</i>	1B	
<i>levabuterol tartrate</i>	1B	QL(0.5 gm daily)
PROAIR DIGIHALER	3	
PROAIR RESPICLICK AEPB	3	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate SOLN</i>	1B	
<i>terbutaline sulfate TABS</i>	1B	
TRELEGY ELLIPTA	2	QL(2 ea daily)
<b>Xanthines</b>		
<i>aminophylline SOLN</i>	1B	
<i>theophylline ELIX</i>	1B	
<i>theophylline SOLN</i>	1B	QL(56 ml daily)
<i>theophylline TB12</i>	1B	
<i>theophylline TB24</i>	1B	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
<i>warfarin sodium TABS</i>	1B	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily); 1 max fill(s) per 180 day(s) retail
ELIQUIS TABS	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ml daily)
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ml daily); SP
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ml per 180 day(s) retail; 4 ml per 180 days mail); SP
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ml per 180 day(s) retail; 7 ml per 180 days mail); SP
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ml per 180 day(s) retail; 4 ml per 180 days mail); SP
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 day(s) retail; 5 ml per 180 days mail); SP

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOSY	4	SP; PA
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B	
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B	
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	1B	
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA
<i>clobazam TABS</i>	1B	QL(2 ea daily); PA
<i>clonazepam TABS</i>	1A	
<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
Anticonvulsants - Misc.		
APTIOM	3	QL(2 ea daily); ST
BANZEL TABS 200 MG ( <i>rufinamide</i> )	2	QL(2 ea daily); PA
BANZEL TABS 400 MG ( <i>rufinamide</i> )	2	QL(8 ea daily); PA
BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA
BRIVIACT TABS	3	QL(2 ea daily); PA
<i>carbamazepine CHEW</i>	1B	
<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine CP12 100 MG</i>	1B	
<i>carbamazepine SUSP</i>	1B	
<i>carbamazepine TABS</i>	1B	
<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
EPIDIOLEX	3	PA
<i>gabapentin CAPS</i>	1B	
<i>gabapentin SOLN</i>	1B	QL(60 ml daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1B	
<i>lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1B	QL(40 ml daily)



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide TABS</i>	1B	QL(2 ea daily)	<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)	<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)	<i>topiramate TABS 200 MG</i>	1B	QL(2 ea daily)
<i>lamotrigine TABS</i>	1B		<i>zonisamide CAPS</i>	1B	QL(6 ea daily)
<i>lamotrigine TBDP</i>	1B	QL(1 ea daily)	<b>Carbamates</b>		
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)	<i>felbamate SUSP</i>	1B	QL(30 ml daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)	<i>felbamate TABS 600 MG</i>	1B	QL(6 ea daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 ea daily)	<i>felbamate TABS 400 MG</i>	1B	QL(9 ea daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)	<b>GABA Modulators</b>		
<i>levetiracetam TB24</i>	1B	QL(4 ea daily)	<i>tiagabine hcl</i>	1B	
<i>oxcarbazepine SUSP</i>	1B	QL(40 ml daily)	<i>vigabatrin PACK</i>	4	QL(6 ea daily); SP; PA
<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 ea daily)	<i>vigabatrin TABS</i>	4	QL(6 ea daily); SP; PA
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea daily)	<b>Hydantoins</b>		
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA	<i>DILANTIN</i>	2	
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA	<i>DILANTIN (phenytoin sodium extended)</i>	2	
<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA	<i>DILANTIN INFATABS CHEW (phenytoin)</i>	2	
<i>primidone 50 MG, 250 MG</i>	1B		<i>DILANTIN-125 SUSP (phenytoin)</i>	2	
<i>rufinamide SUSP</i>	1B	QL(80 ml daily); PA	<i>fosphenytoin sodium</i>	1B	
<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
<i>rufinamide TABS 200 MG</i>	1B	QL(2 ea daily); PA	<i>phenytoin sodium SOLN</i>	1B	
<i>TEGRETOL SUSP (carbamazepine)</i>	2		<i>phenytoin CHEW</i>	1B	
<i>TEGRETOL TABS (carbamazepine)</i>	2		<i>phenytoin SUSP</i>	1B	
<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)	<b>Succinimides</b>		
<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)	<i>CELONTIN (methsuximide)</i>	3	QL(4 ea daily)
<i>topiramate CS24</i>	3	PA	<i>ethosuximide CAPS</i>	1B	QL(6 ea daily)
			<i>ethosuximide SOLN</i>	1B	QL(30 ml daily)
			<i>methsuximide</i>	1B	QL(4 ea daily)
			<i>ZARONTIN CAPS (ethosuximide)</i>	2	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Valproic Acid			SPRAVATO 84MG DOSE	4	PA
<i>divalproex sodium TB24</i>	1B		Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>divalproex sodium TBEC</i>	1B		<i>citalopram hydrobromide SOLN</i>	1B	QL(20 ml daily)
<i>valproate sodium SOLN OR 250 MG/5ML</i>	1B		<i>citalopram hydrobromide TABS 10 MG</i>	1B	QL(4 ea daily)
<i>valproic acid CAPS</i>	1B		<i>citalopram hydrobromide TABS 20 MG</i>	1B	QL(2 ea daily)
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>			<i>citalopram hydrobromide TABS 40 MG</i>	1B	QL(1 ea daily)
Alpha-2 Receptor Antagonists (Tetracyclics)			<i>escitalopram oxalate SOLN</i>	1B	QL(20 ml daily)
<i>mirtazapine TABS 15 MG</i>	1B	QL(3 ea daily)	<i>escitalopram oxalate TABS 10 MG</i>	1B	QL(2 ea daily)
<i>mirtazapine TABS 30 MG</i>	1B	QL(1.5 ea daily)	<i>escitalopram oxalate TABS 5 MG</i>	1B	QL(4 ea daily)
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	1B	QL(1 ea daily)	<i>escitalopram oxalate TABS 20 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine TBDP 30 MG</i>	1B	QL(1.5 ea daily)	<i>fluoxetine hcl CAPS 10 MG</i>	1A	QL(1 ea daily)
<i>mirtazapine TBDP 45 MG</i>	1B	QL(1 ea daily)	<i>fluoxetine hcl CAPS 20 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine TBDP 15 MG</i>	1B	QL(3 ea daily)	<i>fluoxetine hcl CAPS 40 MG</i>	1B	QL(2 ea daily)
Antidepressants - Misc.			<i>fluoxetine hcl CPDR</i>	1B	
<i>bupropion hcl TABS</i>	1B	QL(3 ea daily)	<i>fluoxetine hcl SOLN</i>	1B	QL(20 ml daily)
<i>bupropion hcl TB12 150 MG</i>	1B	QL(3 ea daily)	<i>fluoxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
<i>bupropion hcl TB12 100 MG</i>	1B	QL(4 ea daily)	<i>fluoxetine hcl TABS 10 MG, 60 MG</i>	1B	QL(1 ea daily)
<i>bupropion hcl TB12 200 MG</i>	1B	QL(2 ea daily)	<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1B	QL(2 ea daily)
<i>bupropion hcl TB24 300 MG</i>	1B	QL(1 ea daily)	<i>fluvoxamine maleate TABS 100 MG</i>	1B	QL(3 ea daily)
<i>bupropion hcl TB24 150 MG</i>	1B	QL(3 ea daily)	<i>paroxetine hcl SUSP</i>	1B	QL(30 ml daily)
Monoamine Oxidase Inhibitors (MAOIs)			<i>paroxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
EMSAM	3	QL(1 ea daily)	<i>paroxetine hcl TABS 10 MG</i>	1B	QL(6 ea daily)
MARPLAN	2	QL(6 ea daily)	<i>paroxetine hcl TABS 40 MG</i>	1B	QL(1 ea daily)
<i>phenelzine sulfate</i>	1B		N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
<i>tranylcypromine sulfate</i>	1B		SPRAVATO 56MG DOSE	4	PA

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<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 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail
<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 20 MG, 30 MG, 60 MG</i>	1B	QL(2 ea daily)
<i>duloxetine hcl CPEP 40 MG</i>	1B	
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 75 MG</i>	1B	QL(5 ea daily)
<i>venlafaxine hcl CP24 37.5 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl TABS</i>	1B	QL(3 ea daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	1B	QL(1 ea daily)
<i>venlafaxine hcl TB24 150 MG</i>	1B	QL(2 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	
<i>trimipramine maleate CAPS</i>	1B	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
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>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily)

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl</i> 250 MG-2.5 MG, 500 MG-2.5 MG	1B	QL(2 ea daily)
<i>glipizide-metformin hcl</i> 500 MG-5 MG	1B	QL(4 ea daily)
<i>glyburide-metformin</i> 500 MG-2.5 MG, 500 MG-5 MG	1B	QL(4 ea daily)
<i>glyburide-metformin</i> 250 MG-1.25 MG	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</i> TABS	1B	QL(2 ea daily)
<i>saxagliptin-metformin hcl</i> 1000 MG-5 MG, 500 MG-5 MG	1B	QL(1 ea daily)
<i>saxagliptin-metformin hcl</i> 1000 MG-2.5 MG	1B	QL(2 ea daily)
SOLIQUA 100/33	2	QL(0.5 ml daily); PA
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
<b>Biguanides</b>		
<i>metformin hcl</i> TABS 850 MG	0	QL(3 ea daily)
<i>metformin hcl</i> TABS 500 MG	1B	QL(5 ea daily)
<i>metformin hcl</i> TABS 1000 MG	1B	QL(2.5 ea daily)
<i>metformin hcl</i> TB24 500 MG	1B	QL(4 ea daily)
<i>metformin hcl</i> TB24 750 MG	1B	QL(3 ea daily)
<b>Diabetic Other</b>		
<i>diazoxide</i>	3	
<i>glucagon (rdna)</i>	1B	QL(0.035 ea daily)
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate</i>	1B	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1B	QL(1 ea daily)
<b>Incretin Mimetic Agents</b>		
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
<b>Insulin</b>		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
BASAGLAR KWIKPEN SOPN	2	

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
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
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N FLEXPEN SUPN	2	
NOVOLIN N SUSP	2	
NOVOLIN R FLEXPEN SOPN IJ	2	
NOVOLIN R SOLN IJ	2	
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1B	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1B	QL(3 ea daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 ea daily)
<i>glimepiride 4 MG</i>	1B	QL(2 ea daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>glipizide TB24</i>	1B	QL(2 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 ea daily)
<i>glyburide TABS</i>	1B	QL(4 ea daily)
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1B	
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS</i>	1B	RX/OTC
MOTOFEN	3	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
<i>deferiprone TABS 500 MG</i>	1B	
Antidotes and Specific Antagonists		
VISTOGARD	4	PA

Drug Name	Drug Tier	Requirements/Limits
<b>Opioid Antagonists</b>		
<i>naloxone hcl LIQD</i>	1B	QL(2 ea per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
ANZEMET TABS 50 MG	3	QL(0.167 ea daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 ea daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 ea daily)
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 ea daily)
<i>palonosetron hcl SOLN</i>	1B	
<b>Antiemetics - Anticholinergic</b>		
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>scopolamine</i>	1B	QL(0.34 ea daily)
<i>trimethobenzamide hcl CAPS</i>	1B	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO	3	PA
<i>doxylamine-pyridoxine TBEC</i>	1B	QL(4 ea daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
<i>dronabinol CAPS</i>	1B	
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant MISC</i>	1B	PA
VARUBI TBPK	3	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
<i>casposfungin acetate</i>	1B	
ERAXIS	3	
<i>miconazole sodium</i>	1B	PA
<b>Antifungals</b>		
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)

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<b>Imidazole-Related Antifungals</b>		
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)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
<i>dexchlorpheniramine maleate SOLN</i>	1B	
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate SOLN</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B	
<i>clemastine fumarate SYRP</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ml daily)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B	
<b>Antihistamines - Non-Sedating</b>		
<i>cetirizine hcl TABS</i>	1A	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine TABS</i>	1B	QL(1 ea daily)
<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 ea daily)
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 ea daily); RX/OTC
<i>loratadine CAPS</i>	1B	
<i>loratadine CHEW</i>	1B	
<i>loratadine SOLN</i>	1B	
<i>loratadine TABS</i>	1A	
<i>loratadine TBDP</i>	1B	
QUZYTIR SOLN IV	3	PA
<b>Antihistamines - Phenothiazines</b>		
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1B	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)
<i>promethazine hcl SUPP 50 MG</i>	1B	
<i>promethazine hcl TABS</i>	1B	
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
<b>Antihyperlipidemics - Misc.</b>		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily); PA
<i>omega-3-acid ethyl esters</i>	1B	QL(4 ea daily)
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine light POWD</i>	1B	QL(24 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 gm daily)
<i>colesevelam hcl PACK</i>	1B	QL(1 ea daily); PA
<i>colesevelam hcl TABS</i>	1B	QL(7 ea daily)
<i>colestipol hcl GRAN</i>	1B	QL(6 gm daily)
<i>colestipol hcl PACK</i>	1B	QL(6 ea daily)
<i>colestipol hcl TABS</i>	1B	QL(16 ea daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	QL(1 ea daily)
<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 ea daily)
<i>gemfibrozil TABS</i>	1B	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 ea daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin TABS 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
<i>pravastatin sodium</i>	1B	QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	3	QL(1 ea daily)
<i>simvastatin TABS</i>	1B	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	QL(1 ea daily)
Nicotinic Acid Derivatives		

Drug Name	Drug Tier	Requirements/Limits
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ml daily); PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ml daily); PA
REPATHA SOSY	4	QL(0.0714 ml daily); PA
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
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 2 MG, 8 MG</i>	1B	QL(2 ea daily)
<i>perindopril erbumine 4 MG</i>	1B	
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 ea daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1B	
<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)

Ambetter Formulary Updated July 1, 2024



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

Ambetter Formulary Updated July 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<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</i> 1 GM, 10 GM, 500 MG, 1000 MG	1B	
<i>vancomycin hcl SOLR OR</i> 25 MG/ML, 50 MG/ML, 250 MG/5ML	1B	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone</i>	1B	
Lincosamides		
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	
<i>clindamycin phosphate SOLN IJ</i> 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML	1B	
<i>lincomycin hcl</i>	1B	
Monobactams		

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam 1 GM</i>	1B	
CAYSTON	4	QL(3 ml daily); PA
<b>Oxazolidinones</b>		
<i>linezolid SUSR</i>	1B	
<i>linezolid TABS</i>	1B	QL(2 ea daily); PA
SIVEXTRO TABS	3	PA
<b>Polymyxins</b>		
<i>polymyxin b sulfate SOLR</i>	1B	
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine</i>	1B	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohydrate macro</i>	1B	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Drug Name	Drug Tier	Requirements/Limits
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 ea per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<b>Antimalarials</b>		
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 ea daily)
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 ea daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 ea daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 ea daily)
KRINTAFEL	3	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>primaquine phosphate TABS</i>	3	
<i>pyrimethamine</i>	1B	QL(3 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1B	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE	4	PA

Drug Name	Drug Tier	Requirements/Limits
<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	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
Antimycobacterial Agents		
<i>cycloserine</i>	1B	QL(4 ea daily)
<i>ethambutol hcl TABS</i>	1B	
<i>isoniazid SOLN</i>	1B	
<i>isoniazid SYRP</i>	1B	
<i>isoniazid TABS</i>	1B	
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)
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
Alkylating Agents		
<i>bendamustine hcl SOLR</i>	4	SP; PA
<i>busulfan SOLN</i>	4	SP; PA
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA
<i>cyclophosphamide CAPS</i>	1B	PA
<i>cyclophosphamide SOLR IJ</i>	4	

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE 10 MG	4	SP; PA
GLEOSTINE 40 MG, 100 MG	4	PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA
LEUKERAN	4	SP; PA
<i>melphalan</i>	1B	
<i>melphalan hcl IV</i>	1B	
MYLERAN TABS	4	SP; PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA
TEMODAR SOLR	4	
<i>temozolomide CAPS</i>	4	SP; PA
<i>thiotepa 15 MG</i>	4	SP; PA
ZANOSAR	4	SP; PA
Antimetabolites		
<i>azacitidine SUSR</i>	4	SP; PA
<i>capecitabine</i>	4	SP; PA
<i>clofarabine</i>	4	SP; PA
<i>cytarabine SOLN</i>	4	SP; PA
<i>decitabine</i>	4	SP; PA
<i>floxuridine</i>	4	SP; PA
<i>fludarabine phosphate SOLN</i>	4	SP; PA
<i>fludarabine phosphate SOLR</i>	4	SP; PA
<i>fluorouracil 500 MG/10ML</i>	4	SP; PA
<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA
<i>mercaptopurine TABS</i>	1B	
<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B	
<i>methotrexate sodium SOLR</i>	1B	SP
<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP
<i>nelarabine</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA
<i>pralatrexate 20 MG/ML</i>	4	SP; PA
TABLOID	4	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
INLYTA	4	QL(2 ea daily); SP; PA
LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily); PA
LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily); PA
LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily); PA
LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily); PA
LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily); PA
LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily); PA
LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily); PA
LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily); PA
MVASI	4	PA
ZALTRAP 100 MG/4ML	4	SP; PA
ZIRABEV	4	PA
<b>Antineoplastic - Antibodies</b>		
ADCETRIS	4	SP; PA
ARZERRA	4	SP; PA
RUXIENCE	4	PA
TRUXIMA	4	PA
YERVOY	4	SP; PA
<b>Antineoplastic - Anti-HER2 Agents</b>		
KANJINTI	4	PA
OGIVRI	4	PA
PERJETA	4	SP; PA
TRAZIMERA	4	PA

Drug Name	Drug Tier	Requirements/Limits
TUKYSA	4	PA
<b>Antineoplastic - EGFR Inhibitors</b>		
ERBITUX	4	SP; PA
<i>erlotinib hcl</i>	4	QL(1 ea daily); SP; PA
<i>gefitinib</i>	4	QL(2 ea daily); PA
GILOTRIF	4	QL(1 ea daily); PA
IRESSA ( <i>gefitinib</i> )	4	QL(2 ea daily); PA
TAGRISSEO 40 MG	4	QL(2 ea daily); PA
TAGRISSEO 80 MG	4	QL(1 ea daily); PA
VECTIBIX 100 MG/5ML	4	SP; PA
VIZIMPRO	4	QL(1 ea daily); PA
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO	4	PA
ERIVEDGE	4	QL(1 ea daily); SP; PA
ODOMZO	4	QL(1 ea daily); PA
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily); PA
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily); SP; PA
<i>anastrozole</i>	1B	QL(1 ea daily)
<i>bicalutamide</i>	1B	QL(1 ea daily); SP
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily); SP; PA
EMCYT	4	SP; PA
ERLEADA 60 MG	4	QL(4 ea daily); PA
ERLEADA 240 MG	4	QL(1 ea daily); PA
<i>exemestane</i>	4	QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FIRMAGON	4	QL(0.143 ea daily); SP; PA	AYVAKIT	4	QL(1 ea daily); PA
<i>flutamide</i>	4	QL(6 ea daily); SP; PA	Antineoplastic - XPO1 Inhibitors		
<i>fulvestrant SOSY</i>	4	QL(0.357 ml daily); SP; PA	XPOVIO	4	PA
<i>letrozole</i>	1B		XPOVIO 60 MG TWICE WEEKLY	4	PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA	XPOVIO 80 MG TWICE WEEKLY	4	PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 ea daily); SP; PA	Antineoplastic Antibiotics		
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA	<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA	<i>dactinomycin</i>	4	SP; PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA	<i>doxorubicin hcl liposomal</i>	4	SP; PA
LYSODREN	4	SP; PA	<i>doxorubicin hcl SOLN</i>	4	SP; PA
<i>megestrol acetate SUSP</i>	1B		<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA
<i>megestrol acetate TABS</i>	1B		<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA
<i>nilutamide</i>	1B	QL(2 ea daily)	<i>idarubicin hcl 20 MG/20ML</i>	4	PA
NUBEQA	4	QL(4 ea daily); PA	<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA
<i>tamoxifen citrate TABS</i>	0		<i>mitoxantrone hcl 2 MG/ML</i>	4	SP; PA
<i>toremifene citrate</i>	1B		<i>valrubicin</i>	4	SP; PA
TRELSTAR MIXJECT	4	SP; PA	Antineoplastic Combinations		
XTANDI CAPS	4	QL(4 ea daily); SP; PA	KISQALI FEMARA 200 DOSE	4	PA
XTANDI TABS 80 MG	4	QL(2 ea daily); PA	KISQALI FEMARA 400 DOSE	4	PA
XTANDI TABS 40 MG	4	QL(4 ea daily); PA	KISQALI FEMARA 600 DOSE	4	PA
YONSA	4	QL(4 ea daily); PA	Antineoplastic Enzyme Inhibitors		
ZOLADEX 10.8 MG	4	QL(0.0119 ea daily); SP; PA	ALECENSA	4	QL(4 ea daily); PA
ZOLADEX 3.6 MG	4	QL(0.0357 ea daily); SP; PA	ALUNBRIG TABS	4	QL(1 ea daily); PA
Antineoplastic - Immunomodulators			ALUNBRIG TBPK	4	QL(1 ea daily); PA
POMALYST	4	QL(1 ea daily); PA	BALVERSA	4	PA
Antineoplastic - PDGFR-alpha Inhibitors			<i>bortezomib SOLR IJ</i>	4	SP; PA

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BORTEZOMIB SOLR IV 3.5 MG	4	PA	KYPROLIS	4	PA
BOSULIF TABS 400 MG	4	QL(1 ea daily); PA	<i>lapatinib ditosylate</i>	4	QL(6 ea daily); SP; PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 ea daily); SP; PA	LORBRENA	4	QL(1 ea daily); PA
BRAFTOVI 75 MG	4	SP; PA	LYNPARZA TABS	4	QL(4 ea daily); PA
BRUKINSA	4	PA	MEKINIST SOLR	4	PA
CABOMETYX TABS	4	QL(1 ea daily); PA	MEKINIST TABS	4	PA
CALQUENCE	4	QL(2 ea daily); PA	MEKTOVI	4	SP; PA
CALQUENCE	4	QL(2 ea daily); PA	NINLARO	4	QL(0.143 ea daily); PA
CAPRELSA	4	QL(1 ea daily); SP; PA	<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA
COMETRIQ KIT	4	QL(3 ea daily); SP; PA	PEMAZYRE	4	QL(1 ea daily); PA
COMETRIQ KIT	4	QL(2 ea daily); SP; PA	PIQRAY 200MG DAILY DOSE	4	PA
COMETRIQ KIT	4	QL(4 ea daily); SP; PA	PIQRAY 250MG DAILY DOSE	4	PA
COPIKTRA	4	PA	PIQRAY 300MG DAILY DOSE	4	PA
<i>everolimus TABS</i>	4	QL(1 ea daily); SP; PA	QINLOCK	4	PA
IBRANCE CAPS	4	QL(1 ea daily); PA	RETEVMO	4	PA
IBRANCE TABS	4	QL(1 ea daily); PA	<i>romidepsin SOLR</i>	4	SP; PA
ICLUSIG	4	QL(1 ea daily); PA	ROZLYTREK CAPS	4	PA
<i>imatinib mesylate</i>	4	QL(2 ea daily); SP; PA	RUBRACA	4	QL(4 ea daily); PA
IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); PA	SCEMBLIX 20 MG	4	QL(2 ea daily); PA
IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); PA	SCEMBLIX 40 MG	4	QL(10 ea daily); PA
IMBRUVICA SUSP	4	QL(8 ml daily); PA	<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA
IMBRUVICA TABS	4	QL(1 ea daily); PA	SPRYCEL	4	QL(1 ea daily); SP; PA
INREBIC	4	PA	STIVARGA	4	QL(4 ea daily); SP; PA
JAKAFI	4	QL(2 ea daily); SP; PA	<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily); SP; PA
KISQALI	4	PA	<i>sunitinib malate 37.5 MG</i>	4	QL(1 ea daily); PA
KOSELUGO	4	PA	TABRECTA	4	PA
			TAFINLAR CAPS	4	PA

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR TBSO	4	PA
TALZENNA	4	QL(1 ea daily); PA
TASIGNA 50 MG	4	QL(4 ea daily); PA
TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA
TAZVERIK	4	PA
<i>temsirolimus</i>	4	QL(0.143 ml daily); SP; PA
TIBSOVO	4	PA
TURALIO	4	PA
VERZENIO	4	PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VOTRIENT ( <i>pazopanib hcl</i> )	4	QL(4 ea daily); SP; PA
XALKORI CAPS	4	QL(2 ea daily); SP; PA
XOSPATA	4	PA
ZEJULA CAPS	4	QL(3 ea daily); PA
ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
ZEJULA TABS 100 MG	4	QL(3 ea daily); PA
ZELBORAF	4	SP; PA
ZOLINZA	4	QL(4 ea daily); SP; PA
ZYDELIG	4	QL(2 ea daily); PA
Antineoplastic Enzymes		
ONCASPAR	4	SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
<i>bexarotene</i>	4	SP; PA
<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
<i>hydroxyurea</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
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
<i>eribulin mesylate</i>	4	SP; PA
ETOPOPHOS	4	SP; PA
<i>etoposide CAPS</i>	4	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA
HALAVEN ( <i>eribulin mesylate</i> )	4	SP; PA
IXEMPRA KIT 15 MG	4	SP; PA
JEVTANA	4	SP; PA
<i>paclitaxel 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
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA

Ambetter Formulary Updated July 1, 2024



Drug Name	Drug Tier	Requirements/Limits
<b>Topoisomerase I Inhibitors</b>		
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	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
<i>carbidopa</i>	1B	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate SOLN</i>	1B	
<i>benztropine mesylate TABS</i>	1B	
<i>trihexyphenidyl hcl SOLN</i>	1B	
<i>trihexyphenidyl hcl TABS</i>	1B	
<b>Antiparkinson COMT Inhibitors</b>		
<i>entacapone</i>	1B	QL(8 ea daily)
<i>tolcapone</i>	1B	
<b>Antiparkinson Dopaminergics</b>		
<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	
<i>carbidopa-levodopa TBDP</i>	1B	
NEUPRO	2	

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

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
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)
<b>Butyrophenones</b>		
<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	
<b>Dibenzapines</b>		
<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 100 MG</i>	1B	QL(9 ea daily)
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 ea daily)
<i>loxapine succinate</i>	1B	
<i>olanzapine SOLR</i>	1B	QL(0.215 ea daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 ea daily)
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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)
<b>Phenothiazines</b>		
<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	
<b>Quinolinone Derivatives</b>		
<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
<b>Thioxanthenes</b>		
<i>thiothixene</i>	1B	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<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)

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
APTIVUS CAPS	3	QL(4 ea daily)	ISENTRESS CHEW	3	QL(6 ea daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 ea daily)	ISENTRESS TABS	3	QL(2 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 ea daily)	JULUCA	3	QL(1 ea daily)
BIKTARVY	3	QL(1 ea daily)	<i>lamivudine SOLN</i>	1B	QL(30 ml daily)
CIMDUO	3	QL(1 ea daily); ST	<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)
COMPLERA	3	QL(1 ea daily)	<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)
<i>darunavir TABS</i>	1B		<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)
DELSTRIGO	3	QL(1 ea daily)	LEXIVA SUSP	3	QL(56 ml daily)
DOVATO	3	QL(1 ea daily)	<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)
EDURANT	3	QL(1 ea daily)	<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)
<i>efavirenz CAPS 50 MG</i>	1B	QL(3 ea daily)	<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)	<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)	<i>nevirapine SUSP</i>	1B	QL(40 ml daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)	<i>nevirapine TABS</i>	1B	QL(2 ea daily)
<i>efavirenz TABS</i>	1B	QL(1 ea daily)	<i>nevirapine TB24 100 MG</i>	1B	QL(3 ea daily)
<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)	<i>nevirapine TB24 400 MG</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)	NORVIR CAPS	2	QL(12 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)	NORVIR PACK	3	QL(12 ea daily)
EMTRIVA SOLN	3	QL(24 ml daily)	NORVIR SOLN	3	QL(15 ml daily)
<i>etravirine 200 MG</i>	1B	QL(2 ea daily)	ODEFSEY	3	QL(1 ea daily)
<i>etravirine 100 MG</i>	1B	QL(4 ea daily)	PIFELTRO	3	QL(1 ea daily)
EVOTAZ	3	QL(1 ea daily)	PREZCOBIX	3	QL(1 ea daily)
<i>fosamprenavir calcium TABS</i>	1B	QL(4 ea daily)	PREZISTA SUSP	3	QL(12 ml daily)
FUZEON SOLR	4	SP; PA	PREZISTA TABS 75 MG, 150 MG	3	QL(2 ea daily)
GENVOYA	3	QL(1 ea daily)	PREZISTA TABS ( <i>darunavir</i> )	3	
INTELENCE 25 MG	3	QL(8 ea daily)	RETROVIR IV INFUSION SOLN	3	
ISENTRESS HD TABS	3	QL(2 ea daily)	<i>ritonavir TABS</i>	1B	QL(12 ea daily)
			RUKOBIA	4	PA
			SELZENTRY SOLN	3	QL(30 ml daily)
			SELZENTRY TABS 25 MG, 75 MG	3	QL(2 ea daily)
			<i>stavudine CAPS</i>	1B	QL(2 ea daily)
			STRIBILD	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate</i> TABS	1B	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR	3	QL(2 ea daily)
TYBOST	3	QL(1 ea daily)
VIRACEPT TABS 625 MG	3	QL(4 ea daily)
VIRACEPT TABS 250 MG	3	QL(10 ea daily)
VIREAD POWD	3	QL(7.5 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 ea daily)
<i>zidovudine</i> CAPS	1B	QL(6 ea daily)
<i>zidovudine</i> SYRP	1B	QL(60 ml daily)
<i>zidovudine</i> TABS	1B	QL(2 ea daily)
<b>CMV Agents</b>		
<i>cidofovir</i>	3	
<i>ganciclovir sodium</i> SOLR	1B	
<i>valganciclovir hcl</i> TABS	1B	QL(4 ea daily); PA
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil</i>	4	QL(1 ea daily); SP
BARACLUDE SOLN	4	QL(20 ml daily); SP; PA
<i>entecavir</i> TABS	4	QL(1 ea daily); SP
EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
<i>lamivudine (hbv)</i> TABS	1B	QL(3 ea daily); SP
PEGASYS SOLN	4	QL(0.0714 ml daily); SP; PA
PEGASYS SOSY	4	QL(0.072 ml daily); PA
<i>ribavirin (hepatitis c)</i> CAPS	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c)</i> TABS 200 MG	1B	QL(7 ea daily)
SOFOSBUVIR/VELPATA SVIR TABS	1B	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
SOVALDI TABS 200 MG	4	QL(1 ea daily); PA
SOVALDI TABS 400 MG	4	QL(1 ea daily); SP; PA
<b>Herpes Agents</b>		
<i>acyclovir</i> CAPS	1A	QL(5 ea daily; 50 ea per fill retail; 50 per fill mail)
<i>acyclovir</i> SUSP	1B	QL(13.34 ml daily)
<i>acyclovir</i> TABS OR	1B	QL(5 ea daily)
<i>famciclovir</i> 500 MG	1B	QL(4 ea daily)
<i>famciclovir</i> 125 MG, 250 MG	1B	QL(3 ea daily)
<i>valacyclovir hcl</i> 1 GM, 1000 MG	1B	QL(4 ea daily)
<i>valacyclovir hcl</i> 500 MG	1B	QL(2 ea daily)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate</i> CAPS	1B	Limit 1 fill every 90 days.; QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>oseltamivir phosphate</i> SUSR	1B	Limit 1 fill every 90 days.; QL(125 ml per fill retail); 1 max fill(s) per 90 day(s) retail
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail
<i>rimantadine hydrochloride</i> TABS	1B	QL(2 ea daily)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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)
<b>Beta Blockers Cardio-Selective</b>		
<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 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 ea daily)
<i>nebivolol hcl 20 MG</i>	3	QL(2 ea daily)
<b>Beta Blockers Non-Selective</b>		
<i>HEMANGEOL SOLN OR</i>	4	QL(75 ml daily); PA
<i>nadolol TABS 40 MG</i>	1B	QL(6 ea daily)
<i>nadolol TABS 20 MG</i>	1B	QL(3 ea daily)
<i>nadolol TABS 80 MG</i>	1B	
<i>pindolol TABS</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl TABS</i>	1B	
<i>sotalol hcl (afib/af)</i>	1B	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)
<i>sotalol hcl TABS 240 MG</i>	1B	
<i>timolol maleate TABS</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
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	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
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
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		

Drug Name	Drug Tier	Requirements/Limits
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 TBPk	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	4	PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 ea daily); PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); PA

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CORLANOR TABS	3	QL(2 ea daily); PA	<i>cefepime proxetil SUSR</i>	1B	
Transthyretin Stabilizers			<i>cefepime proxetil TABS</i>	1B	
VYNDAMAX	4	QL(1 ea daily); PA	<i>ceftazidime IJ 1 GM, 6 GM</i>	1B	
VYNDAQEL	4	QL(4 ea daily); PA	<i>ceftriaxone sodium IJ 250 MG</i>	1A	
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>			<i>ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG</i>	1B	
Cephalosporins - 1st Generation			Cephalosporins - 4th Generation		
<i>cefadroxil CAPS</i>	1B		<i>cefepime hcl SOLR IV 2 GM</i>	1B	
<i>cefadroxil SUSR</i>	1B		Cephalosporins - 5th Generation		
<i>cefadroxil TABS</i>	1B		TEFLARO	3	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B		<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<i>cephalexin CAPS</i>	1B		Combination Contraceptives - Oral		
<i>cephalexin SUSR</i>	1B		<i>BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)</i>	0	
Cephalosporins - 2nd Generation			<i>desogestrel &amp; ethinyl estradiol</i>	0	
<i>cefaclor CAPS</i>	1B		<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1B		<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1B		<i>drospirenone-ethinyl estradiol</i>	0	
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1B		<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
<i>cefprozil SUSR</i>	1B		<i>ethynodiol diacet &amp; eth estrad</i>	0	
<i>cefprozil TABS</i>	1B		<i>levonorgestrel &amp; eth estradiol TABS</i>	0	
<i>cefuroxime axetil TABS</i>	1B		<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
<i>cefuroxime sodium IJ 750 MG</i>	1B		<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	
Cephalosporins - 3rd Generation					
<i>cefdinir CAPS</i>	1B				
<i>cefdinir SUSR</i>	1B				
<i>cefixime CAPS</i>	1B				
<i>cefixime SUSR</i>	1B	ST			
<i>cefotaxime sodium IJ 1 GM, 2 GM</i>	1B				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0		<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 ea daily)
<i>levonorgestrel-ethinyl estradiol-iron</i>	0		Copper Contraceptives - IUD		
LO LOESTRIN FE TABS	0		PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0	
NATAZIA	0		Emergency Contraceptives		
NEXTSTELLIS	0		ELLA	0	
<i>norethin acet &amp; estrad-fe CAPS</i>	0		<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
<i>norethin acet &amp; estrad-fe CHEW</i>	0		Progestin Contraceptives - Implants		
<i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0		NEXPLANON	0	
<i>norethindrone &amp; eth estradiol</i>	0		Progestin Contraceptives - Injectable		
<i>norethindrone &amp; ethinyl estradiol-fe</i>	0		DEPO-SUBQ PROVERA 104 SUSY SC	0	
<i>norethindrone acet &amp; eth estra</i>	0		<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ml per 90 day(s) retail)
<i>norethindrone acetate-ethinyl estradiol-fe</i>	0		<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(90 Day(s) limit ; 1 ml per 90 day(s) retail)
<i>norethindrone-eth estradiol (triphasic)</i>	0		Progestin Contraceptives - IUD		
<i>norgestimate-ethinyl estradiol</i>	0		KYLEENA	0	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0		LILETTA 20.1 MCG/DAY	0	
<i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>	0		MIRENA	0	
TYBLUME CHEW	0		SKYLA	0	
Combination Contraceptives - Transdermal			Progestin Contraceptives - Oral		
<i>norelgestromin-ethinyl estradiol</i>	0		<i>norethindrone (contraceptive)</i>	0	
TWIRLA	0	QL(3 ea per 28 day(s) retail; 9 ea per 84 days mail)	OPILL	0	
Combination Contraceptives - Vaginal			SLYND	0	QL(1 ea daily)
ANNOVERA	0	PA	<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
			Glucocorticosteroids		
			<i>budesonide CPEP</i>	1B	QL(3 ea daily)
			<i>deflazacort SUSP</i>	4	PA

Ambetter Formulary Updated July 1, 2024



Drug Name	Drug Tier	Requirements/Limits
<i>deflazacort</i> TABS	4	PA
DEPO-MEDROL SUSP	3	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone sodium phosphate</i> SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	1B	
<i>dexamethasone sodium phosphate</i> SOSY IJ 4 MG/ML	1B	
<i>dexamethasone</i> ELIX	1B	
<i>dexamethasone</i> SOLN	1B	
<i>dexamethasone</i> TABS 0.5 MG, 0.75 MG	1A	
<i>dexamethasone</i> TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	1B	
EMFLAZA SUSP	4	PA
EMFLAZA TABS ( <i>deflazacort</i> )	4	PA
<i>hydrocortisone</i> TABS	1B	
MEDROL TABS	3	
<i>methylprednisolone acetate</i> SUSP	1B	
<i>methylprednisolone sod succ</i> 40 MG, 125 MG, 500 MG, 1000 MG	1B	
<i>methylprednisolone</i> TABS	1B	
<i>methylprednisolone</i> TBPK	1B	
<i>prednisolone sodium phosphate</i> SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	1B	
<i>prednisolone sodium phosphate</i> TBDP	3	
<i>prednisolone</i> SOLN	1B	
<i>prednisolone</i> TABS	1B	
<i>prednisone</i> SOLN	1B	
<i>prednisone</i> TABS 2.5 MG, 10 MG, 20 MG, 50 MG	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone</i> TABS 1 MG, 5 MG	1B	
<i>prednisone</i> TBPK	1B	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF 250 MG	3	
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetonide</i> SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML	1B	
Mineralocorticoids		
<i>fludrocortisone acetate</i> TABS	1B	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
Antitussives		
<i>benzonatate</i> 100 MG	1B	QL(6 ea daily)
<i>benzonatate</i> 200 MG	1B	QL(3 ea daily)
<i>benzonatate</i> 150 MG	1B	QL(4 ea daily)
Cough/Cold/Allergy Combinations		
<i>hydrocodone polistirex-chlorpheniramine polistirex</i> SUER	1B	
TUZISTRA XR	2	PA
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant)</i> NEBU 7 %	1B	
Mucolytics		
<i>acetylcysteine</i> SOLN	1B	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
Acne Products		
<i>adapalene-benzoyl peroxide</i> GEL 2.5 %-0.1 %	1B	AL(At least 12 yrs old); ST

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old); ST	DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); ST; RX/OTC	<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
AZELEX	3	QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST	<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old); RX/OTC	<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA	PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC	<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old)	<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)	<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide LIQD 4 %, 7 %, 10 %</i>	1B	AL(At least 12 yrs old)	<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA	<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 gm 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>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)	<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>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ml daily); 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) 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 day(s) retail; 15 gm per 30 days mail)
			<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 gm daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>naftifine hcl CREA 1 %</i>	1B	QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>nystatin (topical) CREA</i>	1B	QL(10 gm daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 gm daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 gm daily)
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 gm daily)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 gm daily)
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ml daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>sulconazole nitrate CREA</i>	1B	
<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>tavaborole</i>	1B	PA
<b>Anti-inflammatory Agents - Topical</b>		
<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
<b>Antineoplastic or Premalignant Lesion Agents - Topical</b>		
<i>bexarotene (topical)</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 gm daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 gm daily)
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ml daily)
PANRETIN	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)
<b>Antipruritics - Topical</b>		
<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; QL(45 gm per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<b>Antipsoriatics</b>		
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)
<i>acitretin 25 MG</i>	1B	QL(2 ea daily)
<i>calcipotriene CREA</i>	1B	QL(4 gm daily); PA
<i>calcipotriene OINT</i>	1B	QL(4 gm daily); PA
<i>calcipotriene SOLN</i>	1B	QL(4 ml daily); PA
<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily); PA
COSENTYX UNOREADY SOAJ	4	QL(0.072 ml daily); PA
COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily); PA
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily); PA
<i>methoxsalen rapid</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA
SKYRIZI PSKT	4	QL(0.025 ea daily); PA
SKYRIZI SOSY	4	QL(0.025 ml daily); PA
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ml daily); PA
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily); PA
STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily); SP; PA
<i>tazarotene CREA</i>	1B	QL(1 gm daily)
TREMFYA SOPN	4	QL(0.018 ml daily); PA
TREMFYA SOSY	4	QL(0.018 ml daily); PA
<b>Antiseborrheic Products</b>		
<i>selenium sulfide LOTN 2.5 %</i>	1B	
<b>Antivirals - Topical</b>		
<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
<i>penciclovir</i>	3	QL(0.18 gm daily)
<b>Burn Products</b>		
<i>mafenide acetate PACK</i>	3	
<i>silver sulfadiazine</i>	1B	QL(20 gm daily)
SULFAMYLLON CREA	3	
<b>Corticosteroids - Topical</b>		
<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)
<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide CREA 0.1 %</i>	1B	QL(4 gm daily)
<i>fluocinonide GEL</i>	1B	
<i>fluocinonide OINT</i>	1B	QL(2 gm daily)
<i>fluocinonide SOLN</i>	1B	QL(2 ml daily)
<i>flurandrenolide CREA</i>	2	QL(2 gm daily)
<i>flurandrenolide LOTN</i>	2	QL(2 ml daily)
<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 gm daily)
<i>fluticasone propionate LOTN</i>	1B	QL(6 ml daily)
<i>fluticasone propionate OINT</i>	1B	QL(4 gm daily)
<i>halcinonide CREA</i>	1B	PA
<i>halobetasol propionate CREA</i>	1B	QL(3.5 gm daily)
<i>halobetasol propionate OINT</i>	1B	QL(3.5 gm daily)
HALOG OINT	3	PA
<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1B	QL(15.15 gm daily); RX/OTC
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B	
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1B	QL(15.15 gm daily); RX/OTC
<i>hydrocortisone butyrate CREA</i>	1B	QL(3 gm daily)
<i>hydrocortisone butyrate OINT</i>	1B	QL(3 gm daily)
<i>hydrocortisone butyrate SOLN</i>	1B	QL(5 ml daily)
<i>hydrocortisone valerate CREA</i>	1B	
<i>hydrocortisone valerate OINT</i>	1B	
<i>mometasone furoate CREA</i>	1B	QL(3 gm daily)
<i>mometasone furoate OINT</i>	1B	QL(4 gm daily)
<i>mometasone furoate SOLN</i>	1B	QL(5 ml daily)
<i>prednicarbate OINT</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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) CREA 0.025 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ml daily)
<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 gm daily)
<b>Eczema Agents</b>		
DUPIXENT SOPN 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOPN 300 MG/2ML	4	QL(0.29 ml daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ml daily); PA
DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ml daily); PA
<b>Emollients</b>		
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 gm daily); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
<b>Enzymes - Topical</b>		
SANTYL OINT	3	PA
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod 5 %</i>	1B	QL(12 ea per fill retail; 12 per fill mail)
<b>Immunosuppressive Agents - Topical</b>		

Ambetter Formulary Updated July 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
<b>Wound Care Products</b>		
REGRANEX	3	QL(0.5 gm daily)
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
<b>Diagnostic Tests</b>		
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

Drug Name	Drug Tier	Requirements/Limits
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 Enzymes

Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	Non-FDA approved uses require Prior Authorization

### DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Drug Name	Drug Tier	Requirements/Limits
Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium</i>	1B	
<i>acetazolamide CP12</i>	1B	QL(2 ea daily)
<i>acetazolamide TABS 250 MG</i>	1B	QL(4 ea daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 ea daily)
<i>dichlorphenamide</i>	4	QL(4 ea daily); PA
<i>methazolamide TABS</i>	1B	QL(6 ea daily)
Diuretic Combinations		
<i>amiloride &amp; hydrochlorothiazide</i>	1B	
<i>spironolactone &amp; hydrochlorothiazide</i>	1B	
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1B	
<i>triamterene &amp; hydrochlorothiazide TABS</i>	1B	
Loop Diuretics		
<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)



Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 ea daily)
<i>indapamide TABS 1.25 MG</i>	1B	QL(1 ea daily)
<i>indapamide TABS 2.5 MG</i>	1B	QL(2 ea daily)
<i>metolazone</i>	1B	QL(2 ea daily)
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>- Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1B	QL(1 ea daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1B	QL(0.143 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 max fill(s) per 180 day(s) retail; 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

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

Drug Name	Drug Tier	Requirements/Limits
<b>LHRH/GnRH Agonist Analog Pituitary Suppressants</b>		
FENSOLVI SC	4	SP; PA
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA
SYNAREL	4	SP; PA
<b>Metabolic Modifiers</b>		
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
<b>Posterior Pituitary Hormones</b>		

Drug Name	Drug Tier	Requirements/Limits
<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 0.1 MG</i>	1B	QL(6 ea daily)
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 ea daily)
STIMATE SOLN NA	4	SP; PA
<b>Prolactin Inhibitors</b>		
<i>cabergoline</i>	1B	
<b>Somatostatic Agents</b>		
<i>octreotide acetate SOLN</i>	4	SP; PA
SANDOSTATIN LAR DEPOT KIT	4	PA
SIGNIFOR	4	PA
<b>Vasopressin Receptor Antagonists</b>		
<i>tolvaptan TABS</i>	4	QL(2 ea daily); SP; PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
CLIMARA PRO	3	
DUAVEE	3	PA
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREMPHASE	2	
PREMPRO	2	QL(1 ea daily)
<b>Estrogens</b>		
DELESTROGEN 10 MG/ML ( <i>estradiol valerate</i> )	1B	
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate</i>	1B	
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM</i>	1B	
<i>estradiol GEL 0.06 %</i>	3	
<i>estradiol PTTW</i>	1B	QL(0.286 ea daily)
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	
ESTROGEL GEL ( <i>estradiol</i> )	3	
EVAMIST SOLN	3	
MENEST	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	QL(1 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS</i>	1B	
<i>ciprofloxacin in d5w 5 %-200 MG/100ML</i>	3	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1B	2 max fill(s) per 30 day(s) retail
CIPRO SUSR	2	2 max fill(s) per 30 day(s) retail
<i>levofloxacin in d5w 5 %-500 MG/100ML</i>	1B	
<i>levofloxacin SOLN OR</i>	1B	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin 300 MG, 400 MG</i>	1B	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
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)
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
SKYRIZI SOLN	4	QL(0.36 ml daily); PA
STELARA 130 MG/26ML	4	QL(3.47 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
<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		
<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
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	1B	
<i>sodium citrate &amp; citric acid</i>	1B	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1B	
Urinary Stone Agents		
THIOLA EC TBEC 300 MG ( <i>tiopronin</i> )	3	QL(10 ea daily); PA
THIOLA EC TBEC 100 MG ( <i>tiopronin</i> )	3	QL(3 ea daily); PA
<i>tiopronin TBEC 300 MG</i>	3	QL(10 ea daily); PA
<i>tiopronin TBEC 100 MG</i>	3	QL(3 ea daily); PA
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
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		

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>probenecid</i>	1B	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA	4	PA
ALPROLIX	4	PA
ALTUVIIIIO	4	PA
BENEFIX KIT	4	PA
ELOCTATE	4	PA
ESPEROCT	4	PA
IDELVION	4	PA
JIVI	4	PA
KOGENATE FS KIT	4	PA
KOVALTRY	4	PA
NOVOEIGHT	4	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOLN</i>	4	QL(9 ml daily); PA
<i>icatibant acetate SOSY</i>	4	QL(9 ml daily); PA
Complement Inhibitors		
HAEGARDA SOLR SC	4	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 ea daily); SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		

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

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA	<i>ferrous sulfate TBEC 325 MG</i>	0	
DOPTELET	4	QL(3 ea daily); PA	<b>Stem Cell Mobilizers</b>		
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA	MOZOBIL ( <i>plerixafor</i> )	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA	<i>plerixafor</i>	4	SP; PA
MIRCERA	4	PA	<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
MULPLETA	4	QL(1 ea daily); PA	<b>Hemostatics - Systemic</b>		
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA	<i>aminocaproic acid TABS</i>	1B	PA
PROCRIT 40000 UNIT/ML	4	SP; PA	<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA	<i>tranexamic acid TABS</i>	1B	
PROMACTA PACK	4	QL(1 ea daily); PA	<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
PROMACTA TABS	4	QL(1 ea daily); PA	<b>Barbiturate Hypnotics</b>		
RETACRIT	4	PA	<i>phenobarbital ELIX</i>	1B	
UDENYCA ONBODY SOSY	4	PA	<i>phenobarbital TABS</i>	1B	
UDENYCA SOAJ	4	PA	<b>Hypnotics - Tricyclic Agents</b>		
UDENYCA SOSY	4	PA	<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily); PA
ZARXIO	4	PA	<b>Non-Barbiturate Hypnotics</b>		
ZIEXTENZO	4	PA	<i>estazolam</i>	1B	
<b>Hematopoietic Mixtures</b>			<i>eszopiclone</i>	1B	QL(1 ea daily); AL(At least 18 yrs old); ST
<i>ferrous fumarate-folic acid</i>	1B	QL(1 ea daily)	<i>flurazepam hcl</i>	1B	PA
<b>Iron</b>			<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 ea daily)
<i>ferrous sulfate SOLN 15 MG/ML</i>	0	AL(Up to 1 yrs old)	<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 ea daily)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	0		<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)

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<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)
<b>Orexin Receptor Antagonists</b>		
<i>BELSOMRA</i>	3	PA
<b>Selective Melatonin Receptor Agonists</b>		
<i>ramelteon</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
<i>calcium polycarbophil TABS</i>	1B	
<b>Laxative Combinations</b>		
<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	
<b>Laxatives - Miscellaneous</b>		
<i>lactulose SOLN</i>	1B	
<b>Saline Laxatives</b>		
<i>OSMOPREP</i>	3	PA
<b>Stimulant Laxatives</b>		
<i>bisacodyl SUPP</i>	1A	
<i>bisacodyl TBEC</i>	1A	
<b>Surfactant Laxatives</b>		
<i>docusate calcium</i>	1A	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Contraceptives			KIMONO SENSATION LUBRICATED MISC	0	
AIMSCO LUBRICATED MISC	0		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	
CAYA DPRH	0		KIMONO SPECIAL DEVI	0	
DUREX EXTRA SENSITIVE THIN DEVI	0		K-Y ME & YOU EXTRA LUBRICATED DEVI	0	
DUREX EXTRA SENSITIVE THIN MISC	0		K-Y ME & YOU INTENSE DEVI	0	
DUREX TROPICAL MISC	0		MAXX LUBRICATED MISC	0	
FANTASY LUBRICATED/SPERMICIDE MISC	0		MAXX PLUS SPERMICIDE LUBRICATED MISC	0	
FANTASY LUBRICATED MISC	0		OMNIFLEX DIAPHRAGM	0	
FC2 FEMALE CONDOM	0	QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	PREMIUM CONDOMS LUBRICATED MISC	0	
FEMCAP DEVI	0		REALITY LATEX CONDOMS/LUBRICATED MISC	0	
KAMELEON LUBRICATED MISC	0		REALITY LATEX/ULTRA TEXTURED DEVI	0	
KIMONO COLORS DEVI	0		REALITY LATEX/ULTRA THIN DEVI	0	
KIMONO LUBRICATED MISC	0		TRUE COVER DEVI	0	
KIMONO MAXX/LARGE FLARE MISC	0		TRUSTEX COLOR CONDOMS + LUBE MISC	0	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX LUBRICATED EXTRALARGE MISC	0	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0		TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	0	
KIMONO PS LUBRICATED MISC	0		TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0		TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	

Ambetter Formulary Updated July 1, 2024



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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/STUDDED 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		<b>Parenteral Therapy Supplies</b>		
<b>Diabetic Supplies</b>			SELECT INSULIN SYRINGES	1B	5/day
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA	SELECT INSULIN SYRINGES	1	5/day

**MIGRAINE PRODUCTS - Drugs to Treat Migraine**

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Headaches</b>			<i>frovatriptan succinate</i>	1B	QL(0.4 ea daily); AL(At least 18 yrs old); ST
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>naratriptan hcl</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
AIMOVIG	2	QL(0.04 ml daily); PA	<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
EMGALITY SOAJ	2	QL(0.07 ml daily); PA	<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
EMGALITY SOSY 100 MG/ML	2	QL(0.1 ml daily); PA	<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA	<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
UBRELVY	3	QL(10 ea per 30 day(s) retail); ST	<i>sumatriptan</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old)
Migraine Combinations			<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)	<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
Migraine Products			<i>sumatriptan succinate TABS</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B		<i>zolmitriptan SOLN</i>	1B	QL(0.2 ea daily); AL(At least 12 yrs old); ST
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ml daily)	<i>zolmitriptan TABS</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
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			
<i>eletriptan hydrobromide</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old); ST			

Ambetter Formulary Updated July 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride CPR</i>	1B		ENSPRYNG	4	PA
<i>potassium chloride PACK OR 20 MEQ</i>	1B	PA	<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 ea daily); 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</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
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>			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 20 MG</i>	4	QL(1 ea daily); PA	Irrigation Solutions		
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; 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		<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cyclosporine SOLN IV 50 MG/ML</i>	1B		Anesthetics Topical Oral		
			<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	

Ambetter Formulary Updated July 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)	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)
<b>MULTIVITAMINS</b>			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			

Ambetter Formulary Updated July 1, 2024

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
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
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
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>chlorzoxazone TABS 750 MG</i>	1B	QL(4 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 &amp; codeine</i>	3	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
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 package(s) per fill retail
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ml per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 gm daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		

Ambetter Formulary Updated July 1, 2024

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 day(s) retail; 2 ml per 30 days mail)
<b>NUTRIENTS</b>			<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	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>			<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 day(s) 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		<b>Ophthalmic Immunomodulators</b>		
Ophthalmic Adrenergic Agents			<i>cyclosporine (ophth) EMUL</i>	3	PA
<i>apraclonidine hcl</i>	1B		<b>Ophthalmic Local Anesthetics</b>		
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B		<i>proparacaine hcl</i>	1B	
IOPIDINE	3		<b>Ophthalmic Steroids</b>		
Ophthalmic Anti-infectives			ALREX SUSP ( <i>loteprednol etabonate</i> )	3	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ml daily)	<i>bromfenac sodium (ophth)</i>	1B	
<i>difluprednate</i>	1B	PA	<i>cromolyn sodium (ophth)</i>	1B	
<i>fluorometholone (ophth) SUSP</i>	1B		CYSTARAN	2	QL(2.143 ml daily); PA
FML FORTE SUSP	3	PA	<i>diclofenac sodium (ophth)</i>	1B	
FML OINT	3	PA	<i>dorzolamide hcl</i>	1B	
LOTEMAX OINT	3	PA	<i>epinastine hcl (ophth)</i>	1B	
<i>loteprednol etabonate GEL</i>	1B	PA	<i>flurbiprofen sodium</i>	1B	
<i>loteprednol etabonate SUSP</i>	1B	PA	<i>ketorolac tromethamine (ophth)</i>	1B	
MAXIDEX SUSP OP	3	PA	<i>ketotifen fumarate (ophth) 0.035 %</i>	1B	
<i>neomycin-polymyx-dexameth OINT</i>	1B		LASTACAFT	3	PA
<i>neomycin-polymyx-dexameth SUSP</i>	1B		NEVANAC	3	QL(0.2 ml daily); ST
<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ml daily)	<i>olopatadine hcl 0.2 %</i>	1B	RX/OTC
PRED MILD	3	PA	<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ml daily); RX/OTC
PRED-G SUSP	3	PA	<b>Prostaglandins - Ophthalmic</b>		
<i>prednisolone acetate (ophth)</i>	1B		<i>bimatoprost SOLN</i>	3	
PREDNISOLONE SODIUM PHOSPHATE	3		<i>latanoprost SOLN</i>	1B	
<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA	<i>tafluprost</i>	1B	
<i>tobramycin-dexamethasone SUSP</i>	1B		<i>travoprost SOLN</i>	1B	
ZYLET	3	PA	<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Ophthalmic Surgical Aids</b>			<b>Otic Agents - Miscellaneous</b>		
HEALON PRO SOSY	3	PA	<i>acetic acid (otic)</i>	1B	QL(0.5 ml daily)
PROVISC SOSY	3	PA	<b>Otic Anti-infectives</b>		
<b>Ophthalmics - Misc.</b>			<i>ciprofloxacin hcl (otic)</i>	1B	
ALOCRIAL	3	PA	<i>ofloxacin (otic)</i>	1B	
ALOMIDE	3	PA	<b>Otic Combinations</b>		
<i>azelastine hcl (ophth)</i>	1B		<i>ciprofloxacin-dexamethasone</i>	1B	PA
<i>bepotastine besilate</i>	3	PA	<i>ciprofloxacin-fluocinolone acetamide</i>	1B	QL(0.5 ea daily); PA
<i>brinzolamide</i>	1B		CORTISPORIN-TC	3	
			<i>neomycin-polymyxin-hc (otic) SOLN</i>	1B	QL(2 ml daily)

Ambetter Formulary Updated July 1, 2024



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	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
Immune Serums		
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	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, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMUNEX-C	4	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IJ 1 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
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 &amp; pot clavulanate CHEW</i>	1B	
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1B	
<i>amoxicillin &amp; pot clavulanate TABS</i>	1B	
<i>amoxicillin &amp; pot clavulanate TB12</i>	1B	
<i>ampicillin &amp; sulbactam sodium IV 10 GM-5 GM</i>	1B	
<i>piperacillin sodium-tazobactam sodium</i>	1B	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
Progestins		
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate (appetite)</i>	1B	PA	SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA
<i>norethindrone acetate TABS</i>	0		SAVELLA TABS	2	QL(2 ea daily); PA
<i>progesterone CAPS</i>	1B		<b>Movement Disorder Drug Therapy</b>		
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>			AUSTEDO TABS	4	QL(4 ea daily); PA
<b>Agents for Chemical Dependency</b>			INGREZZA CAPS	4	QL(1 ea daily); PA
<i>acamprosate calcium</i>	1B		INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA
<i>disulfiram</i>	1B		<i>tetrabenazine</i>	4	QL(3 ea daily); SP; PA
LUCEMYRA	3	QL(224 ea per 14 day(s) retail); PA	<b>Multiple Sclerosis Agents</b>		
<b>Antidementia Agents</b>			AVONEX PEN AJKT	4	QL(0.0714 ml daily); SP; PA
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 ea daily)	AVONEX PSKT	4	QL(0.0714 ml daily); SP; PA
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 ea daily)	BETASERON KIT	4	QL(0.5 ea daily); SP; PA
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 ea daily)	<i>dalfampridine</i>	4	QL(2 ea daily); SP; PA
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 ea daily)	<i>dimethyl fumarate CDPK</i>	1B	QL(2 ea daily)
<i>galantamine hydrobromide CP24</i>	1B	QL(1 ea daily)	<i>dimethyl fumarate CPDR</i>	1B	QL(2 ea daily)
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ml daily)	<i> fingolimod hcl</i>	4	QL(1 ea daily)
<i>galantamine hydrobromide TABS</i>	1B	QL(2 ea daily)	<i>glatiramer acetate SOSY 20 MG/ML</i>	3	QL(1 ml daily)
<i>memantine hcl TABS</i>	1B	QL(2 ea daily)	<i>glatiramer acetate SOSY 40 MG/ML</i>	3	QL(0.43 ml daily)
<i>memantine hcl TABS</i>	1B		KESIMPTA	4	QL(0.0144 ml daily); PA
<i>rivastigmine tartrate CAPS</i>	1B		PLEGRIDY STARTER PACK SOPN	4	QL(0.036 ml daily); PA
<b>Combination Psychotherapeutics</b>			PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
<i>chlordiazepoxide-amitriptyline</i>	1B		PLEGRIDY SOPN	4	QL(0.036 ml daily); PA
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)	PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA
<b>Fibromyalgia Agents</b>			REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ml daily); SP; PA
<i>teriflunomide</i>	4	QL(1 ea daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily); PA
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	3	QL(2 ea daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	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)
<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		

Drug Name	Drug Tier	Requirements/Limits
TEGSEDI	4	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK	4	QL(2 ea daily); PA
ORKAMBI TABS	4	QL(4 ea daily); PA
PULMOZYME	4	QL(2.5 ml daily); SP; PA
TRIKAFTA TBPK	4	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	4	QL(1 ea daily); PA
<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
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
Sulfonamides		
<i>sulfadiazine TABS</i>	1B	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Fluorocyclines		
XERAVA	4	PA
Glycylcyclines		
<i>tigecycline</i>	1B	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1B	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1B	
<i>doxycycline hyclate CAPS</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate SOLR</i>	1B	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>minocycline hcl CAPS</i>	1B	QL(3 ea daily)
<i>minocycline hcl TABS</i>	1B	QL(3 ea daily)
<i>tetracycline hcl CAPS</i>	1B	QL(8 ea daily)
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
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)
<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)

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS ( <i>levothyroxine sodium</i> )	2	
<b>TOXOIDS</b>		
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	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
Antispasmodics		
<i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>	1B	
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>dicyclomine hcl CAPS</i>	1B	
<i>dicyclomine hcl SOLN OR</i>	1B	
<i>dicyclomine hcl TABS</i>	1B	
<i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i>	1B	
<i>glycopyrrolate TABS 1 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 ea daily)
<i>methscopolamine bromide</i>	1B	
<b>H-2 Antagonists</b>		
<i>cimetidine TABS</i>	1B	RX/OTC
<i>famotidine in nacl SOLN</i>	1B	
<i>famotidine SOLN 20 MG/2ML</i>	1A	
<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>ranitidine hcl TABS 150 MG</i>	1B	
<b>Misc. Anti-Ulcer</b>		
<i>sucralfate SUSP</i>	1B	QL(40 ml daily)
<i>sucralfate TABS</i>	1B	QL(4 ea daily)
<b>Proton Pump Inhibitors</b>		
<i>dexlansoprazole</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 ea daily)
<i>lansoprazole CPDR 30 MG</i>	1B	
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 ea daily); RX/OTC
<b>NEXIUM 24HR TBEC (esomeprazole magnesium)</b>	1B	QL(2 ea daily)
<i>omeprazole magnesium CPDR</i>	1B	QL(4 ea daily)
<i>omeprazole CPDR</i>	1B	QL(2 ea daily)
<i>omeprazole TBEC</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 ea daily)
<i>rabeprazole sodium TBEC</i>	3	QL(1 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
<i>misoprostol</i>	1B	QL(4 ea daily)
<b>Ulcer Therapy Combinations</b>		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 ea daily); RX/OTC
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics (Anticholinergic)</b>		
<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)
<i>fesoterodine fumarate</i>	1B	QL(1 ea daily); PA
<i>oxybutynin chloride SOLN</i>	1B	
<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>oxybutynin chloride TB24</i>	1B	
<i>solifenacin succinate TABS</i>	1B	QL(1 ea daily); PA
<i>tolterodine tartrate CP24</i>	1B	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>tropium chloride CP24</i>	1B	QL(1 ea daily)
<i>tropium chloride TABS</i>	1B	QL(3 ea daily)
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride 25 MG</i>	1B	
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Urinary Antispasmodics - Direct Muscle Relaxants			AFLURIA QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
<i>flavoxate hcl</i>	1B		AFLURIA QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
<b>VACCINES</b>			AFLURIA QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
Bacterial Vaccines			AREXVY	0	
ACTHIB SOLR IM	0		COMIRNATY 2023-24 SUSP	0	
BEXSERO	0		COMIRNATY 2023-24 SUSY	0	
HIBERIX SOLR IJ	0		COMIRNATY SUSP	0	
MENACTRA	0		ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
MENQUADFI	0		ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
MENVEO SOLR	0		FLUAD QUADRIVALENT 2021-2022	0	1 max fill(s) per 180 day(s) retail
PEDVAX HIB SUSP	0		FLUAD QUADRIVALENT 2022-2023	0	1 max fill(s) per 180 day(s) retail
PNEUMOVAX 23	0		FLUAD QUADRIVALENT 2023-2024	0	1 max fill(s) per 180 day(s) retail
PNEUMOVAX 23/1 DOSE	0		FLUARIX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PREVNAR 13	0				
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail			
TRUMENBA	0				
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail			
Viral Vaccines					
ABRYSVO	0				
AFLURIA QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail			
AFLURIA QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail			
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0	
FLUZONE QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE SUSP	0	
GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail	PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail	PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
HAVRIX	0		RECOMBIVAX HB SUSP	0	
HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail	RECOMBIVAX HB SUSY	0	
IPOL INACTIVATED IPV	0		ROTARIX SUSP	0	
M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail	ROTARIX SUSR	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0		ROTATEQ SOLN	0	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	0		SHINGRIX	0	2 max fill(s) per 999 day(s) retail; 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	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0		SPIKEVAX COVID-19 VACCINE SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0		TWINRIX SUSY	0	
			VAQTA	0	
			VARIVAX INJ	0	2 max fill(s) per 365 day(s) retail
			<b>VAGINAL AND RELATED PRODUCTS</b>		
			Miscellaneous Vaginal Products		
			INTRAROSA	3	QL(1 ea daily); PA
			Spermicides		
			TODAY SPONGE MISC	0	

Ambetter Formulary Updated July 1, 2024



Drug Name	Drug Tier	Requirements/Limits
<b>Vaginal Anti-infectives</b>		
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal SUPP</i>	1B	
<b>Vaginal Anti-inflammatory Agents</b>		
<i>hydrocortisone vaginal</i>	1B	QL(15.15 gm daily)
<b>Vaginal Contraceptive - pH Modulators</b>		
PHEXXI	0	PV
<b>Vaginal Estrogens</b>		
<i>estradiol vaginal CREA</i>	1B	QL(2 gm daily)
<i>estradiol vaginal TABS</i>	1B	
FEMRING	3	PA
PREMARIN	2	QL(1.5 gm daily)
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	1B	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
<b>Vasopressors</b>		
<i>midodrine hcl</i>	1B	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT</i>	1A	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN OR</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
<b>Water Soluble Vitamins</b>		
<i>ascorbic acid SOLN IJ</i>	3	QL(0.4 ml daily)
NIACIN TR TBCR	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
<i>niacin TABS</i>	1A	
<i>niacin TBCR</i>	1A	

## INDEX

abacavir sulfate SOLN .....	29	acyclovir CAPS .....	31	AIMSCO LUBRICATED MISC .....	51
abacavir sulfate TABS .....	29	acyclovir SUSP .....	31	AIRDUO DIGIHALER 113/14 .....	9
abacavir sulfate-lamivudine .....	29	acyclovir TABS OR .....	31	AIRDUO DIGIHALER 232/14 .....	9
ABELCET .....	17	acyclovir topical CREA .....	39	AIRDUO DIGIHALER 55/14 .....	9
abiraterone acetate 250 MG .....	24	acyclovir topical OINT .....	39	AIRSUPRA .....	9
abiraterone acetate 500 MG .....	24	ADACEL SUSP .....	63	AKYNZEO .....	17
ABRYSSVO .....	65	ADALIMUMAB-ADAZ SOAJ .....	3	albendazole .....	7
acamprosate calcium .....	61	ADALIMUMAB-ADAZ SOSY .....	3	albuterol sulfate AERS .....	9
acarbose .....	14	adapalene CREA .....	37	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML .....	9
acebutolol hcl CAPS .....	32	adapalene GEL .....	37	albuterol sulfate SYRP .....	9
acetaminophen w/ codeine SOLN ..	6	adapalene-benzoyl peroxide GEL 2.5 %-0.1 % .....	36	albuterol sulfate TABS .....	9
acetaminophen w/ codeine TABS 15 MG-300 MG .....	6	ADCETRIS .....	24	alclometasone dipropionate CREA	39
acetaminophen w/ codeine TABS 30 MG-300 MG .....	6	adefovir dipivoxil .....	31	alclometasone dipropionate OINT	39
acetaminophen w/ codeine TABS 60 MG-300 MG .....	6	ADEMPAS .....	33	ALDURAZYME .....	45
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG .....	6	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG .....	63	ALECENSA .....	25
acetazolamide CP12 .....	43	ADVATE .....	48	alendronate sodium TABS 35 MG, 70 MG .....	44
acetazolamide sodium .....	43	ADYNOVATE .....	48	alendronate sodium TABS 5 MG, 10 MG .....	44
acetazolamide TABS 125 MG .....	43	AFLURIA QUADRIVALENT 2021- 2022 SUSP .....	65	alfuzosin hcl .....	47
acetazolamide TABS 250 MG .....	43	AFLURIA QUADRIVALENT 2021- 2022 SUSY .....	65	ALINIA SUSR .....	21
acetic acid (otic) .....	59	AFLURIA QUADRIVALENT 2022- 2023 SUSP .....	65	aliskiren fumarate .....	21
acetic acid 0.25 % .....	47	AFLURIA QUADRIVALENT 2022- 2023 SUSY .....	65	allopurinol .....	47
acetylcysteine SOLN .....	36	AFLURIA QUADRIVALENT 2023- 2024 SUSP .....	65	almotriptan malate 12.5 MG .....	53
acitretin 10 MG, 17.5 MG .....	39	AFLURIA QUADRIVALENT 2023- 2024 SUSY .....	65	almotriptan malate 6.25 MG .....	53
ACTHAR .....	44	AFSTYLA .....	48	ALOCRIAL .....	59
ACTHIB SOLR IM .....	65	AIMOVIG .....	53	aoglipitin benzoate .....	15
ACTIMMUNE 100 MCG/0.5ML .....	27			aoglipitin-metformin hcl .....	14
				aoglipitin-pioglitazone 15 MG-12.5 MG, 30 MG-12.5 MG, 45 MG-12.5	

MG .....	14	aminophylline SOLN .....	10	1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG .....	1
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG .....	14	amiodarone hcl SOLN 50 MG/ML .....	8	amphetամine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG .....	1
ALOMIDE .....	59	amiodarone hcl TABS .....	8	amphetամine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG .....	1
alosetron hcl .....	47	amitriptyline hcl TABS .....	14	amphetամine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG .....	1
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG .....	8	amlodipine besylate TABS .....	32	amphetամine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG .....	1
alprazolam TABS 2 MG .....	8	amlodipine besylate-atorvastatin calcium .....	33	amphotericin b IV .....	17
alprazolam TB24 .....	8	amlodipine besylate-benazepril hcl 20 .....	20	amphotericin b liposome .....	17
alprazolam TBDP .....	8	amlodipine besylate-olmesartan medoxomil .....	20	ampicillin & sulbactam sodium IV 10 GM-5 GM .....	60
ALPROLIX .....	48	amlodipine besylate-valsartan .....	20	ampicillin CAPS 500 MG .....	60
ALREX SUSP (loteprednol etabonate) .....	58	amlodipine-valsartan-hydrochlorothiazide .....	20	ampicillin sodium IJ 1 GM .....	60
ALTABAX .....	37	amoxapine .....	14	anagrelide hcl .....	48
ALTUVIIIIO .....	48	amoxicillin & pot clavulanate CHEW 60 .....	60	anastrozole .....	24
ALUNBRIG TABS .....	25	amoxicillin & pot clavulanate SUSR 60 .....	60	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR .....	7
ALUNBRIG TBPk .....	25	amoxicillin & pot clavulanate TABS 60 .....	60	ANNOVERA .....	35
ALVESCO .....	9	amoxicillin & pot clavulanate TB12 60 .....	60	ANORO ELLIPTA .....	9
alvimopan .....	47	amoxicillin CAPS .....	60	ANZEMET TABS 50 MG .....	17
amantadine hcl CAPS .....	28	amoxicillin CHEW 125 MG, 250 MG 60 .....	60	APIDRA SOLN .....	15
amantadine hcl SOLN .....	28	amoxicillin SUSR 125 MG/5ML .....	60	APIDRA SOLOSTAR SOPN .....	15
amantadine hcl TABS .....	28	amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML .....	60	apomorphine hydrochloride SOCT 28 .....	28
ambrisentan .....	33	amoxicillin TABS .....	60		
amcinonide CREA .....	40	amoxicillin-clarithromycin w/ lansoprazole THPK .....	64		
amcinonide LOTN .....	40	amphetamine sulfate TABS .....	1		
amcinonide OINT .....	40	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-			
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML .....	2				
amiloride & hydrochlorothiazide .....	43				
amiloride hcl TABS .....	43				
aminocaproic acid TABS .....	49				

apraclonidine hcl .....	58	aspirin TBEC 81 MG .....	5	azelastine hcl .....	57
aprepitant CAPS 40 MG, 125 MG ..	17	aspirin-dipyridamole .....	48	AZELEX .....	37
aprepitant CAPS 80 MG .....	17	atazanavir sulfate CAPS 150 MG, 300 MG .....	30	azithromycin PACK .....	50
aprepitant CAPS .....	17	atazanavir sulfate CAPS 200 MG ..	30	azithromycin SOLR .....	50
aprepitant MISC .....	17	atenolol & chlorthalidone .....	20	azithromycin SUSR .....	50
APTIOM .....	11	atenolol TABS .....	32	azithromycin TABS 250 MG .....	50
APTIVUS CAPS .....	30	ATGAM .....	55	azithromycin TABS 500 MG .....	50
ARANESP ALBUMIN FREE SOLN 25 MCG/ML .....	48	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG .....	1	azithromycin TABS 600 MG .....	50
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML .....	48	atomoxetine hcl 60 MG, 80 MG, 100 MG .....	1	aztreonam 1 GM .....	22
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML ...	49	atorvastatin calcium TABS .....	19	bacitracin (ophthalmic) .....	58
ARCALYST .....	3	atovaquone .....	21	bacitracin .....	21
AREXVY .....	65	atovaquone-proguanil hcl .....	22	baclofen TABS 10 MG, 20 MG ....	57
arformoterol tartrate .....	9	atracurium besylate 100 MG/10ML 58		BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) .....	34
ARIKAYCE .....	2	atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML .....	63	balsalazide disodium CAPS .....	46
aripiprazole SOLN OR .....	29	atropine sulfate SOSY IJ 0.25 MG/5ML .....	63	BALVERSA .....	25
aripiprazole TABS .....	29	ATROVENT HFA .....	9	BANZEL TABS 200 MG (rufinamide) 11	
armodafinil .....	1	AUSTEDO TABS .....	61	BANZEL TABS 400 MG (rufinamide) 11	
ARMOUR THYROID TABS .....	63	AVONEX PEN AJKT .....	61	BARACLUDE SOLN .....	31
ARNUITY ELLIPTA .....	9	AVONEX PSKT .....	61	BASAGLAR KWIKPEN SOPN ....	15
arsenic trioxide 10 MG/10ML .....	27	AYVAKIT .....	25	BAXDELA SOLR .....	46
ARZERRA .....	24	azacitidine SUSR .....	23	BAXDELA TABS .....	46
ascorbic acid SOLN IJ .....	68	AZASITE .....	58	BELSOMRA .....	50
asenapine maleate 2.5 MG .....	29	AZATHIOPRINE .....	55	benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG ...	20
asenapine maleate 5 MG, 10 MG ..	29	azathioprine TABS .....	55	benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG ..	20
aspirin CHEW .....	5	azelaic acid GEL .....	42	benazepril hcl .....	19
aspirin TABS 325 MG .....	5	azelastine hcl (ophth) .....	59	bendamustine hcl SOLR .....	23
aspirin TBEC 325 MG .....	5			BENEFIX KIT .....	48

BENZEPRO CREAMY WASH LIQD . 37	betamethasone valerate OINT ..... 40	BRILINTA ..... 48
benzonatate 100 MG ..... 36	BETASERON KIT ..... 61	brimonidine tartrate (topical) ..... 42
benzonatate 150 MG ..... 36	betaxolol hcl (ophth) SOLN ..... 58	brimonidine tartrate 0.15 %, 0.2 % 58
benzonatate 200 MG ..... 36	betaxolol hcl ..... 32	brimonidine tartrate-timolol maleate . 58
benzoyl peroxide FOAM 5.3 %, 9.8 % ..... 37	bethanechol chloride 25 MG ..... 64	brinzolamide ..... 59
benzoyl peroxide GEL 10 % ..... 37	bethanechol chloride 5 MG, 10 MG, 50 MG ..... 64	BRIVIACT SOLN OR 10 MG/ML .. 11
benzoyl peroxide GEL 5 % ..... 37	bexarotene (topical) ..... 38	BRIVIACT TABS ..... 11
benzoyl peroxide LIQD 4 %, 7 %, 10 % ..... 37	bexarotene ..... 27	bromfenac sodium (ophth) ..... 59
benzoyl peroxide-erythromycin GEL . 37	BEXSERO ..... 65	bromocriptine mesylate CAPS ..... 28
benztropine mesylate SOLN ..... 28	bicalutamide ..... 24	bromocriptine mesylate TABS 2.5 MG ..... 28
benztropine mesylate TABS ..... 28	BIKTARVY ..... 30	BRUKINSA ..... 26
bepotastine besilate ..... 59	bimatoprost SOLN ..... 59	budesonide (inhalation) SUSP ..... 9
BESIVANCE ..... 58	bisacodyl SUPP ..... 50	budesonide (intrarectal) ..... 7
betaine ..... 45	bisacodyl TBEC ..... 50	budesonide (nasal) ..... 57
betamethasone dipropionate (topical) CREA ..... 40	bisoprolol & hydrochlorothiazide .. 20	budesonide CPEP ..... 35
betamethasone dipropionate (topical) LOTN ..... 40	bisoprolol fumarate ..... 32	budesonide-formoterol fumarate dihydrate ..... 9
betamethasone dipropionate (topical) OINT ..... 40	bleomycin sulfate 15 UNIT ..... 25	bumetanide SOLN 0.25 MG/ML ... 43
betamethasone dipropionate augmented CREA ..... 40	BOOSTRIX SUSP ..... 63	bumetanide TABS ..... 43
betamethasone dipropionate augmented LOTN ..... 40	BOOSTRIX SUSY ..... 63	buprenorphine hcl SOLN ..... 7
betamethasone dipropionate augmented OINT ..... 40	bortezomib SOLR IJ ..... 25	buprenorphine hcl SUBL ..... 7
betamethasone valerate CREA .... 40	BORTEZOMIB SOLR IV 3.5 MG .. 26	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG ..... 7
betamethasone valerate FOAM ... 40	bosentan TABS 125 MG ..... 33	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG .... 7
betamethasone valerate LOTN .... 40	bosentan TABS 62.5 MG ..... 33	buprenorphine hcl-naloxone hcl dihydrate SUBL ..... 7
	BOSULIF TABS 100 MG, 500 MG 26	buprenorphine PTWK ..... 7
	BOSULIF TABS 400 MG ..... 26	bupropion hcl (smoking deterrent) 62
	BRAFTOVI 75 MG ..... 26	
	BREO ELLIPTA (fluticasone furoate- vilanterol) ..... 9	
	BREO ELLIPTA ..... 9	
	BREZTRI AEROSPHERE ..... 9	

bupropion hcl TABS .....	13	calcipotriene CREA .....	39	MG .....	11
bupropion hcl TB12 100 MG .....	13	calcipotriene OINT .....	39	carbamazepine TB12 200 MG .....	11
bupropion hcl TB12 150 MG .....	13	calcipotriene SOLN .....	39	carbidopa .....	28
bupropion hcl TB12 200 MG .....	13	calcipotriene-betamethasone dipropionate OINT .....	40	carbidopa-levodopa TABS .....	28
bupropion hcl TB24 150 MG .....	13	calcipotriene-betamethasone dipropionate SUSP .....	40	carbidopa-levodopa TBCR .....	28
bupropion hcl TB24 300 MG .....	13	calcitonin (salmon) NA .....	44	carbidopa-levodopa TBDP .....	28
bupirone hcl 5 MG .....	8	calcitriol (topical) .....	39	carbidopa-levodopa-entacapone ..	28
bupirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG .....	8	calcitriol CAPS .....	45	carbinoxamine maleate SOLN .....	18
busulfan SOLN .....	23	calcitriol SOLN IV .....	45	carbinoxamine maleate TABS 4 MG . 18	
butalbital-acetaminophen TABS 50 MG-325 MG .....	4	calcium acetate (phosphate binder) CAPS .....	47	carboplatin SOLN 50 MG/5ML .....	23
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG .....	4	calcium acetate (phosphate binder) TABs .....	47	carisoprodol TABS .....	57
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG .....	4	calcium chloride (dihydrate) SOLN	54	carisoprodol w/ aspirin & codeine	.57
butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG .....	4	calcium polycarbophil TABS .....	50	carmustine .....	23
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG .....	6	CALQUENCE .....	26	carteolol hcl (ophth) .....	58
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG .....	6	candesartan cilexetil .....	19	carvedilol .....	31
butalbital-aspirin-caffeine CAPS .....	4	candesartan cilexetil- hydrochlorothiazide .....	20	carvedilol phosphate .....	32
butalbital-aspirin-caffeine w/cod .....	6	capecitabine .....	23	casprofungin acetate .....	17
butenafine hcl .....	38	CAPRELSA .....	26	CAYA DPRH .....	51
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML .....	7	captropril 12.5 MG .....	19	CAYSTON .....	22
butorphanol tartrate NA 10 MG/ML ..	7	captropril 25 MG, 50 MG, 100 MG .	19	cefaclor CAPS .....	34
cabergoline .....	45	carbamazepine CHEW .....	11	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....	34
CABLIVI .....	48	carbamazepine CP12 100 MG .....	11	cefadroxil CAPS .....	34
CABOMETYX TABS .....	26	carbamazepine CP12 200 MG .....	11	cefadroxil SUSR .....	34
		carbamazepine CP12 300 MG .....	11	cefadroxil TABS .....	34
		carbamazepine SUSP .....	11	cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG .....	34
		carbamazepine TABS .....	11	cefdinir CAPS .....	34
		carbamazepine TB12 100 MG, 400		cefdinir SUSR .....	34
				cefepime hcl SOLR IV 2 GM .....	34

cefixime CAPS .....	34	chlorhexidine gluconate (mouth-throat) .....	56	cimetidine TABS .....	64
cefixime SUSR .....	34	chloroquine phosphate TABS 250 MG .....	22	cinacalcet hcl .....	45
cefotaxime sodium IJ 1 GM, 2 GM	34	chloroquine phosphate TABS 500 MG .....	22	CIPRO SUSR .....	46
cefotetan disodium IJ 1 GM, 2 GM	34	chlorpromazine hcl SOLN .....	29	ciprofloxacin hcl (ophth) SOLN ....	58
cefoxitin sodium IV 1 GM, 2 GM ...	34	chlorpromazine hcl TABS .....	29	ciprofloxacin hcl (otic) .....	59
cefpodoxime proxetil SUSR .....	34	chlorthalidone 25 MG, 50 MG ....	43	ciprofloxacin hcl TABS .....	46
cefpodoxime proxetil TABS .....	34	chlorzoxazone TABS 500 MG ....	57	ciprofloxacin in d5w 5 %-200 MG/100ML .....	46
cefprozil SUSR .....	34	chlorzoxazone TABS 750 MG ....	57	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....	46
cefprozil TABS .....	34	CHOLBAM .....	46	ciprofloxacin-dexamethasone ....	59
ceftazidime IJ 1 GM, 6 GM .....	34	cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT .....	68	ciprofloxacin-fluocinolone acetonide .	59
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG .....	34	cholecalciferol TABS 10 MCG, 400 UNIT .....	68	cisplatin SOLN 100 MG/100ML ....	23
ceftriaxone sodium IJ 250 MG ....	34	cholestyramine light PACK .....	18	citalopram hydrobromide SOLN ...	13
cefuroxime axetil TABS .....	34	cholestyramine light POWD .....	18	citalopram hydrobromide TABS 10 MG .....	13
cefuroxime sodium IJ 750 MG ....	34	cholestyramine PACK .....	19	citalopram hydrobromide TABS 20 MG .....	13
celecoxib .....	4	cholestyramine POWD .....	19	citalopram hydrobromide TABS 40 MG .....	13
CELONTIN (methsuximide) .....	12	choline fenofibrate .....	19	clarithromycin SUSR .....	50
cephalexin CAPS .....	34	CHORIONIC GONADOTROPIN IM 44		clarithromycin TABS .....	50
cephalexin SUSR .....	34	ciclopirox GEL .....	38	clarithromycin TB24 .....	50
CERDELGA .....	48	ciclopirox olamine CREA .....	38	CLASSIC PRENATAL TABS .....	56
CEREZYME 400 UNIT .....	48	ciclopirox olamine SUSP .....	38	clemastine fumarate SYRP .....	18
cetirizine hcl TABS .....	18	ciclopirox SHAM .....	38	clemastine fumarate TABS 2.68 MG .	18
cevimeline hcl .....	56	ciclopirox SOLN .....	38	CLIMARA PRO .....	45
CHEMET .....	16	cidofovir .....	31	clindamycin hcl .....	21
CHEMSTRIP-K STRP .....	42	cilostazol .....	48	clindamycin palmitate hydrochloride .	21
chloramphenicol sodium succinate 21		CIMDUO .....	30	clindamycin phosphate (topical)	
chlordiazepoxide hcl CAPS .....	8				
chlordiazepoxide hcl-clidinium bromide .....	63				
chlordiazepoxide-amitriptyline ....	61				

FOAM .....	37	clobetasol propionate SOLN 0.05 % .	40	colesevelam hcl PACK .....	19
clindamycin phosphate (topical) GEL	37	clocortolone pivalate .....	40	colesevelam hcl TABS .....	19
clindamycin phosphate (topical)		clofarabine .....	23	colestipol hcl GRAN .....	19
LOTN .....	37	clomiphene citrate TABS .....	44	colestipol hcl PACK .....	19
clindamycin phosphate (topical)		clomipramine hcl .....	14	colestipol hcl TABS .....	19
SOLN .....	37	clonazepam TABS .....	11	COMETRIQ KIT .....	26
clindamycin phosphate (topical)		clonidine .....	20	COMIRNATY 2023-24 SUSP .....	65
SWAB .....	37	clonidine hcl (adhd) TB12 .....	1	COMIRNATY 2023-24 SUSY .....	65
clindamycin phosphate SOLN IJ 9		clonidine hcl TABS .....	20	COMIRNATY SUSP .....	65
GM/60ML, 300 MG/2ML, 600		clopidogrel bisulfate 300 MG .....	48	COMPLERA .....	30
MG/4ML, 900 MG/6ML, 9000		clopidogrel bisulfate 75 MG .....	48	CONTRAVE .....	1
MG/60ML .....	21	clorazepate dipotassium TABS .....	8	COPIKTRA .....	26
clindamycin phosphate vaginal CREA		clotrimazole (topical) CREA .....	38	CORDRAN TAPE .....	40
.....	68	clotrimazole (topical) SOLN .....	38	CORLANOR SOLN .....	33
clindamycin phosphate-benzoyl		clotrimazole .....	56	CORLANOR TABS .....	34
peroxide (refrigerate) .....	37	clotrimazole vaginal CREA 1 % .....	68	CORTISPORIN-TC .....	59
clindamycin phosphate-benzoyl		clotrimazole w/ betamethasone		COSENTYX SENSOREADY PEN	
peroxide GEL 5 %-1 % .....	37	CREA .....	38	SOAJ .....	39
clindamycin phosphate-tretinoin ..	37	clotrimazole w/ betamethasone		COSENTYX SOSY 150 MG/ML ...	39
CLINIMIX 4.25%/DEXTROSE 10%		LOTN .....	38	COSENTYX SOSY 75 MG/0.5ML .	39
58		clozapine TABS .....	29	COSENTYX UNOREADY SOAJ ..	39
CLINIMIX 4.25%/DEXTROSE 5%	58	clozapine TBDP 100 MG .....	29	CREON CPEP .....	43
CLINIMIX E 5%/DEXTROSE 20%		clozapine TBDP 12.5 MG, 150 MG		CRESEMBA CAPS 186 MG .....	18
58		29		cromolyn sodium (ophth) .....	59
clobazam SUSP .....	11	clozapine TBDP 25 MG .....	29	cromolyn sodium NEBU .....	9
clobazam TABS .....	11	COARTEM .....	22	crotamiton LOTN .....	42
clobetasol propionate CREA 0.05 % .		codeine sulfate TABS 30 MG .....	5	CVS PRENATAL TABS 100 MG-2.6	
40		CODEINE SULFATE TABS .....	5	MG-800 MCG-400 UNIT-4 MCG-1.7	
clobetasol propionate emollient base		colchicine TABS .....	47	MG-18 MG-27 MG-1.5 MG-25 MG-	
0.05 % .....	40	colchicine w/ probenecid .....	47	263 MG-11 UNIT-4000 UNIT .....	56
clobetasol propionate FOAM .....	40			cyanocobalamin SOLN IJ 1000	
clobetasol propionate GEL 0.05 % 40				MCG/ML .....	48
clobetasol propionate OINT 0.05 %					
40					



cyclobenzaprine hcl TABS 5 MG, 10 MG .....	57	dalfampridine .....	61	desloratadine TABS .....	18
cyclophosphamide CAPS .....	23	danazol CAPS .....	7	desloratadine TBDP 2.5 MG .....	18
cyclophosphamide SOLR IJ .....	23	dantrolene sodium CAPS .....	57	desmopressin acetate SOLN IJ ...	45
cycloserine .....	23	dapagliflozin propanediol .....	16	DESMOPRESSIN ACETATE SOLN NA .....	45
cyclosporine (ophth) EMUL .....	58	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG .....	14	desmopressin acetate spray .....	45
cyclosporine CAPS .....	55	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....	14	desmopressin acetate spray refrigerated .....	45
cyclosporine modified (for microemulsion) CAPS .....	55	dapsone .....	21	desmopressin acetate TABS 0.1 MG	45
cyclosporine modified (for microemulsion) SOLN .....	55	DAPTACEL .....	63	desmopressin acetate TABS 0.2 MG	45
cyclosporine SOLN IV 50 MG/ML .	55	daptomycin 500 MG .....	21	desogestrel & ethinyl estradiol ....	34
CYLTEZO AJKT .....	3	darifenacin hydrobromide .....	64	desogestrel-ethinyl estradiol (biphasic) .....	34
CYLTEZO PSKT 10 MG/0.2ML .....	3	darunavir TABS .....	30	desogestrel-ethinyl estradiol (triphasic) .....	34
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML .....	3	DAURISMO .....	24	desonide CREA .....	40
CYLTEZO PSKT 40 MG/0.4ML .....	3	DEBACTEROL .....	56	desonide LOTN .....	40
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT .....	3	decitabine .....	23	desonide OINT .....	40
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT .....	3	deferasirox PACK .....	16	desoximetasone CREA 0.25 % ....	40
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...	3	deferasirox TABS .....	16	desoximetasone GEL .....	40
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...	3	deferasirox TBSO .....	16	desoximetasone OINT 0.25 % ....	40
cyproheptadine hcl SYRP .....	18	deferiprone TABS 500 MG .....	16	desvenlafaxine succinate 100 MG .	14
cyproheptadine hcl TABS .....	18	deflazacort SUSP .....	35	desvenlafaxine succinate 25 MG, 50 MG .....	14
CYSTAGON CAPS .....	47	deflazacort TABS .....	36	dexamethasone ELIX .....	36
CYSTARAN .....	59	DELESTROGEN 10 MG/ML (estradiol valerate) .....	45	DEXAMETHASONE INTENSOL CONC .....	36
cytarabine SOLN .....	23	DELSTRIGO .....	30	dexamethasone sodium phosphate (ophth) .....	59
dabigatran etexilate mesylate CAPS .	11	demeclocycline hcl TABS .....	62	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML .....	36
dacarbazine SOLR 200 MG .....	27	DEPO-ESTRADIOL .....	45		
dactinomycin .....	25	DEPO-MEDROL SUSP .....	36		
		DEPO-SUBQ PROVERA 104 SUSY SC .....	35		
		desipramine hcl TABS .....	14		

dexamethasone sodium phosphate SOSY IJ 4 MG/ML .....	36	diclofenac potassium TABS 50 MG .4	38	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG .....	32
dexamethasone SOLN .....	36	diclofenac sodium (actinic keratoses) EX .....	39	diltiazem hcl coated beads CP24 180 MG, 240 MG .....	32
dexamethasone TABS 0.5 MG, 0.75 MG .....	36	diclofenac sodium (ophth) .....	59	diltiazem hcl CP12 .....	32
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG .....	36	diclofenac sodium (topical) GEL EX 38		diltiazem hcl CP24 .....	32
dexchlorpheniramine maleate SOLN . 18		diclofenac sodium TB24 .....	4	diltiazem hcl extended release beads .....	32
dexlansoprazole .....	64	diclofenac sodium TBEC .....	4	diltiazem hcl SOLN 50 MG/10ML ..	32
dexmethylphenidate hcl CP24 .....	1	diclofenac w/ misoprostol TBEC ....	4	DILTIAZEM HCL SOLR .....	32
dexmethylphenidate hcl TABS .....	2	dicloxacillin sodium .....	60	diltiazem hcl TABS .....	32
dextroamphetamine sulfate CP24 10 MG, 15 MG .....	1	dicyclomine hcl CAPS .....	63	diltiazem hcl TB24 .....	32
dextroamphetamine sulfate CP24 5 MG .....	1	dicyclomine hcl SOLN OR .....	63	dimethyl fumarate CDPK .....	61
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1		dicyclomine hcl TABS .....	63	dimethyl fumarate CPDR .....	61
dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	DIFFERIN LOTN .....	37	DIPENTUM .....	46
dextrose in lactated ringers .....	54	DIFICID TABS .....	50	diphenhydramine hcl CAPS 50 MG 18	
DIACOMIT CAPS 250 MG .....	11	diflorasone diacetate CREA .....	40	diphenhydramine hcl ELIX 12.5 MG/5ML .....	18
DIACOMIT CAPS 500 MG .....	11	diflorasone diacetate OINT .....	40	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML .....	18
DIACOMIT PACK 250 MG .....	11	diflunisal TABS .....	5	diphenhydramine hcl SOLN 50 MG/ML .....	18
DIACOMIT PACK 500 MG .....	11	difluprednate .....	59	diphenoxylate w/ atropine LIQD ...	16
diazepam (anticonvulsant) GEL ...	11	digoxin SOLN OR 0.05 MG/ML ....	33	diphenoxylate w/ atropine TABS ...	16
diazepam CONC .....	8	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG .....	33	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	63
diazepam SOLN OR 5 MG/5ML ....	8	dihydroergotamine mesylate SOLN IJ 1 MG/ML .....	53	dipyridamole .....	48
diazepam TABS .....	8	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	53	disopyramide phosphate CAPS ....	8
diazoxide .....	15	DILANTIN (phenytoin sodium extended) .....	12	disulfiram .....	61
dichlorphenamide .....	43	DILANTIN .....	12	DIURIL SUSP .....	43
diclofenac epolamine PTCH EX ...	38	DILANTIN INFATABS CHEW (phenytoin) .....	12	divalproex sodium TB24 .....	13
		DILANTIN-125 SUSP (phenytoin) .	12		

divalproex sodium TBEC .....	13	doxycycline (monohydrate) CAPS 75 MG .....	63	dutasteride .....	47
docetaxel CONC 20 MG/ML .....	27	doxycycline (monohydrate) TABS 100 MG .....	63	dutasteride-tamsulosin hcl .....	47
docetaxel SOLN 20 MG/2ML .....	27	doxycycline (monohydrate) TABS 50 MG, 75 MG .....	63	econazole nitrate CREA .....	38
docusate calcium .....	50	doxycycline hyclate CAPS .....	63	EDARBI .....	20
docusate sodium CAPS 100 MG ..	50	doxycycline hyclate SOLR .....	63	EDURANT .....	30
docusate sodium CAPS 250 MG ..	50	doxycycline hyclate TABS 20 MG, 100 MG .....	63	efavirenz CAPS 200 MG .....	30
dofetilide .....	8	doxylamine-pyridoxine TBEC .....	17	efavirenz CAPS 50 MG .....	30
donepezil hydrochloride TABS 10 MG .....	61	dronabinol CAPS .....	17	efavirenz TABS .....	30
donepezil hydrochloride TABS 5 MG, 23 MG .....	61	drospirenone-ethinyl estradiol .....	34	efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	30
donepezil hydrochloride TBDP 10 MG .....	61	drospirenone-ethinyl estradiol-levomefolate calcium .....	34	efavirenz-lamivudine-tenofovir disoproxil fumarate .....	30
donepezil hydrochloride TBDP 5 MG 61		DROXIA CAPS .....	48	EGRIFTA 2 MG .....	44
DOPTELET .....	49	DUAVEE .....	45	EGRIFTA SV .....	44
dorzolamide hcl .....	59	DULERA .....	10	ELAPRASE .....	45
dorzolamide hcl-timolol maleate ..	58	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....	14	electrolyte-148 .....	54
DOVATO .....	30	duloxetine hcl CPEP 40 MG .....	14	electrolyte-a .....	54
doxazosin mesylate .....	20	DUPIXENT SOPN 200 MG/1.14ML 41		ELESTRIN GEL .....	45
doxepin hcl (antipruritic) .....	39	DUPIXENT SOPN 300 MG/2ML ..	41	eletriptan hydrobromide .....	53
doxepin hcl (sleep) .....	49	DUPIXENT SOSY 100 MG/0.67ML 41		ELIGARD KIT SC 7.5 MG .....	24
doxepin hcl CAPS .....	14	DUPIXENT SOSY 200 MG/1.14ML 41		ELIGARD SC 22.5 MG, 30 MG, 45 MG .....	24
doxepin hcl CONC .....	14	DUPIXENT SOSY 300 MG/2ML ..	41	ELIQUIS STARTER PACK TBPK ..	10
doxercalciferol CAPS .....	45	DUREX EXTRA SENSITIVE THIN DEVI .....	51	ELIQUIS TABS .....	10
doxercalciferol SOLN .....	45	DUREX EXTRA SENSITIVE THIN MISC .....	51	ELLA .....	35
doxorubicin hcl liposomal .....	25	DUREX TROPICAL MISC .....	51	ELMIRON CAPS .....	47
doxorubicin hcl SOLN .....	25			ELOCTATE .....	48
doxorubicin hcl SOLR 10 MG, 50 MG .....	25			EMCYT .....	24
doxycycline (monohydrate) CAPS 50 MG, 100 MG .....	63			EMFLAZA SUSP .....	36
				EMFLAZA TABS (deflazacort) .....	36
				EMGALITY SOAJ .....	53

EMGALITY SOSY 100 MG/ML	53	enoxaparin sodium SOSY 60 MG/0.6ML	10	ERIVEDGE	24
EMGALITY SOSY 120 MG/ML	53	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	10	ERLEADA 240 MG	24
EMSAM	13	ENSPRYNG	55	ERLEADA 60 MG	24
emtricitabine CAPS	30	entacapone	28	erlotinib hcl	24
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	30	entecavir TABS	31	ERTACZO	38
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	30	EPIDIOLEX	11	ertapenem sodium IJ	21
EMTRIVA SOLN	30	epinastine hcl (ophth)	59	erythromycin (acne aid) PADS	37
EMVERM CHEW	7	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	68	erythromycin (acne aid) SOLN	37
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20		epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	68	erythromycin (ophth)	58
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20		EPIVIR HBV SOLN	31	erythromycin base CPEP	50
enalapril maleate TABS	19	eplerenone	21	erythromycin base TABS	50
ENBREL MINI SOCT	4	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	49	erythromycin base TBEC	50
ENBREL SOLN	4	epoprostenol sodium	33	erythromycin ethylsuccinate SUSR 50	
ENBREL SOLR	4	EQL PRENATAL FORMULA TABS 56		erythromycin ethylsuccinate TABS	50
ENBREL SOSY 25 MG/0.5ML	4	EQUETRO 100 MG	28	escitalopram oxalate SOLN	13
ENBREL SOSY 50 MG/ML	4	EQUETRO 200 MG	28	escitalopram oxalate TABS 10 MG 13	
ENBREL SURECLICK SOAJ	4	EQUETRO 300 MG	28	escitalopram oxalate TABS 20 MG 13	
ENGERIX-B SUSP 20 MCG/ML	65	ERAXIS	17	escitalopram oxalate TABS 5 MG	13
ENGERIX-B SUSY	65	ERBITUX	24	esomeprazole magnesium CPDR 20 MG	64
enoxaparin sodium SOLN IJ 300 MG/3ML	10	ergocalciferol CAPS	68	esomeprazole magnesium CPDR 40 MG	64
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	10	ergocalciferol SOLN OR	68	esomeprazole magnesium TBEC	64
enoxaparin sodium SOSY 30 MG/0.3ML	10	ergoloid mesylates TABS	62	ESPEROCT	48
enoxaparin sodium SOSY 40 MG/0.4ML	10	ERGOMAR SUBL	53	estazolam	49
		ergotamine w/ caffeine TABS	53	estradiol GEL 0.06 %	46
		eribulin mesylate	27	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	46

estradiol PTTW .....	46	ezetimibe .....	19	FENSOLVI SC .....	45
estradiol PTWK .....	46	ezetimibe-simvastatin .....	18	fentanyl citrate LPOP .....	5
estradiol TABS .....	46	famciclovir 125 MG, 250 MG .....	31	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	5
estradiol vaginal CREA .....	68	famciclovir 500 MG .....	31	ferrous fumarate-folic acid .....	49
estradiol vaginal TABS .....	68	famotidine in nacl SOLN .....	64	ferrous sulfate SOLN 15 MG/ML ..	49
estradiol valerate .....	46	famotidine SOLN 20 MG/2ML .....	64	ferrous sulfate TABS 65 MG, 325 MG .....	49
ESTROGEL GEL (estradiol) .....	46	famotidine SOLN 40 MG/4ML, 200 MG/20ML .....	64	ferrous sulfate TBEC 325 MG .....	49
eszopiclone .....	49	famotidine SUSR .....	64	fesoterodine fumarate .....	64
ethacrynic acid .....	43	famotidine TABS 20 MG, 40 MG ..	64	FETZIMA CP24 .....	14
ethambutol hcl TABS .....	23	FANAPT .....	28	FETZIMA TITRATION PACK C4PK .....	14
ethosuximide CAPS .....	12	FANAPT TITRATION PACK .....	29	finasteride .....	47
ethosuximide SOLN .....	12	FANTASY LUBRICATED MISC ...	51	fingolimod hcl .....	61
ethynodiol diacet & eth estrad .....	34	FANTASY LUBRICATED/SPERMICIDE MISC .....	51	FIRDAPSE .....	22
etodolac CAPS .....	4	FARXIGA .....	16	FIRMAGON .....	25
etodolac TABS .....	4	FASENRA PEN SOAJ .....	8	flavoxate hcl .....	65
etonogestrel-ethinyl estradiol .....	35	FASENRA SOSY 30 MG/ML .....	8	flecainide acetate .....	8
ETOPOPHOS .....	27	FC2 FEMALE CONDOM .....	51	floxuridine .....	23
etoposide CAPS .....	27	febuxostat .....	47	FLUAD QUADRIVALENT 2021-2022 .....	65
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....	27	felbamate SUSP .....	12	FLUAD QUADRIVALENT 2022-2023 .....	65
etravirine 100 MG .....	30	felbamate TABS 400 MG .....	12	FLUAD QUADRIVALENT 2023-2024 .....	65
etravirine 200 MG .....	30	felbamate TABS 600 MG .....	12	FLUARIX QUADRIVALENT 2021- 2022 SUSY .....	65
EUCRISA .....	42	felodipine .....	32	FLUARIX QUADRIVALENT 2022- 2023 SUSY .....	66
EVAMIST SOLN .....	46	FEMCAP DEVI .....	51	FLUARIX QUADRIVALENT 2023- 2024 SUSY .....	66
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG .....	55	FEMRING .....	68		
everolimus (immunosuppressant) 1 MG .....	55	fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG ...	19		
everolimus TABS .....	26	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19		
EVOTAZ .....	30	fenoprofen calcium TABS .....	4		
exemestane .....	24				

FLUBLOK QUADRIVALENT 2021-2022 .....	66	40	flurbiprofen sodium .....	59
FLUBLOK QUADRIVALENT 2022-2023 .....	66	40	flurbiprofen TABS .....	4
FLUBLOK QUADRIVALENT 2023-2024 .....	66	40	flutamide .....	25
FLUCELVAX QUADRIVALENT 2021-2022 SUSP .....	66	40	fluticasone furoate-vilanterol .....	10
FLUCELVAX QUADRIVALENT 2021-2022 SUSY .....	66	40	fluticasone propionate (inhalation) AEPB .....	9
FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....	66	40	fluticasone propionate (nasal) SUSP ..	57
FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	66	41	fluticasone propionate CREA 0.05 %	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSP .....	66	41	fluticasone propionate hfa .....	9
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	66	41	fluticasone propionate LOTN .....	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	66	41	fluticasone propionate OINT .....	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	66	59	fluticasone-salmeterol AEPB .....	10
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	66	39	fluticasone-salmeterol AERO .....	10
fluconazole SUSR .....	18	23	fluvastatin sodium CAPS 20 MG ..	19
fluconazole TABS .....	18	23	fluvastatin sodium CAPS 40 MG ..	19
flucytosine .....	17	13	fluvoxamine maleate TABS 100 MG .	13
fludarabine phosphate SOLN .....	23	13	fluvoxamine maleate TABS 25 MG,	13
fludarabine phosphate SOLR .....	23	13	50 MG .....	13
fludrocortisone acetate TABS .....	36	13	FLUZONE HIGH-DOSE PF 2021-2022 .....	66
FLULAVAL QUADRIVALENT 2021-2022 SUSY .....	66	13	FLUZONE HIGH-DOSE PF 2022-2023 .....	66
FLULAVAL QUADRIVALENT 2022-2023 SUSY .....	66	13	FLUZONE HIGH-DOSE PF 2023-2024 .....	66
FLULAVAL QUADRIVALENT 2023-2024 SUSY .....	66	29	FLUZONE QUADRIVALENT 2021-2022 SUSP .....	66
FLUMIST QUADRIVALENT .....	66	29	FLUZONE QUADRIVALENT 2021-2022 SUSY .....	66
flunisolide (nasal) 0.025 % .....	57	29	FLUZONE QUADRIVALENT 2022-2023 SUSP .....	66
fluocinolone acetonide (otic) .....	60	41	FLUZONE QUADRIVALENT 2022-	66
fluocinolone acetonide CREA 0.01 % .....	60	41	2023 SUSP .....	66
		49	FLUZONE QUADRIVALENT 2022-	

2023 SUSY .....67	DAY/SENSOR/FLASH MONITORING SYSTEM .....52	galantamine hydrobromide TABS .61
FLUZONE QUADRIVALENT 2023-2024 SUSP .....67	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....52	GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML ..... 60
FLUZONE QUADRIVALENT 2023-2024 SUSY .....67	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....52	GAMMAGARD LIQUID 30 GM/300ML ..... 60
FML FORTE SUSP .....59	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM .....52	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR .....60
FML OINT .....59	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....52	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML ..... 60
folic acid TABS .....48	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....52	GAMUNEX-C .....60
fondaparinux sodium 10 MG/0.8ML 10	frovatriptan succinate ..... 53	ganciclovir sodium SOLR .....31
fondaparinux sodium 2.5 MG/0.5ML . 10	fulvestrant SOSY .....25	ganirelix acetate .....44
fondaparinux sodium 5 MG/0.4ML .10	furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....43	GARDASIL 9 SUSP .....67
fondaparinux sodium 7.5 MG/0.6ML . 10	furosemide TABS ..... 43	GARDASIL 9 SUSY .....67
FORA GTEL BLOOD KETONE TEST STRIPS .....42	FUZEON SOLR .....30	gatifloxacin (ophth) .....58
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..42	FYCOMPA TABS 2 MG .....11	gefitinib ..... 24
formoterol fumarate NEBU .....10	FYCOMPA TABS 4 MG .....11	gemcitabine hcl SOLR 2 GM, 200 MG ..... 23
FORTEO SOPN (teriparatide (recombinant)) ..... 44	FYCOMPA TABS 6 MG .....11	gemfibrozil TABS .....19
FOSAMAX PLUS D .....44	FYCOMPA TABS 8 MG, 10 MG, 12 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
fosamprenavir calcium TABS .....30	gabapentin CAPS .....11	gentamicin sulfate (ophth) OINT ...58
fosfomycin tromethamine ..... 22	gabapentin SOLN .....11	gentamicin sulfate (ophth) SOLN ..58
fosinopril sodium & hydrochlorothiazide ..... 20	gabapentin TABS 600 MG, 800 MG 11	gentamicin sulfate (topical) CREA .37
fosinopril sodium ..... 19	GALAFOLD .....45	gentamicin sulfate (topical) OINT ..38
fosphenytoin sodium ..... 12	galantamine hydrobromide CP24 .61	gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML ..... 2
FRAGMIN SOSY .....11	galantamine hydrobromide SOLN .61	GENVOYA ..... 30
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....52		GILOTRIF ..... 24
FREESTYLE LIBRE 14		glatiramer acetate SOSY 20 MG/ML . 61

glatiramer acetate SOSY 40 MG/ML . 61	griseofulvin microsize SUSP .....17	MG/0.8ML ..... 3
GLEOSTINE 10 MG ..... 23	griseofulvin microsize TABS ..... 17	HUMIRA PEN PNKT 80 MG/0.8ML .3
GLEOSTINE 40 MG, 100 MG ..... 23	griseofulvin ultramicrosize .....17	HUMIRA PEN PNKT ..... 3
glimepiride 1 MG, 2 MG .....16	guanfacine hcl (adhd) .....1	HUMIRA PEN-CD/UC/HS STARTER PNKT ..... 3
glimepiride 4 MG ..... 16	guanfacine hcl ..... 20	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....3
glipizide TABS 5 MG, 10 MG ..... 16	GYNAZOLE-1 ..... 68	HUMIRA PEN-PS/UV STARTER PNKT ..... 3
glipizide TB24 ..... 16	HADLIMA PUSHTOUCH SOAJ .....3	HUMIRA PSKT ..... 3
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG .....15	HADLIMA SOSY ..... 3	HUMIRA PSKT ..... 3
glipizide-metformin hcl 500 MG-5 MG ..... 15	HAEGARDA SOLR SC ..... 48	HUMULIN R U-500 (CONCENTRATED) SOLN SC .... 16
GLUCAGEN DIAGNOSTIC ..... 42	HALAVEN (eribulin mesylate) .... 27	HUMULIN R U-500 KWIKPEN SOPN SC ..... 16
glucagon (rdna) .....15	halcinonide CREA ..... 41	HYCAMTIN CAPS ..... 28
glyburide micronized 1.5 MG, 3 MG, 6 MG ..... 16	halobetasol propionate CREA ..... 41	hydalazine hcl SOLN ..... 21
glyburide TABS ..... 16	halobetasol propionate OINT ..... 41	hydalazine hcl TABS ..... 21
glyburide-metformin 250 MG-1.25 MG ..... 15	HALOG OINT ..... 41	hydrochlorothiazide CAPS ..... 43
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG ..... 15	haloperidol decanoate ..... 29	hydrochlorothiazide TABS 12.5 MG 44
glycine (gu irrigant) SOLN 1.5 % .. 47	haloperidol lactate CONC ..... 29	hydrochlorothiazide TABS 25 MG, 50 MG ..... 44
glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML ..... 63	haloperidol lactate SOLN ..... 29	hydrocodone polistirex- chlorpheniramine polistirex SUER .36
glycopyrrolate TABS 1 MG ..... 63	haloperidol TABS ..... 29	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML ..... 6
glycopyrrolate TABS 2 MG ..... 64	HAVRIX ..... 67	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG ..... 6
GLYXAMBI ..... 15	HEALON PRO SOSY ..... 59	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG ..... 6
GNP PRENATAL TABS ..... 56	HEMANGEOL SOLN OR ..... 32	hydrocodone-ibuprofen 10 MG-200
GOJJI BLOOD KETONE TEST STRIPS ..... 42	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML ..... 11	
granisetron hcl SOLN IV 1 MG/ML 17	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 11	
granisetron hcl TABS ..... 17	HEPLISAV-B SOSY ..... 67	
GRASTEK SUBL ..... 2	HIBERIX SOLR IJ ..... 65	
	HUMATROPE CART IJ ..... 44	
	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80	



MG, 5 MG-200 MG .....	6	22	imipenem-cilastatin IV .....	21	
hydrocodone-ibuprofen 7.5 MG-200 MG .....	6	hydroxyurea .....	27	imipramine hcl TABS .....	14
hydrocortisone (intrarectal) .....	7	hydroxyzine hcl SOLN 50 MG/ML ..	8	imipramine pamoate .....	14
hydrocortisone (rectal) EX .....	7	hydroxyzine hcl SYRP .....	8	imiquimod 5 % .....	41
hydrocortisone (topical) CREA 1 %, 2.5 % .....	41	hydroxyzine hcl TABS .....	8	IMPAVIDO .....	21
hydrocortisone (topical) LOTN 2.5 % .	41	hydroxyzine pamoate CAPS .....	8	INCRELEX .....	44
hydrocortisone (topical) OINT 1 %, 2.5 % .....	41	HYPERSAL NEBU .....	36	INCRUSE ELLIPTA .....	9
hydrocortisone acetate (rectal) .....	7	HYQVIA .....	60	indapamide TABS 1.25 MG .....	44
hydrocortisone butyrate CREA .....	41	ibandronate sodium SOLN .....	44	indapamide TABS 2.5 MG .....	44
hydrocortisone butyrate OINT .....	41	ibandronate sodium TABS .....	44	indomethacin CAPS 25 MG, 50 MG 4	
hydrocortisone butyrate SOLN .....	41	IBRANCE CAPS .....	26	indomethacin CPCR .....	4
hydrocortisone TABS .....	36	IBRANCE TABS .....	26	INFANRIX .....	63
hydrocortisone vaginal .....	68	ibuprofen SUSP 100 MG/5ML .....	4	INFLECTRA SOLR .....	46
hydrocortisone valerate CREA .....	41	ibuprofen TABS 400 MG, 600 MG ..	4	INGREZZA CAPS .....	61
hydrocortisone valerate OINT .....	41	ibuprofen TABS 800 MG .....	4	INGREZZA CPPK .....	61
hydrocortisone w/acetic acid .....	60	icatibant acetate SOLN .....	48	INLYTA .....	24
hydromorphone hcl LIQD .....	5	icatibant acetate SOSY .....	48	INREBIC .....	26
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML .	5	ICLUSIG .....	26	INSULIN ASPART FLEXPEN SOPN .	16
hydromorphone hcl TABS .....	5	icosapent ethyl 1 GM .....	18	INSULIN ASPART PENFILL SOCT	16
hydromorphone hcl TB24 32 MG ...	5	idarubicin hcl 20 MG/20ML .....	25	INSULIN ASPART PROTAMINE/INSULIN ASPART	
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....	5	idarubicin hcl 5 MG/5ML, 10 MG/10ML .....	25	FLEXPEN SUPN .....	16
hydroxychloroquine sulfate 100 MG	22	IDELVION .....	48	INSULIN ASPART PROTAMINE/INSULIN ASPART	
hydroxychloroquine sulfate 200 MG	22	ifosfamide SOLN 1 GM/20ML .....	23	SUSP .....	16
hydroxychloroquine sulfate 400 MG		ifosfamide SOLR .....	23	INSULIN ASPART SOLN IJ .....	16
		imatinib mesylate .....	26	INSULIN DEGLUDEC FLEXTOUCH SOPN .....	16
		IMBRUVICA CAPS 140 MG .....	26	INSULIN DEGLUDEC SOLN .....	16
		IMBRUVICA CAPS 70 MG .....	26	INTELENCE 25 MG .....	30
		IMBRUVICA SUSP .....	26		
		IMBRUVICA TABS .....	26		

INTRAROSA .....	67	40 MG .....	37	ketoprofen CAPS 50 MG .....	4
INTRON A SOLR 18000000 UNIT	27	isradipine CAPS .....	32	ketorolac tromethamine (ophth) ...	59
IONOSOL-MB/DEXTROSE 5% ...	54	itraconazole CAPS .....	18	ketorolac tromethamine TABS .....	4
IOPIDINE .....	58	itraconazole SOLN .....	18	KETOSTIX STRP .....	42
IPOL INACTIVATED IPV .....	67	ivermectin (pediculicide) .....	42	ketotifen fumarate (ophth) 0.035 %	59
ipratropium bromide (nasal) 0.03 %	57	ivermectin .....	7	KEVZARA SOAJ .....	3
ipratropium bromide (nasal) 0.06 %	57	IXEMPRA KIT 15 MG .....	27	KEVZARA SOSY .....	3
ipratropium bromide SOLN 0.02 % .	9	JAKAFI .....	26	KIMONO COLORS DEVI .....	51
ipratropium-albuterol SOLN .....	10	JANUMET TABS .....	15	KIMONO LUBRICATED MISC .....	51
irbesartan .....	20	JANUMET XR TB24 1000 MG-100	15	KIMONO MAXX/LARGE FLARE	MISC .....
irbesartan-hydrochlorothiazide ...	20	JANUMET XR TB24 1000 MG-50	15	KIMONO MICRO THIN PLUS	SPERMICIDE LUBRICATED MISC
IRESSA (gefitinib) .....	24	JANUVIA .....	15	51	
irinotecan hcl 40 MG/2ML, 100	28	JARDIANCE .....	16	KIMONO PLUS SPERMICIDE	LUBRICATED MISC .....
irrigation solutions, physiological .	55	JEVTANA .....	27	51	
ISENTRESS CHEW .....	30	JIVI .....	48	KIMONO PLUS	SPERMICIDE/LUBRICATED MISC
ISENTRESS HD TABS .....	30	JULUCA .....	30	51	
ISENTRESS TABS .....	30	KALYDECO TABS .....	62	KIMONO PS LUBRICATED MISC .	51
ISOLYTE-P/DEXTROSE 5% .....	54	KAMELEON LUBRICATED MISC .	51	KIMONO PS PLUS	SPERMICIDE/LUBRICATED MISC
ISOLYTE-S .....	54	KANJINTI .....	24	51	
isoniazid SOLN .....	23	KCL 0.3%/D5W/NACL 0.9%	54	KIMONO SENSATION	LUBRICATED MISC .....
isoniazid SYRP .....	23	(potassium chloride in dextrose &		51	
isoniazid TABS .....	23	sodium chloride) .....	54	KIMONO SENSATION PLUS	SPERMICIDE LUBRICATED MISC
isosorbide dinitrate TABS 5 MG, 10	8	KEPIVANCE 6.25 MG .....	27	51	
MG, 20 MG, 30 MG .....	8	KESIMPTA .....	61	KIMONO SPECIAL DEVI .....	51
isosorbide dinitrate-hydralazine hcl	33	ketococonazole (topical) CREA .....	38	KINRIX SUSY .....	63
33		ketococonazole (topical) SHAM 2 %	38	KISQALI .....	26
isosorbide mononitrate TABS .....	8	ketococonazole .....	18	KISQALI FEMARA 200 DOSE .....	25
isosorbide mononitrate TB24 .....	8	KETONE STRP .....	42	KISQALI FEMARA 400 DOSE .....	25
isotretinoin 10 MG, 20 MG, 30 MG,		KETONE TEST STRIPS STRP ....	42		

KISQALI FEMARA 600 DOSE	25	lamivudine-zidovudine	30	leuprolide acetate KIT IJ 1 MG/0.2ML	25
KLARITY-A	58	lamotrigine CHEW 25 MG	12	levalbuterol hcl	10
KOGENATE FS KIT	48	lamotrigine CHEW 5 MG	12	levalbuterol tartrate	10
KOSELUGO	26	lamotrigine TABS	12	LEVEMIR FLEXPEN SOPN	16
KOVALTRY	48	lamotrigine TBDP	12	LEVEMIR FLEXTOUCH SOPN	16
KP PRENATAL MULTIVITAMINS TABS	56	LANOXIN SOLN IJ (digoxin)	33	LEVEMIR SOLN	16
KRINTAFEL	22	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	33	levetiracetam SOLN IV 500 MG/5ML 12	
K-Y ME & YOU EXTRA LUBRICATED DEVI	51	lansoprazole CPDR 15 MG	64	levetiracetam TABS 1000 MG	12
K-Y ME & YOU INTENSE DEVI	51	lansoprazole CPDR 30 MG	64	levetiracetam TABS 250 MG, 750 MG	12
KYLEENA	35	lanthanum carbonate CHEW	47	levetiracetam TABS 500 MG	12
KYPROLIS	26	lapatinib ditosylate	26	levetiracetam TB24	12
labetalol hcl SOLN	32	LASTACAFT	59	levobunolol hcl 0.5 %	58
labetalol hcl TABS 100 MG, 200 MG 32		latanoprost SOLN	59	levocetirizine dihydrochloride SOLN 18	
labetalol hcl TABS 300 MG	32	leflunomide	4	levocetirizine dihydrochloride TABS 18	
lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML	11	lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	55	levofloxacin (ophth) 0.5 %	58
lacosamide TABS	12	lenalidomide 20 MG	55	levofloxacin in d5w 5 %-500 MG/100ML	46
lactated ringer's (irrigation)	55	LENVIMA 10 MG DAILY DOSE	24	levofloxacin SOLN OR	46
lactated ringer's	54	LENVIMA 12MG DAILY DOSE	24	levofloxacin TABS 250 MG, 750 MG 46	
lactic acid (ammonium lactate) CREA	41	LENVIMA 14 MG DAILY DOSE	24	levofloxacin TABS 500 MG	46
lactic acid (ammonium lactate) LOTN 12 %	41	LENVIMA 18 MG DAILY DOSE	24	levonorgestrel & eth estradiol TABS 34	
lactulose (encephalopathy)	47	LENVIMA 20 MG DAILY DOSE	24	levonorgestrel (emergency oc) 1.5 MG	35
lactulose SOLN	50	LENVIMA 24 MG DAILY DOSE	24	levonorgestrel-eth estradiol (triphasic)	34
lamivudine (hbv) TABS	31	LENVIMA 4 MG DAILY DOSE	24	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	34
lamivudine SOLN	30	LENVIMA 8 MG DAILY DOSE	24		
lamivudine TABS 150 MG	30	letrozole	25		
lamivudine TABS 300 MG	30	leucovorin calcium SOLR	27		
		leucovorin calcium TABS	27		
		LEUKERAN	23		
		LEUKINE SOLR IJ	49		

levonorgestrel-ethinyl estradiol (continuous) .....	35	LO LOESTRIN FE TABS .....	35	LUPRON DEPOT (1-MONTH) KIT IM .....	25
levonorgestrel-ethinyl estradiol-iron 35		LOKELMA .....	55	LUPRON DEPOT (3-MONTH) KIT IM .....	25
levorphanol tartrate TABS 2 MG ....	5	loperamide hcl CAPS .....	16	LUPRON DEPOT (4-MONTH) IM .	25
levothyroxine sodium TABS .....	63	lopinavir-ritonavir SOLN .....	30	LUPRON DEPOT (6-MONTH) IM .	25
LEXIVA SUSP .....	30	lopinavir-ritonavir TABS .....	30	LUPRON DEPOT-PED (1-MONTH) .	45
lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 % .....	50	loratadine CAPS .....	18	LUPRON DEPOT-PED (3-MONTH) 11.25 MG .....	45
lidocaine hcl (mouth-throat) 2 % ...	56	loratadine CHEW .....	18	LUPRON DEPOT-PED (3-MONTH) 30 MG .....	45
lidocaine hcl (mouth-throat) 4 % ...	55	loratadine SOLN .....	18		
lidocaine hcl GEL 2 % .....	42	loratadine TABS .....	18		
lidocaine hcl PRSY .....	42	loratadine TBDP .....	18		
lidocaine hcl SOLN .....	42	lorazepam CONC .....	8	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG .....	28
lidocaine PTCH 5 % .....	42	lorazepam TABS 0.5 MG, 2 MG ....	8	lurasidone hcl 80 MG .....	28
lidocaine-prilocaine CREA .....	42	lorazepam TABS 1 MG .....	8		
LILETTA 20.1 MCG/DAY .....	35	LORBRENA .....	26	LYNPARZA TABS .....	26
lincomycin hcl .....	21	losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG .....	20	LYSODREN .....	25
linezolid SUSR .....	22	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 20		mafenide acetate PACK .....	39
linezolid TABS .....	22	losartan potassium .....	20	magnesium sulfate IJ 50 % .....	54
LINZESS .....	47	LOTEMAX OINT .....	59	malathion .....	42
liothyronine sodium SOLN .....	63	loteprednol etabonate GEL .....	59	maraviroc TABS 150 MG .....	30
liothyronine sodium TABS .....	63	loteprednol etabonate SUSP .....	59	maraviroc TABS 300 MG .....	30
lisdexamphetamine dimesylate CAPS 1		lovastatin TABS 10 MG, 20 MG ...	19	MARPLAN .....	13
lisinopril & hydrochlorothiazide ...	20	lovastatin TABS 40 MG .....	19	MASONATAL TABS .....	56
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG .....	19	loxapine succinate .....	29	MATULANE .....	27
lithium .....	28	lubiprostone .....	46	MAXIDEX SUSP OP .....	59
lithium carbonate CAPS .....	28	LUCEMYRA .....	61	MAXX LUBRICATED MISC .....	51
lithium carbonate TABS .....	28	luliconazole .....	38	MAXX PLUS SPERMICIDE LUBRICATED MISC .....	51
lithium carbonate TBCR .....	28	LUMIZYME .....	45	meclizine hcl TABS 12.5 MG .....	17
				meclizine hcl TABS 25 MG .....	17
				meclofenamate sodium CAPS .....	4

MEDROL TABS .....	36	mercaptapurine TABS .....	23	METHOTREXATE .....	3
medroxyprogesterone acetate (contraceptive) SUSP IM .....	35	meropenem .....	21	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML .....	23
medroxyprogesterone acetate (contraceptive) SUSY IM .....	35	mesalamine CP24 .....	46	methotrexate sodium SOLR .....	23
medroxyprogesterone acetate 10 MG .....	60	mesalamine CPDR .....	46	methotrexate sodium TABS 2.5 MG 23	
medroxyprogesterone acetate 2.5 MG, 5 MG .....	60	mesalamine ENEM .....	46	methoxsalen rapid .....	39
mefenamic acid CAPS .....	4	mesalamine SUPP .....	46	methscopolamine bromide .....	64
mefloquine hcl .....	22	mesalamine TBEC 1.2 GM .....	46	methsuximide .....	12
megestrol acetate (appetite) .....	61	mesalamine TBEC 800 MG .....	46	methylidopa TABS .....	20
megestrol acetate SUSP .....	25	metaxalone 800 MG .....	57	methylphenidate hcl CHEW 10 MG ..	2
megestrol acetate TABS .....	25	metformin hcl TABS 1000 MG .....	15	methylphenidate hcl CHEW 2.5 MG	2
MEKINIST SOLR .....	26	metformin hcl TABS 500 MG .....	15	methylphenidate hcl CHEW 5 MG ..	2
MEKINIST TABS .....	26	metformin hcl TABS 850 MG .....	15	methylphenidate hcl CP24 10 MG, 60 MG .....	2
MEKTOVI .....	26	metformin hcl TB24 500 MG .....	15	methylphenidate hcl CP24 10 MG, 40 MG .....	2
meloxicam TABS .....	4	metformin hcl TB24 750 MG .....	15	methylphenidate hcl CP24 30 MG ..	2
melphalan .....	23	methadone hcl CONC .....	5	methylphenidate hcl CP24 .....	2
melphalan hcl IV .....	23	methadone hcl SOLN IJ 10 MG/ML ..	5	methylphenidate hcl CP24 .....	2
memantine hcl TABS .....	61	METHADONE HCL SOLN IJ .....	5	methylphenidate hcl CPRC .....	2
MENACTRA .....	65	methadone hcl SOLN OR 10 MG/5ML .....	5	methylphenidate hcl SOLN .....	2
MENEST .....	46	methadone hcl SOLN OR 5 MG/5ML 5		methylphenidate hcl TABS 10 MG, 20 MG .....	2
MENOSTAR PTWK .....	46	methadone hcl TABS 10 MG .....	5	methylphenidate hcl TABS 5 MG ...	2
MENQUADFI .....	65	methadone hcl TABS 5 MG .....	5	methylphenidate hcl TABS 5 MG ...	2
MENVEO SOLR .....	65	methadone hcl TBSO .....	5	methylphenidate hcl TB24 18 MG, 27 MG .....	2
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML .....	5	methamphetamine hcl .....	1	methylphenidate hcl TB24 36 MG, 54 MG .....	2
meperidine hcl SOLN OR 50 MG/5ML .....	5	methazolamide TABS .....	43	methylphenidate hcl TB24 36 MG, 54 MG .....	2
meperidine hcl TABS 50 MG .....	5	methenamine hippurate .....	22	methylphenidate hcl TBCR 10 MG, 20 MG .....	2
meprobamate .....	8	methimazole TABS .....	63	methylphenidate hcl TBCR 18 MG, 27 MG .....	2
		METHITEST TABS .....	7	methylphenidate hcl TBCR 18 MG, 27 MG .....	2
		methocarbamol TABS 500 MG, 750 MG .....	57	methylphenidate hcl TBCR 36 MG,	

54 MG .....	2	micafungin sodium .....	17	mometasone furoate (nasal) SUSP	57
methylphenidate PTCH .....	2	miconazole nitrate vaginal SUPP	200	mometasone furoate CREA .....	41
methylprednisolone acetate SUSP	36	MG .....	68	mometasone furoate OINT .....	41
methylprednisolone sod succ 40 MG,		midodrine hcl .....	68	mometasone furoate SOLN .....	41
125 MG, 500 MG, 1000 MG .....	36	miglitol .....	14	montelukast sodium CHEW .....	9
methylprednisolone TABS .....	36	miglustat .....	48	montelukast sodium PACK .....	9
methylprednisolone TBPK .....	36	minocycline hcl CAPS .....	63	montelukast sodium TABS .....	9
metoclopramide hcl SOLN IJ 5		minocycline hcl TABS .....	63	morphine sulfate CP24 10 MG, 20	
MG/ML .....	46	minoxidil 2.5 MG, 10 MG .....	21	MG, 30 MG, 50 MG, 60 MG, 80 MG,	
metoclopramide hcl SOLN OR 5		MIRCERA .....	49	100 MG .....	5
MG/5ML, 10 MG/10ML .....	46	MIRENA .....	35	morphine sulfate SOLN IJ 0.5	
metoclopramide hcl TABS .....	46	mirtazapine TABS 15 MG .....	13	MG/ML, 1 MG/ML .....	5
metolazone .....	44	mirtazapine TABS 30 MG .....	13	morphine sulfate SOLN OR 10	
metoprolol & hydrochlorothiazide		mirtazapine TABS 7.5 MG, 45 MG	13	MG/5ML .....	5
TABS 25 MG-100 MG, 50 MG-100		mirtazapine TBDP 15 MG .....	13	morphine sulfate SOLN OR 20	
MG .....	20	mirtazapine TBDP 30 MG .....	13	MG/5ML .....	5
metoprolol & hydrochlorothiazide		mirtazapine TBDP 45 MG .....	13	morphine sulfate TABS .....	5
TABS 25 MG-50 MG .....	20	misoprostol .....	64	morphine sulfate TBCR .....	5
metoprolol succinate TB24 200 MG		mitomycin SOLR IV 20 MG .....	25	MOTOFEN .....	16
32		mitoxantrone hcl 2 MG/ML .....	25	MOVANTIK .....	47
metoprolol succinate TB24 25 MG,		M-M-R II SOLR .....	67	moxifloxacin hcl (ophth) SOLN OP	58
50 MG, 100 MG .....	32	M-NATAL PLUS TABS .....	56	moxifloxacin hcl in sodium chloride	46
metoprolol tartrate SOLN IV 5		modafinil 100 MG .....	2	moxifloxacin hcl TABS .....	46
MG/5ML .....	32	modafinil 200 MG .....	2	MOZOBIL (plerixafor) .....	49
metoprolol tartrate TABS 25 MG, 50		MODERNA COVID-19 VACCINE		MULPLETA .....	49
MG, 100 MG .....	32	SUSP .....	67	MULTI PRENATAL TABS .....	56
metronidazole (topical) CREA .....	42	MODERNA COVID-19		mupirocin OINT .....	38
metronidazole (topical) GEL 0.75 %		VACCINE/6MO-11Y/2023-24 SUSP .		MVASI .....	24
42		67		MYALEPT .....	45
metronidazole (topical) GEL 1 % ..	42	MODERNA COVID-19		mycophenolate mofetil CAPS .....	55
metronidazole (topical) LOTN .....	42	VACCINE6MO-5Y SUSP .....	67		
metronidazole TABS .....	21	moexipril hcl .....	19		
metronidazole vaginal .....	68				
mexiletine hcl .....	8				

mycophenolate mofetil TABS .....	55	neomycin sulfate TABS .....	2	niacin TABS .....	68
mycophenolate sodium .....	55	neomycin-bacitracin zn-polymyxin	58	niacin TBCR .....	68
MYLERAN TABS .....	23	neomycin-polymy-dexameth OINT	59	NIACIN TR TBCR .....	68
nabumetone .....	4	neomycin-polymy-dexameth SUSP	59	niacinamide TABS 100 MG .....	68
nadolol TABS 20 MG .....	32	neomycin-polymyxin-hc (ophth) ..	59	niacinamide TABS 500 MG .....	68
nadolol TABS 40 MG .....	32	neomycin-polymyxin-hc (otic) SOLN .	59	nicardipine hcl CAPS .....	32
nadolol TABS 80 MG .....	32	neomycin-polymyxin-hc (otic) SUSP .	60	nicardipine hcl SOLN .....	32
naftillin sodium IV 10 GM .....	60	NEONATAL COMPLETE TABS 120		nicotine MISC XX .....	62
naftifine hcl CREA 1 % .....	38	MG-10 MG-9.2 MG-1000 MCG-10		nicotine polacrilex GUM .....	62
naftifine hcl CREA 2 % .....	38	MCG-12 MCG-3 MG-5 MG-20 MG-		nicotine polacrilex LOZG .....	62
NAGLAZYME .....	45	27 MG-200 MG-1.84 MG-25 MG-2		nicotine PT24 TD 7 MG/24HR, 14	
nalbuphine hcl .....	7	MG-1200 MCG-2 MG-0.2 MG .....	56	MG/24HR, 21 MG/24HR .....	62
naloxone hcl LIQD .....	17	NEONATAL PLUS TABS .....	56	NICOTINE TRANSDERMAL	
naloxone hcl SOLN 0.4 MG/ML, 4		NEONATAL PRENATAL VITAMIN		SYSTEM KIT .....	62
MG/10ML .....	17	TABS .....	56	NICOTROL INHALER INHA .....	62
naltrexone hcl .....	17	NEONATAL VITAMIN TABS .....	56	NICOTROL NS SOLN .....	62
naproxen sodium TABS 550 MG ...	4	neostigmine methylsulfate SOSY ..	23	nifedipine CAPS 10 MG .....	32
naproxen SUSP .....	4	NEO-SYNALAR .....	38	nifedipine CAPS 20 MG .....	32
naproxen TABS .....	4	NEUPRO .....	28	nifedipine TB24 60 MG .....	32
naproxen TBEC 500 MG .....	4	NEVANAC .....	59	nifedipine TB24 90 MG .....	32
naratriptan hcl .....	53	nevirapine SUSP .....	30	nifedipine TB24 .....	32
NATACYN .....	58	nevirapine TABS .....	30	nilutamide .....	25
NATAZIA .....	35	nevirapine TB24 100 MG .....	30	nimodipine CAPS .....	32
nateglinide .....	16	nevirapine TB24 400 MG .....	30	NINLARO .....	26
NAYZILAM .....	11	NEXIUM 24HR TBEC (esomeprazole		NIPENT .....	27
nebivolol hcl 2.5 MG, 5 MG, 10 MG		magnesium) .....	64	nisoldipine .....	32
32		NEXPLANON .....	35	nitazoxanide TABS .....	21
nebivolol hcl 20 MG .....	32	NEXTSTELLIS .....	35	nitisinone CAPS .....	45
NEBUSAL NEBU .....	36	niacin (antihyperlipidemic) TBCR ..	19	NITRO-BID OINT .....	8
nefazodone hcl .....	14	niacin CPCR 250 MG, 500 MG ...	68	nitrofurantoin .....	22
nelarabine .....	23			nitrofurantoin macrocrystal 50 MG,	

100 MG .....	22	(triphasic) .....	35	NUCYNTA ER TB12 .....	5
nitrofurantoin monohyd macro .....	22	norgestimate-ethinyl estradiol .....	35	NUCYNTA TABS .....	6
nitroglycerin (intra-anal) .....	7	norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....	35	NUEDEXTA .....	62
nitroglycerin CPR .....	8	NORMOSOL-M/D5W .....	54	NULOJIX .....	55
nitroglycerin PT24 .....	8	NORMOSOL-R .....	54	nystatin (mouth-throat) .....	56
NITROGLYCERIN SOLN IV .....	8	nortriptyline hcl CAPS .....	14	nystatin (topical) CREA .....	38
nitroglycerin SUBL .....	8	nortriptyline hcl SOLN .....	14	nystatin (topical) OINT .....	38
NIVA-PLUS TABS .....	56	NORVIR CAPS .....	30	nystatin (topical) POWD EX .....	38
nizatidine CAPS .....	64	NORVIR PACK .....	30	nystatin TABS .....	17
NORDITROPIN FLEXPEN SOPN 30 MG/3ML .....	44	NORVIR SOLN .....	30	nystatin-triamcinolone CREA .....	38
NORDITROPIN FLEXPEN SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML .....	44	NOVA MAX PLUS KETONE TESTSTRIPS .....	42	nystatin-triamcinolone OINT .....	38
norelgestromin-ethinyl estradiol .....	35	NOVOEIGHT .....	48	octreotide acetate SOLN .....	45
norethin acet & estrad-fe CAPS .....	35	NOVOLIN 70/30 FLEXPEN SUPN .....	16	ODEFSEY .....	30
norethin acet & estrad-fe CHEW .....	35	NOVOLIN 70/30 SUSP .....	16	ODOMZO .....	24
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	35	NOVOLIN N FLEXPEN SUPN .....	16	OFEV .....	62
norethindrone & eth estradiol .....	35	NOVOLIN R FLEXPEN SOPN IJ .....	16	ofloxacin (ophth) .....	58
norethindrone & ethinyl estradiol-fe 35 .....	35	NOVOLIN R SOLN IJ .....	16	ofloxacin (otic) .....	59
norethindrone (contraceptive) .....	35	NOXAFIL SUSP (posaconazole) .....	18	ofloxacin 300 MG, 400 MG .....	46
norethindrone acet & eth estra .....	35	NP THYROID 120 TABS .....	63	OGIVRI .....	24
norethindrone acetate TABS .....	61	NP THYROID 15 TABS .....	63	olanzapine SOLR .....	29
norethindrone acetate-ethinyl estradiol .....	45	NP THYROID 30 TABS .....	63	olanzapine TABS 2.5 MG, 5 MG .....	29
norethindrone acetate-ethinyl estradiol-fe .....	35	NP THYROID 60 TABS .....	63	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG .....	29
norethindrone-eth estradiol (triphasic) .....	35	NP THYROID 90 TABS .....	63	olanzapine TBDP 20 MG .....	29
norgestimate-ethinyl estradiol .....	35	NUBEQA .....	25	olanzapine TBDP 5 MG, 10 MG, 15 MG .....	29
		NUCALA SOAJ .....	9	olmesartan medoxomil .....	20
		NUCALA SOLR .....	9	olmesartan medoxomil-amlodipine-hydrochlorothiazide .....	20
		NUCALA SOSY 100 MG/ML .....	9	olmesartan medoxomil-hydrochlorothiazide .....	20
		NUCALA SOSY 40 MG/0.4ML .....	9		



olopatadine hcl (nasal) .....	57	ORILISSA .....	44	325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	6
olopatadine hcl 0.1 % .....	59	ORKAMBI PACK .....	62	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....	6
olopatadine hcl 0.2 % .....	59	ORKAMBI TABS .....	62	oxymorphone hcl TABS .....	6
omega-3-acid ethyl esters .....	18	ORLADEYO .....	48	oxymorphone hcl TB12 40 MG .....	6
omeprazole CPDR .....	64	orphenadrine citrate TB12 .....	57	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	6
omeprazole magnesium CPDR ....	64	oseltamivir phosphate CAPS .....	31	OZEMPIC SOPN 2 MG/1.5ML .....	15
omeprazole TBEC .....	64	oseltamivir phosphate SUSR .....	31	OZEMPIC SOPN .....	15
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG .....	64	OSMOPREP .....	50	paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML .....	27
OMNIFLEX DIAPHRAGM .....	51	OSPHENA .....	44	paclitaxel protein-bound particles ..	27
ONCASPAR .....	27	OTEZLA TABS .....	4	paliperidone 1.5 MG, 3 MG, 9 MG ..	29
ondansetron hcl SOLN IJ 4 MG/2ML . 17		OTEZLA TBPk .....	4	paliperidone 6 MG .....	29
ondansetron hcl SOLN OR 4 MG/5ML .....	17	oxacillin sodium IV 10 GM .....	60	palonosetron hcl SOLN .....	17
ondansetron hcl SOSY .....	17	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML .....	23	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML .....	44
ondansetron hcl TABS 24 MG .....	17	oxandrolone .....	7	PAMIDRONATE DISODIUM SOLN 44	
ondansetron hcl TABS 4 MG .....	17	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 .....	43
ondansetron hcl TABS 8 MG .....	17	oxazepam CAPS .....	8	PANRETIN .....	39
ondansetron TBPd 4 MG .....	17	OXBRYTA TABS 500 MG .....	48	pantoprazole sodium TBEC 20 MG 64	
ondansetron TBPd 8 MG .....	17	oxcarbazepine SUSP .....	12	pantoprazole sodium TBEC 40 MG 64	
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	56	oxcarbazepine TABS 150 MG, 300 MG .....	12	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A .....	35
ONE VITE WOMENS PRENATALVITAMIN TABS .....	56	oxcarbazepine TABS 600 MG .....	12		
ONETOUCH DELICA SAFETY LANCING DEVICE .....	52	oxiconazole nitrate CREA .....	38		
ONETOUCH DELICA SAFETY LANCING DEVICE 30G .....	52	OXISTAT LOTN .....	38		
OPILL .....	35	oxybutynin chloride SOLN .....	64		
OPSUMIT .....	33	oxybutynin chloride TABS 5 MG ..	64		
ORENITRAM TBCR .....	33	oxybutynin chloride TB24 .....	64		
		oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG .....	6		
		oxycodone hcl TABS .....	6		
		oxycodone w/ acetaminophen TABS			

paricalcitol CAPS .....	45	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .....	60	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....	47
paricalcitol SOLN .....	45	PENICILLIN G PROCAINE .....	60	phendimetrazine tartrate TABS .....	1
paroxetine hcl SUSP .....	13	penicillin g sodium .....	60	phenelzine sulfate .....	13
paroxetine hcl TABS 10 MG .....	13	penicillin v potassium SOLR .....	60	phenobarbital ELIX .....	49
paroxetine hcl TABS 20 MG .....	13	penicillin v potassium TABS .....	60	phenobarbital TABS .....	49
paroxetine hcl TABS 30 MG .....	14	PENTACEL .....	63	phenoxybenzamine hcl .....	19
paroxetine hcl TABS 40 MG .....	13	pentazocine w/ naloxone hcl .....	7	phentermine hcl CAPS .....	1
paroxetine hcl TB24 12.5 MG .....	14	pentoxifylline .....	48	phenytoin CHEW .....	12
paroxetine hcl TB24 25 MG, 37.5 MG .....	14	perindopril erbumine 2 MG, 8 MG ..	19	phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	12
PASER PACK .....	23	perindopril erbumine 4 MG .....	19	phenytoin sodium SOLN .....	12
pazopanib hcl .....	26	PERJETA .....	24	phenytoin SUSP .....	12
PEDIARIX SUSY .....	63	permethrin CREA .....	42	PHEXXI .....	68
pediatric multivitamins w/fl CHEW ..	56	permethrin LIQD EX .....	42	PHOSLYRA SOLN .....	47
PEDVAX HIB SUSP .....	65	perphenazine TABS .....	29	PHOTOFRIN .....	27
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....	50	perphenazine-amitriptyline .....	61	PIFELTRO .....	30
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM .....	50	PERSERIS PRSY .....	29	pilocarpine hcl (oral) .....	56
peg 3350-potassium chloride-sod bicarbonate-sod chloride .....	50	PFIZER-BIONTECH COVID-19VACCINE SUSP .....	67	pilocarpine hcl SOLN 1 %, 2 %, 4 % ..	58
PEGASYS SOLN .....	31	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP .....	67	pimecrolimus .....	42
PEGASYS SOSY .....	31	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP .....	67	pimozide .....	62
PEMAZYRE .....	26	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP .....	67	pindolol TABS .....	32
pemetrexed disodium SOLR 500 MG 24 .....	39	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP .....	67	pioglitazone hcl .....	16
peniclovir .....	39	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..	67	pioglitazone hcl-glimepiride .....	15
penicillamine CAPS .....	55	PHEBURANE PLLT .....	45	pioglitazone hcl-metformin hcl TABS ..	15
penicillamine TABS .....	55			piperacillin sodium-tazobactam sodium .....	60
penicillin g potassium 5000000 UNIT 60 .....	60			PIQRAY 200MG DAILY DOSE ...	26
				PIQRAY 250MG DAILY DOSE ...	26
				PIQRAY 300MG DAILY DOSE ...	26

pirfenidone CAPS .....	62	potassium chloride in dextrose 5 %- 20 MEQ/L .....	54	prazosin hcl CAPS .....	20
pirfenidone TABS 267 MG, 801 MG 62		potassium chloride in nacl 20 MEQ/L- 0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L- 0.9 % .....	54	PRECISION XTRA .....	42
pirfenidone TABS 534 MG .....	62	potassium chloride microencapsulated crystals er ....	54	PRED MILD .....	59
piroxicam CAPS .....	4	potassium chloride PACK OR 20 MEQ .....	55	PRED-G SUSP .....	59
PLASMA-LYTE A (electrolyte-a) ..	54	POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 55		prednicarbate OINT .....	41
PLASMA-LYTE-148 (electrolyte-148) .....	54	potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML .....	55	prednisolone acetate (ophth) .....	59
PLEGRIDY SOPN .....	61	potassium chloride TBCR .....	55	PREDNISOLONE SODIUM PHOSPHATE .....	59
PLEGRIDY SOSY SC .....	61	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS .....	54	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 36	
PLEGRIDY STARTER PACK SOPN . 61		POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl) .....	54	prednisolone sodium phosphate TBDP .....	36
PLEGRIDY STARTER PACK SOSY SC .....	61	potassium citrate (alkalinizer) TBCR . 47		prednisolone SOLN .....	36
plerixafor .....	49	potassium phosphates 236 MG/ML- 224 MG/ML .....	54	prednisolone TABS .....	36
PNEUMOVAX 23 .....	65	PR BENZOYL PEROXIDE WASH LIQD .....	37	prednisone SOLN .....	36
PNEUMOVAX 23/1 DOSE .....	65	pralatrexate 20 MG/ML .....	24	prednisone TABS 1 MG, 5 MG ....	36
podofilox SOLN .....	42	pramipexole dihydrochloride TABS 0.125 MG .....	28	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG .....	36
polymyxin b sulfate SOLR .....	22	pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG .....	28	prednisone TABS 225 MG, 300 MG 12	
polymyxin b-trimethoprim .....	58	prasugrel hcl .....	48	pregabalin (once-daily) 330 MG ...	62
POMALYST .....	25	pravastatin sodium .....	19	pregabalin (once-daily) 82.5 MG, 165 MG .....	62
posaconazole SUSP .....	18	praziquantel .....	7	pregabalin CAPS 225 MG, 300 MG 12	
potassium acetate SOLN 2 MEQ/ML . 54				pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	12
potassium bicarbonate TBEF .....	54			pregabalin SOLN .....	12
potassium chloride CPCR .....	55			PREHEVBRIO .....	67
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 % .....	54			PREMARIN .....	68

PREMIUM CONDOMS LUBRICATED MISC .....	51	PRIORIX SUSR .....	67	propranolol hcl TABS .....	32
PREMPHASE .....	45	PROAIR DIGIHALER .....	10	propylthiouracil .....	63
PREMPRO .....	45	PROAIR RESPICLICK AEPB .....	10	protriptyline hcl .....	14
PRENATAL MULTIVITAMIN TABS 56		probenecid .....	48	PROVISC SOSY .....	59
PRENATAL ONE DAILY TABS .....	56	procainamide hcl SOLN 500 MG/ML . 8		PTS PANELS KETONE TEST .....	42
PRENATAL PLUS TABS .....	56	prochlorperazine .....	29	PULMICORT FLEXHALER AEPB ..	9
PRENATAL PLUS VITAMIN ANDMINERAL TABS .....	56	prochlorperazine maleate TABS ..	29	PULMOZYME .....	62
PRENATAL TABS .....	57	PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	49	PX PRENATAL MULTIVITAMINS TABS .....	57
PRENATAL VITAMIN & MINERAL TABS .....	56	PROCRIT 40000 UNIT/ML .....	49	pyrazinamide .....	23
PRENATAL VITAMIN TABS .....	56	progesterone CAPS .....	61	pyridostigmine bromide SOLN OR	23
PRENATAL VITAMIN/IRON TABS 56		PROGRAF PACK .....	55	pyridostigmine bromide TABS 60 MG .....	23
PRENATAL VITAMINS PLUS LOW IRON TABS .....	56	PROGRAF SOLN .....	55	pyridostigmine bromide TBCR .....	23
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 .....	56	PROLASTIN-C SOLN .....	62	pyrimethamine .....	22
PRENATRIX TABS .....	57	PROLEUKIN .....	27	QC PRENATAL TABS .....	57
PRENATRYL TABS .....	57	PROLIA SOSY .....	44	QINLOCK .....	26
PREVNAR 13 .....	65	PROMACTA PACK .....	49	QUADRACEL SUSP .....	63
PREVNAR 20 .....	65	PROMACTA TABS .....	49	QUADRACEL SUSY .....	63
PREZCOBIX .....	30	promethazine hcl SOLN OR 6.25 MG/5ML .....	18	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG .....	29
PREZISTA SUSP .....	30	promethazine hcl SUPP 12.5 MG, 25 MG .....	18	quetiapine fumarate TABS 300 MG, 400 MG .....	29
PREZISTA TABS (darunavir) .....	30	promethazine hcl SUPP 50 MG ...	18	quetiapine fumarate TB24 300 MG, 400 MG .....	29
PREZISTA TABS 75 MG, 150 MG	30	promethazine hcl TABS .....	18	quetiapine fumarate TB24 50 MG, 150 MG, 200 MG .....	29
PRIFTIN .....	23	propafenone hcl CP12 .....	8	quinapril hcl 20 MG, 40 MG .....	19
primaquine phosphate TABS .....	22	propafenone hcl TABS .....	8	quinapril hcl 5 MG, 10 MG .....	19
primidone 50 MG, 250 MG .....	12	proparacaine hcl .....	58	quinapril-hydrochlorothiazide 12.5 MG-10 MG .....	20
		propranolol hcl CP24 .....	32	quinapril-hydrochlorothiazide 12.5 MG-20 MG .....	20
		propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML .....	32		

quinapril-hydrochlorothiazide 25 MG- 20 MG .....	20	RELENZA DISKHALER .....	31	ringer's irrigation .....	55
quinidine sulfate TABS .....	8	RELION 2-IN-1 LANCET DEVICES 30G .....	52	RINVOQ TB24 .....	2
quinine sulfate CAPS 324 MG .....	22	RELION 2-IN-1 LANCING DEVICE 25G .....	52	risedronate sodium TABS 150 MG	44
QUZYTIR SOLN IV .....	18	RELION 2-IN-1 LANCING DEVICE 30G .....	52	risedronate sodium TABS 35 MG	. 44
QVAR REDHALER .....	9	RELION 2-IN-1 LANCING DEVICE 30G .....	52	risedronate sodium TABS 5 MG, 30 MG .....	44
RA PRENATAL FORMULA/FOLICACID TABS .....	57	RELION KETONE TEST STRIPS STRP .....	42	risedronate sodium TBEC .....	44
RA PRENATAL TABS .....	57	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP .....	42	RISPERDAL CONSTA (risperidone microspheres) .....	29
rabeprazole sodium TBEC .....	64	RENFLXIS .....	46	risperidone microspheres .....	29
raloxifene hcl .....	44	repaglinide 0.5 MG, 1 MG .....	16	risperidone SOLN .....	29
ramelteon .....	50	repaglinide 2 MG .....	16	risperidone TABS .....	29
ramipril CAPS .....	19	REPATHA PUSHTRONEX SYSTEM SOCT .....	19	risperidone TBDP .....	29
ranitidine hcl TABS 150 MG .....	64	REPATHA SOSY .....	19	ritonavir TABS .....	30
ranolazine TB12 1000 MG .....	8	REPATHA SURECLICK SOAJ .....	19	rivastigmine tartrate CAPS .....	61
ranolazine TB12 500 MG .....	8	RETACRIT .....	49	rizatriptan benzoate TABS 10 MG	.53
rasagiline mesylate .....	28	RETEVMO .....	26	rizatriptan benzoate TABS 5 MG	.. 53
REALITY LATEX CONDOMS/LUBRICATED MISC .....	51	RETROVIR IV INFUSION SOLN .....	30	rizatriptan benzoate TBDP 10 MG	.53
REALITY LATEX/ULTRA TEXTURED DEVI .....	51	REXULTI .....	29	rizatriptan benzoate TBDP 5 MG	..53
REALITY LATEX/ULTRA THIN DEVI 51		ribavirin (hepatitis c) CAPS .....	31	roflumilast .....	9
REBIF REBIDOSE SOAJ .....	62	ribavirin (hepatitis c) TABS 200 MG 31		romidepsin SOLR .....	26
REBIF REBIDOSE TITRATIONPACK SOAJ .....	61	RIDAURA .....	3	ropinirole hydrochloride TABS .....	28
REBIF SOSY .....	62	rifabutin .....	23	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG .....	28
REBIF TITRATION PACK SOSY .....	62	rifampin CAPS .....	23	ropinirole hydrochloride TB24 8 MG, 12 MG .....	28
RECOMBIVAX HB SUSP .....	67	rifampin SOLR .....	23	rosuvastatin calcium TABS .....	19
RECOMBIVAX HB SUSY .....	67	riluzole TABS .....	57	ROTARIX SUSP .....	67
RECTIV (nitroglycerin (intra-anal))	. 7	rimantadine hydrochloride TABS .....	31	ROTARIX SUSR .....	67
REGANEX .....	42	ringer's .....	54	ROTATEQ SOLN .....	67
				ROZLYTREK CAPS .....	26

RUBRACA .....	26	SEREVENT DISKUS .....	10	SM PRENATAL VITAMINS TABS .	57
rufinamide SUSP .....	12	sertraline hcl CONC .....	14	SODIUM ACETATE SOLN (sodium acetate) .....	54
rufinamide TABS 200 MG .....	12	sertraline hcl TABS 100 MG .....	14	sodium acetate SOLN .....	54
rufinamide TABS 400 MG .....	12	sertraline hcl TABS 25 MG, 50 MG 14		sodium chloride (gu irrigant) 0.9 %	47
RUKOBIA .....	30	sevelamer carbonate PACK .....	47	sodium chloride (inhalant) NEBU 7 % .....	36
RUXIENCE .....	24	sevelamer carbonate TABS .....	47	sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % .....	55
RYBELSUS TABS .....	15	SHINGRIX .....	67	sodium citrate & citric acid .....	47
salsalate .....	5	SIGNIFOR .....	45	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG .....	54
SANDOSTATIN LAR DEPOT KIT .	45	sildenafil citrate (pulmonary hypertension) SOLN .....	33	sodium phenylbutyrate POWD ....	45
SANTYL OINT .....	41	sildenafil citrate (pulmonary hypertension) SUSR .....	33	sodium phenylbutyrate TABS .....	45
sapropterin dihydrochloride PACK .	45	sildenafil citrate (pulmonary hypertension) TABS .....	33	sodium polystyrene sulfonate POWD 55	
sapropterin dihydrochloride TABS .	45	sildenafil citrate .....	33	sodium polystyrene sulfonate SUSP OR 15 GM/60ML .....	55
SAVELLA TABS .....	61	silodosin .....	47	sodium sulfate-potassium sulfate-magnesium sulfate .....	50
SAVELLA TITRATION PACK MISC 61		silver sulfadiazine .....	39	SOFOSBUVIR/VELPATASVIR TABS .....	31
saxagliptin hcl .....	15	SIMPONI ARIA SOLN .....	3	solifenacin succinate TABS .....	64
saxagliptin-metformin hcl 1000 MG-2.5 MG .....	15	SIMULECT .....	55	SOLQUA 100/33 .....	15
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG .....	15	simvastatin TABS .....	19	SOLOSEC .....	2
SCSEMBLIX 20 MG .....	26	sirolimus TABS .....	55	SOLU-CORTEF 100 MG, 500 MG, 1000 MG .....	36
SCSEMBLIX 40 MG .....	26	SIRTURO .....	23	SOLU-CORTEF 250 MG .....	36
scopolamine .....	17	SIVEXTRO TABS .....	22	SOLU-MEDROL 2 GM .....	36
SELECT INSULIN SYRINGES ...	52	SKYLA .....	35	SOMAVERT 10 MG, 15 MG, 20 MG .	44
SELECT LANCETS .....	52	SKYRIZI PEN SOAJ .....	39	44	
selegiline hcl CAPS .....	28	SKYRIZI PSKT .....	39	sorafenib tosylate .....	26
selegiline hcl TABS .....	28	SKYRIZI SOCT .....	46	SORBITOL 3 % .....	47
selenium sulfide LOTN 2.5 % .....	39	SKYRIZI SOLN .....	46		
SELZENTRY SOLN .....	30	SKYRIZI SOSY .....	39		
SELZENTRY TABS 25 MG, 75 MG 30		SLYND .....	35		

SORBITOL/MANNITOL IRRIGATION	STIOLTO RESPIMAT	10	SULFAMYLLON CREA	39
.....47	STIVARGA	26	sulfasalazine TABS	47
sotalol hcl (afib/afib)	streptomycin sulfate SOLR	2	sulfasalazine TBEC	47
.....32	STRIBILD	30	sulindac TABS	4
sotalol hcl TABS 240 MG	STRIVERDI RESPIMAT	10	sumatriptan	53
.....32	SUBSYS LIQD 100 MCG	6	sumatriptan succinate SOAJ	53
sotalol hcl TABS 80 MG, 120 MG,	SUBSYS LIQD 200 MCG, 400 MCG,	6	sumatriptan succinate SOCT	53
160 MG	600 MCG	6	sumatriptan succinate SOLN 6	53
.....32	SUBSYS LIQD 800 MCG, 1200	6	MG/0.5ML	53
SOVALDI TABS 200 MG	MCG, 1600 MCG	6	sumatriptan succinate TABS	53
.....31	SUCRALFATE SUSP	64	sumatriptan-naproxen sodium	53
SOVALDI TABS 400 MG	.....64	64	sunitinib malate 12.5 MG, 25 MG, 50	26
.....31	SUCRALFATE TABS	64	MG	26
SPIKEVAX COVID-19 VACCINE	.....64	64	sunitinib malate 37.5 MG	26
SUSP	SULCONAZOLE NITRATE CREA	38	SUNOSI 150 MG	1
.....67	SULCONAZOLE NITRATE SOLN	38	SUNOSI 75 MG	1
SPIKEVAX COVID-19	SULFACETAMIDE SODIUM (acne)	37	SYNAREL	45
VACCINE/2023-24 SUSP	.....37	37	SYNERA PTCH	42
.....67	SULFACETAMIDE SODIUM (OPHTH) SOLN	58	SYNJARDY TABS	15
SPIKEVAX COVID-19	.....58	58	SYNJARDY XR TB24 1000 MG-10	15
VACCINE/2023-24 SUSY	SULFACETAMIDE SODIUM W/ SULFUR	37	MG, 1000 MG-12.5 MG, 1000 MG-5	15
.....67	CREA 10 %-5 %	37	MG	15
spinosad	SULFACETAMIDE SODIUM W/ SULFUR LIQD	37	SYNJARDY XR TB24 1000 MG-25	15
.....42	10 %-5 %	37	MG	15
SPIRIVA HANDIHALER CAPS	SULFACETAMIDE SODIUM W/ SULFUR LIQD	37	SYNRIBO	27
(tiotropium bromide monohydrate)	9 %-4.5 %	37	SYNTHROID TABS (levothyroxine	63
.....9	.....37	37	sodium)	63
SPIRIVA RESPIMAT AERS	SULFACETAMIDE SODIUM-SULFUR IN UREA	37	TABLOID	24
.....9	VEHICLE EMUL 10 %-10 %-4 %	37	TABRECTA	26
spironolactone & hydrochlorothiazide	SULFACETAMIDE SOD-PREDNISOLONE	59	tacrolimus (topical) OINT	42
.....43	SOLN	59	tacrolimus CAPS	55
spironolactone TABS	SULFADIAZINE TABS	62	tadalafil (pulmonary hypertension)	
.....43	.....62	62		
SPRAVATO 56MG DOSE	SULFAMETHOXAZOLE-TRIMETHOPRIM SOLN	21		
.....13	.....21	21		
SPRAVATO 84MG DOSE	SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP	21		
.....13	.....21	21		
SPRYCEL	SULFAMETHOXAZOLE-TRIMETHOPRIM TABS	21		
.....26	.....21	21		
stannous fluoride CONC	.....21	21		
.....56	.....21	21		
stavudine CAPS	.....21	21		
.....30	.....21	21		
STELARA 130 MG/26ML	.....21	21		
.....46	.....21	21		
STELARA SOLN 45 MG/0.5ML	.....21	21		
.....39	.....21	21		
STELARA SOSY 45 MG/0.5ML	.....21	21		
.....39	.....21	21		
STELARA SOSY 90 MG/ML	.....21	21		
.....39	.....21	21		
STENDRA	.....21	21		
.....33	.....21	21		
STIMATE SOLN NA	.....21	21		
.....45	.....21	21		

TABS .....	33	temozolomide CAPS .....	23	(tiopronin) .....	47
tadalafil 5 MG .....	33	temsirolimus .....	27	thioridazine hcl .....	29
TAFINLAR CAPS .....	26	TENIVAC INJ .....	63	thiotepa 15 MG .....	23
TAFINLAR TBSO .....	27	tenofovir disoproxil fumarate TABS 31		thiothixene .....	29
tafluprost .....	59	terazosin hcl .....	20	THYMOGLOBULIN .....	55
TAGRISSO 40 MG .....	24	terbinafine hcl TABS .....	17	THYROGEN 0.9 MG .....	42
TAGRISSO 80 MG .....	24	terbutaline sulfate SOLN .....	10	tiagabine hcl .....	12
TAKHZYRO SOLN .....	48	terbutaline sulfate TABS .....	10	TIBSOVO .....	27
TAKHZYRO SOSY .....	48	terconazole vaginal CREA .....	68	tigecycline .....	62
TALZENNA .....	27	terconazole vaginal SUPP .....	68	timolol maleate (ophth) SOLG .....	58
tamoxifen citrate TABS .....	25	teriflunomide .....	62	timolol maleate (ophth) SOLN .....	58
tamsulosin hcl .....	47	teriparatide (recombinant) SOPN .....	44	timolol maleate TABS .....	32
TASIGNA 150 MG, 200 MG .....	27	TERIPARATIDE SOPN .....	44	tiopronin TBEC 100 MG .....	47
TASIGNA 50 MG .....	27	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML .....	7	tiopronin TBEC 300 MG .....	47
tavaborole .....	38	testosterone cypionate SOLN IM ...	7	tiotropium bromide monohydrate CAPS .....	9
TAVALISSE .....	48	testosterone enanthate SOLN IM ...	7	TIVICAY TABS .....	31
tazarotene CREA .....	39	TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP .....	63	tizanidine hcl CAPS .....	57
TAZVERIK .....	27	tetrabenazine .....	61	tizanidine hcl TABS .....	57
TDVAX SUSP .....	63	tetracycline hcl CAPS .....	63	tobramycin (ophth) SOLN .....	58
TEFLARO .....	34	THALOMID .....	55	tobramycin NEBU .....	2
TEGRETOL SUSP (carbamazepine) . 12		theophylline ELIX .....	10	tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML ...	2
TEGRETOL TABS (carbamazepine) . 12		theophylline SOLN .....	10	tobramycin-dexamethasone SUSP 59	
TEGSEDI .....	62	theophylline TB12 .....	10	TODAY SPONGE MISC .....	67
telmisartan .....	20	theophylline TB24 .....	10	tolcapone .....	28
telmisartan-amlodipine .....	20	THERANATAL CORE NUTRITION TABs .....	57	tolmetin sodium CAPS .....	4
telmisartan-hydrochlorothiazide ...	20	THIOLA EC TBEC 100 MG (tiopronin) .....	47	tolmetin sodium TABS 600 MG .....	4
temazepam 15 MG, 30 MG .....	49	THIOLA EC TBEC 300 MG		TOLSURA CAPS .....	18
temazepam 7.5 MG, 22.5 MG .....	49			tolterodine tartrate CP24 .....	64
TEMODAR SOLR .....	23				



tolterodine tartrate TABS .....	64	TRELSTAR MIXJECT .....	25	triamterene CAPS .....	43
tolvaptan TABS .....	45	TREMFYA SOPN .....	39	triazolam .....	49
topiramate CPSP 15 MG .....	12	TREMFYA SOSY .....	39	TRICARE TABS .....	57
topiramate CPSP 25 MG .....	12	treprostinil SOLN IJ .....	33	trientine hcl 250 MG .....	55
topiramate CS24 .....	12	tretinoin (chemotherapy) .....	27	trifluoperazine hcl TABS .....	29
topiramate TABS 200 MG .....	12	tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	37	trifluridine .....	58
topiramate TABS 25 MG, 100 MG .....	12	tretinoin GEL 0.01 %, 0.025 % .....	37	trihexyphenidyl hcl SOLN .....	28
topiramate TABS 50 MG .....	12	tretinoin microsphere 0.1 % .....	37	trihexyphenidyl hcl TABS .....	28
topotecan hcl SOLN .....	28	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	24	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG .....	15
topotecan hcl SOLR .....	28	triamcinolone acetonide (mouth) .....	56	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG .....	15
toremifene citrate .....	25	triamcinolone acetonide (nasal) AERO .....	57	TRIKAFTA TBPK .....	62
torseמידe TABS .....	43	triamcinolone acetonide (topical) CREA 0.025 % .....	41	trimethobenzamide hcl CAPS .....	17
TRACLEER TBSO .....	33	triamcinolone acetonide (topical) CREA 0.1 % .....	41	trimethoprim TABS .....	21
tramadol hcl TABS 50 MG .....	6	triamcinolone acetonide (topical) CREA 0.5 % .....	41	trimipramine maleate CAPS .....	14
tramadol hcl TB24 .....	6	triamcinolone acetonide (topical) LOTN 0.025 % .....	41	TRINTELLIX .....	14
tramadol-acetaminophen .....	7	triamcinolone acetonide (topical) LOTN 0.1 % .....	41	TRIUMEQ TABS .....	31
trandolapril 1 MG, 2 MG .....	19	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % .....	41	TRIZIVIR .....	31
trandolapril 4 MG .....	19	triamcinolone acetonide (topical) OINT 0.5 % .....	41	tropicamide SOLN 0.5 % .....	58
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG .....	21	triamcinolone acetonide (topical) SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML .....	36	tropicamide SOLN 1 % .....	58
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG .....	20	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % .....	41	trospium chloride CP24 .....	64
tranexamic acid SOLN 1000 MG/10ML .....	49	triamcinolone acetonide (topical) OINT 0.5 % .....	41	trospium chloride TABS .....	64
tranexamic acid TABS .....	49	triamcinolone acetonide (topical) OINT 0.5 % .....	41	TRUE COVER DEVI .....	51
tranylcypromine sulfate .....	13	triamcinolone acetonide (topical) OINT 0.5 % .....	41	TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP ..	43
travoprost SOLN .....	59	triamcinolone acetonide (topical) OINT 0.5 % .....	41	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN .....	52
TRAZIMERA .....	24	triamcinolone acetonide (topical) OINT 0.5 % .....	41	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP ..	43
trazodone hcl TABS .....	14	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	43	TRUE TRACK TEST STRP .....	43
TRECTOR .....	23	triamterene & hydrochlorothiazide TABS .....	43		
TRELEGY ELLIPTA .....	10				

TRULICITY .....	15	TWINRIX SUSY .....	67	VALTOCO 10 MG DOSE LIQD .....	11
TRUMENBA .....	65	TWIRLA .....	35	VALTOCO 15 MG DOSE LQPK ...	11
TRUSTEX COLOR CONDOMS + LUBE MISC .....	51	TYBLUME CHEW .....	35	VALTOCO 20 MG DOSE LQPK ...	11
TRUSTEX LUBRICATED EXTRALARGE MISC .....	51	TYBOST .....	31	VALTOCO 5 MG DOSE LIQD .....	11
TRUSTEX LUBRICATED EXTRASTRENGTH MISC .....	51	TYMLOS .....	44	vancomycin hcl CAPS .....	21
TRUSTEX LUBRICATED MISC ...	52	TYVASO REFILL SOLN IN .....	33	vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG .....	21
TRUSTEX LUBRICATED/RIBBED/STUDED MISC .....	51	TYVASO SOLN IN .....	33	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .	21
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	51	TYVASO STARTER SOLN IN .....	33	VAQTA .....	67
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC .....	51	UBRELVY .....	53	varenicline tartrate TABS .....	62
TRUSTEX LUBRICATED/SPERMICIDE MISC 52		UCERIS (budesonide (intra-rectal)) .	7	varenicline tartrate TBPK .....	62
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC .....	52	UDENYCA ONBODY SOSY .....	49	VARIVAX INJ .....	67
TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC .....	52	UDENYCA SOAJ .....	49	VARUBI TBPK .....	17
TRUSTEX/RIA LUBRICATED MISC .	52	UDENYCA SOSY .....	49	VAXNEUVANCE .....	65
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC .....	52	UPTRAVI TABS 200 MCG .....	33	VECAMYL .....	21
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 52		UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG .....	33	VECTIBIX 100 MG/5ML .....	24
TRUXIMA .....	24	UPTRAVI TITRATION PACK TBPK 33		VELPHORO .....	47
TUKYSA .....	24	ursodiol CAPS .....	46	venlafaxine hcl CP24 150 MG .....	14
TURALIO .....	27	ursodiol TABS .....	46	venlafaxine hcl CP24 37.5 MG ....	14
TUZISTRA XR .....	36	UVADEX .....	27	venlafaxine hcl CP24 75 MG .....	14
		valacyclovir hcl 1 GM, 1000 MG ...	31	venlafaxine hcl TABS .....	14
		valacyclovir hcl 500 MG .....	31	venlafaxine hcl TB24 150 MG .....	14
		valganciclovir hcl TABS .....	31	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG .....	14
		valproate sodium SOLN OR 250 MG/5ML .....	13	verapamil hcl CP24 100 MG, 200 MG, 300 MG .....	32
		valproic acid CAPS .....	13	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG .....	32
		valrubicin .....	25	verapamil hcl SOLN 2.5 MG/ML ...	32
		valsartan TABS .....	20	verapamil hcl TABS .....	32
		valsartan-hydrochlorothiazide .....	21	verapamil hcl TBCR .....	32

VEREGEN .....	37	WIDE-SEAL SILICONE DIAPHRAGM KIT 65 .....	52	MG-5 MG .....	15
VERZENIO .....	27	WIDE-SEAL SILICONE DIAPHRAGM KIT 70 .....	52	XOLAIR SOAJ 150 MG/ML, 300 MG/2ML .....	9
VICTOZA .....	15	WIDE-SEAL SILICONE DIAPHRAGM KIT 75 .....	52	XOLAIR SOAJ 75 MG/0.5ML .....	9
vigabatrin PACK .....	12	WIDE-SEAL SILICONE DIAPHRAGM KIT 80 .....	52	XOLAIR SOLR .....	9
vigabatrin TABS .....	12	WIDE-SEAL SILICONE DIAPHRAGM KIT 85 .....	52	XOLAIR SOSY 150 MG/ML, 300 MG/2ML .....	9
VIIBRYD STARTER PACK KIT .....	14	WIDE-SEAL SILICONE DIAPHRAGM KIT 90 .....	52	XOLAIR SOSY 75 MG/0.5ML .....	9
vilazodone hcl TABS .....	14	WIDE-SEAL SILICONE DIAPHRAGM KIT 95 .....	52	XOSPATA .....	27
vincristine sulfate .....	27	XALKORI CAPS .....	27	XPOVIO .....	25
vinorelbine tartrate 10 MG/ML .....	27	XARELTO STARTER PACK TBPK 10 .....	10	XPOVIO 60 MG TWICE WEEKLY 25	
VIRACEPT TABS 250 MG .....	31	XARELTO SUSR .....	10	XPOVIO 80 MG TWICE WEEKLY 25	
VIRACEPT TABS 625 MG .....	31	XARELTO TABS 10 MG, 20 MG ..	10	XTAMPZA ER .....	6
VIREAD POWD .....	31	XARELTO TABS 2.5 MG, 15 MG ..	10	XTANDI CAPS .....	25
VIREAD TABS 150 MG, 200 MG, 250 MG .....	31	XELJANZ SOLN .....	3	XTANDI TABS 40 MG .....	25
VISTOGARD .....	16	XELJANZ TABS 10 MG .....	3	XTANDI TABS 80 MG .....	25
VITAMIN D2 TABS 400 UNIT .....	68	XELJANZ TABS 5 MG .....	3	XULTOPHY 100/3.6 .....	15
VITATHELY/GINGER TABS .....	57	XELJANZ XR TB24 .....	2	XYNTHA .....	48
VITRAKVI CAPS .....	27	XEOMIN .....	57	XYNTHA SOLOFUSE .....	48
VITRAKVI SOLN .....	27	XERAVA .....	62	YERVOY .....	24
VIZIMPRO .....	24	XGEVA SOLN .....	44	YONSA .....	25
VORAXAZE .....	27	XHANCE EXHU .....	57	zafirlukast .....	9
voriconazole TABS .....	18	XIFAXAN 200 MG .....	21	zaleplon 10 MG .....	49
VOTRIENT (pazopanib hcl) .....	27	XIFAXAN 550 MG .....	21	zaleplon 5 MG .....	49
VYNDAMAX .....	34	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG .....	15	ZALTRAP 100 MG/4ML .....	24
VYNDAQEL .....	34	XIGDUO XR 1000 MG-2.5 MG, 1000		ZANOSAR .....	23
VYVANSE CAPS .....	1			ZARONTIN CAPS (ethosuximide) .	12
warfarin sodium TABS .....	10			ZARXIO .....	49
water for irrigation, sterile .....	55			ZEJULA CAPS .....	27
WESTAB PLUS TABS .....	57				
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 .....	52				

ZEJULA TABS 100 MG .....	27	ZONTIVITY .....	48
ZEJULA TABS 200 MG, 300 MG ..	27	ZORBTIVE SC .....	44
ZELBORAF .....	27	ZYDELIG .....	27
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 .....	43	ZYLET .....	59
ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT .....	43		
zidovudine CAPS .....	31		
zidovudine SYRP .....	31		
zidovudine TABS .....	31		
ZIEXTENZO .....	49		
zileuton TB12 .....	9		
ziprasidone hcl .....	28		
ZIRABEV .....	24		
ZIRGAN GEL .....	58		
ZOLADEX 10.8 MG .....	25		
ZOLADEX 3.6 MG .....	25		
zoledronic acid CONC .....	44		
zoledronic acid SOLN .....	44		
ZOLINZA .....	27		
zolmitriptan SOLN .....	53		
zolmitriptan TABS .....	53		
zolmitriptan TBDP .....	54		
zolpidem tartrate TABS .....	50		
zolpidem tartrate TBCR .....	50		
zonisamide CAPS .....	12		

Ambetter from Sunflower Health Plan is underwritten by Celtic Insurance Company which is a Qualified Health Plan issuer in the Kansas Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, [Ambetter.SunflowerHealthPlan.com](https://Ambetter.SunflowerHealthPlan.com). If you, or someone you're helping, have questions about Ambetter from Sunflower Health Plan, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you're helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive translation or auxiliary services, please contact Member Services at 1-844-518-9505 (TTY 711). For more information on your right to receive an Ambetter from Sunflower Health Plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.