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health plan.  
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# 2022 Prescription Drug List

Effective January 1, 2022



[Ambetter.SunflowerHealthPlan.com](https://www.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 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. Envolve Pharmacy Solutions 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.
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.

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>		
ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG (Use amphetamine-dextroamphetamine)	NF	QL(3 ea daily)
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
ADDERALL XR CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(1 ea daily)
ADDERALL XR CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG (Use amphetamine-dextroamphetamine)	NF	
ADDERALL XR 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 (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
ADZENYS ER SUER (Use amphetamine)	NF	
amphetamine sulfate tabs	1B	PA
amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg	1B	QL(1 ea daily)
amphetamine-dextroamphetamine cp24 3.75 mg-3.75 mg-3.75 mg-3.75 mg	1B	

Drug Name	Drug Tier	Requirements/ Limits
amphetamine-dextroamphetamine cp24 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1B	QL(2 ea daily)
amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg	1B	QL(3 ea daily)
amphetamine-dextroamphetamine tabs 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1B	QL(2 ea daily)
DESOXYN TABS (Use methamphetamine hcl)	NF	QL(5 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NF	QL(4 ea daily)
DEXEDRINE CP24 5 MG (Use dextroamphetamine sulfate)	NF	
dextroamphetamine sulfate cp24 10 mg, 15 mg	1B	QL(4 ea daily)
dextroamphetamine sulfate cp24 5 mg	1B	
dextroamphetamine sulfate tabs 10 mg, 5 mg	1B	QL(4 ea daily)
EVEKEO TABS (Use amphetamine sulfate)	3	PA
methamphetamine hcl tabs	3	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST; QL(1 ea daily)
<b>Anorexiants Non-Amphetamine</b>		
ADIPEX-P CAPS (Use phentermine hcl)	NF	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>phendimetrazine tartrate tabs</i>	1B	PA
<i>phentermine hcl caps</i>	1B	PA
<b>Anti-Obesity Agents</b>		
BELVIQ TABS	3	PA; QL(2 ea daily)
CONTRAVE TB12	3	PA; QL(4 ea daily)
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl caps 100 mg, 60 mg, 80 mg</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) tb12</i>	1B	
<i>guanfacine hcl (adhd) tb24</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (Use <i>guanfacine hcl (adhd)</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use <i>clonidine hcl (adhd)</i> )	NF	
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (Use <i>atomoxetine hcl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 100 MG, 60 MG, 80 MG (Use <i>atomoxetine hcl</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
<b>Dopamine and Norepinephrine Reuptake</b>		
SUNOSI TABS 150 MG	3	PA; QL(1 ea daily)
SUNOSI TABS 75 MG	3	PA; QL(2 ea daily)
<b>Stimulants - Misc.</b>		
<i>armodafinil tabs</i>	1B	PA; QL(1 ea daily); AL(At least 17 yrs old)
CONCERTA TBCR 18 MG, 27 MG (Use <i>methylphenidate hcl</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
CONCERTA TBCR 36 MG, 54 MG (Use <i>methylphenidate hcl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
DAYTRANA PTCH	3	PA; QL(1 ea daily)
<i>dexmethylphenidate hcl cp24 35 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 40 mg, 5 mg</i>	1B	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 2.5 mg, 10 mg, 5 mg</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use <i>dexmethylphenidate hcl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (Use <i>dexmethylphenidate hcl</i> )	NF	QL(1 ea daily)
METHYLIN SOLN (Use <i>methylphenidate hcl</i> )	NF	QL(30 ml 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 30 mg</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr 40 mg, 60 mg, 10 mg, 20 mg, 30 mg, 50 mg</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</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 tbc 10 mg, 20 mg</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbc 18 mg, 27 mg</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbc 36 mg, 54 mg</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>modafinil tabs 100 mg</i>	1B	PA; QL(1 ea daily); AL(At least 16 yrs old)
<i>modafinil tabs 200 mg</i>	1B	PA; QL(2 ea daily); AL(At least 16 yrs old)
NUVIGIL TABS ( <i>Use armodafinil</i> )	NF	PA; QL(1 ea daily); AL(At least 17 yrs old)
PROVIGIL TABS 100 MG ( <i>Use modafinil</i> )	NF	PA; QL(1 ea daily); AL(At least 16 yrs old)
PROVIGIL TABS 200 MG ( <i>Use modafinil</i> )	NF	PA; QL(2 ea daily); AL(At least 16 yrs old)
RITALIN LA CP24 20 MG, 40 MG ( <i>Use methylphenidate hcl</i> )	NF	AL(At least 6 yrs old)
RITALIN LA CP24 30 MG ( <i>Use methylphenidate hcl</i> )	NF	QL(3 ea daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG ( <i>Use methylphenidate hcl</i> )	NF	QL(5 ea daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG ( <i>Use methylphenidate hcl</i> )	NF	QL(6 ea daily); AL(At least 6 yrs old)
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>Allergenic Extracts</b>		
GRASTEK SUBL	3	PA
<b>AMEBICIDES</b>		
<b>Amebicides</b>		
SOLOSEC PACK	3	PA
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate soln</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
ARIKAYCE SUSP	4	PA
<i>gentamicin in saline soln 0.8 mg/ml-0.9 %, 0.9 %-1 mg/ml, 0.9 %-1.2 mg/ml, 0.9 %-1.6 mg/ml</i>	1B	
<i>gentamicin sulfate soln 40 mg/ml</i>	1B	
HUMATIN CAPS ( <i>Use paromomycin sulfate</i> )	NF	
KITABIS PAK NEBU ( <i>Use tobramycin</i> )	NF	PA
<i>neomycin sulfate tabs</i>	1B	
<i>paromomycin sulfate caps</i>	1B	
<i>streptomycin sulfate solr</i>	3	
TOBI NEBU ( <i>Use tobramycin</i> )	NF	PA
<i>tobramycin nebu 300 mg/5ml</i>	4	PA
<i>tobramycin sulfate soln 10 mg/ml, 40 mg/ml, 80 mg/2ml</i>	1B	
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN PNKT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PEN PNKT 80 MG/0.8ML	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; QL(0.143 ea daily)
HUMIRA PSKT	4	PA; QL(0.143 ea daily)
<b>Antirheumatic - Enzyme Inhibitors</b>		
RINVOQ TB24	4	PA; QL(1 ea daily)
XELJANZ TABS 10 MG	4	PA; QL(2 ea daily)
XELJANZ TABS 5 MG	4	PA; QL(2 ea daily); SP
XELJANZ XR TB24	4	PA; QL(1 ea daily)
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE TABS	4	PA; QL(1.714 ea daily); SP
<b>Gold Compounds</b>		
RIDAURA CAPS	3	QL(3 ea daily)
<b>Interleukin-1 Blockers</b>		

Drug Name	Drug Tier	Requirements/Limits
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	NF	
ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	NF	
CELEBREX CAPS (Use celecoxib)	NF	PA
<i>celecoxib caps</i>	1B	PA
CHILDRENS ADVIL SUSP (Use ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (Use ibuprofen)	NF	RX/OTC
DAYPRO TABS (Use oxaprozin)	NF	
<i>diclofenac potassium tabs</i>	1B	
<i>diclofenac sodium tb24</i>	1B	
<i>diclofenac sodium tbec</i>	1B	
<i>diclofenac w/ misoprostol tbec</i>	1B	
DUEXIS TABS (Use ibuprofen-famotidine)	3	PA
EC-NAPROSYN TBEC 500 MG (Use naproxen)	NF	
<i>etodolac caps 200 mg, 300 mg</i>	1B	
<i>etodolac tabs 400 mg, 500 mg</i>	1B	
FELDENE CAPS (Use piroxicam)	NF	
<i>fenoprofen calcium tabs 600 mg</i>	1B	ST; QL(4 ea daily)
<i>flurbiprofen tabs</i>	1B	
<i>ibuprofen susp 100 mg/5ml</i>	1B	RX/OTC
<i>ibuprofen tabs 400 mg, 600 mg</i>	1A	
<i>ibuprofen tabs 800 mg</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen-famotidine tabs</i>	1B	PA
<i>indomethacin caps 25 mg, 50 mg</i>	1B	
<i>indomethacin cpcr 75 mg</i>	1B	
<i>ketoprofen caps 50 mg, 75 mg</i>	1B	
<i>ketorolac tromethamine tabs or 10 mg</i>	1B	QL(0.667 ea daily)
LODINE TABS (Use <i>etodolac</i> )	NF	
<i>meclofenamate sodium caps</i>	1B	
<i>mefenamic acid caps</i>	1B	ST; Must try <i>ibuprofen</i> . ;QL(5 ea daily)
<i>meloxicam tabs 15 mg, 7.5 mg</i>	1A	QL(1 ea daily)
MOBIC TABS (Use <i>meloxicam</i> )	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1B	
NALFON TABS 600 MG (Use <i>fenoprofen calcium</i> )	NF	ST; QL(4 ea daily)
NAPROSYN SUSP 125 MG/5ML (Use <i>naproxen</i> )	NF	PA
NAPROSYN TABS 500 MG (Use <i>naproxen</i> )	NF	
<i>naproxen sodium tabs 550 mg</i>	1B	
<i>naproxen susp 125 mg/5ml</i>	1B	PA
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1B	
<i>naproxen tbec 500 mg</i>	1B	
<i>oxaprozin tabs</i>	1B	
<i>piroxicam caps</i>	1B	
<i>sulindac tabs</i>	1B	
<i>tolmetin sodium caps</i>	1B	
<i>tolmetin sodium tabs</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS	4	PA; QL(2 ea daily)
OTEZLA TBPk	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s),
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA TABS (Use <i>leflunomide</i> )	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1B	QL(1 ea daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT	4	PA; QL(0.15 ml daily)
ENBREL SOLN 25 MG/0.5ML	4	PA; QL(0.146 ml daily)
ENBREL SOLR 25 MG	4	PA; QL(0.286 ea daily); SP
ENBREL SOSY 25 MG/0.5ML	4	PA; QL(0.146 ml daily); SP
ENBREL SOSY 50 MG/ML	4	PA; QL(0.28 ml daily); SP
ENBREL SURECLICK SOAJ	4	PA; QL(0.143 ml daily); SP
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>butalbital-acetaminophen tabs 50 mg-325 mg</i>	1B	
<i>butalbital-acetaminophen-caffeine caps 40 mg-50 mg-300 mg, 40 mg-50 mg-325 mg</i>	1B	
<i>butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg</i>	1B	
<i>butalbital-aspirin-caffeine caps</i>	1B	
BUTALBITAL/ACETAMINOPHEN CAPS (Use <i>butalbital-acetaminophen</i> )	NF	
ESGIC TABS (Use <i>butalbital-acetaminophen-caffeine</i> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
FIORICET CAPS ( <i>Use butalbital-acetaminophen-caffeine</i> )	NF	
FIORINAL CAPS ( <i>Use butalbital-aspirin-caffeine</i> )	NF	
<b>Salicylates</b>		
<i>aspirin chew 81 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tabs 325 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tbec 325 mg</i>	1A	
<i>aspirin tbec 81 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal tabs</i>	1B	
ECOTRIN REGULAR STRENGTH TBEC ( <i>Use aspirin</i> )	NF	
ECOTRIN TBEC ( <i>Use aspirin</i> )	NF	
<i>salsalate tabs</i>	1B	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
ACTIQ LPOP ( <i>Use fentanyl citrate</i> )	NF	PA; QL(4 ea daily)
CODEINE SULFATE TABS 15 MG, 60 MG	1B	New starts limited to 7 day supply
<i>codeine sulfate tabs 30 mg</i>	1B	New starts limited to 7 day supply
CONZIP CP24 ( <i>Use tramadol hcl</i> )	NF	
DEMEROL SOLN 100 MG/ML, 25 MG/ML, 50 MG/ML ( <i>Use meperidine hcl</i> )	NF	
DILAUDID LIQD OR 1 MG/ML ( <i>Use hydromorphone hcl</i> )	NF	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
DILAUDID SOLN IJ 1 MG/ML, 2 MG/ML ( <i>Use hydromorphone hcl</i> )	NF	
DILAUDID TABS OR 2 MG, 4 MG, 8 MG ( <i>Use hydromorphone hcl</i> )	NF	New starts limited to 7 day supply;QL(8 ea daily)
DURAGESIC PT72 ( <i>Use fentanyl</i> )	NF	QL(0.34 ea daily)
EMBEDA CPR	3	PA; QL(2 ea daily)
<i>fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1B	PA; QL(4 ea daily)
<i>fentanyl pt72 td 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1B	QL(0.34 ea daily)
FENTORA TABS ( <i>Use fentanyl citrate</i> )	NF	
<i>hydrocodone bitartrate cp12 10 mg, 15 mg, 30 mg, 40 mg, 50 mg</i>	1B	PA; QL(2 ea daily)
<i>hydromorphone hcl liqd or 1 mg/ml</i>	1B	New starts limited to 7 day supply
<i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1B	
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	1B	New starts limited to 7 day supply;QL(8 ea daily)
<i>hydromorphone hcl tb24 or 12 mg, 16 mg, 8 mg</i>	1B	PA; QL(2 ea daily)
<i>hydromorphone hcl tb24 or 32 mg</i>	1B	PA; QL(1 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN IJ 10 MG/ML ( <i>Use hydromorphone hcl</i> )	NF	
KADIAN CP24 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG ( <i>Use morphine sulfate</i> )	NF	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>levorphanol tartrate tabs 2 mg</i>	1B	New starts limited to 7 day supply
<i>meperidine hcl soln ij 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1B	
<i>meperidine hcl soln or 50 mg/5ml</i>	1B	New starts limited to 7 day supply; QL(500 ml per fill retail)
<i>meperidine hcl tabs or 50 mg</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>methadone hcl conc or 10 mg/ml</i>	1B	QL(10 ml daily)
<i>methadone hcl soln ij 10 mg/ml</i>	1B	
METHADONE HCL SOLN IJ 10 MG/ML (Use <i>methadone hcl</i> )	1B	
<i>methadone hcl soln or 10 mg/5ml</i>	1B	QL(50 ml daily)
<i>methadone hcl soln or 5 mg/5ml</i>	1B	QL(100 ml daily)
<i>methadone hcl tabs or 10 mg</i>	1B	QL(10 ea daily)
<i>methadone hcl tabs or 5 mg</i>	1B	QL(4 ea daily)
<i>methadone hcl tbso or 40 mg</i>	1B	QL(2 ea daily)
METHADOSE CONC (Use <i>methadone hcl</i> )	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i> )	NF	QL(10 ml daily)
MORPHABOND ER T12A 100 MG, 30 MG, 60 MG	3	PA; QL(1 ea daily)
MORPHABOND ER T12A 15 MG	3	PA; QL(3 ea daily)
<i>morphine sulfate cp24 or 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1B	PA; QL(2 ea daily)
<i>morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml</i>	1B	
MORPHINE SULFATE SOLN IV 10 MG/ML (Use <i>morphine sulfate</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate soln or 10 mg/5ml</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)
<i>morphine sulfate soln or 20 mg/5ml</i>	1B	New starts limited to 7 day supply; QL(50 ml daily)
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>morphine sulfate tbc or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1B	QL(2 ea daily)
MS CONTIN TBCR (Use <i>morphine sulfate</i> )	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (Use <i>oxymorphone hcl</i> )	NF	PA; QL(12 ea daily)
<i>oxycodone hcl t12a 15 mg, 30 mg, 60 mg, 80 mg, 10 mg, 20 mg, 40 mg</i>	3	PA; QL(2 ea daily)
<i>oxycodone hcl tabs 10 mg, 20 mg, 15 mg, 30 mg, 5 mg</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxymorphone hcl tabs 10 mg, 5 mg</i>	1B	PA; QL(12 ea daily)
<i>oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1B	PA; QL(2 ea daily)
<i>oxymorphone hcl tb12 40 mg</i>	1B	PA; QL(4 ea daily)
ROXICODONE TABS (Use <i>oxycodone hcl</i> )	NF	New starts limited to 7 day supply; QL(12 ea daily)
SUBSYS LIQD 100 MCG	3	PA; QL(3 ea daily)
SUBSYS LIQD 1200 MCG, 1600 MCG, 800 MCG	3	PA; QL(8 ea daily)
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	PA; QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl tabs 50 mg</i>	1A	New starts limited to 7 day supply; QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1B	QL(1 ea daily)
ULTRAM TABS ( <i>Use tramadol hcl</i> )	NF	New starts limited to 7 day supply; QL(8 ea daily)
XTAMPZA ER C12A	2	PA; QL(2 ea daily)
ZOHYDRO ER CP12	NF	PA; QL(2 ea daily)
<b>Opioid Combinations</b>		
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	1A	New starts limited to 7 day supply; QL(75 ml daily)
<i>acetaminophen w/ codeine tabs 15 mg-300 mg</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>acetaminophen w/ codeine tabs 30 mg-300 mg</i>	1A	New starts limited to 7 day supply; QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 60 mg-300 mg</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	1B	New starts limited to 7 day supply
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	3	PA; New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-300 mg</i>	1B	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-325 mg</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-aspirin-caffeine w/cod caps</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
FIORICET/CODEINE CAPS ( <i>Use butalbital-acetaminophen-caffeine w/ codeine</i> )	NF	New starts limited to 7 day supply
FIORINAL/CODEINE #3 CAPS ( <i>Use butalbital-aspirin-caffeine w/cod</i> )	NF	New starts limited to 7 day supply; QL(6 ea daily)
<i>hydrocodone-acetaminophen soln 10 mg/15ml-325 mg/15ml</i>	1B	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i>	1B	New starts limited to 7 day supply; QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 5 mg-300 mg, 7.5 mg-300 mg</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>hydrocodone-ibuprofen tabs 10 mg-200 mg, 5 mg-200 mg</i>	1B	PA
<i>hydrocodone-ibuprofen tabs 7.5 mg-200 mg</i>	1B	New starts limited to 7 day supply; QL(5 ea daily)
LORTAB ELIX	2	New starts limited to 7 day supply; QL(60 ml daily)
NORCO TABS ( <i>Use hydrocodone-acetaminophen</i> )	NF	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-ibuprofen tabs</i>	1B	New starts limited to 7 day supply;QL(1 ea daily)
PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG (Use <i>oxycodone w/ acetaminophen</i> )	NF	New starts limited to 7 day supply;QL(12 ea daily)
<i>tramadol-acetaminophen tabs</i>	1B	New starts limited to 7 day supply;QL(8 ea daily)
TYLENOL/CODEINE #3 TABS (Use <i>acetaminophen w/ codeine</i> )	NF	New starts limited to 7 day supply;QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (Use <i>acetaminophen w/ codeine</i> )	NF	New starts limited to 7 day supply;QL(6 ea daily)
ULTRACET TABS (Use <i>tramadol-acetaminophen</i> )	NF	New starts limited to 7 day supply;QL(8 ea daily)
<b>Opioid Partial Agonists</b>		
BUPRENEX SOLN (Use <i>buprenorphine hcl</i> )	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1B	
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 2 mg-8 mg, 3 mg-12 mg</i>	1B	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg</i>	1B	QL(3 ea daily)
<i>buprenorphine ptwk td 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1B	PA; QL(0.143 ea daily)
<i>butorphanol tartrate soln ij 1 mg/ml, 2 mg/ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate soln na 10 mg/ml</i>	1B	PA
BUTRANS PTWK (Use <i>buprenorphine</i> )	NF	PA; QL(0.143 ea daily)
<i>nalbuphine hcl soln</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone tabs</i>	1B	New starts limited to 7 day supply
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	NF	QL(3 ea daily)
SUBOXONE FILM 2 MG-8 MG, 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	NF	QL(2 ea daily)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 TABS	3	
<i>oxandrolone tabs</i>	1B	
<b>Androgens</b>		
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROGEL GEL 25 MG/2.5GM, 50 MG/5GM (Use <i>testosterone</i> )	NF	
<i>danazol caps</i>	1B	
DEPO-TESTOSTERONE SOLN (Use <i>testosterone cypionate</i> )	NF	
METHITEST TABS	3	
TESTIM GEL (Use <i>testosterone</i> )	NF	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	1B	
<i>testosterone enanthate soln im</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
VOGELXO GEL ( <i>Use testosterone</i> )	NF	
VOGELXO PUMP GEL ( <i>Use testosterone</i> )	NF	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
CORTENEMA ENEM ( <i>Use hydrocortisone (intrarectal)</i> )	NF	
<i>hydrocortisone (intrarectal) enem</i>	1B	
UCERIS FOAM RE 2 MG/ACT	4	PA; QL(3.2 gm daily)
<b>Rectal Steroids</b>		
ANUSOL-HC CREA ( <i>Use hydrocortisone (rectal)</i> )	NF	
<i>hydrocortisone (rectal) crea</i>	1B	
<i>hydrocortisone acetate (rectal) supp</i>	1B	
PROCTOCORT CREA ( <i>Use hydrocortisone (rectal)</i> )	NF	
PROCTOCORT SUPP ( <i>Use hydrocortisone acetate (rectal)</i> )	NF	
<b>Vasodilating Agents</b>		
RECTIV OINT	3	QL(2 gm daily)
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole tabs</i>	1B	PA
ALBENZA TABS ( <i>Use albendazole</i> )	NF	PA
BILTRICIDE TABS ( <i>Use praziquantel</i> )	NF	PA

Drug Name	Drug Tier	Requirements/Limits
EMVERM CHEW	2	QL(2 ea daily,6 ea per fill retail,6 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
<i>ivermectin tabs or 3 mg</i>	1B	
<i>praziquantel tabs</i>	1B	PA
STROMEKTOL TABS ( <i>Use ivermectin</i> )	NF	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
<i>bacitracin solr</i>	3	
FLAGYL TABS 500 MG ( <i>Use metronidazole</i> )	NF	
IMPAVIDO CAPS	3	PA; QL(3 ea daily)
<i>metronidazole tabs or 250 mg, 500 mg</i>	1B	
<i>trimethoprim tabs</i>	1B	
XIFAXAN TABS	3	PA; AL(At least 12 yrs old)
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM DS TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )	NF	
BACTRIM TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )	NF	
<i>sulfamethoxazole-trimethoprim soln iv 80 mg/5ml-400 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim susp or 40 mg/5ml-200 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim tabs or 160 mg-800 mg, 80 mg-400 mg</i>	1A	
<b>Antiprotozoal Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
ALINIA SUSR 100 MG/5ML	2	PA
ALINIA TABS 500 MG (Use nitazoxanide)	NF	PA
atovaquone susp	1B	
MEPRON SUSP (Use atovaquone)	NF	
nitazoxanide tabs or	1B	PA
<b>Carbapenems</b>		
ertapenem sodium solr	1B	
imipenem-cilastatin solr	1B	
INVANZ SOLR (Use ertapenem sodium)	NF	
meropenem solr	1B	
MERREM SOLR (Use meropenem)	NF	
PRIMAXIN IV SOLR (Use imipenem-cilastatin)	NF	
<b>Chloramphenicols</b>		
chloramphenicol sodium succinate solr	4	PA; SP
<b>Cyclic Lipopeptides</b>		
CUBICIN RF SOLR (Use daptomycin)	NF	
CUBICIN SOLR (Use daptomycin)	NF	
DAPTOMYCIN SOLR 350 MG (Use daptomycin)	NF	
daptomycin solr 500 mg	1B	
<b>Glycopeptides</b>		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOCIN CAPS (Use vancomycin hcl)	NF	QL(4 ea daily,40 ea per fill retail)
VANCOCIN HCL CAPS (Use vancomycin hcl)	NF	QL(4 ea daily,40 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl caps or 125 mg, 250 mg	1B	QL(4 ea daily,40 ea per fill retail)
vancomycin hcl solr iv 10 gm, 500 mg, 1 gm, 1000 mg	1B	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
<b>Leprostotics</b>		
dapsone tabs	1B	
<b>Lincosamides</b>		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (Use clindamycin hcl)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (Use clindamycin palmitate hydrochloride)	NF	
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9 GM/60ML (Use clindamycin phosphate)	NF	
clindamycin hcl caps	1B	
clindamycin palmitate hydrochloride solr	1B	
clindamycin phosphate soln	1B	
LINCOCIN SOLN (Use lincomycin hcl)	NF	
lincomycin hcl soln	1B	
<b>Monobactams</b>		
AZACTAM SOLR (Use aztreonam)	NF	
aztreonam solr	1B	
CAYSTON SOLR	4	PA; QL(3 ml daily)
<b>Oxazolidinones</b>		
linezolid susr or 100 mg/5ml	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid tabs or 600 mg</i>	1B	PA; QL(2 ea daily)
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML ( <i>Use linezolid</i> )	NF	
ZYVOX TABS OR 600 MG ( <i>Use linezolid</i> )	NF	PA; QL(2 ea daily)
<b>Polymyxins</b>		
<i>polymyxin b sulfate solr</i>	1B	
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine pack</i>	1B	
FURADANTIN SUSP ( <i>Use nitrofurantoin</i> )	NF	
HIPREX TABS ( <i>Use methenamine hippurate</i> )	NF	
MACROBID CAPS ( <i>Use nitrofurantoin monohyd macro</i> )	NF	
MACRODANTIN CAPS 50 MG, 100 MG ( <i>Use nitrofurantoin macrocrystal</i> )	NF	
<i>methenamine hippurate tabs</i>	1B	
MONUROL PACK ( <i>Use fosfomycin tromethamine</i> )	NF	
<i>nitrofurantoin macrocrystal caps 50 mg, 100 mg</i>	1B	
<i>nitrofurantoin monohyd macro caps</i>	1B	
<i>nitrofurantoin susp</i>	1B	
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
RANEXA TB12 1000 MG ( <i>Use ranolazine</i> )	NF	QL(2 ea daily)
RANEXA TB12 500 MG ( <i>Use ranolazine</i> )	NF	QL(3 ea daily)
<i>ranolazine tb12 1000 mg</i>	1B	QL(2 ea daily)
<i>ranolazine tb12 500 mg</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Nitrates</b>		
ISORDIL TITRADOSE TABS 5 MG ( <i>Use isosorbide dinitrate</i> )	NF	
<i>isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg</i>	1B	
<i>isosorbide dinitrate tbcr 40 mg</i>	1B	
<i>isosorbide mononitrate tabs</i>	1B	
<i>isosorbide mononitrate tb24</i>	1B	
NITRO-BID OINT	3	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR ( <i>Use nitroglycerin</i> )	NF	
<i>nitroglycerin cpcr or 6.5 mg, 9 mg, 2.5 mg</i>	1B	QL(4 ea daily)
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1B	
NITROGLYCERIN SOLN IV 5 MG/ML	1B	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1B	
NITROSTAT SUBL ( <i>Use nitroglycerin</i> )	NF	
<b>ANTIANKXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>buspirone hcl tabs 10 mg, 30 mg, 7.5 mg, 15 mg</i>	1B	
<i>buspirone hcl tabs 5 mg</i>	1A	QL(6 ea daily)
<i>hydroxyzine hcl soln im 50 mg/ml</i>	1B	
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1B	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1B	
<i>hydroxyzine pamoate caps</i>	1B	
<i>meprobamate tabs</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
VISTARIL CAPS ( <i>Use hydroxyzine pamoate</i> )	NF	
<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 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1B	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1B	
ATIVAN TABS OR 0.5 MG, 2 MG ( <i>Use lorazepam</i> )	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG ( <i>Use lorazepam</i> )	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1B	
<i>clorazepate dipotassium tabs</i>	1B	
<i>diazepam conc or 5 mg/ml</i>	1B	
<i>diazepam soln or 5 mg/5ml</i>	1B	
<i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>	1A	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	1B	
<i>lorazepam tabs or 0.5 mg, 2 mg</i>	1A	QL(3 ea daily)
<i>lorazepam tabs or 1 mg</i>	1A	QL(4 ea daily)
<i>oxazepam caps</i>	1B	
TRANXENE T TABS ( <i>Use clorazepate dipotassium</i> )	NF	
VALIUM TABS ( <i>Use diazepam</i> )	NF	QL(4 ea daily)
XANAX TABS ( <i>Use alprazolam</i> )	NF	QL(4 ea daily)
XANAX XR TB24 ( <i>Use alprazolam</i> )	NF	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
NORPACE CAPS ( <i>Use disopyramide phosphate</i> )	NF	
<i>procainamide hcl soln 500 mg/ml</i>	1B	
<i>quinidine sulfate tabs</i>	1B	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl caps</i>	1B	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate tabs</i>	1B	
<i>propafenone hcl cp12</i>	1B	
<i>propafenone hcl tabs</i>	1B	
RYTHMOL SR CP12 ( <i>Use propafenone hcl</i> )	NF	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl soln iv 150 mg/3ml, 50 mg/ml</i>	1B	
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1B	
<i>dofetilide caps</i>	1B	
MULTAQ TABS	3	
TIKOSYN CAPS ( <i>Use dofetilide</i> )	NF	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu</i>	1B	QL(8 ml daily)
<b>Antiasthmatic - Monoclonal Antibodies</b>		
FASENRA PEN SOAJ	4	PA
FASENRA SOSY	4	PA
NUCALA SOAJ	4	PA
NUCALA SOLR	4	PA
NUCALA SOSY	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOLR 150 MG	4	PA; SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA AERS	3	QL(0.44 gm daily)
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1B	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
<b>Leukotriene Modulators</b>		
ACCOLATE TABS ( <i>Use zafirlukast</i> )	NF	QL(2 ea daily)
<i>montelukast sodium chew 4 mg, 5 mg</i>	1B	QL(1 ea daily)
<i>montelukast sodium pack 4 mg</i>	1B	PA; QL(1 ea daily)
<i>montelukast sodium tabs 10 mg</i>	1B	QL(1 ea daily)
SINGULAIR CHEW 4 MG, 5 MG ( <i>Use montelukast sodium</i> )	NF	QL(1 ea daily)
SINGULAIR PACK 4 MG ( <i>Use montelukast sodium</i> )	NF	PA; QL(1 ea daily)
SINGULAIR TABS 10 MG ( <i>Use montelukast sodium</i> )	NF	QL(1 ea daily)
<i>zafirlukast tabs</i>	1B	QL(2 ea daily)
<i>zileuton tb12</i>	1B	QL(4 ea daily)
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rtl MAX day(s) supply, 180 rtl lmt day(s),30 mail MAX day(s) supply, 180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<b>Steroid Inhalants</b>		
ALVESCO AERS	3	PA
ARNUIITY ELLIPTA AEPB	2	
<i>budesonide (inhalation) susp</i>	1B	PA; QL(4 ml daily)
FLOVENT DISKUS AEPB	2	
FLOVENT HFA AERO	2	
PULMICORT FLEXHALER AEPB	2	
PULMICORT SUSP ( <i>Use budesonide (inhalation)</i> )	NF	PA; QL(4 ml daily)
QVAR REDIHALER AERB	2	
<b>Sympathomimetics</b>		
ADVAIR DISKUS AEPB ( <i>Use fluticasone-salmeterol</i> )	NF	
ADVAIR HFA AERO	2	
AIRDUO RESPICLICK 113/14 AEPB ( <i>Use fluticasone-salmeterol</i> )	NF	
AIRDUO RESPICLICK 232/14 AEPB ( <i>Use fluticasone-salmeterol</i> )	NF	
AIRDUO RESPICLICK 55/14 AEPB ( <i>Use fluticasone-salmeterol</i> )	NF	
<i>albuterol sulfate aers in 108 mcg/act</i>	1B	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
<i>albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml</i>	1B	
<i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml, 0.083 %</i>	1B	QL(15 ml daily)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1B	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1B	
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	2	
<i>arformoterol tartrate nebu</i>	1B	PA; QL(4 ml daily)
BEVESPI AEROSPHERE AERO	2	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	
BREZTRI AEROSPHERE AERO	2	QL(0.38 gm daily)
BROVANA NEBU ( <i>Use arformoterol tartrate</i> )	3	PA; QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	1B	
<i>fluticasone-salmeterol aepb 50 mcg/dose-500 mcg/dose, 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/dose-100 mcg/dose, 50 mcg/dose-250 mcg/dose</i>	1B	
<i>formoterol fumarate nebu</i>	1B	PA
<i>ipratropium-albuterol soln</i>	1B	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1B	PA; QL(12 ml daily)
<i>levalbuterol hcl nebu 1.25 mg/0.5ml</i>	1B	PA
<i>levalbuterol tartrate aero</i>	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
PERFOROMIST NEBU ( <i>Use formoterol fumarate</i> )	3	PA
PROAIR HFA AERS ( <i>Use albuterol sulfate</i> )	NF	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
PROVENTIL HFA AERS ( <i>Use albuterol sulfate</i> )	NF	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
STRIVERDI RESPIMAT AERS	2	
SYMBICORT AERO ( <i>Use budesonide-formoterol fumarate dihydrate</i> )	NF	
<i>terbutaline sulfate soln</i>	1B	
<i>terbutaline sulfate tabs</i>	1B	
TRELEGY ELLIPTA AEPB	2	QL(2 ea daily)
UTIBRON NEOHALER CAPS	3	PA; QL(2 ea daily)
VENTOLIN HFA AERS ( <i>Use albuterol sulfate</i> )	NF	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
XOPENEX CONCENTRATE NEBU ( <i>Use levalbuterol hcl</i> )	NF	PA
XOPENEX HFA AERO ( <i>Use levalbuterol tartrate</i> )	NF	PA; Limit 2 inhalers per month;QL(1 gm daily)
XOPENEX NEBU ( <i>Use levalbuterol hcl</i> )	NF	PA; QL(12 ml daily)
<b>Xanthines</b>		
<i>aminophylline soln</i>	1B	
ELIXOPHYLLIN ELIX	1B	
<i>theophylline soln 80 mg/15ml</i>	1B	QL(56 ml daily)
<i>theophylline tb12 300 mg, 450 mg</i>	1B	
<i>theophylline tb24 400 mg, 600 mg</i>	1B	

## ANTICOAGULANTS - Blood Thinners

Drug Name	Drug Tier	Requirements/ Limits
<b>Coumarin Anticoagulants</b>		
COUMADIN TABS ( <i>Use warfarin sodium</i> )	2	
<i>warfarin sodium tabs</i>	1B	
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail, 42 ea per 42 days mail)
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily, 1 ea per 180 days retail)
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill, 365 rtl day(s) supply,
XARELTO TABS	2	QL(1 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA SOLN 10 MG/0.8ML ( <i>Use fondaparinux sodium</i> )	NF	QL(7.2 ml per 180 days retail, 7.2 ml per 180 days mail); SP
ARIXTRA SOLN 2.5 MG/0.5ML ( <i>Use fondaparinux sodium</i> )	NF	QL(4.5 ml per 180 days retail, 4.5 ml per 180 days mail); SP
ARIXTRA SOLN 5 MG/0.4ML ( <i>Use fondaparinux sodium</i> )	NF	QL(3.6 ml per 180 days retail, 3.6 ml per 180 days mail); SP
ARIXTRA SOLN 7.5 MG/0.6ML ( <i>Use fondaparinux sodium</i> )	NF	QL(5.4 ml per 180 days retail, 5.4 ml per 180 days mail); SP
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	QL(6 ml daily)
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	4	QL(2 ml daily)
<i>enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL(1.6 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	4	QL(0.8 ml daily, 30 day(s) limit); SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	4	QL(1.2 ml daily, 30 day(s) limit); SP
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	QL(7.2 ml per 180 days retail, 7.2 ml per 180 days mail); SP
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	QL(4.5 ml per 180 days retail, 4.5 ml per 180 days mail); SP
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	QL(3.6 ml per 180 days retail, 3.6 ml per 180 days mail); SP
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	QL(5.4 ml per 180 days retail, 5.4 ml per 180 days mail); SP
FRAGMIN SOLN 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	4	PA; SP
HEPARIN LOCK FLUSH SOLN ( <i>Use heparin sodium (porcine) lock flush</i> )	NF	
<i>heparin sod (porcine) in d5w soln 5 %-40 unit/ml</i>	1B	
<i>heparin sodium (porcine) soln 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1B	
HEPARIN SODIUM/NAACL 0.45% SOLN 0.45 %-12500 UNIT/250ML	1B	

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Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	NF	QL(2 ml daily)
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML (Use enoxaparin sodium)	NF	QL(1.6 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (Use enoxaparin sodium)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (Use enoxaparin sodium)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (Use enoxaparin sodium)	NF	QL(1.2 ml daily,30 day(s) limit); SP
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA TABS 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
<b>Anticonvulsants - Benzodiazepines</b>		
clobazam susp 2.5 mg/ml	1B	PA; QL(16 ml daily)
clobazam tabs 10 mg, 20 mg	1B	PA; QL(2 ea daily)
clonazepam tabs 0.5 mg, 1 mg, 2 mg	1A	
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	NF	
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	NF	
diazepam (anticonvulsant) gel	3	
KLONOPIN TABS (Use clonazepam)	NF	
NAYZILAM SOLN	3	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (Use clobazam)	NF	PA; QL(16 ml daily)

Drug Name	Drug Tier	Requirements/Limits
ONFI TABS 10 MG, 20 MG (Use clobazam)	NF	PA; QL(2 ea daily)
VALTOCO LIQD	4	PA; QL(10 ea per 30 days retail)
VALTOCO LQPK	4	PA; QL(10 ea per 30 days retail)
<b>Anticonvulsants - Misc.</b>		
APTIOM TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (Use rufinamide)	NF	PA; QL(80 ml daily)
BANZEL TABS 200 MG (Use rufinamide)	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG (Use rufinamide)	2	PA; QL(8 ea daily)
BRIVIACT SOLN OR 10 MG/ML	3	PA
BRIVIACT TABS OR 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA
carbamazepine chew 100 mg	1B	
carbamazepine cp12 100 mg	1B	
carbamazepine cp12 200 mg	1B	QL(6 ea daily)
carbamazepine cp12 300 mg	1B	QL(4 ea daily)
carbamazepine susp 100 mg/5ml	1B	
carbamazepine tabs 200 mg	1B	
carbamazepine tb12 100 mg, 400 mg	1B	QL(4 ea daily)
carbamazepine tb12 200 mg	1B	QL(6 ea daily)
CARBATROL CP12 100 MG (Use carbamazepine)	NF	
CARBATROL CP12 200 MG (Use carbamazepine)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (Use carbamazepine)	NF	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	PA; QL(12 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAPS 500 MG	4	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN	3	PA
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	1B	
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	1B	QL(60 ml daily)
<i>gabapentin tabs 600 mg, 800 mg</i>	1B	
KEPPRA SOLN IV 500 MG/5ML (Use <i>levetiracetam</i> )	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (Use <i>levetiracetam</i> )	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (Use <i>levetiracetam</i> )	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG (Use <i>levetiracetam</i> )	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (Use <i>levetiracetam</i> )	NF	QL(6 ea daily)
KEPPRA XR TB24 (Use <i>levetiracetam</i> )	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (Use <i>lamotrigine</i> )	NF	QL(20 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (Use <i>lamotrigine</i> )	NF	QL(100 ea daily)
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (Use <i>lamotrigine</i> )	NF	QL(1 ea daily)
LAMICTAL TABS (Use <i>lamotrigine</i> )	NF	
<i>lamotrigine chew 25 mg</i>	1B	QL(20 ea daily)
<i>lamotrigine chew 5 mg</i>	1B	QL(100 ea daily)
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	1B	
<i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam soln iv 500 mg/5ml</i>	1B	QL(30 ml daily)
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1B	QL(30 ml daily)
<i>levetiracetam tabs or 1000 mg</i>	1B	QL(3 ea daily)
<i>levetiracetam tabs or 250 mg, 750 mg</i>	1B	QL(4 ea daily)
<i>levetiracetam tabs or 500 mg</i>	1B	QL(6 ea daily)
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1B	QL(4 ea daily)
LYRICA CAPS 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG (Use <i>pregabalin</i> )	NF	PA; QL(3 ea daily)
LYRICA CAPS 225 MG, 300 MG (Use <i>pregabalin</i> )	NF	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML (Use <i>pregabalin</i> )	NF	PA; QL(30 ml daily)
MYSOLINE TABS (Use <i>primidone</i> )	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (Use <i>gabapentin</i> )	NF	
NEURONTIN SOLN 250 MG/5ML (Use <i>gabapentin</i> )	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (Use <i>gabapentin</i> )	NF	
<i>oxcarbazepine susp 300 mg/5ml, 60 mg/ml</i>	1B	QL(40 ml daily)
<i>oxcarbazepine tabs 150 mg, 300 mg</i>	1B	QL(3 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1B	QL(4 ea daily)
<i>pregabalin caps 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1B	PA; QL(3 ea daily)
<i>pregabalin caps 225 mg, 300 mg</i>	1B	PA; QL(2 ea daily)
<i>pregabalin soln 20 mg/ml</i>	1B	PA; QL(30 ml daily)
<i>primidone tabs</i>	1B	
QUDEXY XR CS24 (Use <i>topiramate</i> )	NF	

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Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide susp 40 mg/ml</i>	1B	PA; QL(80 ml daily)
<i>rufinamide tabs 200 mg</i>	1B	PA; QL(2 ea daily)
<i>rufinamide tabs 400 mg</i>	1B	PA; QL(8 ea daily)
TEGRETOL SUSP ( <i>Use carbamazepine</i> )	2	
TEGRETOL TABS ( <i>Use carbamazepine</i> )	2	
TEGRETOL-XR TB12 100 MG, 400 MG ( <i>Use carbamazepine</i> )	NF	QL(4 ea daily)
TEGRETOL-XR TB12 200 MG ( <i>Use carbamazepine</i> )	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG ( <i>Use topiramate</i> )	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG ( <i>Use topiramate</i> )	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG, 25 MG ( <i>Use topiramate</i> )	NF	QL(4 ea daily)
TOPAMAX TABS 200 MG ( <i>Use topiramate</i> )	NF	QL(2 ea daily)
TOPAMAX TABS 50 MG ( <i>Use topiramate</i> )	NF	QL(6 ea daily)
<i>topiramate cpsp 15 mg</i>	1B	QL(6 ea daily)
<i>topiramate cpsp 25 mg</i>	1B	QL(8 ea daily)
<i>topiramate tabs 100 mg, 25 mg</i>	1B	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1B	QL(2 ea daily)
<i>topiramate tabs 50 mg</i>	1B	QL(6 ea daily)
TRILEPTAL SUSP 300 MG/5ML ( <i>Use oxcarbazepine</i> )	NF	QL(40 ml daily)
TRILEPTAL TABS 150 MG, 300 MG ( <i>Use oxcarbazepine</i> )	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG ( <i>Use oxcarbazepine</i> )	NF	QL(4 ea daily)
VIMPAT SOLN IV 200 MG/20ML	3	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/Limits
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL(2 ea daily)
ZONEGRAN CAPS ( <i>Use zonisamide</i> )	NF	QL(6 ea daily)
<i>zonisamide caps</i>	1B	QL(6 ea daily)
<b>Carbamates</b>		
<i>felbamate susp 600 mg/5ml</i>	1B	QL(30 ml daily)
<i>felbamate tabs 400 mg</i>	1B	QL(9 ea daily)
<i>felbamate tabs 600 mg</i>	1B	QL(6 ea daily)
FELBATOL SUSP 600 MG/5ML ( <i>Use felbamate</i> )	NF	QL(30 ml daily)
FELBATOL TABS 400 MG ( <i>Use felbamate</i> )	NF	QL(9 ea daily)
FELBATOL TABS 600 MG ( <i>Use felbamate</i> )	NF	QL(6 ea daily)
<b>GABA Modulators</b>		
GABITRIL TABS 2 MG, 4 MG ( <i>Use tiagabine hcl</i> )	NF	
SABRIL PACK ( <i>Use vigabatrin</i> )	NF	PA; QL(6 ea daily); SP
SABRIL TABS ( <i>Use vigabatrin</i> )	NF	PA; QL(6 ea daily); SP
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	1B	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP
<i>vigabatrin tabs</i>	4	PA; QL(6 ea daily); SP
<b>Hydantoins</b>		
CEREBYX SOLN ( <i>Use fosphenytoin sodium</i> )	NF	
DILANTIN CAPS 100 MG ( <i>Use phenytoin sodium extended</i> )	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW ( <i>Use phenytoin</i> )	2	

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Drug Name	Drug Tier	Requirements/Limits
DILANTIN-125 SUSP ( <i>Use phenytoin</i> )	2	
<i>fosphenytoin sodium soln</i>	1B	
PEGANONE TABS	3	
PHENYTEK CAPS ( <i>Use phenytoin sodium extended</i> )	2	
<i>phenytoin chew</i>	1B	
<i>phenytoin sodium extended caps</i>	1B	
<i>phenytoin sodium soln</i>	1B	
<i>phenytoin susp</i>	1B	
<b>Succinimides</b>		
CELONTIN CAPS	3	QL(4 ea daily)
<i>ethosuximide caps 250 mg</i>	1B	QL(6 ea daily)
<i>ethosuximide soln 250 mg/5ml</i>	1B	QL(30 ml daily)
ZARONTIN CAPS 250 MG ( <i>Use ethosuximide</i> )	2	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML ( <i>Use ethosuximide</i> )	NF	QL(30 ml daily)
<b>Valproic Acid</b>		
DEPAON SOLN ( <i>Use valproate sodium</i> )	NF	
DEPAKENE CAPS ( <i>Use valproic acid</i> )	NF	
DEPAKOTE ER TB24 ( <i>Use divalproex sodium</i> )	NF	
DEPAKOTE TBEC ( <i>Use divalproex sodium</i> )	NF	
<i>divalproex sodium tb24 250 mg, 500 mg</i>	1B	
<i>divalproex sodium tbec 125 mg, 250 mg, 500 mg</i>	1B	
<i>valproate sodium soln</i>	1B	
<i>valproic acid caps or</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tabs 15 mg</i>	1B	QL(3 ea daily)
<i>mirtazapine tabs 30 mg</i>	1B	QL(1.5 ea daily)
<i>mirtazapine tabs 45 mg, 7.5 mg</i>	1B	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg</i>	1B	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	1B	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 mg</i>	1B	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG ( <i>Use mirtazapine</i> )	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG ( <i>Use mirtazapine</i> )	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG ( <i>Use mirtazapine</i> )	NF	QL(1 ea daily)
REMERON TABS 15 MG ( <i>Use mirtazapine</i> )	NF	QL(3 ea daily)
REMERON TABS 30 MG ( <i>Use mirtazapine</i> )	NF	QL(1.5 ea daily)
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl tabs 100 mg, 75 mg</i>	1B	QL(3 ea daily)
<i>bupropion hcl tb12 100 mg</i>	1B	QL(4 ea daily)
<i>bupropion hcl tb12 150 mg</i>	1B	QL(3 ea daily)
<i>bupropion hcl tb12 200 mg</i>	1B	QL(2 ea daily)
<i>bupropion hcl tb24 150 mg</i>	1B	QL(3 ea daily)
<i>bupropion hcl tb24 300 mg</i>	1B	QL(1 ea daily)
FORFIVO XL TB24 ( <i>Use bupropion hcl</i> )	NF	
<i>maprotiline hcl tabs</i>	1B	
WELLBUTRIN SR TB12 100 MG ( <i>Use bupropion hcl</i> )	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR TB12 150 MG (Use bupropion hcl)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (Use bupropion hcl)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (Use bupropion hcl)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)	NF	QL(1 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)
NARDIL TABS (Use phenelzine sulfate)	NF	
PARNATE TABS (Use tranylcypromine sulfate)	NF	
phenelzine sulfate tabs	1B	
tranylcypromine sulfate tabs	1B	
<b>N-Methyl-D-aspartic acid (NMDA) Receptor</b>		
SPRAVATO 56MG DOSE SOPK	4	PA
SPRAVATO 84MG DOSE SOPK	4	PA
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA TABS 10 MG (Use citalopram hydrobromide)	NF	QL(4 ea daily)
CELEXA TABS 20 MG (Use citalopram hydrobromide)	NF	QL(2 ea daily)
CELEXA TABS 40 MG (Use citalopram hydrobromide)	NF	QL(1 ea daily)
citalopram hydrobromide soln 10 mg/5ml	1B	QL(20 ml daily)
citalopram hydrobromide tabs 10 mg	1B	QL(4 ea daily)
citalopram hydrobromide tabs 20 mg	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
citalopram hydrobromide tabs 40 mg	1B	QL(1 ea daily)
escitalopram oxalate soln 5 mg/5ml	1B	QL(20 ml daily)
escitalopram oxalate tabs 10 mg	1B	QL(2 ea daily)
escitalopram oxalate tabs 20 mg	1B	QL(1 ea daily)
escitalopram oxalate tabs 5 mg	1B	QL(4 ea daily)
fluoxetine hcl caps 10 mg	1A	QL(1 ea daily)
fluoxetine hcl caps 20 mg	1B	QL(3 ea daily)
fluoxetine hcl caps 40 mg	1B	QL(2 ea daily)
fluoxetine hcl cpdr 90 mg	1B	
fluoxetine hcl soln 20 mg/5ml	1B	QL(20 ml daily)
fluoxetine hcl tabs 10 mg, 60 mg	1B	QL(1 ea daily)
fluoxetine hcl tabs 20 mg	1B	QL(3 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use fluoxetine hcl)	NF	QL(1 ea daily)
fluvoxamine maleate tabs 100 mg	1B	QL(3 ea daily)
fluvoxamine maleate tabs 25 mg, 50 mg	1B	QL(2 ea daily)
LEXAPRO TABS 10 MG (Use escitalopram oxalate)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (Use escitalopram oxalate)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use escitalopram oxalate)	NF	QL(4 ea daily)
paroxetine hcl tabs 10 mg	1B	QL(6 ea daily)
paroxetine hcl tabs 20 mg	1B	QL(3 ea daily)
paroxetine hcl tabs 30 mg	1B	QL(2 ea daily)
paroxetine hcl tabs 40 mg	1B	QL(1 ea daily)
paroxetine hcl tb24 12.5 mg	1B	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tb24 37.5 mg, 25 mg</i>	1B	QL(2 ea daily)
PAXIL CR TB24 12.5 MG (Use <i>paroxetine hcl</i> )	NF	QL(1 ea daily)
PAXIL CR TB24 37.5 MG, 25 MG (Use <i>paroxetine hcl</i> )	NF	QL(2 ea daily)
PAXIL TABS 10 MG (Use <i>paroxetine hcl</i> )	NF	QL(6 ea daily)
PAXIL TABS 20 MG (Use <i>paroxetine hcl</i> )	NF	QL(3 ea daily)
PAXIL TABS 30 MG (Use <i>paroxetine hcl</i> )	NF	QL(2 ea daily)
PAXIL TABS 40 MG (Use <i>paroxetine hcl</i> )	NF	QL(1 ea daily)
PROZAC CAPS 10 MG (Use <i>fluoxetine hcl</i> )	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (Use <i>fluoxetine hcl</i> )	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (Use <i>fluoxetine hcl</i> )	NF	QL(2 ea daily)
<i>sertraline hcl conc 20 mg/ml</i>	1B	QL(10 ml daily)
<i>sertraline hcl tabs 100 mg</i>	1B	QL(2 ea daily)
<i>sertraline hcl tabs 25 mg, 50 mg</i>	1B	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (Use <i>sertraline hcl</i> )	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use <i>sertraline hcl</i> )	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use <i>sertraline hcl</i> )	NF	QL(4 ea daily)
<b>Serotonin Modulators</b>		
<i>nefazodone hcl tabs</i>	1B	
<i>trazodone hcl tabs</i>	1B	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s),
VIIBRYD TABS	3	PA; QL(1 ea daily)
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
CYMBALTA CPEP (Use <i>duloxetine hcl</i> )	NF	QL(2 ea daily)
<i>desvenlafaxine succinate tb24 100 mg</i>	1B	QL(4 ea daily)
<i>desvenlafaxine succinate tb24 25 mg, 50 mg</i>	1B	QL(1 ea daily)
<i>duloxetine hcl cpep or 20 mg, 60 mg, 30 mg</i>	1B	QL(2 ea daily)
<i>duloxetine hcl cpep or 40 mg</i>	1B	
EFFEXOR XR CP24 150 MG (Use <i>venlafaxine hcl</i> )	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use <i>venlafaxine hcl</i> )	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use <i>venlafaxine hcl</i> )	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
KHEDEZLA TB24 (Use <i>desvenlafaxine</i> )	NF	
PRISTIQ TB24 100 MG (Use <i>desvenlafaxine succinate</i> )	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use <i>desvenlafaxine succinate</i> )	NF	QL(1 ea daily)
<i>venlafaxine hcl cp24 150 mg</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 mg</i>	1B	QL(4 ea daily)
<i>venlafaxine hcl cp24 75 mg</i>	1B	QL(5 ea daily)
<i>venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1B	QL(3 ea daily)
<i>venlafaxine hcl tb24 150 mg</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl tb24 225 mg</i>	1B	ST; QL(1 ea daily)
<i>venlafaxine hcl tb24 75 mg, 37.5 mg</i>	1B	QL(1 ea daily)
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl tabs</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
<i>amoxapine tabs</i>	3	
ANAFRANIL CAPS ( <i>Use clomipramine hcl</i> )	NF	
<i>clomipramine hcl caps</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 caps</i>	1B	
NORPRAMIN TABS ( <i>Use desipramine hcl</i> )	NF	
<i>nortriptyline hcl caps</i>	1B	
<i>nortriptyline hcl soln</i>	1B	
PAMELOR CAPS ( <i>Use nortriptyline hcl</i> )	NF	
<i>protriptyline hcl tabs</i>	1B	
TOFRANIL TABS ( <i>Use imipramine hcl</i> )	NF	
<i>trimipramine maleate caps</i>	1B	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose tabs</i>	1B	QL(3 ea daily)
GLYSET TABS ( <i>Use miglitol</i> )	NF	
<i>miglitol tabs</i>	1B	
PRECOSE TABS ( <i>Use acarbose</i> )	NF	QL(3 ea daily)
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
<b>Antidiabetic Combinations</b>		

Drug Name	Drug Tier	Requirements/ Limits
ACTOPLUS MET TABS ( <i>Use pioglitazone hcl-metformin hcl</i> )	NF	QL(2 ea daily)
DUETACT TABS ( <i>Use pioglitazone hcl-glimepiride</i> )	NF	QL(1 ea daily)
<i>glipizide-metformin hcl tabs 2.5 mg-250 mg, 2.5 mg-500 mg</i>	1B	QL(2 ea daily)
<i>glipizide-metformin hcl tabs 5 mg-500 mg</i>	1B	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25 mg-250 mg</i>	1B	QL(2 ea daily)
<i>glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg</i>	1B	QL(4 ea daily)
GLYXAMBI TABS	2	QL(1 ea daily)
JANUMET TABS	2	QL(2 ea daily)
JANUMET XR TB24	2	QL(1 ea daily)
KAZANO TABS ( <i>Use alogliptin-metformin hcl</i> )	NF	
OSENI TABS ( <i>Use alogliptin-pioglitazone</i> )	NF	
<i>pioglitazone hcl-glimepiride tabs</i>	1B	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1B	QL(2 ea daily)
<i>repaglinide-metformin hcl tabs</i>	1B	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
SYNJARDY XR TB24 10 MG-1000 MG, 12.5 MG-1000 MG, 5 MG-1000 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 25 MG-1000 MG	2	QL(1 ea daily)
TRIJARDY XR TB24 2.5 MG-12.5 MG-1000 MG, 2.5 MG-5 MG-1000 MG	2	QL(2 ea daily)
TRIJARDY XR TB24 5 MG-10 MG-1000 MG, 5 MG-25 MG-1000 MG	2	QL(1 ea daily)
XULTOPHY 100/3.6 SOPN	2	PA; QL(0.5 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
<b>Biguanides</b>		
<i>metformin hcl tabs 1000 mg</i>	1B	QL(2.5 ea daily)
<i>metformin hcl tabs 500 mg</i>	1B	QL(5 ea daily)
<i>metformin hcl tabs 850 mg</i>	1B	QL(3 ea daily)
<i>metformin hcl tb24 500 mg</i>	1B	QL(4 ea daily)
<i>metformin hcl tb24 750 mg</i>	1B	QL(3 ea daily)
<b>Diabetic Other</b>		
<i>diazoxide susp</i>	1B	
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
<i>glucagon (rdna) kit</i>	1B	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT (Use <i>glucagon (rdna)</i> )	NF	QL(0.035 ea daily)
PROGLYCEM SUSP (Use <i>diazoxide</i> )	NF	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate tabs</i>	1B	QL(1 ea daily)
JANUVIA TABS	2	QL(1 ea daily)
NESINA TABS (Use <i>alogliptin benzoate</i> )	NF	
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET TABS	3	QL(6 ea daily)
<b>Incretin Mimetic Agents (GLP-1 Receptor)</b>		
OZEMPIC SOPN 2 MG/1.5ML	2	PA; QL(0.054 ml daily)
OZEMPIC SOPN 2 MG/1.5ML, 4 MG/3ML	2	PA; QL(0.108 ml daily)
TRULICITY SOPN	2	PA; QL(0.143 ml daily)
VICTOZA SOPN	2	PA; QL(0.3 ml daily)
<b>Insulin Sensitizing Agents</b>		
ACTOS TABS (Use <i>pioglitazone hcl</i> )	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
AVANDIA TABS	3	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	1B	QL(1 ea daily)
<b>Insulin</b>		
APIDRA SOLN	3	PA
APIDRA SOLOSTAR SOPN	3	PA
BASAGLAR KWIKPEN SOPN	2	
FIASP FLEXTOUCH SOPN	2	
FIASP PENFILL SOCT	2	
FIASP SOLN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN	2	QL(1.34 ml daily)
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 RELION SUSP	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N RELION SUSP	2	
NOVOLIN N SUSP	2	
NOVOLIN R RELION SOLN	2	
NOVOLIN R SOLN	2	
NOVOLOG FLEXPEN SOPN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 SUSP	2	
NOVOLOG PENFILL SOCT	2	
NOVOLOG SOLN	2	
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	3	PA; QL(1.5 ml daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	3	PA; QL(0.9 ml daily)
TRESIBA SOLN	3	PA; QL(1.5 ml daily)
<b>Meglitinide Analogues</b>		
<i>nateglinide tabs</i>	1B	QL(3 ea daily)
<i>repaglinide tabs 0.5 mg, 1 mg</i>	1B	QL(4 ea daily)
<i>repaglinide tabs 2 mg</i>	1B	QL(8 ea daily)
STARLIX TABS (Use <i>nateglinide</i> )	NF	QL(3 ea daily)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
JARDIANCE TABS	2	QL(1 ea daily)
<b>Sulfonylureas</b>		
AMARYL TABS 1 MG, 2 MG (Use <i>glimepiride</i> )	NF	QL(4 ea daily)
AMARYL TABS 4 MG (Use <i>glimepiride</i> )	NF	QL(2 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	1B	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	1B	QL(2 ea daily)
<i>glipizide tabs 10 mg, 5 mg</i>	1B	QL(4 ea daily)
<i>glipizide tb24 10 mg, 2.5 mg, 5 mg</i>	1B	QL(2 ea daily)
GLUCOTROL TABS (Use <i>glipizide</i> )	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (Use <i>glipizide</i> )	NF	QL(2 ea daily)
<i>glyburide micronized tabs</i>	1B	QL(4 ea daily)
<i>glyburide tabs</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GLYNASE TABS (Use <i>glyburide micronized</i> )	NF	QL(4 ea daily)
<i>tolbutamide tabs</i>	1B	QL(6 ea daily)
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate w/ atropine liqd</i>	1B	
<i>diphenoxylate w/ atropine tabs</i>	1B	
IMODIUM A-D CAPS (Use <i>loperamide hcl</i> )	NF	RX/OTC
LOMOTIL TABS (Use <i>diphenoxylate w/ atropine</i> )	NF	
<i>loperamide hcl caps 2 mg</i>	1B	RX/OTC
MOTOFEN TABS	3	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET CAPS	3	
<i>deferasirox pack 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox tabs 180 mg, 360 mg, 90 mg</i>	4	PA; SP
<i>deferasirox tbso 125 mg, 250 mg, 500 mg</i>	4	PA; SP
<i>deferiprone tabs</i>	1B	
EXJADE TBSO (Use <i>deferasirox</i> )	NF	PA; SP
FERRIPROX TABS 500 MG (Use <i>deferiprone</i> )	NF	
JADENU SPRINKLE PACK (Use <i>deferasirox</i> )	NF	PA
JADENU TABS (Use <i>deferasirox</i> )	NF	PA; SP
<b>Antidotes and Specific Antagonists</b>		
VISTOGARD PACK	4	PA
<b>Opioid Antagonists</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	1B	
<i>naltrexone hcl tabs</i>	1B	
NARCAN LIQD	3	QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply,
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
<i>ALOXI SOLN (Use palonosetron hcl)</i>	NF	
ANZEMET TABS	3	PA; QL(0.167 ea daily)
<i>granisetron hcl soln iv 1 mg/ml</i>	1B	
<i>granisetron hcl tabs or 1 mg</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 tabs or 24 mg</i>	1B	QL(0.143 ea daily)
<i>ondansetron hcl tabs or 4 mg</i>	1B	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
<i>ondansetron hcl tabs or 8 mg</i>	1B	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
<i>ondansetron tbdp 4 mg</i>	1B	QL(1 ea daily)
<i>ondansetron tbdp 8 mg</i>	1B	
<i>palonosetron hcl soln</i>	1B	
ZOFRAN TABS 4 MG ( <i>Use ondansetron hcl</i> )	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG ( <i>Use ondansetron hcl</i> )	NF	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)

Drug Name	Drug Tier	Requirements/Limits
<b>Antiemetics - Anticholinergic</b>		
<i>meclizine hcl tabs 12.5 mg</i>	1A	RX/OTC
<i>meclizine hcl tabs 25 mg</i>	1B	RX/OTC
<i>scopolamine pt72</i>	1B	QL(0.34 ea daily)
TIGAN CAPS OR 300 MG ( <i>Use trimethobenzamide hcl</i> )	NF	
TRANSDERM SCOP PT72 ( <i>Use scopolamine</i> )	NF	QL(0.34 ea daily)
TRANSDERM-SCOP PT72 ( <i>Use scopolamine</i> )	NF	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1B	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO CAPS OR 0.5 MG-300 MG	3	PA
CESAMET CAPS	3	
DICLEGIS TBEC ( <i>Use doxylamine-pyridoxine</i> )	NF	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>doxylamine-pyridoxine tbec</i>	1B	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>dronabinol caps</i>	1B	
MARINOL CAPS ( <i>Use dronabinol</i> )	NF	
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
<i>aprepitant caps</i>	1B	PA
<i>aprepitant caps 125 mg, 40 mg</i>	1B	QL(0.067 ea daily)
<i>aprepitant caps 80 mg</i>	1B	QL(0.134 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant misc</i>	1B	PA
EMEND CAPS OR 125 MG, 40 MG ( <i>Use aprepitant</i> )	NF	QL(0.067 ea daily)
EMEND CAPS OR 80 MG ( <i>Use aprepitant</i> )	NF	QL(0.134 ea daily)
EMEND SOLR IV 150 MG ( <i>Use fosaprepitant dimeglumine</i> )	NF	
EMEND TRIPACK CAPS ( <i>Use aprepitant</i> )	NF	PA
VARUBI TBPK	3	PA

### ANTIFUNGALS - Drugs to Treat Fungal Infections

#### Antifungal - Glucan Synthesis Inhibitors

CANCIDAS SOLR ( <i>Use caspofungin acetate</i> )	NF	
<i>caspofungin acetate solr 50 mg, 70 mg</i>	1B	
ERAXIS SOLR	3	
<i>micafungin sodium solr</i>	1B	PA
MYCAMINE SOLR ( <i>Use micafungin sodium</i> )	NF	PA

#### Antifungals

ABELCET SUSP	3	
AMBISOME SUSR	3	
<i>amphotericin b solr</i>	3	
ANCOBON CAPS ( <i>Use flucytosine</i> )	NF	
<i>flucytosine caps</i>	1B	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize tabs 500 mg</i>	1B	
<i>griseofulvin ultramicrosize tabs</i>	1B	
<i>nystatin tabs</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl tabs</i>	1B	QL(1 ea daily)

#### Imidazole-Related Antifungals

CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR ( <i>Use fluconazole</i> )	NF	
DIFLUCAN TABS ( <i>Use fluconazole</i> )	NF	
<i>fluconazole susr</i>	1B	
<i>fluconazole tabs</i>	1B	
<i>itraconazole caps 100 mg</i>	1B	PA; QL(4 ea daily)
<i>itraconazole soln 10 mg/ml</i>	1B	PA; QL(20 ml daily)
<i>ketoconazole tabs</i>	1B	
NOXAFIL SUSP OR 40 MG/ML	3	QL(20 ml daily)
SPORANOX CAPS 100 MG ( <i>Use itraconazole</i> )	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS ( <i>Use itraconazole</i> )	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML ( <i>Use itraconazole</i> )	NF	PA; QL(20 ml daily)
TOLSURA CAPS	4	PA
VFEND TABS 200 MG, 50 MG ( <i>Use voriconazole</i> )	NF	QL(4 ea daily)
<i>voriconazole tabs or 200 mg, 50 mg</i>	1B	QL(4 ea daily)

### ANTIHISTAMINES - Drugs to Treat Allergies

#### Antihistamines - Alkylamines

<i>dexchlorpheniramine maleate soln</i>	1B	
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#### Antihistamines - Ethanolamines

BENADRYL ALLERGY CHILDRENS LIQD ( <i>Use diphenhydramine hcl</i> )	NF	QL(20 ml daily)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1B	
<i>carbinoxamine maleate tabs 4 mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
CLEMASTINE FUMARATE SYRP 0.67 MG/5ML	1B	
<i>clemastine fumarate tabs 2.68 mg</i>	1B	
<i>diphenhydramine hcl caps or 50 mg</i>	1A	
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	1B	
<i>diphenhydramine hcl liqd or 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml</i>	1B	QL(20 ml daily)
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1B	
<b>Antihistamines - Non-Sedating</b>		
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	1A	QL(1 ea daily)
CLARINEX TABS (Use <i>desloratadine</i> )	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (Use <i>loratadine</i> )	NF	
CLARITIN CAPS (Use <i>loratadine</i> )	NF	
CLARITIN CHEW (Use <i>loratadine</i> )	NF	
CLARITIN CHILDRENS CHEW (Use <i>loratadine</i> )	NF	
CLARITIN REDITABS TBDP 10 MG (Use <i>loratadine</i> )	NF	
CLARITIN SYRP (Use <i>loratadine</i> )	NF	
CLARITIN TABS (Use <i>loratadine</i> )	NF	
<i>desloratadine tabs 5 mg</i>	1B	QL(1 ea daily)
<i>desloratadine tbdp 2.5 mg</i>	1B	QL(1 ea daily)
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1B	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1B	QL(1 ea daily); RX/OTC
<i>loratadine caps 10 mg</i>	1B	
<i>loratadine chew 5 mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine soln 5 mg/5ml</i>	1B	
<i>loratadine syrp 5 mg/5ml</i>	1B	
<i>loratadine tabs 10 mg</i>	1A	
<i>loratadine tbdp 10 mg</i>	1B	
QUZYTIR SOLN	3	PA
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use <i>levocetirizine dihydrochloride</i> )	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS (Use <i>levocetirizine dihydrochloride</i> )	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY TABS (Use <i>cetirizine hcl</i> )	NF	QL(1 ea daily)
<b>Antihistamines - Phenothiazines</b>		
PHENERGAN SOLN (Use <i>promethazine hcl</i> )	NF	
<i>promethazine hcl soln</i>	1B	
<i>promethazine hcl supp</i>	1B	
<i>promethazine hcl syrp</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 tabs</i>	1B	QL(1 ea daily)
VYTORIN TABS (Use <i>ezetimibe-simvastatin</i> )	NF	QL(1 ea daily)
<b>Antihyperlipidemics - Misc.</b>		
<i>icosapent ethyl caps</i>	1B	PA; QL(4 ea daily)
LOVAZA CAPS (Use <i>omega-3-acid ethyl esters</i> )	NF	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>omega-3-acid ethyl esters caps</i>	1B	QL(4 ea daily)
VASCEPA CAPS 0.5 GM	3	PA; QL(8 ea daily)
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light pack 4 gm</i>	1B	QL(6 ea daily)
<i>cholestyramine light powd 4 gm/dose</i>	1B	QL(24 gm daily)
<i>cholestyramine pack 4 gm</i>	1B	QL(6 ea daily)
<i>cholestyramine powd 4 gm/dose</i>	1B	QL(25.2 gm daily)
<i>colesevelam hcl pack 3.75 gm</i>	1B	PA; QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1B	QL(7 ea daily)
COLESTID FLAVORED GRAN 5 GM (Use <i>colestipol hcl</i> )	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (Use <i>colestipol hcl</i> )	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (Use <i>colestipol hcl</i> )	NF	QL(6 gm daily)
COLESTID PACK 5 GM (Use <i>colestipol hcl</i> )	NF	QL(6 ea daily)
COLESTID TABS 1 GM (Use <i>colestipol hcl</i> )	NF	QL(16 ea daily)
<i>colestipol hcl gran 5 gm</i>	1B	QL(6 gm daily)
<i>colestipol hcl pack 5 gm</i>	1B	QL(6 ea daily)
<i>colestipol hcl tabs 1 gm</i>	1B	QL(16 ea daily)
QUESTRAN LIGHT POWD (Use <i>cholestyramine light</i> )	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (Use <i>cholestyramine</i> )	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (Use <i>cholestyramine</i> )	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (Use <i>colesevelam hcl</i> )	NF	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (Use <i>colesevelam hcl</i> )	NF	QL(7 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Fibric Acid Derivatives</b>		
<i>fenofibrate micronized caps 134 mg, 200 mg, 67 mg</i>	1B	QL(1 ea daily)
<i>fenofibrate tabs 145 mg, 48 mg, 54 mg, 160 mg</i>	1B	QL(1 ea daily)
FIBRICOR TABS (Use <i>fenofibric acid</i> )	NF	
<i>gemfibrozil tabs</i>	1B	QL(2 ea daily)
LIPOFEN CAPS (Use <i>fenofibrate</i> )	NF	
LOPID TABS (Use <i>gemfibrozil</i> )	NF	QL(2 ea daily)
TRICOR TABS (Use <i>fenofibrate</i> )	NF	QL(1 ea daily)
<b>HMG CoA Reductase Inhibitors</b>		
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1B	QL(1 ea daily)
CRESTOR TABS (Use <i>rosuvastatin calcium</i> )	NF	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)
LIPITOR TABS (Use <i>atorvastatin calcium</i> )	NF	QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	1B	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin tabs 40 mg</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
PRAVACHOL TABS (Use <i>pravastatin sodium</i> )	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1B	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	3	QL(1 ea daily)
<i>simvastatin tabs 5 mg, 80 mg, 10 mg, 20 mg, 40 mg</i>	1B	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
ZOCOR TABS ( <i>Use simvastatin</i> )	NF	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tabs</i>	1B	QL(1 ea daily)
ZETIA TABS ( <i>Use ezetimibe</i> )	NF	QL(1 ea daily)
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tbc 1000 mg, 500 mg, 750 mg</i>	1B	QL(2 ea daily)
NIASPAN TBCR ( <i>Use niacin (antihyperlipidemic)</i> )	NF	QL(2 ea daily)
<b>Proprotein Convertase Subtilisin/Kexin Type 9</b>		
REPATHA PUSHTRONEX SYSTEM SOCT	4	PA; QL(0.25 ml daily)
REPATHA SOSY	4	PA; QL(0.0714 ml daily)
REPATHA SURECLICK SOAJ	4	PA; QL(0.0714 ml daily)
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL TABS ( <i>Use quinapril hcl</i> )	NF	
ALTACE CAPS ( <i>Use ramipril</i> )	NF	
<i>benazepril hcl tabs</i>	1B	
<i>captopril tabs</i>	1B	
<i>enalapril maleate tabs 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1B	
<i>fosinopril sodium tabs</i>	1B	
<i>lisinopril tabs</i>	1B	
LOTENSIN TABS ( <i>Use benazepril hcl</i> )	NF	
<i>moexipril hcl tabs</i>	1B	
<i>perindopril erbumine tabs</i>	1B	
PRINIVIL TABS ( <i>Use lisinopril</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl tabs</i>	1B	
<i>ramipril caps</i>	1B	
<i>trandolapril tabs</i>	1B	
VASOTEC TABS ( <i>Use enalapril maleate</i> )	NF	
ZESTRIL TABS ( <i>Use lisinopril</i> )	NF	
<b>Agents for Pheochromocytoma</b>		
DIBENZYLINE CAPS ( <i>Use phenoxybenzamine hcl</i> )	NF	PA
<i>phenoxybenzamine hcl caps</i>	3	PA
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND TABS ( <i>Use candesartan cilexetil</i> )	NF	QL(1 ea daily)
AVAPRO TABS ( <i>Use irbesartan</i> )	NF	QL(1 ea daily)
BENICAR TABS ( <i>Use olmesartan medoxomil</i> )	NF	QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	1B	QL(1 ea daily)
COZAAR TABS ( <i>Use losartan potassium</i> )	NF	QL(1 ea daily)
DIOVAN TABS ( <i>Use valsartan</i> )	NF	QL(1 ea daily)
EDARBI TABS	3	ST; QL(1 ea daily)
<i>eprosartan mesylate tabs</i>	1B	QL(1 ea daily)
<i>irbesartan tabs</i>	1B	QL(1 ea daily)
<i>losartan potassium tabs or 100 mg, 25 mg, 50 mg</i>	1B	QL(1 ea daily)
MICARDIS TABS ( <i>Use telmisartan</i> )	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	1B	QL(1 ea daily)
<i>telmisartan tabs</i>	1B	QL(1 ea daily)
<i>valsartan tabs</i>	1B	QL(1 ea daily)
<b>Antiadrenergic Antihypertensives</b>		

Drug Name	Drug Tier	Requirements/ Limits
CARDURA TABS ( <i>Use doxazosin mesylate</i> )	NF	
CATAPRES TABS ( <i>Use clonidine hcl</i> )	NF	QL(8 ea daily)
CATAPRES-TTS-1 PTWK ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
CATAPRES-TTS-2 PTWK ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 PTWK ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
<i>clonidine hcl tabs</i>	1B	QL(8 ea daily)
<i>clonidine ptwk</i>	3	QL(0.15 ea daily)
<i>doxazosin mesylate tabs</i>	1B	
<i>guanfacine hcl tabs</i>	1B	
MINIPRESS CAPS ( <i>Use prazosin hcl</i> )	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1B	QL(4 ea daily)
<i>terazosin hcl caps</i>	1B	
<b>Antihypertensive Combinations</b>		
ACCURETIC TABS 10 MG-12.5 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NF	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NF	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG ( <i>Use quinapril-hydrochlorothiazide</i> )	NF	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1B	ST
<i>amlodipine besylate-valsartan tabs</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1B	
ATACAND HCT TABS ( <i>Use candesartan cilexetil-hydrochlorothiazide</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>atenolol &amp; chlorthalidone tabs</i>	1B	
AVALIDE TABS ( <i>Use irbesartan-hydrochlorothiazide</i> )	NF	
AZOR TABS ( <i>Use amlodipine besylate-olmesartan medoxomil</i> )	NF	ST
<i>benazepril &amp; hydrochlorothiazide tabs</i>	1B	
BENICAR HCT TABS ( <i>Use olmesartan medoxomil-hydrochlorothiazide</i> )	NF	
<i>bisoprolol &amp; hydrochlorothiazide tabs</i>	1B	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1B	
DIOVAN HCT TABS ( <i>Use valsartan-hydrochlorothiazide</i> )	NF	
<i>enalapril maleate &amp; hydrochlorothiazide tabs</i>	1B	
EXFORGE HCT TABS	2	
EXFORGE TABS ( <i>Use amlodipine besylate-valsartan</i> )	NF	
<i>fosinopril sodium &amp; hydrochlorothiazide tabs</i>	1B	
HYZAAR TABS 12.5 MG-100 MG, 25 MG-100 MG ( <i>Use losartan potassium &amp; hydrochlorothiazide</i> )	NF	QL(1 ea daily)
HYZAAR TABS 12.5 MG-50 MG ( <i>Use losartan potassium &amp; hydrochlorothiazide</i> )	NF	QL(2 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	1B	
<i>lisinopril &amp; hydrochlorothiazide tabs</i>	1B	
LOPRESSOR HCT TABS ( <i>Use metoprolol &amp; hydrochlorothiazide</i> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium &amp; hydrochlorothiazide tabs 12.5 mg-100 mg, 25 mg-100 mg</i>	1B	QL(1 ea daily)
<i>losartan potassium &amp; hydrochlorothiazide tabs 12.5 mg-50 mg</i>	1B	QL(2 ea daily)
LOTENSIN HCT TABS (Use <i>benazepril &amp; hydrochlorothiazide</i> )	NF	
LOTREL CAPS (Use <i>amlodipine besylate-benazepril hcl</i> )	NF	
<i>metoprolol &amp; hydrochlorothiazide tabs</i>	1B	
MICARDIS HCT TABS (Use <i>telmisartan-hydrochlorothiazide</i> )	NF	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1B	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1B	
<i>quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg</i>	1B	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg</i>	1B	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20 mg-25 mg</i>	1B	QL(2 ea daily)
TARKA TBCR (Use <i>trandolapril-verapamil hcl</i> )	NF	
<i>telmisartan-amlodipine tabs</i>	1B	
<i>telmisartan-hydrochlorothiazide tabs</i>	1B	
TENORETIC 100 TABS (Use <i>atenolol &amp; chlorthalidone</i> )	NF	
TENORETIC 50 TABS (Use <i>atenolol &amp; chlorthalidone</i> )	NF	
<i>trandolapril-verapamil hcl tbcr</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
TRIBENZOR TABS (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )	NF	ST
TWYNSTA TABS (Use <i>telmisartan-amlodipine</i> )	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1B	
VASERETIC TABS (Use <i>enalapril maleate &amp; hydrochlorothiazide</i> )	NF	
ZESTORETIC TABS (Use <i>lisinopril &amp; hydrochlorothiazide</i> )	NF	
ZIAC TABS (Use <i>bisoprolol &amp; hydrochlorothiazide</i> )	NF	QL(2 ea daily)
<b>Antihypertensives - Misc.</b>		
VECAMYL TABS	3	PA
<b>Direct Renin Inhibitors</b>		
<i>aliskiren fumarate tabs</i>	1B	QL(1 ea daily)
TEKTURNA TABS (Use <i>aliskiren fumarate</i> )	NF	QL(1 ea daily)
<b>Selective Aldosterone Receptor Antagonists</b>		
<i>eplerenone tabs</i>	1B	
INSPRA TABS (Use <i>eplerenone</i> )	NF	
<b>Vasodilators</b>		
<i>hydralazine hcl soln</i>	1B	
<i>hydralazine hcl tabs</i>	1B	
<i>minoxidil tabs</i>	1B	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>atovaquone-proguanil hcl tabs</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail, 12 ea per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
COARTEM TABS	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 ea per fill retail, 24 ea per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
MALARONE TABS ( <i>Use atovaquone-proguanil hcl</i> )	NF	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail, 12 ea per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
<b>Antimalarials</b>		
<i>chloroquine phosphate tabs</i>	1B	
DARAPRIM TABS ( <i>Use pyrimethamine</i> )	NF	PA; QL(3 ea daily)
<i>hydroxychloroquine sulfate tabs 200 mg</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
KRINTAFEL TABS	3	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
PLAQUENIL TABS ( <i>Use hydroxychloroquine sulfate</i> )	NF	
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS ( <i>Use primaquine phosphate</i> )	NF	
<i>pyrimethamine tabs</i>	1B	PA; QL(3 ea daily)
QUALAQUIN CAPS ( <i>Use quinine sulfate</i> )	NF	PA;
<i>quinine sulfate caps</i>	1B	PA;
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE TABS	4	PA
GUANIDINE HCL TABS	2	
MESTINON SOLN ( <i>Use pyridostigmine bromide</i> )	NF	
MESTINON TABS ( <i>Use pyridostigmine bromide</i> )	NF	
MESTINON TIMESPAN TBCR ( <i>Use pyridostigmine bromide</i> )	NF	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1B	
<i>pyridostigmine bromide tabs 60 mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide tbc</i> 180 mg	1B	
RUZURGI TABS	4	PA; QL(10 ea daily)
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Anti TB Combinations</b>		
RIFAMATE CAPS	3	
RIFATER TABS	3	QL(6 ea daily)
<b>Antimycobacterial Agents</b>		
CAPASTAT SULFATE SOLR	3	
<i>cycloserine caps</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	
MYAMBUTOL TABS (Use <i>ethambutol hcl</i> )	NF	
MYCOBUTIN CAPS (Use <i>rifabutin</i> )	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1B	
<i>rifabutin caps</i>	1B	PA
RIFADIN CAPS (Use <i>rifampin</i> )	NF	
RIFADIN SOLR (Use <i>rifampin</i> )	NF	
<i>rifampin caps</i>	1B	
<i>rifampin solr</i>	1B	
SIRTURO TABS 100 MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
TRECTOR TABS	3	QL(4 ea daily)
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN SOLR (Use <i>melfalan hcl</i> )	NF	
ALKERAN TABS (Use <i>melfalan</i> )	NF	
BICNU SOLR (Use <i>carmustine</i> )	NF	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN (Use <i>busulfan</i> )	NF	PA; SP
<i>carboplatin soln 50 mg/5ml</i>	4	PA; SP
<i>carmustine solr</i>	4	PA; SP
<i>cisplatin soln 100 mg/100ml</i>	4	PA; SP
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	1B	PA
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	PA; SP
GLEOSTINE CAPS 10 MG	4	PA; SP
GLEOSTINE CAPS 100 MG, 40 MG	4	PA
IFEX SOLR 1 GM (Use <i>ifosfamide</i> )	NF	PA; SP
<i>ifosfamide soln 1 gm/20ml</i>	4	PA; SP
<i>ifosfamide solr 1 gm</i>	4	PA; SP
LEUKERAN TABS	4	PA; SP
<i>melfalan hcl solr</i>	1B	
<i>melfalan tabs</i>	1B	
MYLERAN TABS	4	PA; SP
<i>oxaliplatin soln 100 mg/20ml, 50 mg/10ml</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
TEMODAR CAPS OR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (Use temozolomide)	NF	PA; SP
TEMODAR SOLR IV 100 MG	4	PA; SP
temozolomide caps	4	PA; SP
TEPADINA SOLR 100 MG (Use thiotepa)	NF	
TEPADINA SOLR 15 MG (Use thiotepa)	NF	PA; SP
thiotepa solr 15 mg	4	PA; SP
TREANDA SOLR	4	PA; SP
ZANOSAR SOLR	4	PA; SP
<b>Antimetabolites</b>		
ALIMTA SOLR 500 MG	4	PA; SP
ARRANON SOLN	4	PA; SP
azacitidine susr	4	PA; SP
capecitabine tabs	4	PA; SP
clofarabine soln	4	PA; SP
CLOLAR SOLN (Use clofarabine)	NF	PA; SP
cytarabine soln 100 mg/ml, 20 mg/ml	4	PA; SP
DACOGEN SOLR (Use decitabine)	NF	PA; SP
decitabine solr	4	PA; SP
floxuridine solr	4	PA; SP
fludarabine phosphate soln	4	PA; SP
fludarabine phosphate solr	4	PA; SP
fluorouracil soln 500 mg/10ml	4	PA; SP
FOLOTYN SOLN 20 MG/ML	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
gemcitabine hcl solr 2 gm, 200 mg	4	PA; SP
GEMCITABINE HYDROCHLORIDE SOLN 1 GM/10ML, 2 GM/20ML, 200 MG/2ML (Use gemcitabine hcl)	NF	
mercaptopurine tabs	1B	
methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml	1B	
methotrexate sodium solr ij 1 gm	1B	SP
methotrexate sodium tabs or 2.5 mg	1B	SP
TABLOID TABS	4	PA; SP
TREXALL TABS	4	PA; SP
VIDAZA SUSR (Use azacitidine)	NF	PA; SP
XELODA TABS (Use capecitabine)	NF	PA; SP
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
INLYTA TABS	4	PA; QL(2 ea daily); SP
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 12MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 18 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 20 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 4 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 8 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
MVASI SOLN	4	PA
ZALTRAP SOLN 100 MG/4ML	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
ZIRABEV SOLN	4	PA
<b>Antineoplastic - Anti-HER2 Agents</b>		
PERJETA SOLN	4	PA; SP
TUKYSA TABS	4	PA
<b>Antineoplastic - Antibodies</b>		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
RITUXAN SOLN	4	PA; SP
RUXIENCE SOLN	4	PA
YERVOY SOLN	4	PA; SP
<b>Antineoplastic - EGFR Inhibitors</b>		
ERBITUX SOLN	4	PA; SP
<i>erlotinib hcl tabs</i>	4	PA; QL(1 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)
TARCEVA TABS ( <i>Use erlotinib hcl</i> )	NF	PA; QL(1 ea daily); SP
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
VIZIMPRO TABS	4	PA
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO TABS	4	PA
ERIVEDGE CAPS	4	PA; QL(1 ea daily); SP
ODOMZO CAPS	4	PA; QL(1 ea daily)
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate tabs 250 mg</i>	4	PA; QL(4 ea daily); SP
<i>abiraterone acetate tabs 500 mg</i>	4	PA; QL(2 ea daily)
<i>anastrozole tabs</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ARIMIDEX TABS ( <i>Use anastrozole</i> )	NF	QL(1 ea daily)
AROMASIN TABS ( <i>Use exemestane</i> )	NF	QL(1 ea daily); SP
<i>bicalutamide tabs</i>	4	PA; QL(1 ea daily); SP
CASODEX TABS ( <i>Use bicalutamide</i> )	NF	PA; QL(1 ea daily); SP
ELIGARD KIT 22.5 MG	4	PA; SP
ELIGARD KIT 30 MG	4	PA; SP
ELIGARD KIT 45 MG	4	PA; SP
ELIGARD KIT 7.5 MG	4	PA; QL(0.0089 ea daily); SP
EMCYT CAPS	4	PA; SP
<i>exemestane tabs</i>	4	QL(1 ea daily); SP
FARESTON TABS ( <i>Use toremifene citrate</i> )	NF	
FASLODEX SOLN ( <i>Use fulvestrant</i> )	NF	PA; QL(0.357 ml daily); SP
FEMARA TABS ( <i>Use letrozole</i> )	NF	
FIRMAGON SOLR	4	PA; QL(0.143 ea daily); SP
<i>flutamide caps</i>	4	PA; QL(6 ea daily); SP
<i>fulvestrant soln</i>	4	PA; QL(0.357 ml daily); SP
<i>letrozole tabs</i>	1B	
<i>leuprolide acetate kit</i>	4	PA; SP
LUPRON DEPOT (1-MONTH) KIT	4	PA; QL(0.0357 ea daily); SP
LUPRON DEPOT (3-MONTH) KIT	4	PA; SP
LUPRON DEPOT (4-MONTH) KIT	4	PA; QL(0.1339 ea daily); SP
LUPRON DEPOT (6-MONTH) KIT	4	PA; QL(0.0089 ea daily); SP
LYSODREN TABS	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate susp</i>	1B	
<i>megestrol acetate tabs</i>	1B	
NILANDRON TABS (Use <i>nilutamide</i> )	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	1B	QL(2 ea daily)
NUBEQA TABS	4	PA; QL(4 ea daily)
<i>tamoxifen citrate tabs</i>	0	
<i>toremifene citrate tabs</i>	1B	
TRELSTAR MIXJECT SUSR	4	PA; SP
XTANDI CAPS 40 MG	4	PA; QL(4 ea daily); SP
YONSA TABS	4	PA; QL(4 ea daily)
ZOLADEX IMPL 10.8 MG	4	PA; QL(0.0119 ea daily); SP
ZOLADEX IMPL 3.6 MG	4	PA; QL(0.0357 ea daily); SP
ZYTIGA TABS 250 MG (Use <i>abiraterone acetate</i> )	NF	PA; QL(4 ea daily); SP
ZYTIGA TABS 500 MG (Use <i>abiraterone acetate</i> )	NF	PA; QL(2 ea daily)
<b>Antineoplastic - Immunomodulators</b>		
POMALYST CAPS	4	PA; QL(1 ea daily)
<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		
AYVAKIT TABS 100 MG, 200 MG, 300 MG	4	PA; SL(1 ea daily)
<b>Antineoplastic - XPO1 Inhibitors</b>		
XPOVIO 100 MG ONCE WEEKLY TBPB	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPB	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPB	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPB	4	PA
<b>Antineoplastic Antibiotics</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>bleomycin sulfate solr 15 unit</i>	4	PA; SP
COSMEGEN SOLR (Use <i>dactinomycin</i> )	NF	PA; SP
<i>dactinomycin solr</i>	4	PA; SP
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (Use <i>daunorubicin hcl</i> )	NF	
DOXIL INJ (Use <i>doxorubicin hcl liposomal</i> )	NF	PA; SP
<i>doxorubicin hcl liposomal inj</i>	4	PA; SP
<i>doxorubicin hcl soln</i>	4	PA; SP
<i>doxorubicin hcl solr</i>	4	PA; SP
ELLECE SOLN 50 MG/25ML (Use <i>epirubicin hcl</i> )	NF	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 10 MG/10ML, 5 MG/5ML (Use <i>idarubicin hcl</i> )	NF	PA; SP
IDAMYCIN PFS SOLN 20 MG/20ML (Use <i>idarubicin hcl</i> )	NF	PA
<i>idarubicin hcl soln 10 mg/10ml, 5 mg/5ml</i>	4	PA; SP
<i>idarubicin hcl soln 20 mg/20ml</i>	4	PA
<i>mitomycin solr iv 20 mg</i>	4	PA; SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
<i>valrubicin soln</i>	4	PA; SP
VALSTAR SOLN (Use <i>valrubicin</i> )	NF	PA; SP
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR TABS 2.5 MG, 5 MG, 7.5 MG (Use <i>everolimus</i> )	NF	PA; QL(1 ea daily); SP
ALECENSA CAPS	4	PA; QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG TABS	4	PA; QL(1 ea daily)
ALUNBRIG TBPK	4	PA; QL(1 ea daily)
BALVERSA TABS	4	PA
BORTEZOMIB SOLR	4	PA;
BOSULIF TABS 100 MG, 500 MG	4	PA; QL(1 ea daily); SP
BOSULIF TABS 400 MG	4	PA;
BRAFTOVI CAPS	4	PA; SP
BRUKINSA CAPS	4	PA
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COPIKTRA CAPS	4	PA
<i>everolimus tabs</i>	4	PA; QL(1 ea daily); SP
GLEEVEC TABS ( <i>Use imatinib mesylate</i> )	NF	PA; QL(2 ea daily); SP
IBRANCE CAPS	3	PA
IBRANCE TABS	3	PA
ICLUSIG TABS 10 MG, 15 MG, 30 MG, 45 MG	4	PA; QL(1 ea daily)
<i>imatinib mesylate tabs</i>	4	PA; QL(2 ea daily); SP
IMBRUVICA CAPS 140 MG	4	PA; QL(3 ea daily)
IMBRUVICA CAPS 70 MG	4	PA; QL(1 ea daily)
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL(1 ea daily)
INREBIC CAPS	4	PA

Drug Name	Drug Tier	Requirements/ Limits
ISTODAX ( <i>OVERFILL</i> ) SOLR	4	PA; SP
JAKAFI TABS 10 MG, 20 MG	4	PA; SP
JAKAFI TABS 15 MG, 25 MG, 5 MG	4	PA; QL(2 ea daily); SP
KISQALI TBPK	3	PA
KOSELUGO CAPS	4	PA
KYPROLIS SOLR	4	PA
<i>lapatinib ditosylate tabs</i>	4	PA; QL(6 ea daily); SP
LORBRENA TABS	4	PA; QL(1 ea daily)
LYNPARZA TABS	4	PA; QL(4 ea daily)
MEKINIST TABS 0.5 MG	4	PA; QL(3 ea daily)
MEKINIST TABS 2 MG	4	PA; QL(1 ea daily)
MEKTOVI TABS	4	PA; SP
NEXAVAR TABS	4	PA; QL(4 ea daily); SP
NINLARO CAPS	4	PA; QL(0.143 ea daily)
PEMAZYRE TABS	4	PA; QL(1 ea daily)
PIQRAY 200MG DAILY DOSE TBPK	4	PA
PIQRAY 250MG DAILY DOSE TBPK	4	PA
PIQRAY 300MG DAILY DOSE TBPK	4	PA
QINLOCK TABS	4	PA
RETEVMO CAPS	4	PA
ROMIDEPSIN SOLR 10 MG	4	PA; SP
ROZLYTREK CAPS	4	PA
RUBRACA TABS	4	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SPRYCEL TABS	4	PA; QL(1 ea daily); SP
STIVARGA TABS	4	PA; QL(4 ea daily); SP
<i>sunitinib malate caps 12.5 mg, 25 mg, 50 mg</i>	4	PA; QL(1 ea daily); SP
SUTENT CAPS 12.5 MG, 25 MG, 50 MG ( <i>Use sunitinib malate</i> )	4	PA; QL(1 ea daily); SP
TABRECTA TABS	4	PA
TAFINLAR CAPS	4	PA; QL(4 ea daily)
TALZENNA CAPS	4	PA; QL(1 ea daily)
TASIGNA CAPS 150 MG, 200 MG	4	PA; QL(4 ea daily); SP
TASIGNA CAPS 50 MG	4	PA; QL(4 ea daily)
TAZVERIK TABS	4	PA
<i>temsirolimus soln</i>	4	PA; QL(0.143 ml daily); SP
TIBSOVO TABS	4	PA
TORISEL SOLN ( <i>Use temsirolimus</i> )	NF	PA; QL(0.143 ml daily); SP
TURALIO CAPS	4	PA
TYKERB TABS ( <i>Use lapatinib ditosylate</i> )	NF	PA; QL(6 ea daily); SP
VELCADE SOLR	4	PA; SP
VERZENIO TABS	4	PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VOTRIENT TABS	4	PA; QL(4 ea daily); SP
XALKORI CAPS	4	PA; QL(2 ea daily); SP
XOSPATA TABS	4	PA
ZEJULA CAPS	4	PA; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; QL(4 ea daily); SP
ZYDELIG TABS	4	PA; QL(2 ea daily)
ZYKADIA CAPS	4	PA; QL(5 ea daily)
<b>Antineoplastic Enzymes</b>		
ERWINASE SOLR	4	PA; SP
ERWINAZE SOLR	4	PA; SP
ONCASPAR SOLN	4	PA; SP
<b>Antineoplastics Misc.</b>		
ACTIMMUNE SOLN	4	PA; SP
<i>arsenic trioxide soln 10 mg/10ml</i>	4	PA; SP
<i>bexarotene caps</i>	4	PA; SP
<i>dacarbazine solr 200 mg</i>	4	PA; SP
HYDREA CAPS ( <i>Use hydroxyurea</i> )	NF	
<i>hydroxyurea caps</i>	1B	
INTRON A SOLR 18 MU	4	PA; SP
MATULANE CAPS	4	PA; SP
NIPENT SOLR	4	PA; SP
PHOTOFRIN SOLR	4	PA; SP
PROLEUKIN SOLR	4	PA; SP
SYLATRON KIT	4	PA; SP
SYNRIBO SOLR	4	PA; SP
TARGRETIN CAPS OR 75 MG ( <i>Use bexarotene</i> )	NF	PA; SP
<i>retinoin (chemotherapy) caps</i>	1B	
UVADEX SOLN	4	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
<b>Chemotherapy Adjuncts</b>		
KEPIVANCE SOLR	4	PA; SP
<b>Chemotherapy Rescue/Antidote/Protective Agents</b>		
<i>leucovorin calcium solr ij 500 mg, 100 mg, 200 mg, 350 mg, 50 mg</i>	1B	
<i>leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg</i>	1B	
VORAXAZE SOLR	4	PA; SP
<b>Mitotic Inhibitors</b>		
ABRAXANE SUSR	4	PA; SP
<i>docetaxel conc 20 mg/ml</i>	4	PA; SP
DOCETAXEL CONC 20 MG/ML ( <i>Use docetaxel</i> )	NF	PA; SP
DOCETAXEL CONC 80 MG/4ML ( <i>Use docetaxel</i> )	NF	
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML ( <i>Use docetaxel</i> )	4	PA; SP
ETOPOPHOS SOLR	4	PA; SP
<i>etoposide caps</i>	4	PA; SP
<i>etoposide soln</i>	4	PA; SP
HALAVEN SOLN	4	PA; SP
IXEMPRA KIT SOLR 15 MG	4	PA; SP
JEVTANA SOLN	4	PA; SP
NAVELBINE SOLN 10 MG/ML ( <i>Use vinorelbine tartrate</i> )	NF	PA; SP
<i>paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 6 mg/ml</i>	4	PA; SP
TAXOTERE CONC ( <i>Use docetaxel</i> )	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
TENIPOSIDE SOLN	4	PA; SP
<i>vincristine sulfate soln</i>	4	PA; SP
<i>vinorelbine tartrate soln 10 mg/ml</i>	4	PA; SP
<b>Topoisomerase I Inhibitors</b>		
CAMPTOSAR SOLN 100 MG/5ML, 40 MG/2ML ( <i>Use irinotecan hcl</i> )	NF	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCAMTIN SOLR IV 4 MG ( <i>Use topotecan hcl</i> )	NF	PA; SP
<i>irinotecan hcl soln 100 mg/5ml, 40 mg/2ml</i>	4	PA; SP
<i>topotecan hcl solr 4 mg</i>	4	PA; SP
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
<i>carbidopa tabs</i>	1B	
LODOSYN TABS ( <i>Use carbidopa</i> )	NF	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate soln</i>	1B	
<i>benztropine mesylate tabs</i>	1B	
COGENTIN SOLN ( <i>Use benztropine mesylate</i> )	NF	
<i>trihexyphenidyl hcl soln</i>	1B	
<i>trihexyphenidyl hcl tabs</i>	1B	
<b>Antiparkinson COMT Inhibitors</b>		
COMTAN TABS ( <i>Use entacapone</i> )	NF	QL(8 ea daily)
<i>entacapone tabs</i>	1B	QL(8 ea daily)
TASMAR TABS ( <i>Use tolcapone</i> )	NF	
<i>tolcapone tabs</i>	1B	
<b>Antiparkinson Dopaminergics</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl caps</i>	1B	
<i>amantadine hcl syrp</i>	1B	
<i>amantadine hcl tabs</i>	1B	
APOKYN SOCT	4	PA;
<i>bromocriptine mesylate caps</i>	1B	
<i>bromocriptine mesylate tabs</i>	1B	
<i>carbidopa-levodopa tabs</i>	1B	
<i>carbidopa-levodopa tbcr</i>	1B	
<i>carbidopa-levodopa tbdp</i>	1B	
<i>carbidopa-levodopa-entacapone tabs</i>	1B	
MIRAPEX TABS 0.125 MG (Use <i>pramipexole dihydrochloride</i> )	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (Use <i>pramipexole dihydrochloride</i> )	NF	
NEUPRO PT24	2	
PARLODEL CAPS (Use <i>bromocriptine mesylate</i> )	NF	
PARLODEL TABS (Use <i>bromocriptine mesylate</i> )	NF	
<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	
REQUIP XL TB24 12 MG, 8 MG (Use <i>ropinirole hydrochloride</i> )	NF	ST; QL(2 ea daily)
REQUIP XL TB24 4 MG, 6 MG (Use <i>ropinirole hydrochloride</i> )	NF	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 0.5 mg, 1 mg, 2 mg, 4 mg, 5 mg</i>	1B	
<i>ropinirole hydrochloride tb24 12 mg, 8 mg</i>	1B	ST; QL(2 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	1B	ST; QL(1 ea daily)
SINEMET CR TBCR (Use <i>carbidopa-levodopa</i> )	NF	
SINEMET TABS (Use <i>carbidopa-levodopa</i> )	NF	
STALEVO 100 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 125 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 150 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 200 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 50 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 75 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
AZILECT TABS (Use <i>rasagiline mesylate</i> )	NF	PA; QL(1 ea daily)
<i>rasagiline mesylate tabs</i>	1B	PA; QL(1 ea daily)
<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 carbonate caps</i>	1B	
<i>lithium carbonate tabs</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate tbc</i>	1B	
LITHIUM SOLN	1B	
LITHOBID TBCR ( <i>Use lithium carbonate</i> )	NF	
<b>Antipsychotics - Misc.</b>		
EQUETRO CP12 100 MG	3	ST; QL(2 ea daily)
EQUETRO CP12 200 MG	3	ST; QL(8 ea daily)
EQUETRO CP12 300 MG	3	ST; QL(4 ea daily)
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG ( <i>Use ziprasidone hcl</i> )	NF	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS	3	PA; QL(1 ea daily)
<i>ziprasidone hcl caps</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
<b>Benzisoxazoles</b>		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 1.5 MG, 3 MG, 9 MG ( <i>Use paliperidone</i> )	NF	QL(1 ea daily)
INVEGA TB24 6 MG ( <i>Use paliperidone</i> )	NF	QL(2 ea daily)
<i>paliperidone tb24 1.5 mg, 3 mg, 9 mg</i>	1B	QL(1 ea daily)
<i>paliperidone tb24 6 mg</i>	1B	QL(2 ea daily)
PERSERIS PRSY	2	PA; QL(0.072 ea daily)
RISPERDAL CONSTA SRER	2	PA; QL(0.072 ea daily)
RISPERDAL SOLN 1 MG/ML ( <i>Use risperidone</i> )	NF	QL(8 ml daily)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>Use risperidone</i> )	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone soln 1 mg/ml</i>	1B	QL(8 ml daily)
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1B	QL(4 ea daily)
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1B	QL(2 ea daily)
<b>Butyrophenones</b>		
HALDOL DECANOATE 100 SOLN ( <i>Use haloperidol decanoate</i> )	NF	QL(0.036 ml daily)
HALDOL DECANOATE 50 SOLN ( <i>Use haloperidol decanoate</i> )	NF	QL(0.036 ml daily)
HALDOL SOLN ( <i>Use haloperidol lactate</i> )	NF	
<i>haloperidol decanoate soln</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 subl 10 mg, 5 mg</i>	1B	PA; QL(2 ea daily)
<i>asenapine maleate subl 2.5 mg</i>	1B	PA; QL(4 ea daily)
<i>clozapine tabs 200 mg, 50 mg, 100 mg, 25 mg</i>	1B	
<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>clozapine tbdp 200 mg</i>	1B	QL(4 ea daily)
<i>clozapine tbdp 25 mg</i>	1B	QL(3 ea daily)
CLOZARIL TABS ( <i>Use clozapine</i> )	NF	
FAZACLO TBDP 100 MG ( <i>Use clozapine</i> )	NF	QL(9 ea daily)
FAZACLO TBDP 12.5 MG, 150 MG ( <i>Use clozapine</i> )	NF	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FAZACLO TBDP 200 MG (Use clozapine)	1B	QL(4 ea daily)
FAZACLO TBDP 25 MG (Use clozapine)	NF	QL(3 ea daily)
<i>loxapine succinate caps</i>	1B	
<i>olanzapine solr im 10 mg</i>	1B	QL(0.215 ea daily)
<i>olanzapine tabs or 10 mg, 15 mg, 20 mg, 7.5 mg</i>	1B	QL(2 ea daily)
<i>olanzapine tabs or 2.5 mg, 5 mg</i>	1B	QL(4 ea daily)
<i>olanzapine tbdp or 10 mg, 15 mg, 5 mg</i>	1B	QL(2 ea daily)
<i>olanzapine tbdp or 20 mg</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1B	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tb24 150 mg, 200 mg, 50 mg</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate tb24 300 mg, 400 mg</i>	1B	QL(2 ea daily)
SAPHRIS SUBL 10 MG, 5 MG (Use asenapine maleate)	NF	PA; QL(2 ea daily)
SAPHRIS SUBL 2.5 MG (Use asenapine maleate)	NF	PA; QL(4 ea daily)
SEROQUEL TABS 100 MG, 200 MG, 25 MG, 50 MG (Use quetiapine fumarate)	NF	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)	NF	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 150 MG, 200 MG, 50 MG (Use quetiapine fumarate)	NF	QL(1 ea daily)
SEROQUEL XR TB24 300 MG, 400 MG (Use quetiapine fumarate)	NF	QL(2 ea daily)
ZYPREXA SOLR IM 10 MG (Use olanzapine)	NF	QL(0.215 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG (Use olanzapine)	NF	QL(2 ea daily)
ZYPREXA TABS OR 2.5 MG, 5 MG (Use olanzapine)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 5 MG (Use olanzapine)	NF	QL(2 ea daily)
ZYPREXA ZYDIS TBDP 20 MG (Use olanzapine)	NF	QL(1 ea daily)
<b>Phenothiazines</b>		
<i>chlorpromazine hcl soln ij 25 mg/ml, 50 mg/2ml</i>	3	
<i>chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</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 maleate tabs</i>	1B	
<i>prochlorperazine supp</i>	1B	
<i>thioridazine hcl tabs</i>	1B	
<i>trifluoperazine hcl tabs</i>	1B	
<b>Quinolinone Derivatives</b>		
ABILIFY TABS (Use aripiprazole)	NF	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole soln 1 mg/ml</i>	3	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI TABS	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	1B	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate soln 20 mg/ml</i>	1B	QL(32 ml daily)
<i>abacavir sulfate tabs 300 mg</i>	1B	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs</i>	1B	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1B	QL(2 ea daily)
APTIVUS CAPS 250 MG	2	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	2	QL(10 ml daily)
<i>atazanavir sulfate caps 150 mg, 300 mg</i>	1B	QL(1 ea daily)
<i>atazanavir sulfate caps 200 mg</i>	1B	QL(2 ea daily)
ATRIPLA TABS ( <i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	3	QL(1 ea daily)
BIKTARVY TABS	2	QL(1 ea daily)
CIMDUO TABS	2	ST; QL(1 ea daily)
COMBIVIR TABS ( <i>Use lamivudine-zidovudine</i> )	NF	QL(2 ea daily)
COMPLERA TABS	3	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DELSTRIGO TABS	3	QL(1 ea daily)
<i>didanosine cpdr 200 mg</i>	1B	QL(2 ea daily)
<i>didanosine cpdr 250 mg, 400 mg</i>	1B	QL(1 ea daily)
DOVATO TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EDURANT TABS	2	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	1B	QL(2 ea daily)
<i>efavirenz caps 50 mg</i>	1B	QL(3 ea daily)
<i>efavirenz tabs 600 mg</i>	1B	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	1B	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	1B	QL(1 ea daily)
<i>emtricitabine caps</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 100 mg-150 mg, 133 mg-200 mg, 167 mg-250 mg</i>	1B	QL(1 ea daily, 30 day(s) limit)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg</i>	0	QL(1 ea daily)
EMTRIVA CAPS 200 MG ( <i>Use emtricitabine</i> )	NF	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML ( <i>Use lamivudine</i> )	NF	QL(30 ml daily)
EPIVIR TABS 150 MG ( <i>Use lamivudine</i> )	NF	QL(2 ea daily)
EPIVIR TABS 300 MG ( <i>Use lamivudine</i> )	NF	QL(1 ea daily)
EPZICOM TABS ( <i>Use abacavir sulfate-lamivudine</i> )	NF	QL(1 ea daily)
<i>etravirine tabs 100 mg</i>	1B	QL(4 ea daily)
<i>etravirine tabs 200 mg</i>	1B	QL(2 ea daily)
<i>fosamprenavir calcium tabs</i>	1B	QL(4 ea daily)
FUZEON SOLR	4	PA; SP
GENVOYA TABS	2	QL(1 ea daily)
INTELENCE TABS 100 MG ( <i>Use etravirine</i> )	2	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
INTELENCE TABS 200 MG ( <i>Use etravirine</i> )	2	QL(2 ea daily)
INTELENCE TABS 25 MG	2	QL(8 ea daily)
INVIRASE TABS	2	QL(4 ea daily)
ISENTRESS CHEW 100 MG, 25 MG	2	QL(6 ea daily)
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	3	QL(1 ea daily)
KALETRA SOLN 100 MG/5ML-400 MG/5ML ( <i>Use lopinavir-ritonavir</i> )	NF	QL(12.5 ml daily)
KALETRA TABS 25 MG-100 MG, 50 MG-200 MG ( <i>Use lopinavir-ritonavir</i> )	2	QL(4 ea daily)
<i>lamivudine soln 10 mg/ml</i>	1B	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	1B	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	1B	QL(1 ea daily)
<i>lamivudine-zidovudine tabs</i>	1B	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	2	QL(56 ml daily)
LEXIVA TABS 700 MG ( <i>Use fosamprenavir calcium</i> )	NF	QL(4 ea daily)
<i>lopinavir-ritonavir soln 100 mg/5ml-400 mg/5ml</i>	1B	QL(12.5 ml daily)
<i>lopinavir-ritonavir tabs 25 mg-100 mg, 50 mg-200 mg</i>	1B	QL(4 ea daily)
<i>nevirapine susp 50 mg/5ml</i>	1B	QL(40 ml daily)
<i>nevirapine tabs 200 mg</i>	1B	QL(2 ea daily)
<i>nevirapine tb24 100 mg</i>	1B	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NORVIR PACK 100 MG	2	QL(12 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG ( <i>Use ritonavir</i> )	NF	QL(12 ea daily)
ODEFSEY TABS	2	QL(1 ea daily)
PIFELTRO TABS	2	QL(1 ea daily)
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 150 MG, 600 MG, 75 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS	2	QL(6 ea daily)
RETROVIR CAPS 100 MG ( <i>Use zidovudine</i> )	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1B	
RETROVIR SYRP 50 MG/5ML ( <i>Use zidovudine</i> )	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 300 MG ( <i>Use atazanavir sulfate</i> )	NF	QL(1 ea daily)
REYATAZ CAPS 200 MG ( <i>Use atazanavir sulfate</i> )	NF	QL(2 ea daily)
<i>ritonavir tabs</i>	1B	QL(12 ea daily)
RUKOBIA TB12	4	PA
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG, 25 MG, 75 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
<i>stavudine caps 15 mg, 20 mg, 30 mg, 40 mg</i>	1B	QL(2 ea daily)
STAVUDINE CAPS 15 MG, 30 MG	2	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
STAVUDINE CAPS 20 MG, 40 MG	1B	QL(2 ea daily)
STRIBILD TABS	3	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use efavirenz)	NF	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use efavirenz)	NF	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use efavirenz)	NF	QL(1 ea daily)
SYMFI LO TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NF	QL(1 ea daily)
SYMFI TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NF	QL(1 ea daily)
SYMTUZA TABS	3	ST; QL(1 ea daily)
TEMIXYS TABS	2	ST; QL(1 ea daily)
tenofovir disoproxil fumarate tabs	1B	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS	2	QL(1 ea daily)
TRIZIVIR TABS (Use abacavir sulfate-lamivudine-zidovudine)	NF	QL(2 ea daily)
TRUVADA TABS 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (Use emtricitabine-tenofovir disoproxil fumarate)	NF	QL(1 ea daily, 30 day(s) limit)
TRUVADA TABS 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	NF	QL(1 ea daily)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG	2	QL(2 ea daily)
VIDEX EC CPDR 200 MG (Use didanosine)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG, 400 MG (Use didanosine)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (Use nevirapine)	NF	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use nevirapine)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 (Use nevirapine)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG (Use tenofovir disoproxil fumarate)	NF	
ZIAGEN SOLN 20 MG/ML (Use abacavir sulfate)	NF	QL(32 ml daily)
ZIAGEN TABS 300 MG (Use abacavir sulfate)	NF	QL(2 ea daily)
zidovudine caps 100 mg	1B	QL(6 ea daily)
zidovudine syrp 50 mg/5ml	1B	QL(60 ml daily)
zidovudine tabs 300 mg	1B	QL(2 ea daily)
<b>CMV Agents</b>		
cidofovir soln	3	
CYTOVENE SOLR (Use ganciclovir sodium)	NF	
ganciclovir sodium solr	1B	
VALCYTE TABS 450 MG (Use valganciclovir hcl)	NF	PA; QL(4 ea daily)
valganciclovir hcl tabs 450 mg	1B	PA; QL(4 ea daily)
<b>Hepatitis Agents</b>		
adefovir dipivoxil tabs	4	PA; QL(1 ea daily); SP
BARACLUDGE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDGE TABS 0.5 MG, 1 MG (Use entecavir)	NF	QL(1 ea daily); SP

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Drug Name	Drug Tier	Requirements/Limits
<i>entecavir tabs</i>	4	QL(1 ea daily); SP
EPCLUSA TABS 100 MG-400 MG	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (Use lamivudine (hbv))	NF	QL(3 ea daily); SP
HEPSERA TABS (Use adefovir dipivoxil)	NF	PA; QL(1 ea daily); SP
<i>lamivudine (hbv) tabs</i>	1B	QL(3 ea daily); SP
PEGASYS PROCLICK SOLN	4	PA; QL(0.0714 ml daily); SP
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
RIBASPHERE RIBAPAK TBPK 400 MG, 600 MG	4	PA
RIBASPHERE TABS	4	PA
<i>ribavirin (hepatitis c) caps 200 mg</i>	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 200 mg</i>	1B	PA; QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 600 mg</i>	4	PA
SOFOSBUVIR/VELPATAS VIR TABS	4	PA; QL(1 ea daily)
SOVALDI TABS 200 MG	4	PA; QL(1 ea daily)
SOVALDI TABS 400 MG	4	PA; QL(1 ea daily); SP
VEMLIDY TABS	4	PA; QL(1 ea daily); SP
VOSEVI TABS	4	PA; QL(1 ea daily)
<b>Herpes Agents</b>		
<i>acyclovir caps 200 mg</i>	1A	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
<i>acyclovir susp 200 mg/5ml</i>	1B	QL(13.34 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir tabs 400 mg, 800 mg</i>	1B	QL(5 ea daily)
<i>famciclovir tabs 125 mg, 250 mg</i>	1B	QL(3 ea daily)
<i>famciclovir tabs 500 mg</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1B	QL(2 ea daily)
VALTREX TABS 1 GM (Use valacyclovir hcl)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (Use valacyclovir hcl)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use acyclovir)	NF	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
ZOVIRAX SUSP OR 200 MG/5ML (Use acyclovir)	NF	QL(13.34 ml daily)
ZOVIRAX TABS OR 400 MG, 800 MG (Use acyclovir)	NF	QL(5 ea daily)
<b>Influenza Agents</b>		
FLUMADINE TABS (Use rimantadine hydrochloride)	NF	QL(2 ea daily)
<i>oseltamivir phosphate caps or 30 mg, 45 mg, 75 mg</i>	1B	Limit 1 fill every 90 days.;QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1B	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
RELENZA DISKHALER AEPB	2	1 rtl pack lmt amt,30 rtl pack lmt day(s),
<i>rimantadine hydrochloride tabs</i>	1B	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU CAPS 30 MG, 45 MG, 75 MG ( <i>Use oseltamivir phosphate</i> )	NF	Limit 1 fill every 90 days.;QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
TAMIFLU SUSR 6 MG/ML ( <i>Use oseltamivir phosphate</i> )	NF	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol tabs</i>	1B	
COREG TABS ( <i>Use carvedilol</i> )	NF	
<i>labetalol hcl soln</i>	1B	
<i>labetalol hcl tabs</i>	1B	
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl caps</i>	1B	
<i>atenolol tabs</i>	1B	
<i>betaxolol hcl tabs</i>	1B	
<i>bisoprolol fumarate tabs or 10 mg, 5 mg</i>	1B	
BYSTOLIC TABS 10 MG, 2.5 MG, 5 MG	2	PA; QL(1 ea daily)
BYSTOLIC TABS 20 MG	2	PA; QL(2 ea daily)
LOPRESSOR TABS ( <i>Use metoprolol tartrate</i> )	NF	
<i>metoprolol succinate tb24</i>	1B	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1B	
<i>nebivolol hcl tabs 10 mg, 2.5 mg, 5 mg</i>	1B	PA; QL(1 ea daily)
<i>nebivolol hcl tabs 20 mg</i>	1B	PA; QL(2 ea daily)
TENORMIN TABS ( <i>Use atenolol</i> )	NF	
TOPROL XL TB24 ( <i>Use metoprolol succinate</i> )	NF	
<b>Beta Blockers Non-Selective</b>		
BETAPACE AF TABS ( <i>Use sotalol hcl (afib/af)</i> )	NF	
BETAPACE TABS ( <i>Use sotalol hcl</i> )	NF	QL(2 ea daily)
CORGARD TABS ( <i>Use nadolol</i> )	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 ( <i>Use propranolol hcl</i> )	NF	
<i>nadolol tabs</i>	1B	
<i>pindolol tabs</i>	1B	
<i>propranolol hcl cp24</i>	1B	
<i>propranolol hcl soln</i>	1B	
<i>propranolol hcl tabs</i>	1B	
<i>sotalol hcl (afib/af)</i> tabs	1B	
<i>sotalol hcl tabs 120 mg, 160 mg, 80 mg</i>	1B	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	1B	
<i>timolol maleate tabs</i>	1B	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
ADALAT CC TB24 ( <i>Use nifedipine</i> )	NF	
<i>amlodipine besylate tabs</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
CALAN SR TBCR ( <i>Use verapamil hcl</i> )	NF	
CALAN TABS ( <i>Use verapamil hcl</i> )	NF	
CARDIZEM CD CP24 ( <i>Use diltiazem hcl coated beads</i> )	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ( <i>Use diltiazem hcl coated beads</i> )	NF	
CARDIZEM TABS ( <i>Use diltiazem hcl</i> )	NF	
<i>diltiazem hcl coated beads cp24</i>	1B	
<i>diltiazem hcl coated beads tb24</i>	1B	
<i>diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg</i>	1B	
<i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i>	1B	
<i>diltiazem hcl extended release beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1B	
<i>diltiazem hcl soln iv 50 mg/10ml</i>	1B	
DILTIAZEM HCL SOLR IV 100 MG	1B	
<i>diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg</i>	1B	
<i>felodipine tb24</i>	1B	
<i>isradipine caps</i>	1B	
<i>nicardipine hcl caps</i>	1B	
<i>nicardipine hcl soln</i>	1B	
<i>nifedipine caps</i>	1B	
<i>nifedipine tb24</i>	1B	
<i>nimodipine caps</i>	1B	
<i>nisoldipine tb24 17 mg, 20 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
NORVASC TABS ( <i>Use amlodipine besylate</i> )	NF	
PROCARDIA CAPS ( <i>Use nifedipine</i> )	NF	
PROCARDIA XL TB24 ( <i>Use nifedipine</i> )	NF	
SULAR TB24 ( <i>Use nisoldipine</i> )	NF	
TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ( <i>Use diltiazem hcl extended release beads</i> )	NF	
<i>verapamil hcl cp24</i>	1B	
<i>verapamil hcl soln</i>	1B	
<i>verapamil hcl tabs</i>	1B	
<i>verapamil hcl tbc</i>	1B	
VERELAN CP24 ( <i>Use verapamil hcl</i> )	NF	
VERELAN PM CP24 ( <i>Use verapamil hcl</i> )	NF	
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
<i>digoxin soln</i>	1B	
<i>digoxin tabs</i>	1B	
LANOXIN SOLN IJ 0.25 MG/ML ( <i>Use digoxin</i> )	2	
LANOXIN TABS OR 250 MCG, 125 MCG ( <i>Use digoxin</i> )	2	
LANOXIN TABS OR 62.5 MCG	2	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardioplegic Solutions</b>		
PLEGISOL SOLN ( <i>Use cardioplegic soln</i> )	NF	
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1B	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
BIDIL TABS	2	
CADUET TABS ( <i>Use amlodipine besylate-atorvastatin calcium</i> )	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA; QL(2 ea daily)
<b>Impotence Agents</b>		
CIALIS TABS 5 MG ( <i>Use tadalafil</i> )	NF	PA; BPH Only; QL(1 ea daily)
<i>sildenafil citrate tabs</i>	1B	PA; QL(0.1334 ea daily)
STENDRA TABS	3	QL(0.134 ea daily)
<i>tadalafil tabs 5 mg</i>	1B	PA; BPH Only; QL(1 ea daily)
VIAGRA TABS ( <i>Use sildenafil citrate</i> )	NF	PA; QL(0.1334 ea daily)
<b>Prostaglandin Vasodilators</b>		
<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR ( <i>Use epoprostenol sodium</i> )	NF	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
<i>treprostinil soln</i>	4	PA; SP
VELETRI SOLR ( <i>Use epoprostenol sodium</i> )	NF	PA
VENTAVIS SOLN	4	PA; SP
<b>Pulmonary Hypertension - Endothelin Receptor</b>		
<i>ambrisentan tabs</i>	4	PA; QL(1 ea daily); SP
<i>bosentan tabs 125 mg</i>	4	PA; QL(2 ea daily); SP
<i>bosentan tabs 62.5 mg</i>	4	PA; QL(2 ea daily)
LETAIRIS TABS ( <i>Use ambrisentan</i> )	NF	PA; QL(1 ea daily); SP
OPSUMIT TABS	4	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRACLEER TABS 125 MG ( <i>Use bosentan</i> )	NF	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG ( <i>Use bosentan</i> )	NF	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily); SP
<b>Pulmonary Hypertension - Phosphodiesterase</b>		
ADCIRCA TABS ( <i>Use tadalafil (pulmonary hypertension)</i> )	NF	PA; QL(2 ea daily); SP
REVATIO SOLN IV 10 MG/12.5ML ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	NF	PA; QL(37.5 ml daily); SP
REVATIO SUSR OR 10 MG/ML ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	NF	PA; QL(6 ml daily)
REVATIO TABS OR 20 MG ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	NF	PA; QL(3 ea daily); SP
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	4	PA; QL(37.5 ml daily); SP
<i>sildenafil citrate (pulmonary hypertension) susr or 10 mg/ml</i>	4	PA; QL(6 ml daily)
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	4	PA; QL(3 ea daily); SP
<i>tadalafil (pulmonary hypertension) tabs</i>	4	PA; QL(2 ea daily); SP
<b>Pulmonary Hypertension - Sol Guanylate Cyclase</b>		
ADEMPAS TABS 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; QL(3 ea daily)
<b>Sinus Node Inhibitors</b>		
CORLANOR SOLN 5 MG/5ML	3	PA; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG	3	PA; QL(2 ea daily)
<b>Transthyretin Stabilizers</b>		
VYNDAMAX CAPS	4	PA; QL(1 ea daily)
VYNDAQEL CAPS	4	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil caps</i>	1B	
<i>cefadroxil susr</i>	1B	
<i>cefadroxil tabs</i>	1B	
<i>cefazolin sodium solr ij 20 gm, 500 mg, 1 gm, 10 gm</i>	1B	
<i>cephalexin caps</i>	1B	
<i>cephalexin susr</i>	1B	
<i>cephalexin tabs</i>	1B	
KEFLEX CAPS (Use <i>cephalexin</i> )	NF	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor caps</i>	1B	
<i>cefaclor susr</i>	1B	
CEFOTAN SOLR (Use <i>cefotetan disodium</i> )	NF	
<i>cefotetan disodium solr 1 gm, 2 gm</i>	1B	
<i>cefotetan disodium solr 10 gm</i>	3	
<i>cefoxitin sodium solr ij 10 gm</i>	1B	
<i>cefoxitin sodium solr iv 2 gm, 1 gm</i>	1B	
<i>cefprozil susr</i>	1B	
<i>cefprozil tabs</i>	1B	
<i>cefuroxime axetil tabs</i>	1B	
<i>cefuroxime sodium solr ij 750 mg</i>	1B	
<b>Cephalosporins - 3rd Generation</b>		
<i>cefdinir caps</i>	1B	
<i>cefdinir susr</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>cefditoren pivoxil tabs 200 mg</i>	3	
<i>cefditoren pivoxil tabs 400 mg</i>	1B	
<i>cefixime susr 100 mg/5ml, 200 mg/5ml</i>	1B	ST
<i>cefotaxime sodium solr</i>	1B	
<i>cefpodoxime proxetil susr</i>	1B	
<i>cefpodoxime proxetil tabs</i>	1B	
<i>ceftazidime solr ij 2 gm, 1 gm, 6 gm</i>	1B	
<i>ceftriaxone sodium solr ij 1 gm, 2 gm, 500 mg</i>	1B	
<i>ceftriaxone sodium solr ij 250 mg</i>	1A	
FORTAZ SOLR IJ 1 GM (Use <i>ceftazidime</i> )	NF	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use <i>cefixime</i> )	NF	ST
<b>Cephalosporins - 4th Generation</b>		
<i>cefepime hcl solr</i>	1B	
MAXIPIME SOLR IJ 1 GM, 2 GM (Use <i>cefepime hcl</i> )	NF	
<b>Cephalosporins - 5th Generation</b>		
TEFLARO SOLR	3	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BALCOLTRA TABS	0	
BEYAZ TABS (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	NF	
<i>desogestrel &amp; ethinyl estradiol tabs</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	0	

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Drug Name	Drug Tier	Requirements/ Limits
<i>drospirenone-ethinyl estradiol tabs</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	0	
ESTROSTEP FE TABS (Use <i>norethindrone acetate-ethinyl estradiol-fe</i> )	NF	
<i>ethynodiol diacet &amp; eth estrad tabs</i>	0	
FALESSA KIT	0	
GENERESS FE CHEW (Use <i>norethindrone &amp; ethinyl estradiol-fe</i> )	NF	
<i>levonorgestrel &amp; eth estradiol tabs</i>	0	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	0	
LO LOESTRIN FE TABS	0	
LOSEASONIQUE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	NF	
MINASTRIN 24 FE CHEW (Use <i>norethin acet &amp; estrad-fe</i> )	NF	
MIRCETTE TABS (Use <i>desogestrel-ethinyl estradiol (biphasic)</i> )	NF	
NATAZIA TABS	0	
<i>norethin acet &amp; estrad-fe caps</i>	0	
<i>norethin acet &amp; estrad-fe chew</i>	0	
<i>norethin acet &amp; estrad-fe tabs</i>	0	
<i>norethindrone &amp; eth estradiol tabs</i>	0	
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acet &amp; eth estra tabs</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	0	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol tabs</i>	0	
<i>norgestrel &amp; ethinyl estradiol tabs</i>	0	
ORTHO TRI-CYCLEN LO TABS (Use <i>norgestimate-ethinyl estradiol (triphasic)</i> )	NF	
ORTHO-NOVUM 1/35 TABS (Use <i>norethindrone &amp; eth estradiol</i> )	NF	
ORTHO-NOVUM 7/7/7 TABS (Use <i>norethindrone-eth estradiol (triphasic)</i> )	NF	
QUARTETTE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	NF	
SAFYRAL TABS (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	NF	
SEASONIQUE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	NF	
TAYTULLA CAPS (Use <i>norethin acet &amp; estrad-fe</i> )	NF	
TYBLUME CHEW	0	
YASMIN 28 TABS (Use <i>drospirenone-ethinyl estradiol</i> )	NF	
YAZ TABS (Use <i>drospirenone-ethinyl estradiol</i> )	NF	
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-ethinyl estradiol ptwk</i>	0	
TWIRLA PTWK	0	QL(3 ea per 28 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<b>Combination Contraceptives - Vaginal</b>		
ANNOVERA RING	0	PA
<i>etonogestrel-ethinyl estradiol ring</i>	0	
NUVARING RING ( <i>Use etonogestrel-ethinyl estradiol</i> )	NF	
<b>Emergency Contraceptives</b>		
ELLA TABS	0	
<i>levonorgestrel (emergency oc) tabs</i>	0	
PLAN B ONE-STEP TABS ( <i>Use levonorgestrel (emergency oc)</i> )	NF	
<b>Progestin Contraceptives - Injectable</b>		
DEPO-PROVERA CONTRACEPTIVE SUSP ( <i>Use medroxyprogesterone acetate (contraceptive)</i> )	NF	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY ( <i>Use medroxyprogesterone acetate (contraceptive)</i> )	NF	QL(90 day(s) limit, 1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	QL(1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	QL(90 day(s) limit, 1 ml per 90 days retail)
<b>Progestin Contraceptives - Oral</b>		
<i>norethindrone (contraceptive) tabs</i>	0	
ORTHO MICRONOR TABS ( <i>Use norethindrone (contraceptive)</i> )	NF	
SLYND TABS	0	QL(1 ea daily)
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<i>budesonide cpep 3 mg</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CELESTONE SOLUSPAN SUSP ( <i>Use betamethasone sod phosphate &amp; acetate</i> )	NF	
CELESTONE-SOLUSPAN SUSP ( <i>Use betamethasone sod phosphate &amp; acetate</i> )	NF	
CORTEF TABS ( <i>Use hydrocortisone</i> )	NF	
<i>cortisone acetate tabs</i>	1B	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 80 MG/ML, 40 MG/ML ( <i>Use methylprednisolone acetate</i> )	NF	
<i>dexamethasone elix 0.5 mg/5ml</i>	1B	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1B	
<i>dexamethasone soln 0.5 mg/5ml</i>	1B	
<i>dexamethasone tabs 0.5 mg, 0.75 mg</i>	1A	
<i>dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1B	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP ( <i>Use budesonide</i> )	NF	QL(3 ea daily)
<i>hydrocortisone tabs</i>	1B	
KENALOG-40 SUSP ( <i>Use triamcinolone acetonide</i> )	NF	
MEDROL DOSEPAK TBPK ( <i>Use methylprednisolone</i> )	NF	
MEDROL TABS 16 MG, 32 MG, 8 MG, 4 MG ( <i>Use methylprednisolone</i> )	NF	
MEDROL TABS 2 MG	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>methylprednisolone acetate susp 80 mg/ml, 40 mg/ml</i>	1B	
<i>methylprednisolone sod succ solr</i>	1B	
<i>methylprednisolone tabs</i>	1B	
<i>methylprednisolone tbpk</i>	1B	
MILLIPRED DP TBPk	3	
MILLIPRED TABS	3	
ORAPRED ODT TBPk (Use prednisolone sodium phosphate)	NF	
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NF	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	1B	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1B	
<i>prednisone soln 5 mg/5ml</i>	1B	
<i>prednisone tabs 1 mg, 5 mg</i>	1B	
<i>prednisone tabs 10 mg, 2.5 mg, 50 mg, 20 mg</i>	1A	
<i>prednisone tbpk 10 mg, 5 mg</i>	1B	
SOLU-CORTEF SOLR 100 MG, 1000 MG, 500 MG	3	2 rtl MAX fill,30 rtl day(s) supply,
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG, 1000 MG, 125 MG, 40 MG (Use methylprednisolone sod succ)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide susp 200 mg/5ml, 40 mg/ml, 400 mg/10ml</i>	1B	
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate tabs</i>	1B	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
<i>benzonatate caps 100 mg</i>	1B	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1B	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1B	QL(3 ea daily)
TESSALON PERLES CAPS (Use benzonatate)	NF	QL(6 ea daily)
<b>Cough/Cold/Allergy Combinations</b>		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use fexofenadine-pseudoephedrine)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use fexofenadine-pseudoephedrine)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1B	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	NF	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	NF	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 60 mg-120 mg</i>	1B	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180 mg-240 mg</i>	1B	QL(1 ea daily)
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>loratadine &amp; pseudoephedrine tb12 5 mg-120 mg</i>	1B	QL(2 ea daily)
<i>loratadine &amp; pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg</i>	1B	QL(1 ea daily)
TUZISTRA XR SUER	2	PA
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use <i>cetirizine-pseudoephedrine</i> )	NF	QL(2 ea daily)
<b>Misc. Respiratory Inhalants</b>		
<i>HYPER-SAL NEBU (Use sodium chloride (inhalant))</i>	NF	
HYPERSAL NEBU 3.5 %	1B	
<i>HYPERSAL NEBU 7 % (Use sodium chloride (inhalant))</i>	NF	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) nebu 7 %</i>	1B	
<b>Mucolytics</b>		
<i>acetylcysteine soln</i>	1B	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
ABSORICA CAPS 30 MG, 10 MG, 20 MG, 40 MG (Use <i>isotretinoin</i> )	NF	PA; AL(At least 12 yrs old)
<i>adapalene crea 0.1 %</i>	1B	PA; AL(At least 12 yrs old)
<i>adapalene gel 0.1 %</i>	1B	PA; AL(At least 12 yrs old); RX/OTC
<i>adapalene gel 0.3 %</i>	1B	ST; AL(At least 12 yrs old)
<i>adapalene lotn 0.1 %</i>	1B	ST; AL(At least 12 yrs old)
<i>adapalene-benzoyl peroxide gel</i>	1B	ST; AL(At least 12 yrs old)
AZELEX CREA	3	ST; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>BENZAACLIN GEL (Use clindamycin phosphate-benzoyl peroxide)</i>	NF	PA; AL(At least 12 yrs old)
<i>BENZAACLIN WITH PUMP GEL (Use clindamycin phosphate-benzoyl peroxide)</i>	NF	PA; AL(At least 12 yrs old)
<i>BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)</i>	NF	PA; AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	2	AL(At least 12 yrs old)
<i>benzoyl peroxide foam 5.3 %</i>	1B	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide foam 9.8 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide gel 5 %, 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide liqd 4 %, 7 %, 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin gel</i>	1B	PA; AL(At least 12 yrs old)
<i>CLEOCIN-T GEL (Use clindamycin phosphate (topical))</i>	NF	
<i>CLEOCIN-T LOTN (Use clindamycin phosphate (topical))</i>	NF	AL(At least 12 yrs old)
<i>CLINDAGEL GEL (Use clindamycin phosphate (topical))</i>	NF	
<i>clindamycin phosphate (topical) foam</i>	1B	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) gel</i>	1B	
<i>clindamycin phosphate (topical) lotn</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) soln</i>	1B	QL(4 ml daily); AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) swab</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1B	PA; AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</i>	1B	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-tretinoin gel</i>	1B	ST; AL(At least 12 yrs old)
DIFFERIN CREA 0.1 % (Use <i>adapalene</i> )	NF	PA; AL(At least 12 yrs old)
DIFFERIN GEL 0.1 % (Use <i>adapalene</i> )	NF	PA; AL(At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % (Use <i>adapalene</i> )	NF	ST; AL(At least 12 yrs old)
DIFFERIN LOTN 0.1 %	2	ST; AL(At least 12 yrs old)
DUAC GEL (Use <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> )	NF	PA; AL(At least 12 yrs old)
EPIDUO GEL (Use <i>adapalene-benzoyl peroxide</i> )	NF	ST; AL(At least 12 yrs old)
<i>erythromycin (acne aid) pads</i>	1B	AL(At least 12 yrs old)
<i>erythromycin (acne aid) soln</i>	1B	AL(At least 12 yrs old)
EVOCLIN FOAM (Use <i>clindamycin phosphate (topical)</i> )	NF	PA; AL(At least 12 yrs old)
<i>isotretinoin caps 30 mg, 10 mg, 20 mg, 40 mg</i>	3	PA; AL(At least 12 yrs old)
KLARON LOTN (Use <i>sulfacetamide sodium (acne)</i> )	NF	AL(At least 12 yrs old)
RETIN-A CREA (Use <i>tretinoin</i> )	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL (Use <i>tretinoin</i> )	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % (Use <i>tretinoin microsphere</i> )	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (Use <i>tretinoin microsphere</i> )	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
<i>sulfacetamide sodium (acne) lotn</i>	1B	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium w/ sulfur crea 5 %-10 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur emul 5 %-10 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %</i>	1B	ST; AL(At least 12 yrs old)
<i>sulfacetamide sodium-sulfur in urea vehicle emul</i>	1B	AL(At least 12 yrs old)
SUMADAN WASH LIQD (Use <i>sulfacetamide sodium w/ sulfur</i> )	NF	ST; AL(At least 12 yrs old)
<i>tretinoin crea 0.05 %, 0.1 %, 0.025 %</i>	1B	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin gel 0.01 %, 0.025 %</i>	1B	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1B	PA; AL(At least 12 yrs old - Up to 30 yrs old)
VELTIN GEL (Use <i>clindamycin phosphate-tretinoin</i> )	NF	ST; AL(At least 12 yrs old)
ZIANA GEL (Use <i>clindamycin phosphate-tretinoin</i> )	NF	ST; AL(At least 12 yrs old)
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN OINT	3	
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac epolamine ptch</i>	1B	PA; QL(2 ea daily)
<i>diclofenac sodium (topical) gel 1 %</i>	1B	QL(3.34 gm daily); RX/OTC
FLECTOR PTCH (Use <i>diclofenac epolamine</i> )	NF	PA; QL(2 ea daily)
VOLTAREN GEL (Use <i>diclofenac sodium (topical)</i> )	NF	QL(3.34 gm daily); RX/OTC
<b>Antibiotics - Topical</b>		
ALTABAX OINT	2	
<i>gentamicin sulfate (topical) crea</i>	1B	QL(1 gm daily)
<i>gentamicin sulfate (topical) oint</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
<i>mupirocin oint</i>	1B	
NEO-SYNALAR CREA	3	PA
<b>Antifungals - Topical</b>		
<i>butenafine hcl crea</i>	1B	RX/OTC
CICLODAN SOLUTION KIT KIT ( <i>Use ciclopirox</i> )	NF	
<i>ciclopirox gel ex 0.77 %</i>	1B	
<i>ciclopirox olamine crea</i>	1B	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>ciclopirox olamine susp</i>	1B	
<i>ciclopirox sham ex 1 %</i>	1B	
<i>ciclopirox soln ex 8 %</i>	1B	
<i>clotrimazole (topical) crea</i>	1B	RX/OTC
<i>clotrimazole (topical) soln</i>	1B	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1B	
<i>clotrimazole w/ betamethasone lotn</i>	1B	
<i>econazole nitrate crea</i>	1B	QL(85 gm per fill retail,85 gm per fill mail)
ERTACZO CREA	3	QL(2.15 gm daily)
EXELDERM CREA ( <i>Use sulconazole nitrate</i> )	NF	
EXELDERM SOLN ( <i>Use sulconazole nitrate</i> )	NF	1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
JUBLIA SOLN	3	PA
KERYDIN SOLN ( <i>Use tavaborole</i> )	NF	PA
<i>ketoconazole (topical) crea 2 %</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>ketoconazole (topical) sham 2 %</i>	1B	
LOPROX CREA ( <i>Use ciclopirox olamine</i> )	NF	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
LOPROX SHAMPOO SHAM ( <i>Use ciclopirox</i> )	NF	
LOPROX SUSP ( <i>Use ciclopirox olamine</i> )	NF	
LOTRIMIN AF CREA ( <i>Use clotrimazole (topical)</i> )	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA ( <i>Use clotrimazole (topical)</i> )	NF	RX/OTC
LOTRIMIN ULTRA CREA ( <i>Use butenafine hcl</i> )	NF	RX/OTC
LOTRISONE CREA ( <i>Use clotrimazole w/ betamethasone</i> )	NF	
<i>luliconazole crea</i>	1B	PA
LUZU CREA ( <i>Use luliconazole</i> )	NF	PA
<i>naftifine hcl crea 1 %</i>	1B	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<i>naftifine hcl crea 2 %</i>	1B	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<i>naftifine hcl gel 1 %</i>	1B	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

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Drug Name	Drug Tier	Requirements/ Limits
NAFTIFINE HYDROCHLORIDE CREA (Use <i>naftifine hcl</i> )	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN CREA 2 % (Use <i>naftifine hcl</i> )	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN GEL 1 % (Use <i>naftifine hcl</i> )	NF	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NIZORAL SHAM (Use <i>ketoconazole (topical)</i> )	NF	
<i>nystatin (topical) crea</i>	1B	
<i>nystatin (topical) oint</i>	1B	
<i>nystatin (topical) powd</i>	1B	
<i>nystatin-triamcinolone crea</i>	1B	
<i>nystatin-triamcinolone oint</i>	1B	
<i>oxiconazole nitrate crea</i>	1B	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT CREA (Use <i>oxiconazole nitrate</i> )	NF	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
OXISTAT LOTN	2	Limit 1 Fill per 180 days;QL(2 ml daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PENLAC NAIL LACQUER SOLN (Use <i>ciclopirox</i> )	NF	
<i>sulconazole nitrate crea</i>	1B	
<i>sulconazole nitrate soln</i>	1B	1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
<i>tavaborole soln</i>	1B	PA
VUSION OINT (Use <i>miconazole-zinc oxide-white petrolatum</i> )	NF	
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
CARAC CREA (Use <i>fluorouracil (topical)</i> )	NF	
<i>diclofenac sodium (actinic keratoses) gel</i>	1B	PA; QL(3.34 gm daily)
EFUDEX CREA (Use <i>fluorouracil (topical)</i> )	NF	
<i>fluorouracil (topical) crea 5 %</i>	1B	
<i>fluorouracil (topical) soln 2 %, 5 %</i>	1B	
PANRETIN GEL	3	
PICATO GEL 0.015 %	2	QL(3 ea per fill retail,3 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
PICATO GEL 0.05 %	2	QL(2 ea per fill retail,2 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
TARGRETIN GEL EX 1 %	4	PA; SP
<b>Antipruritics - Topical</b>		
<i>doxepin hcl (antipruritic) crea</i>	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PRUDOXIN CREA ( <i>Use doxepin hcl (antipruritic)</i> )	NF	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
ZONALON CREA ( <i>Use doxepin hcl (antipruritic)</i> )	NF	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<b>Antipsoriatics</b>		
<i>acitretin caps 17.5 mg, 10 mg</i>	1B	QL(1 ea daily)
<i>acitretin caps 25 mg</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene crea</i>	1B	PA; QL(4 gm daily)
<i>calcipotriene oint</i>	1B	PA; QL(4 gm daily)
<i>calcipotriene soln</i>	1B	PA; QL(4 ml daily)
<i>calcitriol (topical) oint</i>	1B	QL(3.34 gm daily)
COSENTYX SENSOREADY PEN SOAJ	4	PA; QL(0.072 ml daily)
COSENTYX SOSY 150 MG/ML	4	PA; QL(0.036 ml daily)
COSENTYX SOSY 150 MG/ML	4	PA; QL(0.072 ml daily)
DOVONEX CREA ( <i>Use calcipotriene</i> )	NF	PA; QL(4 gm daily)
<i>methoxsalen rapid caps</i>	1B	QL(4 ea daily)
OXSORALEN ULTRA CAPS ( <i>Use methoxsalen rapid</i> )	NF	QL(4 ea daily)
SKYRIZI PEN SOAJ	4	PA; QL(0.25 ml daily)
SKYRIZI PSKT 75 MG/0.83ML	4	PA; QL(0.025 ea daily)
SKYRIZI SOSY 150 MG/ML	4	PA; QL(0.25 ml daily)
SORIATANE CAPS 10 MG ( <i>Use acitretin</i> )	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG ( <i>Use acitretin</i> )	NF	QL(2 ea daily)
STELARA SOLN SC 45 MG/0.5ML	4	PA; QL(0.012 ml daily)
STELARA SOSY SC 45 MG/0.5ML	4	PA; QL(0.012 ml daily)
STELARA SOSY SC 90 MG/ML	4	PA; QL(0.018 ml daily); SP
<i>tazarotene crea</i>	1B	QL (1 gm/day)
TAZORAC CREA 0.1 % ( <i>Use tazarotene</i> )	NF	PA
TREMFYA SOPN	4	PA; QL(0.018 ml daily)
TREMFYA SOSY	4	PA; QL(0.018 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
VECTICAL OINT ( <i>Use calcitriol (topical)</i> )	NF	QL(3.34 gm daily)
<b>Antiseborrheic Products</b>		
<i>selenium sulfide lotn</i>	1B	
<b>Antivirals - Topical</b>		
<i>acyclovir topical crea</i>	1B	
<i>acyclovir topical oint</i>	1B	
DENAVIR CREA	3	QL(0.18 gm daily)
ZOVIRAX CREA EX 5 % ( <i>Use acyclovir topical</i> )	NF	
ZOVIRAX OINT EX 5 % ( <i>Use acyclovir topical</i> )	NF	
<b>Burn Products</b>		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA ( <i>Use silver sulfadiazine</i> )	NF	
<i>silver sulfadiazine crea</i>	1B	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % ( <i>Use mafenide acetate</i> )	NF	
<b>Corticosteroids - Topical</b>		
<i>alclometasone dipropionate crea</i>	1B	
<i>alclometasone dipropionate oint</i>	1B	
<i>amcinonide crea</i>	1B	QL(60 gm per fill retail,60 gm per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
<i>amcinonide lotn</i>	3	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical) crea</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical) lotn</i>	1B	
<i>betamethasone dipropionate (topical) oint</i>	1B	
<i>betamethasone dipropionate augmented crea</i>	1B	
<i>betamethasone dipropionate augmented lotn</i>	1B	
<i>betamethasone dipropionate augmented oint</i>	1B	
<i>betamethasone valerate crea 0.1 %</i>	1B	
<i>betamethasone valerate foam 0.12 %</i>	1B	QL(1.67 gm daily)
<i>betamethasone valerate lotn 0.1 %</i>	1B	
<i>betamethasone valerate oint 0.1 %</i>	1B	
<i>calcipotriene-betamethasone dipropionate oint</i>	1B	ST
<i>calcipotriene-betamethasone dipropionate susp</i>	1B	ST
<i>clobetasol propionate crea</i>	1B	PA; QL(3 gm daily)
<i>clobetasol propionate emollient base crea</i>	1B	PA; QL(1 gm daily)
<i>clobetasol propionate foam</i>	1B	ST; QL(3 gm daily)
<i>clobetasol propionate gel</i>	1B	ST; QL(2 gm daily)
<i>clobetasol propionate oint</i>	1B	PA; QL(1 gm daily)
<i>clobetasol propionate soln</i>	1B	PA; QL(3.34 ml daily)
<i>clocortolone pivalate crea</i>	3	
CLODERM CREA ( <i>Use clocortolone pivalate</i> )	NF	
CORDRAN CREA 0.05 % ( <i>Use flurandrenolide</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
CORDRAN LOTN 0.05 % (Use flurandrenolide)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CUTIVATE LOTN (Use fluticasone propionate)	NF	QL(6 ml daily)
DERMA-SMOOTH/FS BODY OIL (Use flucinolone acetonide)	NF	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
DERMA-SMOOTH/FS SCALP OIL (Use flucinolone acetonide)	NF	
<i>desonide crea</i>	1B	QL(4 gm daily)
<i>desonide lotn</i>	1B	QL(4 ml daily)
<i>desonide oint</i>	1B	QL(3 gm daily)
DESOWEN CREA (Use <i>desonide</i> )	NF	QL(4 gm daily)
<i>desoximetasone crea 0.25 %</i>	1B	
<i>desoximetasone gel 0.05 %</i>	1B	
<i>desoximetasone oint 0.25 %</i>	1B	
<i>diflorasone diacetate crea</i>	1B	PA
<i>diflorasone diacetate oint</i>	1B	PA
DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i> )	NF	
DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i> )	NF	
ELOCON CREA (Use <i>mometasone furoate</i> )	NF	
<i>flucinolone acetonide crea 0.01 %, 0.025 %</i>	1B	
<i>flucinolone acetonide oil 0.01 %</i>	1B	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>flucinolone acetonide oil 0.01 %</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>flucinolone acetonide oint 0.025 %</i>	1B	
<i>flucinolone acetonide soln 0.01 %</i>	1B	
<i>flucinolone crea 0.05 %</i>	1B	QL(2 gm daily)
<i>flucinolone emulsified base crea</i>	1B	QL(2 gm daily)
<i>flucinolone gel 0.05 %</i>	1B	
<i>flucinolone oint 0.05 %</i>	1B	QL(2 gm daily)
<i>flucinolone soln 0.05 %</i>	1B	QL(2 ml daily)
<i>flurandrenolide crea</i>	2	QL(2 gm daily)
<i>flurandrenolide crea</i>	2	
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea 0.05 %</i>	1B	
<i>fluticasone propionate lotn 0.05 %</i>	1B	QL(6 ml daily)
<i>fluticasone propionate oint 0.005 %</i>	1B	
<i>halcinonide crea</i>	1B	PA
<i>halobetasol propionate crea</i>	1B	
<i>halobetasol propionate oint</i>	1B	
HALOG CREA (Use <i>halcinonide</i> )	NF	PA
HALOG OINT	3	PA
<i>hydrocortisone (topical) crea 1 %</i>	1B	RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	1B	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1B	
<i>hydrocortisone (topical) oint 1 %</i>	1B	RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate crea</i>	1B	
<i>hydrocortisone butyrate oint</i>	1B	
<i>hydrocortisone butyrate soln</i>	1B	
<i>hydrocortisone valerate crea</i>	1B	
<i>hydrocortisone valerate oint</i>	1B	
LOCOID CREA ( <i>Use hydrocortisone butyrate</i> )	NF	
LOCOID SOLN ( <i>Use hydrocortisone butyrate</i> )	NF	
LUXIQ FOAM ( <i>Use betamethasone valerate</i> )	NF	QL(1.67 gm daily)
<i>mometasone furoate crea</i>	1B	
<i>mometasone furoate oint</i>	1B	
<i>mometasone furoate soln</i>	1B	
MONISTAT SOOTHING CARE ITCH RELIEF CREA ( <i>Use hydrocortisone (topical)</i> )	NF	RX/OTC
OLUX FOAM ( <i>Use clobetasol propionate</i> )	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1B	
<i>prednicarbate oint</i>	1B	
SYNALAR CREA ( <i>Use fluocinolone acetonide</i> )	NF	
SYNALAR OINT ( <i>Use fluocinolone acetonide</i> )	NF	
SYNALAR SOLN ( <i>Use fluocinolone acetonide</i> )	NF	
TACLONEX OINT ( <i>Use calcipotriene-betamethasone dipropionate</i> )	NF	ST
TACLONEX SUSP ( <i>Use calcipotriene-betamethasone dipropionate</i> )	NF	ST

Drug Name	Drug Tier	Requirements/Limits
TEMOVATE CREA ( <i>Use clobetasol propionate</i> )	NF	PA; QL(3 gm daily)
TEMOVATE OINT ( <i>Use clobetasol propionate</i> )	NF	PA; QL(1 gm daily)
TOPICORT CREA 0.25 % ( <i>Use desoximetasone</i> )	NF	
TOPICORT GEL 0.05 % ( <i>Use desoximetasone</i> )	NF	
TOPICORT OINT 0.25 % ( <i>Use desoximetasone</i> )	NF	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.5 %</i>	1B	
<i>triamcinolone acetonide (topical) crea 0.1 %</i>	1B	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1B	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1B	
<i>triamcinolone acetonide-dimethicone-silicone kit</i>	1B	PA
TRIDESILON CREA ( <i>Use desonide</i> )	NF	QL(4 gm daily)
<b>Eczema Agents</b>		
DUPIXENT SOPN 300 MG/2ML	4	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	PA
<b>Emollient/Keratolytic Agents</b>		
HYDRO 35 FOAM ( <i>Use urea in lactic acid vehicle</i> )	NF	
<b>Emollients</b>		
LAC-HYDRIN CREA ( <i>Use lactic acid (ammonium lactate)</i> )	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN ( <i>Use lactic acid (ammonium lactate)</i> )	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea</i>	1B	RX/OTC
<i>lactic acid (ammonium lactate) lotn</i>	1B	RX/OTC
<b>Enzymes - Topical</b>		

Drug Name	Drug Tier	Requirements/ Limits
SANTYL OINT	3	PA
<b>Immunomodulating Agents - Topical</b>		
ALDARA CREA (Use <i>imiquimod</i> )	NF	QL(12 ea per fill retail, 12 ea per fill mail)
<i>imiquimod crea 5 %</i>	1B	QL(12 ea per fill retail, 12 ea per fill mail)
ZYCLARA CREA (Use <i>imiquimod</i> )	NF	
ZYCLARA PUMP CREA 3.75 % (Use <i>imiquimod</i> )	NF	
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL CREA (Use <i>pimecrolimus</i> )	NF	PA; AL (At least 2 yrs old)
<i>pimecrolimus crea</i>	1B	PA; AL (At least 2 yrs old)
PROTOPIC OINT (Use <i>tacrolimus (topical)</i> )	NF	PA; AL (At least 2 yrs old)
<i>tacrolimus (topical) oint</i>	1B	PA; AL (At least 2 yrs old)
<b>Keratolytic/Antimitotic Agents</b>		
<i>podofilox soln</i>	1B	
<b>Local Anesthetics - Topical</b>		
<i>lidocaine hcl gel ex 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl gel ex 2 %</i>	1B	QL(4 ml daily); RX/OTC
<i>lidocaine hcl prsy ex 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl soln ex 4 %</i>	1B	
<i>lidocaine ptch ex 5 %</i>	1B	PA
<i>lidocaine-prilocaine crea</i>	1B	QL(1 gm daily)
LIDODERM PTCH (Use <i>lidocaine</i> )	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
SYNERA PTCH	3	QL(10 ea per fill retail, 10 ea per fill mail) 1 rtl MAX fill, 30 rtl day(s) supply, 1 mail MAX fill, 30 mail day(s) supply,
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA OINT	3	PA; QL(2 gm daily)
<b>Rosacea Agents</b>		
<i>azelaic acid gel</i>	1B	PA
FINACEA GEL (Use <i>azelaic acid</i> )	NF	PA
METROCREAM CREA (Use <i>metronidazole (topical)</i> )	NF	
METROGEL GEL (Use <i>metronidazole (topical)</i> )	NF	
METROLOTION LOTN (Use <i>metronidazole (topical)</i> )	NF	
<i>metronidazole (topical) crea</i>	1B	
<i>metronidazole (topical) gel</i>	1B	
<i>metronidazole (topical) lotn</i>	1B	
MIRVASO GEL	3	PA; QL(1 gm daily)
ORACEA CPDR (Use <i>doxycycline (rosacea)</i> )	NF	
SOOLANTRA CREA (Use <i>ivermectin (rosacea)</i> )	NF	
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton lotn</i>	1B	PA
ELIMITE CREA (Use <i>permethrin</i> )	NF	
EURAX CREA	3	
EURAX LOTN (Use <i>crotamiton</i> )	NF	PA
<i>ivermectin (pediculicide) lotn</i>	1B	PA; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
<i>lindane sham</i>	1B	
<i>malathion lotn</i>	1B	
NATROBA SUSP ( <i>Use spinosad</i> )	NF	PA
NIX CREME RINSE LIQD ( <i>Use permethrin</i> )	NF	
OVIDE LOTN ( <i>Use malathion</i> )	NF	
<i>permethrin crea</i>	1B	
<i>permethrin liqd</i>	1B	
SKLICE LOTN ( <i>Use ivermectin (pediculicide)</i> )	NF	PA; RX/OTC
<i>spinosad susp</i>	1B	PA
ULESFIA LOTN	3	
<b>Wound Care Products</b>		
REGRANEX GEL	3	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)
THYROGEN SOLR	3	PA; 1 rtl MAX fill,365 rtl day(s) supply,1 mail MAX fill,365 mail day(s) supply,
<b>Diagnostic Tests</b>		
CHEMSTRIP-K STRP	1B	
FORA GTEL BLOOD KETONE TEST STRIPS STRP	1B	
GOJJI BLOOD KETONE TEST STRIPS STRP	1B	
KETONE STRP	1B	
KETONE TEST STRIPS STRP	1B	

Drug Name	Drug Tier	Requirements/ Limits
KETOSTIX STRP	1B	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	1B	
PRECISION XTRA STRP VI	1B	
PTS PANELS KETONE TEST STRP	1B	
RELION KETONE TEST STRIPS STRP	1B	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUE TRACK TEST STRP	1B	Limit 100 per month;QL(3.34 ea daily); RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP	2	PA
SUCRAID SOLN	3	
ZENPEP CPEP	2	PA
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide cp12 500 mg</i>	1B	QL(2 ea daily)
<i>acetazolamide sodium solr</i>	1B	
<i>acetazolamide tabs 125 mg</i>	1B	QL(8 ea daily)
<i>acetazolamide tabs 250 mg</i>	1B	QL(4 ea daily)
KEVEYIS TABS	4	PA; QL(4 ea daily)
<i>methazolamide tabs</i>	1B	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Diuretic Combinations</b>		
ALDACTAZIDE TABS 25 MG-25 MG ( <i>Use spironolactone &amp; hydrochlorothiazide</i> )	NF	
<i>amiloride &amp; hydrochlorothiazide tabs</i>	1B	
DYAZIDE CAPS ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NF	
MAXZIDE TABS ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NF	
MAXZIDE-25 TABS ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NF	
<i>spironolactone &amp; hydrochlorothiazide tabs</i>	1B	
<i>triamterene &amp; hydrochlorothiazide caps</i>	1B	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1B	
<b>Loop Diuretics</b>		
<i>bumetanide soln ij 0.25 mg/ml</i>	1B	
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1B	QL(5 ea daily)
BUMEX TABS ( <i>Use bumetanide</i> )	NF	QL(5 ea daily)
EDECIN TABS ( <i>Use ethacrynic acid</i> )	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	1B	QL(16 ea daily)
<i>furosemide soln</i>	1B	
<i>furosemide tabs</i>	1B	
LASIX TABS ( <i>Use furosemide</i> )	NF	
<i>toremide tabs</i>	1B	
<b>Potassium Sparing Diuretics</b>		
ALDACTONE TABS ( <i>Use spironolactone</i> )	NF	
<i>amiloride hcl tabs</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
DYRENIUM CAPS ( <i>Use triamterene</i> )	NF	QL(3 ea daily)
<i>spironolactone tabs</i>	1B	
<i>triamterene caps</i>	1B	QL(3 ea daily)
<b>Thiazides and Thiazide-Like Diuretics</b>		
<i>chlorthalidone tabs</i>	1B	
DIURIL SUSP	2	QL(20 ml daily)
<i>hydrochlorothiazide caps 12.5 mg</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide tabs 12.5 mg</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide tabs 25 mg, 50 mg</i>	1A	QL(2 ea daily)
<i>indapamide tabs 1.25 mg</i>	1B	QL(1 ea daily)
<i>indapamide tabs 2.5 mg</i>	1B	QL(2 ea daily)
<i>metolazone tabs</i>	1B	QL(2 ea daily)
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
ACTONEL TABS 150 MG ( <i>Use risedronate sodium</i> )	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG ( <i>Use risedronate sodium</i> )	NF	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG ( <i>Use risedronate sodium</i> )	NF	PA; QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1B	QL(0.143 ea daily)
<i>alendronate sodium tabs 40 mg, 5 mg, 10 mg</i>	1B	QL(1 ea daily)
AELVIA TBEC ( <i>Use risedronate sodium</i> )	NF	PA
BONIVA SOLN IV 3 MG/3ML ( <i>Use ibandronate sodium</i> )	NF	PA; SP
BONIVA TABS OR 150 MG ( <i>Use ibandronate sodium</i> )	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln na 200 unit/act</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>etidronate disodium tabs</i>	1B	
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS ( <i>Use alendronate sodium</i> )	NF	QL(0.143 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	PA; SP
<i>ibandronate sodium tabs or 150 mg</i>	1B	QL(0.036 ea daily)
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
<i>pamidronate disodium solr 30 mg, 90 mg</i>	4	PA; SP
PROLIA SOSY	4	PA; 1 rtl MAX fill, 180 rtl day(s) supply,; SP
RECLAST SOLN ( <i>Use zoledronic acid</i> )	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1B	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1B	PA; QL(1 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1B	PA; QL(0.143 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1B	PA
TYMLOS SOPN	4	PA;
XGEVA SOLN	4	PA; SP
<i>zoledronic acid conc 4 mg/5ml</i>	4	PA; SP
<i>zoledronic acid soln 4 mg/100ml, 5 mg/100ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLR 4 MG	4	PA; SP
<b>Corticotropin</b>		
ACTHAR GEL	4	PA
<b>Fertility Regulators</b>		

Drug Name	Drug Tier	Requirements/Limits
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
<i>clomiphene citrate tabs</i>	3	PA
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NAACL SOLR	4	PA; SP
<b>GnRH/LHRH Antagonists</b>		
CETROTIDE KIT	4	PA
<i>ganirelix acetate sosy</i>	4	PA
GANIRELIX ACETATE SOSY ( <i>Use ganirelix acetate</i> )	NF	PA
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
<b>Growth Hormone Releasing Hormones (GHRH)</b>		
EGRIFTA SOLR	4	PA
EGRIFTA SV SOLR	4	PA
<b>Growth Hormones</b>		
NORDITROPIN FLEXPRO SOPN 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
ZORBTIVE SOLR	4	PA; SP
<b>Hormone Receptor Modulators</b>		
EVISTA TABS ( <i>Use raloxifene hcl</i> )	NF	QL(1 ea daily)
OSPHENA TABS	3	PA
<i>raloxifene hcl tabs</i>	0	QL(1 ea daily)
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SOLN	4	PA; SP
<b>LHRH/GnRH Agonist Analog Pituitary</b>		

Drug Name	Drug Tier	Requirements/Limits
FENSOLVI KIT	4	PA; SP
LUPANETA PACK KIT	4	PA
LUPRON DEPOT-PED (1-MONTH) KIT	4	PA; SP
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	4	PA; SP
SYNAREL SOLN	4	PA; SP
<b>Metabolic Modifiers</b>		
ALDURAZYME SOLN	4	PA; SP
BUPHENYL POWD (Use sodium phenylbutyrate)	NF	PA
BUPHENYL TABS (Use sodium phenylbutyrate)	NF	PA
<i>calcitriol caps</i>	1B	
<i>calcitriol soln</i>	1B	
CARBAGLU TABS	4	PA; SP
<i>cinacalcet hcl tabs</i>	4	PA; QL(4 ea daily); SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1B	
<i>doxercalciferol soln</i>	1B	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
GALAFOLD CAPS	4	PA; QL(0.5 ea daily)
HECTOROL SOLN 4 MCG/2ML (Use doxercalciferol)	NF	
KUVAN PACK (Use sapropterin dihydrochloride)	NF	PA
KUVAN TABS (Use sapropterin dihydrochloride)	NF	PA
LUMIZYME SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP
<i>nitisinone caps</i>	4	PA; SP
ORFADIN CAPS 10 MG, 2 MG, 5 MG (Use nitisinone)	NF	PA; SP
PALYNZIQ SOSY	4	PA
<i>paricalcitol caps</i>	1B	
<i>paricalcitol soln</i>	1B	
ROCALTROL CAPS (Use calcitriol)	NF	
ROCALTROL SOLN (Use calcitriol)	NF	
<i>sapropterin dihydrochloride pack</i>	4	PA
<i>sapropterin dihydrochloride tabs</i>	4	PA
SENSIPAR TABS (Use cinacalcet hcl)	NF	PA; QL(4 ea daily); SP
<i>sodium phenylbutyrate powd</i>	1B	PA
<i>sodium phenylbutyrate tabs</i>	1B	PA
ZEMPLAR CAPS (Use paricalcitol)	NF	
ZEMPLAR SOLN (Use paricalcitol)	NF	
<b>Posterior Pituitary Hormones</b>		
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	NF	PA
DDAVP SOLN NA 0.01 % (Use desmopressin acetate spray)	NF	
DDAVP TABS OR 0.1 MG (Use desmopressin acetate)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (Use desmopressin acetate)	NF	QL(8 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1B	PA

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Drug Name	Drug Tier	Requirements/Limits
DESMOPRESSIN ACETATE SOLN NA 1.5 MG/ML	4	PA; SP
<i>desmopressin acetate spray refrigerated soln</i>	1B	
<i>desmopressin acetate spray soln</i>	1B	
<i>desmopressin acetate tabs or 0.1 mg</i>	1B	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1B	QL(8 ea daily)
STIMATE SOLN	4	PA; SP
<b>Prolactin Inhibitors</b>		
<i>cabergoline tabs</i>	1B	
<b>Somatostatic Agents</b>		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN SOLN (Use <i>octreotide acetate</i> )	NF	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN 120 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SOMATULINE DEPOT SOLN 60 MG/0.2ML	4	PA; QL(0.0075 ml daily); SP
SOMATULINE DEPOT SOLN 90 MG/0.3ML	4	PA; QL(0.011 ml daily); SP
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TABS 15 MG, 30 MG	4	PA; QL(2 ea daily); SP
JYNARQUE TBPK	4	PA; SP
SAMSCA TABS (Use <i>tolvaptan</i> )	4	PA; QL(2 ea daily); SP
<i>tolvaptan tabs</i>	4	PA; QL(2 ea daily); SP
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA

Drug Name	Drug Tier	Requirements/Limits
FEMHRT TABS (Use <i>norethindrone acetate-ethinyl estradiol</i> )	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1B	
PREMPHASE TABS	2	
PREMPRO TABS	2	
<b>Estrogens</b>		
CLIMARA PTWK (Use <i>estradiol</i> )	NF	
DELESTROGEN OIL 10 MG/ML	1B	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (Use <i>estradiol valerate</i> )	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	
ESTRACE TABS (Use <i>estradiol</i> )	NF	
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1B	QL(0.286 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr</i>	1B	
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>estradiol valerate oil</i>	1B	
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	

Drug Name	Drug Tier	Requirements/Limits
MINIVELLE PTTW ( <i>Use estradiol</i> )	NF	QL(0.286 ea daily)
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW ( <i>Use estradiol</i> )	NF	QL(0.286 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
AVELOX SOLN ( <i>Use moxifloxacin hcl in sodium chloride</i> )	1B	
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	2	2 rtl MAX fill,30 rtl day(s) supply,
CIPRO TABS 250 MG, 500 MG ( <i>Use ciprofloxacin hcl</i> )	NF	
<i>ciprofloxacin hcl tabs</i>	1B	
<i>ciprofloxacin in d5w soln 5 %-200 mg/100ml</i>	3	
<i>ciprofloxacin susr</i>	1B	2 rtl MAX fill,30 rtl day(s) supply,
LEVAQUIN TABS ( <i>Use levofloxacin</i> )	NF	
<i>levofloxacin in d5w soln 5 %-500 mg/100ml</i>	1B	
<i>levofloxacin soln iv 25 mg/ml</i>	1B	
<i>levofloxacin soln or 25 mg/ml</i>	1B	
<i>levofloxacin tabs or 250 mg, 750 mg</i>	1B	
<i>levofloxacin tabs or 500 mg</i>	1A	
<i>moxifloxacin hcl in sodium chloride soln</i>	1B	
<i>moxifloxacin hcl tabs</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin tabs</i>	1B	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM CAPS	4	PA; SP
<b>Gallstone Solubilizing Agents</b>		
ACTIGALL CAPS ( <i>Use ursodiol</i> )	NF	
URSO 250 TABS ( <i>Use ursodiol</i> )	NF	
URSO FORTE TABS ( <i>Use ursodiol</i> )	NF	
<i>ursodiol caps 300 mg</i>	1B	
<i>ursodiol tabs 250 mg, 500 mg</i>	1B	
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA CAPS ( <i>Use lubiprostone</i> )	NF	PA; QL(2 ea daily)
<i>lubiprostone caps</i>	1B	PA; QL(2 ea daily)
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	1B	
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	1B	QL(60 ml daily)
<i>metoclopramide hcl tabs or 10 mg, 5 mg</i>	1A	QL(6 ea daily)
REGLAN TABS ( <i>Use metoclopramide hcl</i> )	NF	QL(6 ea daily)
<b>Inflammatory Bowel Agents</b>		
APRISO CP24 ( <i>Use mesalamine</i> )	NF	
ASACOL HD TBEC ( <i>Use mesalamine</i> )	NF	QL(6 ea daily)
AVSOLA SOLR	4	PA
AZULFIDINE EN-TABS TBEC ( <i>Use sulfasalazine</i> )	NF	
AZULFIDINE TABS ( <i>Use sulfasalazine</i> )	NF	
<i>balsalazide disodium caps</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
CANASA SUPP ( <i>Use mesalamine</i> )	NF	
COLAZAL CAPS ( <i>Use balsalazide disodium</i> )	NF	
DELZICOL CPDR ( <i>Use mesalamine</i> )	NF	
DIPENTUM CAPS	2	
INFLECTRA SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
LIALDA TBEC ( <i>Use mesalamine</i> )	NF	
<i>mesalamine cp24 or 0.375 gm</i>	1B	
<i>mesalamine cpdr or 400 mg</i>	1B	
<i>mesalamine enem re 4 gm</i>	1B	
<i>mesalamine supp re 1000 mg</i>	1B	
<i>mesalamine tbec or 1.2 gm</i>	1B	
<i>mesalamine tbec or 800 mg</i>	1B	QL(6 ea daily)
RENFLEXIS SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
STELARA SOLN IV 130 MG/26ML	4	PA
<i>sulfasalazine tabs</i>	1B	
<i>sulfasalazine tbec</i>	1B	
<b>Intestinal Acidifiers</b>		
<i>lactulose (encephalopathy) soln</i>	1B	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
<i>alosetron hcl tabs</i>	1B	QL(2 ea daily)
LINZESS CAPS	2	PA; QL(1 ea daily)
LOTRONEX TABS ( <i>Use alosetron hcl</i> )	NF	QL(2 ea daily)
<b>Peripheral Opioid Receptor Antagonists</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>alvimopan caps</i>	1B	
ENTEREG CAPS ( <i>Use alvimopan</i> )	NF	
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML	3	PA
<b>Phosphate Binder Agents</b>		
<i>calcium acetate (phosphate binder) caps</i>	1B	
<i>calcium acetate (phosphate binder) tabs</i>	1B	RX/OTC
FOSRENOL CHEW 1000 MG, 500 MG, 750 MG ( <i>Use lanthanum carbonate</i> )	NF	
<i>lanthanum carbonate chew</i>	1B	
PHOSLYRA SOLN	2	
RENVELA PACK ( <i>Use sevelamer carbonate</i> )	NF	
RENVELA TABS ( <i>Use sevelamer carbonate</i> )	NF	
<i>sevelamer carbonate pack</i>	1B	
<i>sevelamer carbonate tabs</i>	1B	
VELPHORO CHEW	3	PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Alkalinizers</b>		
<i>potassium citrate (alkalinizer) tbc 10 meq, 1080 mg</i>	1B	
<i>sodium citrate &amp; citric acid soln</i>	1B	RX/OTC
UROKIT-K 10 TBCR ( <i>Use potassium citrate (alkalinizer)</i> )	NF	
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	3	PA
<b>Genitourinary Irrigants</b>		
<i>acetic acid soln</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>glycine (gu irrigant) soln</i>	1B	
RESECTISOL SOLN	1B	
<i>sodium chloride (gu irrigant) soln</i>	1B	
SORBITOL SOLN	1B	
SORBITOL-MANNITOL SOLN	1B	
SORBITOL/MANNITOL IRRIGATION SOLN	1B	
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	2	
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl tb24</i>	1B	QL(1 ea daily)
AVODART CAPS ( <i>Use dutasteride</i> )	NF	QL(1 ea daily)
<i>dutasteride caps</i>	1B	QL(1 ea daily)
<i>dutasteride-tamsulosin hcl caps</i>	1B	PA
<i>finasteride tabs</i>	1B	5 mg only
FLOMAX CAPS ( <i>Use tamsulosin hcl</i> )	NF	
JALYN CAPS ( <i>Use dutasteride-tamsulosin hcl</i> )	3	PA
PROSCAR TABS ( <i>Use finasteride</i> )	NF	5 mg only
RAPAFLO CAPS ( <i>Use silodosin</i> )	NF	
<i>silodosin caps</i>	1B	
<i>tamsulosin hcl caps</i>	1B	
UROXATRAL TB24 ( <i>Use alfuzosin hcl</i> )	NF	QL(1 ea daily)
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl tabs</i>	1B	
PYRIDIDIUM TABS ( <i>Use phenazopyridine hcl</i> )	NF	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid tabs</i>	1B	
<b>Gout Agents</b>		
<i>allopurinol tabs</i>	1B	
<i>colchicine tabs</i>	1B	QL(1 ea daily)
COLCRYS TABS ( <i>Use colchicine</i> )	NF	QL(1 ea daily)
<i>febuxostat tabs</i>	1B	PA; QL(1 ea daily)
MITIGARE CAPS ( <i>Use colchicine</i> )	NF	
ULORIC TABS ( <i>Use febuxostat</i> )	NF	PA; QL(1 ea daily)
ZYLOPRIM TABS ( <i>Use allopurinol</i> )	NF	
<b>Uricosurics</b>		
<i>probenecid tabs</i>	1B	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR SOLN ( <i>Use icatibant acetate</i> )	NF	PA; QL(9 ml daily)
<i>icatibant acetate soln</i>	4	PA; QL(9 ml daily)
<b>Complement Inhibitors</b>		
CINRYZE SOLR	4	PA
HAEGARDA SOLR	4	PA
RUCONEST SOLR	4	PA; QL(0.143 ea daily)
SOLIRIS SOLN	4	PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbcr</i>	1B	QL(3 ea daily)
<b>Plasma Kallikrein Inhibitors</b>		
TAKHZYRO SOLN	4	PA;
<b>Platelet Aggregation Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
AGGRENOX CP12 ( <i>Use aspirin-dipyridamole</i> )	NF	PA; QL(2 ea daily)
AGRYLIN CAPS ( <i>Use anagrelide hcl</i> )	NF	
<i>anagrelide hcl caps</i>	1B	
<i>aspirin-dipyridamole cp12</i>	1B	PA; QL(2 ea daily)
BRILINTA TABS	2	QL(2 ea daily)
CABLIVI KIT	4	PA
<i>cilostazol tabs</i>	1B	
<i>clopidogrel bisulfate tabs 300 mg</i>	1B	
<i>clopidogrel bisulfate tabs 75 mg</i>	1B	QL(1 ea daily)
<i>dipyridamole tabs</i>	1B	
EFFIENT TABS ( <i>Use prasugrel hcl</i> )	NF	QL(1 ea daily)
PLAVIX TABS ( <i>Use clopidogrel bisulfate</i> )	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1B	QL(1 ea daily)
REOPRO SOLN	3	
ZONTIVITY TABS	3	PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CERDELGA CAPS	4	PA; QL(2 ea daily)
CEREZYME SOLR	4	PA; SP
<i>miglustat caps</i>	4	PA; QL(3 ea daily); SP
ZAVESCA CAPS ( <i>Use miglustat</i> )	NF	PA; QL(3 ea daily); SP
<b>Agents for Sickle Cell Disease</b>		
DROXIA CAPS	3	
OXBRYTA TABS	4	PA

Drug Name	Drug Tier	Requirements/Limits
<b>Cobalamins</b>		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	1B	QL(1 ml daily)
<b>Folic Acid/Folates</b>		
<i>folic acid tabs or 1 mg</i>	0	RX/OTC
<i>folic acid tabs or 800 mcg, 400 mcg</i>	0	
<b>Hematopoietic Growth Factors</b>		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; SP
DOPTELET TABS	4	PA; QL(3 ea daily)
EPOGEN SOLN	3	PA; SP
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA
MULPLETA TABS	4	PA; QL(1 ea daily)
NPLATE SOLR 250 MCG, 500 MCG	4	PA; SP
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; SP
PROCRIT SOLN 40000 UNIT/ML	4	PA; SP
PROMACTA PACK 12.5 MG	4	PA; QL(1 ea daily)
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
ZARXIO SOSY	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
ZIEXTENZO SOSY	4	PA;
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-folic acid tabs</i>	1B	QL(1 ea daily)
<b>Iron</b>		
FER-IN-SOL SOLN ( <i>Use ferrous sulfate</i> )	0	AL(Up to 1 yrs old )
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old )
<i>ferrous sulfate tabs or 325 mg, 65 mg</i>	0	
<i>ferrous sulfate tbec or 325 mg</i>	0	
<b>Stem Cell Mobilizers</b>		
MOZOBIL SOLN	4	PA; SP
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
AMICAR TABS 1000 MG, 500 MG ( <i>Use aminocaproic acid</i> )	NF	PA
<i>aminocaproic acid tabs or 1000 mg, 500 mg</i>	1B	PA
CYKLOKAPRON SOLN ( <i>Use tranexamic acid</i> )	NF	
LYSTEDA TABS ( <i>Use tranexamic acid</i> )	NF	
<i>tranexamic acid soln</i>	1B	
<i>tranexamic acid tabs</i>	1B	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital elix 20 mg/5ml</i>	1B	
<i>phenobarbital soln 20 mg/5ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tabs 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg, 15 mg, 30 mg</i>	1B	
<b>Hypnotics - Tricyclic Agents</b>		
<i>doxepin hcl (sleep) tabs</i>	1B	PA; QL(1 ea daily)
SILENOR TABS ( <i>Use doxepin hcl (sleep)</i> )	NF	PA; QL(1 ea daily)
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN CR TBCR ( <i>Use zolpidem tartrate</i> )	NF	ST; Must try immediate release zolpidem.;QL(1 ea daily)
AMBIEN TABS ( <i>Use zolpidem tartrate</i> )	NF	QL(1 ea daily); AL(At least 18 yrs old)
DORAL TABS ( <i>Use quazepam</i> )	NF	
<i>estazolam tabs</i>	1B	
<i>eszopiclone tabs</i>	1B	ST; QL(1 ea daily); AL(At least 18 yrs old)
<i>flurazepam hcl caps</i>	1B	PA
HALCION TABS ( <i>Use triazolam</i> )	NF	
LUNESTA TABS ( <i>Use eszopiclone</i> )	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS ( <i>Use temazepam</i> )	NF	QL(1 ea daily)
<i>temazepam caps 15 mg, 30 mg</i>	1A	QL(1 ea daily)
<i>temazepam caps 22.5 mg, 7.5 mg</i>	1B	QL(1 ea daily)
<i>triazolam tabs</i>	1B	
<i>zaleplon caps 10 mg</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon caps 5 mg</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tabs or 10 mg, 5 mg</i>	1A	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tbcr or 6.25 mg, 12.5 mg</i>	1B	ST; Must try immediate release zolpidem.; QL(1 ea daily)
<b>Orexin Receptor Antagonists</b>		
BELSOMRA TABS	3	PA
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPS	3	PA; QL(1 ea daily)
<i>ramelteon tabs</i>	1B	ST; QL(1 ea daily); AL(At least 18 yrs old)
ROZEREM TABS ( <i>Use ramelteon</i> )	NF	ST; 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	
FIBERCON TABS ( <i>Use calcium polycarbophil</i> )	NF	
<b>Laxative Combinations</b>		
COLYTE-FLAVOR PACKS SOLR ( <i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	NF	
GOLYTELY SOLR 2.97 GM-5.86 GM-6.74 GM-22.74 GM-236 GM ( <i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	0	
MOVIPREP SOLR ( <i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> )	NF	PA
NULYTELY SOLR ( <i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	3	PA

Drug Name	Drug Tier	Requirements/Limits
NULYTELY/FLAVOR PACKS SOLR ( <i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	NF	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i>	1B	PA
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 2.97 gm-5.86 gm-6.74 gm-22.74 gm-236 gm</i>	0	
<b>Laxatives - Miscellaneous</b>		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1B	
<b>Saline Laxatives</b>		
OSMOPREP TABS	3	PA
<b>Stimulant Laxatives</b>		
<i>bisacodyl supp</i>	1A	
<i>bisacodyl tbec</i>	1A	
DULCOLAX SUPP ( <i>Use bisacodyl</i> )	NF	
DULCOLAX TBEC ( <i>Use bisacodyl</i> )	NF	
<b>Surfactant Laxatives</b>		
COLACE CAPS ( <i>Use docusate sodium</i> )	NF	
<i>docusate calcium caps</i>	1A	
<i>docusate sodium caps</i>	1A	
<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	
MARCAINE SOLN 0.5 % ( <i>Use bupivacaine hcl</i> )	NF	
NAROPIN SOLN 5 MG/ML, 2 MG/ML ( <i>Use ropivacaine hcl</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
XYLOCAINE SOLN 0.5 %, 1 % (Use lidocaine hcl (local anesth.))	NF	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % (Use lidocaine hcl (local anesth.))	NF	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
azithromycin pack or 1 gm	1B	
azithromycin solr iv 500 mg	1B	
azithromycin susr or 100 mg/5ml, 200 mg/5ml	1B	
azithromycin tabs or 250 mg	1B	QL(6 ea per fill retail,6 ea per fill mail)
azithromycin tabs or 500 mg	1B	QL(4 ea per fill retail,4 ea per fill mail)
azithromycin tabs or 600 mg	1B	QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM (Use azithromycin)	NF	
ZITHROMAX SOLR IV 500 MG (Use azithromycin)	NF	
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use azithromycin)	NF	
ZITHROMAX TABS OR 250 MG (Use azithromycin)	NF	QL(6 ea per fill retail,6 ea per fill mail)
ZITHROMAX TABS OR 500 MG (Use azithromycin)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX TABS OR 600 MG (Use azithromycin)	NF	QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (Use azithromycin)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX Z-PAK TABS (Use azithromycin)	NF	QL(6 ea per fill retail,6 ea per fill mail)
<b>Clarithromycin</b>		

Drug Name	Drug Tier	Requirements/Limits
clarithromycin susr	1B	
clarithromycin tabs	1B	
clarithromycin tb24	1B	
<b>Erythromycins</b>		
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	NF	
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	NF	
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	3	
erythromycin base cpep 250 mg	3	
erythromycin base tabs 250 mg, 500 mg	3	
erythromycin base tbec 250 mg, 333 mg, 500 mg	1B	
erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml	1B	
erythromycin ethylsuccinate tabs 400 mg	3	
<b>Fidaxomicin</b>		
DIFICID TABS 200 MG	2	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Contraceptives</b>		
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
CAYA DPRH	0	
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)
FANTASY LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMICID E MISC	0	QL(2 ea daily)
FC FEMALE CONDOM MISC	0	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
FEMCAP DEVI	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)
K-Y ME & YOU INTENSE DEVI	0	QL(2 ea daily)
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SPECIAL DEVI	0	QL(2 ea daily)
MAXX LUBRICATED MISC	0	QL(2 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
OMNIFLEX DIAPHRAGM DPRH	0	
PREMIUM CONDOMS LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX CONDOMS/LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
REALITY LATEX/ULTRA THIN DEVI	0	QL(2 ea daily)
TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	

Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
<b>Diabetic Supplies</b>		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	1B	QL(6.6667 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1B	QL(6.6667 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	1B	QL(6.6667 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	1B	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS MISC	1B	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	1B	QL(6.6667 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	1B	QL(6.6667 ea daily)
ACTI-LANCE LANCETS 28G MISC	1B	QL(6.6667 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	1B	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	1B	QL(6.6667 ea daily)
ADJUSTABLE LANCING DEVICE MISC	1B	
ADVANCED MOBILE LANCET 30G MISC	1B	QL(6.6667 ea daily)
ADVOCATE LANCETS 30G MISC	1B	QL(6.6667 ea daily)
ADVOCATE LANCETS MISC	1B	QL(6.6667 ea daily)
ADVOCATE LANCING DEVICE MISC	1B	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1B	
ADVOCATE SAFETY LANCETS 26G MISC	1B	QL(6.6667 ea daily)
ADVOCATE SAFETY LANCETS MISC	1B	QL(6.6667 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1B	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 32G MISC	1B	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 33G MISC	1B	QL(6.6667 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	1B	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	1B	
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	1B	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	1B	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	1B	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	1B	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	1B	QL(6.6667 ea daily)
ASSURE LANCE LANCETS 21G MISC	1B	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
ASSURE LANCE LANCETS MISC	1B	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	1B	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	1B	QL(6.6667 ea daily)
ASSURE LANCE SAFETY LANCET 28G MISC	1B	QL(6.6667 ea daily)
ASSURE LANCETS MISC	1B	QL(6.6667 ea daily)
AURORA LANCET SUPER THIN30G MISC	1B	QL(6.6667 ea daily)
AURORA LANCET THIN 23G MISC	1B	QL(6.6667 ea daily)
AUTO-LANCET MINI MISC	1B	
AUTO-LANCET MISC	1B	
AUTOLET IMPRESSION LANCING DEVICE MISC	1B	
AUTOLET LANCING DEVICE MISC	1B	
AUTOLET MINI MISC	1B	
AUTOLET PLUS MISC	1B	
BD LANCET ULTRAFINE 30G MISC	1B	QL(6.6667 ea daily)
BD LANCET ULTRAFINE 33G MISC	1B	QL(6.6667 ea daily)
BD MICROTAINER LANCETS MISC	1B	QL(6.6667 ea daily)
BULLSEYE MINI SAFETY LANCETS MISC	1B	QL(6.6667 ea daily)
BULLSEYE SAFETY LANCETS MISC	1B	QL(6.6667 ea daily)
CARDIOCOM LANCING DEVICE MISC	1B	
CAREONE ADVANCED LANCINGDEVICE MISC	1B	
CAREONE LANCET SUPER THIN/30G MISC	1B	QL(6.6667 ea daily)
CAREONE LANCET THIN MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CARESENS LANCETS MISC	1B	QL(6.6667 ea daily)
CARETOUCH LANCING DEVICewith EJECTOR MISC	1B	
CARETOUCH SAFETY LANCETS/26G MISC	1B	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/28G MISC	1B	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/30G MISC	1B	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 28G MISC	1B	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	1B	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	1B	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1B	QL(6.6667 ea daily)
COAGUCHEK LANCETS MISC	1B	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	1B	QL(6.6667 ea daily)
COMFORT LANCETS MISC	1B	QL(6.6667 ea daily)
CVS LANCETS 21G MISC	1B	QL(6.6667 ea daily)
CVS LANCETS MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	1B	QL(6.6667 ea daily)
CVS LANCETS ORIGINAL MISC	1B	QL(6.6667 ea daily)
CVS LANCETS THIN 26G MISC	1B	QL(6.6667 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	1B	QL(6.6667 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	1B	QL(6.6667 ea daily)
CVS LANCING DEVICE MISC	1B	

Drug Name	Drug Tier	Requirements/ Limits
CVS ULTRA THIN LANCETS MISC	1B	QL(6.6667 ea daily)
DIATHRIVE LANCETS MISC	1B	QL(6.6667 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G MISC	1B	QL(6.6667 ea daily)
DIATHRIVE LANCING DEVICE MISC	1B	
DROPLET GENTEEL LANCING DEVICE MISC	1B	
DROPLET LANCETS ULTRA THIN 30G MISC	1B	QL(6.6667 ea daily)
DROPLET LANCING DEVICE MISC	1B	
DROPLET PERSONAL LANCETS30G MISC	1B	QL(6.6667 ea daily)
DRUG MART ADJUSTABLE LANCING DEVICE MISC	1B	
DRUG MART LANCETS THIN MISC	1B	QL(6.6667 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	1B	QL(6.6667 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	1B	QL(6.6667 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	1B	QL(6.6667 ea daily)
E-Z JECT LANCETS 21G MISC	1B	QL(6.6667 ea daily)
E-Z JECT LANCETS COLOR MISC	1B	QL(6.6667 ea daily)
E-Z JECT LANCETS MISC	1B	QL(6.6667 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
E-Z JECT LANCETS THIN 26G MISC	1B	QL(6.6667 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY MINI EJECT LANCING DEVICE MISC	1B	
EASY MINI LANCING DEVICE MISC	1B	
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	1B	
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TWIST & CAP LANCETS MISC	1B	QL(6.6667 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	1B	QL(6.6667 ea daily)
EMBRACE LANCING DEVICE WITH EJECTOR MISC	1B	
EQL COLOR LANCETS 21G MISC	1B	QL(6.6667 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
EQL SUPER THIN LANCETS 30G MISC	1B	QL(6.6667 ea daily)
EQL THIN LANCETS 26G MISC	1B	QL(6.6667 ea daily)
EZ-LETS LANCETS 21G MISC	1B	QL(6.6667 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	1B	QL(6.6667 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	1B	QL(6.6667 ea daily)
EZ-LETS LANCETS 30G MISC	1B	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 30G MISC	1B	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 32G MISC	1B	QL(6.6667 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	1B	QL(6.6667 ea daily)
FINE 30 MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FINGERSTIX LANCETS MISC	1B	QL(6.6667 ea daily)
FORA LANCETS MISC	1B	QL(6.6667 ea daily)
FORA LANCING DEVICE MISC	1B	
FORA LANCING DEVICE/CLEARCAP MISC	1B	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1B	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	1B	QL(6.6667 ea daily)
FREESTYLE LANCETS MISC	1B	QL(6.6667 ea daily)
FREESTYLE UNISTICK II LANCETS MISC	1B	QL(6.6667 ea daily)
GENTEEL BUTTERFLY TOUCH LANCETS MISC	1B	QL(6.6667 ea daily)
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	1B	
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	1B	
GENTEEL LANCING DEVICE/STATELY SILVER MISC	1B	
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	1B	
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	1B	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	1B	
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	1B	
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	1B	

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Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET GP LANCETS MISC	1B	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	1B	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	1B	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	1B	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	1B	QL(6.6667 ea daily)
GLOBAL LANCING DEVICE MISC	1B	
GLUCOCOM LANCETS 28G MISC	1B	QL(6.6667 ea daily)
GLUCOCOM LANCETS 30G MISC	1B	QL(6.6667 ea daily)
GLUCOCOM LANCETS 33G MISC	1B	QL(6.6667 ea daily)
GNP LANCETS 21G MISC	1B	QL(6.6667 ea daily)
GNP LANCETS MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
GNP LANCETS THIN 26G MISC	1B	QL(6.6667 ea daily)
GNP LANCETS THIN MISC	1B	QL(6.6667 ea daily)
GOJJI LANCING DEVICE/CLEAR CAP MISC	1B	
GOJJI STERILE LANCETS 30G MISC	1B	QL(6.6667 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1B	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	1B	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	1B	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1B	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	1B	QL(6.6667 ea daily)
GOODSENSE LANCING DEVICE MISC	1B	
H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	1B	
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1B	QL(6.6667 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	1B	QL(6.6667 ea daily)
HAEMOLANCE MISC	1B	QL(6.6667 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	1B	QL(6.6667 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	1B	QL(6.6667 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	1B	QL(6.6667 ea daily)
HAEMOLANCE PLUS MISC	1B	QL(6.6667 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	1B	QL(6.6667 ea daily)
HEALTH CARE LANCING DEVICE MISC	1B	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1B	
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
HY-VEE LANCETS MISC	1B	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
HY-VEE THIN LANCETS MISC	1B	QL(6.6667 ea daily)
IN TOUCH LANCING DEVICE MISC	1B	
IN TOUCH STERILE LANCETS30G MISC	1B	QL(6.6667 ea daily)
KINNEY LANCETS MISC	1B	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1B	QL(6.6667 ea daily)
KROGER AUTOLET LANCING DEVICE MISC	1B	
KROGER HEALTHPRO TWIST LANCETS/26G MISC	1B	QL(6.6667 ea daily)
KROGER LANCETS 21G MISC	1B	QL(6.6667 ea daily)
KROGER LANCETS MICRO THIN33G MISC	1B	QL(6.6667 ea daily)
KROGER LANCETS MISC	1B	QL(6.6667 ea daily)
KROGER LANCETS SUPER THIN MISC	1B	QL(6.6667 ea daily)
KROGER LANCETS THIN 26G MISC	1B	QL(6.6667 ea daily)
KROGER LANCETS THIN MISC	1B	QL(6.6667 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	1B	QL(6.6667 ea daily)
KROGER LANCING DEVICE MISC	1B	
LANCET DEVICE ADJUSTABLE MISC	1B	
LANCET DEVICE WITH EJECTOR MISC	1B	
LANCETS 26G TWIST TOP MISC	1B	QL(6.6667 ea daily)
LANCETS 30G MISC	1B	QL(6.6667 ea daily)
LANCETS 30G TWIST TOP MISC	1B	QL(6.6667 ea daily)
LANCETS 30G/TWIST TOP MISC	1B	QL(6.6667 ea daily)
LANCETS 31G TWIST TOP MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS 33G EXTRA FINE MISC	1B	QL(6.6667 ea daily)
LANCETS MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
LANCETS MISC	1B	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 21G MISC	1B	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 26G MISC	1B	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 28G MISC	1B	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 30G MISC	1B	QL(6.6667 ea daily)
LANCETS SUPER THIN 28G MISC	1B	QL(6.6667 ea daily)
LANCETS THIN MISC	1B	QL(6.6667 ea daily)
LANCETS TWIST TOP MISC	1B	QL(6.6667 ea daily)
LANCETS ULTRA THIN 30G MISC	1B	QL(6.6667 ea daily)
LANCETS ULTRA THIN MISC	1B	QL(6.6667 ea daily)
LANCETSBULLSEYE SAFETY MISC	1B	QL(6.6667 ea daily)
LANCING DEVICE ADJUSTABLE MISC	1B	
LANCING DEVICE MISC	1B	
LANZO MISC	1B	
LEADER ADVANCED LANCING DEVICE MISC	1B	
LIBERTY MEDICAL LANCETS 30G MISC	1B	QL(6.6667 ea daily)
LIBERTY MINI LANCING DEVICE MISC	1B	
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	1B	QL(6.6667 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	1B	QL(6.6667 ea daily)
LITE TOUCH LANCETS MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LITE TOUCH LANCING PEN MISC	1B	
LITETOUCH LANCETS MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
LIVE BETTER ADVANCED LANCING DEVICE MISC	1B	
LIVE BETTER LANCET SUPERTHIN 30G MISC	1B	QL(6.6667 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	1B	QL(6.6667 ea daily)
LONGS LANCETS STANDARD MISC	1B	QL(6.6667 ea daily)
LONGS LANCETS THIN MISC	1B	QL(6.6667 ea daily)
LONGS LANCETS ULTRA THIN MISC	1B	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	1B	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	1B	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	1B	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	1B	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETEXTRA MISC	1B	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	1B	QL(6.6667 ea daily)
MEDISENSE THIN LANCETS MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS LITE 25G MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS LITE LANCETS 25G MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS SUPERLITE 30G MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS/LITE 25G MISC	1B	QL(6.6667 ea daily)
MEDLANCE/EXTRA MISC	1B	QL(6.6667 ea daily)
MEDLANCE/LITE MISC	1B	QL(6.6667 ea daily)
MEDLANCE/UNIVERSAL MISC	1B	QL(6.6667 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	1B	QL(6.6667 ea daily)
MEIJER LANCETS MISC	1B	QL(6.6667 ea daily)
MEIJER LANCETS THIN MISC	1B	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	1B	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	1B	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	1B	QL(6.6667 ea daily)
MEIJER SUPER THIN LANCETS MISC	1B	QL(6.6667 ea daily)
MICROLET LANCETS MISC	1B	QL(6.6667 ea daily)
MICROLET NEXT MISC	1B	
MINI LANCING DEVICE MISC	1B	
MM LANCING DEVICE MISC	1B	
MM TWIST LANCETS MISC	1B	QL(6.6667 ea daily)
MONOLET LANCETS MISC	1B	QL(6.6667 ea daily)
MONOLET OPD LANCETS MISC	1B	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
MONOLETTOR SAFETY LANCETS MISC	1B	QL(6.6667 ea daily)
MPD SAFETY LANCET 21G/1.8MM MISC	1B	QL(6.6667 ea daily)
MPD SAFETY LANCET 28G/1.8MM MISC	1B	QL(6.6667 ea daily)
MPD SAFETY LANCET 30G/1.8MM MISC	1B	QL(6.6667 ea daily)
MPD SAFETY LANCETS 23G/1.8MM MISC	1B	QL(6.6667 ea daily)
MULTI-LANCET DEVICE MISC	1B	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	1B	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 23G MISC	1B	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
NOVA SUREFLEX LANCETS MISC	1B	QL(6.6667 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	1B	
ON CALL LANCING DEVICE MISC	1B	
ON CALL PLUS LANCING DEVICE MISC	1B	
ONETOUCH CLUB LANCETS FINE POINT MISC	1B	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	1B	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	1B	QL(6.6667 ea daily)
ONETOUCH DELICA LANCING DEVICE MISC	1B	
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	1B	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	1B	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCING DEVICE MISC	1B	

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH DELICA SAFETY LACING DEVICE MISC	1B	
ONETOUCH FINEPOINT LANCETS MISC	1B	QL(6.6667 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	1B	QL(6.6667 ea daily)
PC LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
PERFECT LANCETS 30G MISC	1B	QL(6.6667 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
PHARMACY COUNTER LANCETS MISC	1B	QL(6.6667 ea daily)
PIP LANCETS/28G MISC	1B	QL(6.6667 ea daily)
PIP LANCETS/30G MISC	1B	QL(6.6667 ea daily)
PRECISION THINS GP LANCET MISC	1B	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	1B	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	1B	QL(6.6667 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	1B	QL(6.6667 ea daily)
PRODIGY LANCING DEVICE MISC	1B	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	1B	QL(6.6667 ea daily)
PRODIGY SAFETY LANCETS MISC	1B	QL(6.6667 ea daily)
PRODIGY TWIST TOP LANCETS MISC	1B	QL(6.6667 ea daily)
PSS SELECT GP LANCETS MISC	1B	QL(6.6667 ea daily)
PSS SELECT SAFETY LANCETS MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PUSH BUTTON SAFETY LANCETS 21G MISC	1B	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
PX ADVANCED LANCING DEVICE MISC	1B	
PX LANCET AUTO INJECTOR MISC	1B	
PX LANCETS ULTRA THIN 28G MISC	1B	QL(6.6667 ea daily)
PX LANCETS ULTRA THIN MISC	1B	QL(6.6667 ea daily)
QC ADVANCED LANCING DEVICE MISC	1B	
QC LANCETS SUPER THIN MISC	1B	QL(6.6667 ea daily)
QC LANCETS ULTRA THIN MISC	1B	QL(6.6667 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	1B	QL(6.6667 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	1B	QL(6.6667 ea daily)
RA E-ZJECT LANCETS 28G MISC	1B	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	1B	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	1B	QL(6.6667 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	1B	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/21G/2.2MM MISC	1B	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/23G/1.8MM MISC	1B	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	1B	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	1B	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
REALITY LANCETS MISC	1B	QL(6.6667 ea daily)
REALITY TRIGGER LANCETS MISC	1B	QL(6.6667 ea daily)
RELION 2-IN-1 LANCET DEVICES 30G MISC	1B	
RELION 2-IN-1 LANCING DEVICE 25G MISC	1B	
RELION 2-IN-1 LANCING DEVICE 30G MISC	1B	
RELION LANCETS MICRO-THIN33G MISC	1B	QL(6.6667 ea daily)
RELION LANCETS THIN 26G MISC	1B	QL(6.6667 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	1B	QL(6.6667 ea daily)
RELION LANCING DEVICE MISC	1B	
RELION ULTRA THIN LANCETS/30G MISC	1B	QL(6.6667 ea daily)
RELION ULTRA THIN LANCETS30G MISC	1B	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	1B	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	1B	QL(6.6667 ea daily)
REXALL LANCETS ULTRA THIN MISC	1B	QL(6.6667 ea daily)
RIGHTEST GD500 LANCING DEVICE MISC	1B	
RIGHTEST GL300 LANCETS MISC	1B	QL(6.6667 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC	1B	QL(6.6667 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC	1B	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	1B	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	1B	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	1B	QL(6.6667 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
SAFETY LANCET 23G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
SAFETY LANCETS 21G MISC	1B	QL(6.6667 ea daily)
SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
SAFETY LET LANCETS MISC	1B	QL(6.6667 ea daily)
SB LANCETS THIN MISC	1B	QL(6.6667 ea daily)
SB LANCETS ULTRA THIN MISC	1B	QL(6.6667 ea daily)
SELECT-LITE LANCING DEVICE MISC	1B	
SHOPKO AUTOLET LANCING DEVICE MISC	1B	
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC	1B	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	1B	QL(6.6667 ea daily)
SIDE BUTTON SAFETY LANCET21G MISC	1B	QL(6.6667 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	1B	
SINGLE-LET MISC	1B	QL(6.6667 ea daily)
SM MICRO THIN LANCETS 33G MISC	1B	QL(6.6667 ea daily)
SM TRUEDRAW LANCING DEVICE MISC	1B	

Drug Name	Drug Tier	Requirements/ Limits
SMART DIABETES VANTAGE LANCING DEVICE MISC	1B	
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	1B	QL(6.6667 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	1B	QL(6.6667 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	1B	QL(6.6667 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	1B	QL(6.6667 ea daily)
SMARTTEST LANCETS 28G MISC	1B	QL(6.6667 ea daily)
SOLUS V2 LANCING DEVICE MISC	1B	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
SOLUS V2 TWIST LANCETS 30G MISC	1B	QL(6.6667 ea daily)
STERILANCE TL MISC	1B	QL(6.6667 ea daily)
SUPER THIN LANCETS MISC	1B	QL(6.6667 ea daily)
SURE COMFORT LANCETS 18G MISC	1B	QL(6.6667 ea daily)
SURE COMFORT LANCETS 21G MISC	1B	QL(6.6667 ea daily)
SURE COMFORT LANCETS 23G MISC	1B	QL(6.6667 ea daily)
SURE COMFORT LANCETS 28G MISC	1B	QL(6.6667 ea daily)
SURE COMFORT LANCETS 30G MISC	1B	QL(6.6667 ea daily)
SURE COMFORT LANCING PEN MISC	1B	
SURE-LANCE FLAT LANCETS MISC	1B	QL(6.6667 ea daily)
SURE-LANCE LANCETS 26G MISC	1B	QL(6.6667 ea daily)
SURE-LANCE THIN LANCETS 28G MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SURE-LANCE ULTRA THIN LANCETS MISC	1B	QL(6.6667 ea daily)
SURE-PEN MISC	1B	
SURE-TOUCH LANCETS UNIVERSAL MISC	1B	QL(6.6667 ea daily)
SURELITE LANCETS MISC	1B	QL(6.6667 ea daily)
TECHLITE AST LANCETS MISC	1B	QL(6.6667 ea daily)
TECHLITE LANCETS 30G MISC	1B	QL(6.6667 ea daily)
TECHLITE LANCETS MISC	1B	QL(6.6667 ea daily)
TGT LANCET MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
TGT LANCET THIN 26G MISC	1B	QL(6.6667 ea daily)
TGT LANCET ULTRA THIN 30G MISC	1B	QL(6.6667 ea daily)
TGT LANCING DEVICE MISC	1B	
THINLETS GP LANCETS MISC	1B	QL(6.6667 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1B	
TODAYS HEALTH SUPER THINLANCETS 30G MISC	1B	QL(6.6667 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	1B	QL(6.6667 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	1B	QL(6.6667 ea daily)
TRAVEL LANCETS 30G MISC	1B	QL(6.6667 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	1B	QL(6.6667 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	
TRUEDRAW LANCING DEVICE MISC	1B	
TRUEPLUS LANCETS 26G MISC	1B	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS LANCETS 28G SUPER THIN MISC	1B	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G MISC	1B	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	1B	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	1B	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MISC	1B	QL(6.6667 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC	1B	
ULTILET CLASSIC LANCETS MISC	1B	QL(6.6667 ea daily)
ULTILET LANCETS 33G MISC	1B	QL(6.6667 ea daily)
ULTILET LANCETS MISC	1B	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	1B	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 23G MISC	1B	QL(6.6667 ea daily)
ULTRA THIN LANCETS 31G MISC	1B	QL(6.6667 ea daily)
ULTRA-THIN II AUTO LANCET MISC	1B	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 28G MISC	1B	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 30G MISC	1B	QL(6.6667 ea daily)
UNILET COMFORTOUCH LANCET MISC	1B	QL(6.6667 ea daily)
UNILET EXCELITE II MISC	1B	QL(6.6667 ea daily)
UNILET EXCELITE MISC	1B	QL(6.6667 ea daily)
UNILET G.P. LANCET MISC	1B	QL(6.6667 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	1B	QL(6.6667 ea daily)
UNILET GP 28 ULTRA THIN MISC	1B	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
UNILET LANCET MISC	1B	QL(6.6667 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	1B	QL(6.6667 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	1B	QL(6.6667 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	1B	QL(6.6667 ea daily)
UNILET SUPERLITE LANCET MISC	1B	QL(6.6667 ea daily)
UNISTIK 3 GENTLE MISC	1B	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 21G MISC	1B	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 25G MISC	1B	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 28G MISC	1B	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 30G MISC	1B	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G MISC	1B	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	1B	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G MISC	1B	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	1B	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	1B	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	1B	QL(6.6667 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	1B	QL(6.6667 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	1B	QL(6.6667 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	1B	QL(6.6667 ea daily)
VALUE PLUS LANCING DEVICE MISC	1B	

Drug Name	Drug Tier	Requirements/ Limits
VALUMARK LANCET SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	1B	QL(6.6667 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	1B	
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	1B	QL(6.6667 ea daily)
VIVAGUARD LANCETS MISC	1B	QL(6.6667 ea daily)
VIVAGUARD LANCING DEVICE MISC	1B	
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	1B	QL(6.6667 ea daily)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	1B	QL(6.6667 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	1B	QL(6.6667 ea daily)
WALGREENS LANCETS MISC	1B	QL(6.6667 ea daily)
WALGREENS THIN LANCETS MISC	1B	QL(6.6667 ea daily)
WALGREENS ULTRA THIN LANCETS MISC	1B	QL(6.6667 ea daily)
<b>Parenteral Therapy Supplies</b>		
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	1B	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	1B	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1B	QL(5 ea daily)
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD AUTOSHIELD 29G X 3/16" MISC	1B	QL(5 ea daily)
BD AUTOSHIELD 29G X 5/16" MISC	1B	QL(5 ea daily)
BD AUTOSHIELD DUO 30G X 5MM MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM MISC	1B	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM MISC	1B	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM MISC	1B	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC	1B	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM MISC	1B	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	1B	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM MISC	1B	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1B	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM MISC	1B	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U- 100/1ML/31G X 15/64" MISC	1B	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16 " MISC	1B	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/1 6" MISC	1B	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/1 6" MISC	1B	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" MISC	1B	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16 " MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	1B	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1B	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16" MISC	1B	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC	1B	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1B	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	1B	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1B	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MISC	1B	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1B	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC	1B	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
EQL INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1B	QL(5 ea daily)
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
GNP INSULIN SYRINGES/0.3ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16" MISC	1B	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1" MISC	1B	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC	1B	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily)
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/27GX1/2" MISC	1B	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/28GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC	1B	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	1B	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX/1/2" MISC	1B	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/1ML/27GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	1B	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16" MISC	1B	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/29G MISC	1B	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G MISC	1B	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
KROGER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1B	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	1B	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/1ML MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	1B	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC	1B	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	1B	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	1B	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1B	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	1B	QL(5 ea daily)
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 MISC	1B	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16 MISC	1B	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
TECHLITE INSULIN SYRINGE U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGE U-100/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGE U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGE U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
TECHLITE INSULIN SYRINGE U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGE U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
TECHLITE INSULIN SYRINGE U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGE U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
TECHLITE INSULIN SYRINGE U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGE U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
TECHLITE INSULIN SYRINGE U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC	1B	QL(5 ea daily)
TECHLITE INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN MISC	1B	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	1B	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	1B	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	1B	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	1B	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	1B	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2" MISC	1B	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16" MISC	1B	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2" MISC	1B	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16" MISC	1B	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2" MISC	1B	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" MISC	1B	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2" MISC	1B	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16" MISC	1B	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC	1B	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	1B	QL(5 ea daily)



Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	1B	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ZEVRIX INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ZEVRIX INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ZEVRIX INSULIN SYRINGE/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ZEVRIX INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Calcitonin Gene-Related Peptide (CGRP)</b>		
AIMOVIG SOAJ	2	PA; QL(0.04 ml daily)
EMGALITY SOAJ 120 MG/ML	2	PA; QL(0.07 ml daily)
EMGALITY SOSY 100 MG/ML	3	PA; QL(0.07 ml daily)
EMGALITY SOSY 120 MG/ML	2	PA; QL(0.07 ml daily)
<b>Migraine Combinations</b>		
CAFERGOT TABS ( <i>Use ergotamine w/ caffeine</i> )	NF	QL(1.5 ea daily)
<i>ergotamine w/ caffeine tabs or 1 mg-100 mg</i>	1B	QL(1.5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan-naproxen sodium tabs</i>	3	QL(10 ea per 30 days retail, 10 ea per 30 days mail)
TREXIMET TABS ( <i>Use sumatriptan-naproxen sodium</i> )	NF	QL(10 ea per 30 days retail, 10 ea per 30 days mail)
<b>Migraine Products</b>		
D.H.E. 45 SOLN ( <i>Use dihydroergotamine mesylate</i> )	NF	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1B	
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1B	QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN ( <i>Use dihydroergotamine mesylate</i> )	NF	QL(0.267 ml daily)
<b>Serotonin Agonists</b>		
<i>almotriptan malate tabs 12.5 mg</i>	1B	ST; QL(0.4 ea daily); AL(At least 12 yrs old)
<i>almotriptan malate tabs 6.25 mg</i>	1B	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
AMERGE TABS ( <i>Use naratriptan hcl</i> )	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>eletriptan hydrobromide tabs</i>	1B	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
FROVA TABS ( <i>Use frovatriptan succinate</i> )	NF	ST; QL(0.4 ea daily); AL(At least 18 yrs old)
<i>frovatriptan succinate tabs</i>	1B	ST; QL(0.4 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT ( <i>Use sumatriptan</i> )	NF	QL(0.2 ea daily); AL(At least 18 yrs old)
IMITREX SOLN SC 6 MG/0.5ML ( <i>Use sumatriptan succinate</i> )	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE REFILL SOCT ( <i>Use sumatriptan succinate</i> )	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ ( <i>Use sumatriptan succinate</i> )	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX TABS OR 50 MG, 100 MG, 25 MG ( <i>Use sumatriptan succinate</i> )	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
MAXALT TABS ( <i>Use rizatriptan benzoate</i> )	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP ( <i>Use rizatriptan benzoate</i> )	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>naratriptan hcl tabs</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAX TABS ( <i>Use eletriptan hydrobromide</i> )	NF	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 10 mg</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 mg</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan soln</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate tabs or 50 mg, 100 mg, 25 mg</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>zolmitriptan soln na 2.5 mg, 5 mg</i>	1B	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tabs or 2.5 mg, 5 mg</i>	1B	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tbdp or 2.5 mg, 5 mg</i>	1B	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG SOLN NA 2.5 MG, 5 MG ( <i>Use zolmitriptan</i> )	3	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG, 5 MG ( <i>Use zolmitriptan</i> )	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG ZMT TBDP ( <i>Use zolmitriptan</i> )	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Bicarbonates</b>		
SODIUM ACETATE SOLN 2 MEQ/ML	1B	
SODIUM ACETATE SOLN 2 MEQ/ML ( <i>Use sodium acetate</i> )	1B	
<i>sodium acetate soln 2 meq/ml, 4 meq/ml</i>	1B	
<b>Calcium</b>		
<i>calcium chloride (dihydrate) soln</i>	1B	
<b>Electrolyte Mixtures</b>		
DEXTROSE 5%/NACL 0.3% SOLN ( <i>Use dextrose w/ sodium chloride</i> )	NF	
<i>dextrose in lactated ringers soln</i>	1B	
DEXTROSE/SODIUM CHLORIDE SOLN ( <i>Use dextrose w/ sodium chloride</i> )	NF	
IONOSOL-MB/DEXTROSE 5% SOLN 3 MEQ/L-3 MEQ/L-5 %-20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L, 3 MEQ/L-3 MMOLE/L-5 %-20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L	1B	
ISOLYTE-P/DEXTROSE 5% SOLN	1B	
ISOLYTE-S SOLN	1B	
KCL 0.3%/D5W/NACL 0.9% SOLN	1B	
<i>lactated ringer's soln</i>	1B	
NORMOSOL-M IN D5W SOLN	1B	
NORMOSOL-M/D5W SOLN	1B	
NORMOSOL-R SOLN	1B	
PLASMA-LYTE A SOLN	1B	

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE-148 SOLN	1B	
<i>potassium chloride in dextrose &amp; sodium chloride soln</i>	1B	
<i>potassium chloride in dextrose soln</i>	1B	
<i>potassium chloride in nacl soln</i>	1B	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 2.7 MEQ/L-5 %-24 MEQ/L-28 MEQ/L-129 MEQ/L-130 MEQ/L, 3 MEQ/L-5 %-24 MEQ/L-28 MEQ/L-130 MEQ/L-149 MEQ/L	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE SOLN 0.45 %-20 MEQ/L ( <i>Use potassium chloride in nacl</i> )	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE SOLN 0.9 %-40 MEQ/L ( <i>Use potassium chloride in nacl</i> )	NF	
<i>ringer's soln</i>	1B	
<b>Fluoride</b>		
<i>sodium fluoride chew 0.25 mg, 0.5 mg</i>	1A	
<i>sodium fluoride chew 1 mg, 2.2 mg</i>	0	QL(1 ea daily)
<b>Magnesium</b>		
<i>magnesium sulfate soln ij 50 %</i>	1B	
<b>Phosphate</b>		
<i>potassium phosphates soln 224 mg/ml-236 mg/ml</i>	1B	
<b>Potassium</b>		
K-TAB TBCR 10 MEQ, 8 MEQ ( <i>Use potassium chloride</i> )	NF	
<i>potassium acetate soln</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium bicarbonate tbef</i>	1B	
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1B	
<i>potassium chloride microencapsulated crystals er tbc</i>	1B	
<i>potassium chloride pack or 20 meq</i>	1B	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML	1B	
<i>potassium chloride soln iv 10 meq/50ml, 20 meq/50ml, 2 meq/ml</i>	1B	
<i>potassium chloride soln or 10 %</i>	1B	
<i>potassium chloride tbc or 10 meq, 8 meq</i>	1B	
<b>Sodium</b>		
<i>sodium chloride soln ij 2.5 meq/ml</i>	1B	
<i>sodium chloride soln iv 3 %, 5 %, 0.9 %, 4 meq/ml, 0.45 %</i>	1B	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
CUPRIMINE CAPS ( <i>Use penicillamine</i> )	NF	PA
DEPEN TITRATABS TABS ( <i>Use penicillamine</i> )	NF	QL(8 ea daily)
<i>penicillamine caps</i>	1B	PA
<i>penicillamine tabs</i>	1B	QL(8 ea daily)
SYPRINE CAPS ( <i>Use trientine hcl</i> )	NF	PA; QL(8 ea daily); SP
<i>trientine hcl caps</i>	4	PA; QL(8 ea daily); SP
<b>Immunomodulators</b>		
REVLIMID CAPS 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	4	PA; QL(1 ea daily); SP
REVLIMID CAPS 20 MG	4	PA;

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Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPS	4	PA; QL(3 ea daily); SP
<b>Immunosuppressive Agents</b>		
ATGAM INJ	4	PA; SP
AZASAN TABS	3	
AZATHIOPRINE SOLR IJ 100 MG	1B	
<i>azathioprine tabs or 50 mg</i>	1B	
CELLCEPT CAPS 250 MG (Use mycophenolate mofetil)	NF	
CELLCEPT TABS 500 MG (Use mycophenolate mofetil)	NF	
<i>cyclosporine caps</i>	1B	
<i>cyclosporine modified (for microemulsion) caps</i>	1B	
<i>cyclosporine modified (for microemulsion) soln</i>	1B	
<i>cyclosporine soln</i>	1B	
<i>everolimus (immunosuppressant) tabs</i>	4	PA; QL(20 ea daily); SP
IMURAN TABS (Use azathioprine)	NF	
<i>mycophenolate mofetil caps or 250 mg</i>	1B	
<i>mycophenolate mofetil tabs or 500 mg</i>	1B	
<i>mycophenolate sodium tbec</i>	1B	
MYFORTIC TBEC (Use mycophenolate sodium)	NF	
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	NF	
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	NF	
NULOJIX SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use tacrolimus)	NF	
PROGRAF PACK OR 0.2 MG, 1 MG	2	PA
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (Use sirolimus)	NF	
SANDIMMUNE CAPS OR 100 MG, 25 MG (Use cyclosporine)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	NF	
SIMULECT SOLR	3	
<i>sirolimus tabs 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>tacrolimus caps</i>	1B	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG (Use everolimus (immunosuppressant))	NF	PA; QL(20 ea daily); SP
<b>Irrigation Solutions</b>		
<i>irrigation solutions, physiological soln</i>	1B	
<i>lactated ringer's (irrigation) soln</i>	1B	
<i>ringer's irrigation soln</i>	1B	
<i>water for irrigation, sterile soln</i>	1B	
<b>Potassium Removing Agents</b>		
<i>sodium polystyrene sulfonate powd</i>	1B	
<i>sodium polystyrene sulfonate susp</i>	1B	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) soln 4 %</i>	1B	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole troc</i>	1B	
<i>nystatin (mouth-throat) susp</i>	1B	
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1B	
DEBACTEROL SOLN	2	
PERIDEX SOLN ( <i>Use chlorhexidine gluconate (mouth-throat)</i> )	NF	
<b>Dental Products</b>		
<i>stannous fluoride conc</i>	0	RX/OTC
<b>Steroids - Mouth/Throat/Dental</b>		
<i>triamcinolone acetonide (mouth) pste</i>	1B	
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl caps</i>	1B	
EVOXAC CAPS ( <i>Use cevimeline hcl</i> )	NF	
<i>pilocarpine hcl (oral) tabs</i>	1B	
SALAGEN TABS ( <i>Use pilocarpine hcl (oral)</i> )	NF	
<b>MULTIVITAMINS</b>		
<b>Ped MV w/ Fluoride</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>pediatric multivitamins w/fl chew 0.25 mg-0.3 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-400 unit-2500 unit, 0.25 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit, 0.3 mg-1 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-400 unit-2500 unit, 1 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit, 0.3 mg-0.5 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-400 unit-2500 unit, 0.5 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit</i>	1A	RX/OTC
<b>Prenatal Vitamins</b>		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
CVS PRENATAL TABS	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS	2	QL(1 ea daily)
HM PRENATAL TABS	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 ea daily)
NEONATAL COMPLETE TABS 0.2 MG-1.84 MG-2 MG-2 MG-3 MG-5 MG-9.2 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1000 MCG-1200 MCG	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL VITAMIN TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
O-CAL FA TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
PRENATAL LOW IRON TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL TABS 0.8 MG- 1.5 MG-1.7 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT, 0.8 MG-1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG- 28 MG-30 UNIT-120 MG- 200 MG-400 UNIT-4000 UNIT, 1.5 MG-1.7 MG-2.6 MG-4 MCG-5 MG-10 MCG-18 MG-25 MG-27 MG-100 MG-200 MG-800 MCG-1200 MCG, 1.7 MG- 1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 1.7 MG-1.84 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-160 MG-200 MG-400 UNIT-800 MCG-4000 UNIT	2	QL(1 ea daily)
PRENATAL TABS 1 MG- 1.84 MG-2 MG-3 MG-10 MCG-10 MG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
PREPLUS TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
RIGHT STEP 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
VOL-PLUS 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>		
<b>Central Muscle Relaxants</b>		
<i>baclofen tabs or 10 mg, 20 mg</i>	1B	
<i>carisoprodol tabs</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorzoxazone tabs 500 mg</i>	1B	QL(6 ea daily)
<i>cyclobenzaprine hcl tabs 10 mg, 5 mg</i>	1A	QL(3 ea daily)
<i>metaxalone tabs 800 mg</i>	1B	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1B	
<i>orphenadrine citrate tb12 or 100 mg</i>	1B	QL(2 ea daily)
ROBAXIN-750 TABS (Use <i>methocarbamol</i> )	NF	
SKELAXIN TABS (Use <i>metaxalone</i> )	NF	QL(4 ea daily)
SOMA TABS (Use <i>carisoprodol</i> )	NF	
<i>tizanidine hcl caps</i>	1B	
<i>tizanidine hcl tabs</i>	1B	
ZANAFLEX CAPS (Use <i>tizanidine hcl</i> )	NF	
ZANAFLEX TABS (Use <i>tizanidine hcl</i> )	NF	
<b>Direct Muscle Relaxants</b>		
DANTRIUM CAPS (Use <i>dantrolene sodium</i> )	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 100 mg, 25 mg, 50 mg</i>	1B	QL(4 ea daily)
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Antiallergy</b>		
<i>azelastine hcl soln</i>	1B	
<i>olopatadine hcl (nasal) soln</i>	1B	
PATANASE SOLN (Use <i>olopatadine hcl (nasal)</i> )	NF	
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1B	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1B	
<b>Nasal Steroids</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (nasal) susp</i>	1B	
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>fluticasone propionate (nasal)</i> )	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use <i>fluticasone propionate (nasal)</i> )	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
<i>flunisolide (nasal) soln</i>	1B	1 rtl pack lmt per fill,
<i>fluticasone propionate (nasal) susp</i>	1B	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1B	PA; QL(1.14 gm daily)
NASACORT ALLERGY 24HR AERO (Use <i>triamcinolone acetonide (nasal)</i> )	NF	
NASACORT ALLERGY 24HR CHILDRENS AERO (Use <i>triamcinolone acetonide (nasal)</i> )	NF	
NASONEX SUSP (Use <i>mometasone furoate (nasal)</i> )	NF	PA; QL(1.14 gm daily)
<i>triamcinolone acetonide (nasal) aero</i>	1B	
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RILUTEK TABS (Use <i>riluzole</i> )	NF	
<i>riluzole tabs</i>	3	
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX SOLR	3	PA
DYSPOORT SOLR	3	PA

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Drug Name	Drug Tier	Requirements/Limits
XEOMIN SOLR	3	PA
<b>Nondepolarizing Muscle Relaxants</b>		
<i>atracurium besylate soln 100 mg/10ml</i>	3	PA
<b>NUTRIENTS</b>		
<b>Proteins</b>		
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 25% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX 5%/DEXTROSE 25% SOLN	3	
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		
LACRISERT INST	3	
<b>Beta-blockers - Ophthalmic</b>		
<i>betaxolol hcl (ophth) soln</i>	1B	
<i>carteolol hcl (ophth) soln</i>	1B	
COMBIGAN SOLN	2	
COSOPT SOLN ( <i>Use dorzolamide hcl-timolol maleate</i> )	NF	
<i>dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 5 mg/ml-20 mg/ml, 6.8 mg/ml-22.3 mg/ml</i>	1B	
<i>levobunolol hcl soln</i>	1B	
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	1B	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC SOLN ( <i>Use timolol maleate (ophth)</i> )	NF	
TIMOPTIC-XE SOLG ( <i>Use timolol maleate (ophth)</i> )	NF	
<b>Cycloplegic Mydriatics</b>		
MYDRIACYL SOLN ( <i>Use tropicamide</i> )	NF	
<i>tropicamide soln</i>	1B	
<b>Miotics</b>		
ISOPTO CARPINE SOLN ( <i>Use pilocarpine hcl</i> )	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln</i>	1B	
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P SOLN 0.15 % ( <i>Use brimonidine tartrate</i> )	NF	
<i>apraclonidine hcl soln</i>	1B	
<i>brimonidine tartrate soln</i>	1B	
IOPIDINE SOLN	3	
SIMBRINZA SUSP	3	PA
<b>Ophthalmic Anti-infectives</b>		
AZASITE SOLN	3	
<i>bacitracin (ophthalmic) oint</i>	3	
BESIVANCE SUSP	3	PA
BLEPH-10 SOLN ( <i>Use sulfacetamide sodium (ophth)</i> )	NF	
CILOXAN SOLN ( <i>Use ciprofloxacin hcl (ophth)</i> )	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1B	
<i>erythromycin (ophth) oint</i>	1B	
<i>gatifloxacin (ophth) soln</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate (ophth) oint</i>	1B	
<i>gentamicin sulfate (ophth) soln</i>	1B	
KLARITY-A SOLN	3	
<i>levofloxacin (ophth) soln</i>	1B	
<i>moxifloxacin hcl (ophth) soln</i>	1B	
NATACYN SUSP	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1B	
OCUFLOX SOLN (Use <i>ofloxacin (ophth)</i> )	NF	
<i>ofloxacin (ophth) soln</i>	1B	
<i>polymyxin b-trimethoprim soln</i>	1B	
POLYTRIM SOLN (Use <i>polymyxin b-trimethoprim</i> )	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1B	
<i>tobramycin (ophth) soln</i>	1B	
TOBREX SOLN (Use <i>tobramycin (ophth)</i> )	NF	
<i>trifluridine soln</i>	1B	
VIGAMOX SOLN (Use <i>moxifloxacin hcl (ophth)</i> )	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (Use <i>gatifloxacin (ophth)</i> )	NF	
<b>Ophthalmic Local Anesthetics</b>		
ALCAINE SOLN (Use <i>proparacaine hcl</i> )	NF	
<i>proparacaine hcl soln</i>	1B	
<b>Ophthalmic Nerve Growth Factors</b>		
OXERVATE SOLN	4	PA
<b>Ophthalmic Steroids</b>		

Drug Name	Drug Tier	Requirements/ Limits
ALREX SUSP	3	PA
<i>dexamethasone sodium phosphate (ophth) soln</i>	1B	
DUREZOL EMUL	3	PA
<i>fluorometholone (ophth) susp</i>	1B	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i> )	NF	
FML OINT	3	PA
LOTEMAX GEL (Use <i>loteprednol etabonate</i> )	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (Use <i>loteprednol etabonate</i> )	NF	PA
<i>loteprednol etabonate gel</i>	1B	PA
<i>loteprednol etabonate susp</i>	1B	PA
MAXIDEX SUSP	3	PA
MAXITROL OINT (Use <i>neomycin-polymy-dexameth</i> )	NF	
MAXITROL SUSP (Use <i>neomycin-polymy-dexameth</i> )	NF	
<i>neomycin-polymy-dexameth oint</i>	1B	
<i>neomycin-polymy-dexameth susp</i>	1B	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1B	
PRED FORTE SUSP (Use <i>prednisolone acetate (ophth)</i> )	NF	
PRED MILD SUSP	3	PA
PRED-G SUSP	3	PA
<i>prednisolone acetate (ophth) susp</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
<i>sulfacetamide sod-prednisolone soln</i>	1B	PA
TOBRADEX SUSP (Use tobramycin-dexamethasone)	NF	
<i>tobramycin-dexamethasone susp</i>	1B	
ZYLET SUSP	3	PA
<b>Ophthalmic Surgical Aids</b>		
BIOLON SOLN	3	PA
HEALON PRO SOLN	3	PA
HEALON SOLN	3	PA
PROVISC SOLN	3	PA
<b>Ophthalmics - Misc.</b>		
ACULAR LS SOLN (Use ketorolac tromethamine (ophth))	NF	
ACULAR SOLN (Use ketorolac tromethamine (ophth))	NF	
ALOCRIAL SOLN	3	PA
ALOMIDE SOLN	3	PA
<i>azelastine hcl (ophth) soln</i>	1B	
AZOPT SUSP (Use brinzolamide)	NF	
<i>bepotastine besilate soln</i>	3	PA
BEPREVE SOLN (Use bepotastine besilate)	3	PA
<i>brinzolamide susp</i>	1B	
<i>bromfenac sodium (ophth) soln</i>	1B	
<i>cromolyn sodium (ophth) soln</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN SOLN	2	PA; QL(2.143 ml daily)
<i>diclofenac sodium (ophth) soln</i>	1B	
<i>dorzolamide hcl soln</i>	1B	
<i>epinastine hcl (ophth) soln</i>	1B	
<i>flurbiprofen sodium soln</i>	1B	
ILEVRO SUSP	3	ST; QL(0.2 ml daily)
<i>ketorolac tromethamine (ophth) soln</i>	1B	
<i>ketotifen fumarate (ophth) soln</i>	1B	
LASTACRAFT SOLN	3	PA
NEVANAC SUSP	3	ST; QL(0.2 ml daily)
<i>olopatadine hcl soln</i>	1B	RX/OTC
PATADAY SOLN (Use olopatadine hcl)	NF	RX/OTC
PATANOL SOLN (Use olopatadine hcl)	NF	RX/OTC
TRUSOPT SOLN (Use dorzolamide hcl)	NF	
ZADITOR SOLN (Use ketotifen fumarate (ophth))	NF	
ZERVIATE SOLN	3	PA
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1B	
TRAVATAN Z SOLN (Use travoprost)	NF	
<i>travoprost soln</i>	1B	
XALATAN SOLN (Use latanoprost)	NF	
ZIOPTAN SOLN	2	

## OTIC AGENTS - Drugs to Treat the Ear

Drug Name	Drug Tier	Requirements/Limits
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic) soln</i>	1B	
<b>Otic Anti-infectives</b>		
CETRAXAL SOLN ( <i>Use ciprofloxacin hcl (otic)</i> )	NF	
<i>ciprofloxacin hcl (otic) soln</i>	1B	
FLOXIN OTIC SOLN ( <i>Use ofloxacin (otic)</i> )	NF	
<i>ofloxacin (otic) soln</i>	1B	
<b>Otic Combinations</b>		
CIPRO HC SUSP	3	
CIPRODEX SUSP ( <i>Use ciprofloxacin-dexamethasone</i> )	NF	PA
<i>ciprofloxacin-dexamethasone susp</i>	1B	PA
<i>ciprofloxacin-fluocinolone acetonide soln</i>	1B	PA; QL(0.5 ea daily)
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1B	
<i>neomycin-polymyxin-hc (otic) susp</i>	1B	
OTOVEL SOLN ( <i>Use ciprofloxacin-fluocinolone acetonide</i> )	NF	PA; QL(0.5 ea daily)
<b>Otic Steroids</b>		
DERMOTIC OIL ( <i>Use fluocinolone acetonide (otic)</i> )	NF	
<i>fluocinolone acetonide (otic) oil</i>	1B	
<i>hydrocortisone w/acetic acid soln</i>	1B	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		

Drug Name	Drug Tier	Requirements/Limits
CUVITRU SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	4	PA; SP
GAMMAGARD LIQUID SOLN 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN	4	PA; SP
GAMUNEX-C SOLN	4	PA; SP
HIZENTRA SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA KIT	4	PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps 250 mg, 500 mg</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 500 mg, 875 mg</i>	1B	
<i>ampicillin caps</i>	1B	
<i>ampicillin sodium solr ij 1 gm</i>	1B	
<i>ampicillin sodium solr iv 10 gm</i>	1B	
<b>Natural Penicillins</b>		

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Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000 UNIT/ML, 60000 UNIT/ML	1B	
<i>penicillin g potassium solr 5000000 unit</i>	1B	
PENICILLIN G PROCAINE SUSP	3	
<i>penicillin g sodium solr</i>	3	
<i>penicillin v potassium solr</i>	1B	
<i>penicillin v potassium tabs</i>	1B	
<b>Penicillin Combinations</b>		
<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 solr ij 0.5 gm-1 gm, 1 gm-2 gm</i>	1B	
<i>ampicillin &amp; sulbactam sodium solr iv 5 gm-10 gm</i>	1B	
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1B	
UNASYN BULK PACK SOLR (Use ampicillin & sulbactam sodium)	NF	

Drug Name	Drug Tier	Requirements/Limits
UNASYN SOLR (Use ampicillin & sulbactam sodium)	NF	
ZOSYN SOLR 0.25 GM-2 GM, 0.375 GM-3 GM, 0.5 GM-4 GM, 4.5 GM-36 GM (Use piperacillin sodium-tazobactam sodium)	NF	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium caps</i>	1B	
<i>nafcillin sodium solr ij 1 gm</i>	1B	
<i>nafcillin sodium solr iv 10 gm</i>	1B	
<i>oxacillin sodium solr ij 1 gm</i>	1B	
<i>oxacillin sodium solr iv 10 gm</i>	1B	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
AYGESTIN TABS (Use norethindrone acetate)	NF	
<i>medroxyprogesterone acetate tabs 10 mg</i>	1A	
<i>medroxyprogesterone acetate tabs 2.5 mg, 5 mg</i>	1B	
MEGACE ES SUSP (Use megestrol acetate (appetite))	NF	PA
<i>megestrol acetate (appetite) susp</i>	1B	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone caps or 100 mg, 200 mg</i>	1B	
PROMETRIUM CAPS (Use progesterone)	NF	
PROVERA TABS (Use medroxyprogesterone acetate)	NF	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>acamprosate calcium tbec</i>	1B	
ANTABUSE TABS ( <i>Use disulfiram</i> )	NF	
<i>disulfiram tabs</i>	1B	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
<b>Antidementia Agents</b>		
ARICEPT TABS 10 MG ( <i>Use donepezil hydrochloride</i> )	NF	QL(2 ea daily)
ARICEPT TABS 5 MG ( <i>Use donepezil hydrochloride</i> )	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 mg</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 mg</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 mg</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 mg</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide soln 4 mg/ml</i>	1B	QL(6 ml daily)
<i>galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg</i>	1B	QL(2 ea daily)
<i>memantine hcl tabs</i>	1B	
<i>memantine hcl tabs 10 mg</i>	1B	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1B	QL(1 ea daily)
NAMENDA TABS 10 MG ( <i>Use memantine hcl</i> )	NF	QL(2 ea daily)
NAMENDA TABS 5 MG ( <i>Use memantine hcl</i> )	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS ( <i>Use memantine hcl</i> )	NF	
RAZADYNE ER CP24 ( <i>Use galantamine hydrobromide</i> )	NF	QL(1 ea daily)
RAZADYNE TABS ( <i>Use galantamine hydrobromide</i> )	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate caps</i>	1B	
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline tabs 5 mg-12.5 mg</i>	1B	PA
<i>perphenazine-amitriptyline tabs</i>	1B	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO TABS	4	PA; QL(4 ea daily)
<i>tetrabenazine tabs</i>	4	PA; QL(3 ea daily); SP
XENAZINE TABS ( <i>Use tetrabenazine</i> )	NF	PA; QL(3 ea daily); SP
<b>Multiple Sclerosis Agents</b>		
AMPYRA TB12 ( <i>Use dalfampridine</i> )	NF	PA; QL(2 ea daily); SP
AUBAGIO TABS	4	PA
AVONEX PEN AJKT	4	PA; QL(0.0714 ml daily); SP
AVONEX PSKT	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.5 ea daily); SP
<i>dalfampridine tb12</i>	4	PA; QL(2 ea daily); SP
<i>dimethyl fumarate cpdr</i>	4	PA
<i>dimethyl fumarate misc</i>	4	PA
EXTAVIA KIT	4	PA; QL(0.5 ea daily); SP
GILENYA CAPS	4	PA
MAVENCLAD TBPK	4	PA
PLEGRIDY SOPN SC	4	PA; QL(0.0357 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
PLEGRIDY SOSY SC	4	PA; QL(0.036 ml daily)
PLEGRIDY STARTER PACK SOPN	4	PA; QL(0.036 ml daily)
PLEGRIDY STARTER PACK SOSY	4	PA; QL(0.0357 ml daily)
REBIF REBIDOSE SOAJ	4	PA; QL(0.214 ml daily); SP
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA; SP
REBIF SOSY	4	PA; QL(0.214 ml daily); SP
REBIF TITRATION PACK SOSY	4	PA; SP
TECFIDERA CPDR ( <i>Use dimethyl fumarate</i> )	NF	PA
TECFIDERA STARTER PACK MISC ( <i>Use dimethyl fumarate</i> )	NF	PA
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
<b>Postherpetic Neuralgia (PHN)/Neuropathic Pain</b>		
LYRICA CR TB24 165 MG, 82.5 MG ( <i>Use pregabalin (once-daily)</i> )	3	PA; QL(1 ea daily)
LYRICA CR TB24 330 MG ( <i>Use pregabalin (once-daily)</i> )	3	PA; QL(2 ea daily)
<i>pregabalin (once-daily) tb24 165 mg, 82.5 mg</i>	3	PA; QL(1 ea daily)
<i>pregabalin (once-daily) tb24 330 mg</i>	3	PA; QL(2 ea daily)
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
<i>fluoxetine hcl (pmdd) caps 10 mg</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl (pmdd) caps 20 mg</i>	1B	QL(3 ea daily)
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUEDEXTA CAPS	3	PA
<b>Psychotherapeutic and Neurological Agents -</b>		
<i>ergoloid mesylates tabs</i>	1B	
<i>pimozide tabs</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT TBCR	3	PA; QL(2 ea daily)
<b>Smoking Deterrents</b>		
APO-VARENICLINE TABS	0	QL(2 ea daily)
<i>bupropion hcl (smoking deterrent) tb12</i>	0	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)
NICODERM CQ PT24 ( <i>Use nicotine</i> )	NF	QL(1 ea daily)
NICORETTE GUM ( <i>Use nicotine polacrilex</i> )	NF	
NICORETTE LOZG ( <i>Use nicotine polacrilex</i> )	NF	
NICORETTE MINI LOZG ( <i>Use nicotine polacrilex</i> )	NF	
NICORETTE STARTER KIT GUM ( <i>Use nicotine polacrilex</i> )	NF	
<i>nicotine polacrilex gum</i>	0	
<i>nicotine polacrilex lozg</i>	0	
<i>nicotine pt24</i>	0	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
<b>Transthyretin Amyloidosis Agents</b>		
TEGSEDI SOSY	4	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP SOLR 1000 MG	4	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
ARALAST NP SOLR 500 MG	4	PA
PROLASTIN-C SOLN 1000 MG/20ML	4	PA;
PROLASTIN-C SOLR 1000 MG	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
<b>Cystic Fibrosis Agents</b>		
KALYDECO TABS 150 MG	4	PA; QL(2 ea daily); SP
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	PA; QL(2 ea daily)
ORKAMBI TABS 100 MG-125 MG, 125 MG-200 MG	4	PA; QL(4 ea daily)
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP
TRIKAFTA TBPK 50 MG-100 MG	4	PA; QL(3 ea daily)
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS	4	PA; QL(1 ea daily)
ESBRIET TABS	4	PA; QL(1 ea daily)
OFEV CAPS	4	PA; QL(2 ea daily)
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
SULFADIAZINE TABS	1B	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Fluorocyclines</b>		
XERAVA SOLR	4	PA
<b>Glycylcyclines</b>		
<i>tigecycline solr</i>	1B	
TYGACIL SOLR ( <i>Use tigecycline</i> )	NF	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tabs</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) caps 75 mg</i>	1B	
<i>doxycycline (monohydrate) tabs 100 mg</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 50 mg</i>	1B	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate solr iv 100 mg</i>	1B	
<i>doxycycline hyclate tabs or 100 mg, 20 mg</i>	1B	QL(2 ea daily)
MINOCIN CAPS OR 50 MG ( <i>Use minocycline hcl</i> )	NF	QL(3 ea daily)
<i>minocycline hcl caps 100 mg, 50 mg, 75 mg</i>	1B	QL(3 ea daily)
<i>minocycline hcl tabs 100 mg, 50 mg, 75 mg</i>	1B	QL(3 ea daily)
TARGADOX TABS ( <i>Use doxycycline hyclate</i> )	NF	
<i>tetracycline hcl caps</i>	1B	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG ( <i>Use doxycycline hyclate</i> )	NF	QL(2 ea daily)
XIMINO CP24 135 MG, 45 MG, 90 MG ( <i>Use minocycline hcl</i> )	NF	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs</i>	1B	
<i>propylthiouracil tabs</i>	1B	
TAPAZOLE TABS ( <i>Use methimazole</i> )	NF	
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG ( <i>Use thyroid</i> )	2	QL(1 ea daily)
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
CYTOMEL TABS ( <i>Use liothyronine sodium</i> )	NF	
<i>levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1B	
<i>liothyronine sodium soln</i>	1B	
<i>liothyronine sodium tabs</i>	1B	
NATURE-THROID NT-2.5 TABS	2	
NATURE-THROID TABS	2	
SYNTHROID TABS ( <i>Use levothyroxine sodium</i> )	2	
<i>thyroid tabs</i>	1B	QL(1 ea daily)
TRIOSTAT SOLN ( <i>Use liothyronine sodium</i> )	NF	
WESTHROID TABS	2	
WP THYROID TABS	2	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
DAPTACEL SUSP	0	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX SUSP	0	
KINRIX SUSP	0	
PEDIARIX SUSP	0	
PENTACEL SUSP	0	
QUADRACEL SUSP	0	

Drug Name	Drug Tier	Requirements/ Limits
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>		
<b>Antispasmodics</b>		
<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 caps</i>	1B	
<i>dicyclomine hcl caps or 10 mg</i>	1B	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	1B	
<i>dicyclomine hcl tabs or 20 mg</i>	1B	
<i>glycopyrrolate soln ij 4 mg/20ml</i>	1B	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1B	
LIBRAX CAPS ( <i>Use chlordiazepoxide hcl-clidinium bromide</i> )	NF	
<i>methscopolamine bromide tabs</i>	1B	
<b>H-2 Antagonists</b>		
<i>cimetidine hcl soln 300 mg/5ml</i>	1B	QL(20 ml daily)
<i>cimetidine tabs 200 mg</i>	1B	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1B	
<i>famotidine in nacl soln</i>	1B	
<i>famotidine soln iv 20 mg/2ml</i>	1A	
<i>famotidine soln iv 200 mg/20ml, 40 mg/4ml</i>	1B	
<i>famotidine susr or 40 mg/5ml</i>	1B	QL(10 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine tabs or 20 mg</i>	1B	RX/OTC
<i>famotidine tabs or 40 mg</i>	1B	
<i>nizatidine caps 150 mg, 300 mg</i>	1B	
<i>nizatidine soln 15 mg/ml</i>	1B	QL(20 ml daily)
PEPCID AC MAXIMUM STRENGTH TABS ( <i>Use famotidine</i> )	NF	RX/OTC
PEPCID AC TABS ( <i>Use famotidine</i> )	NF	RX/OTC
PEPCID TABS 20 MG ( <i>Use famotidine</i> )	NF	RX/OTC
PEPCID TABS 40 MG ( <i>Use famotidine</i> )	NF	
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1B	
<i>ranitidine hcl soln ij 150 mg/6ml</i>	1B	
<i>ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	1B	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1B	RX/OTC
<i>ranitidine hcl tabs or 300 mg</i>	1B	
TAGAMET HB TABS ( <i>Use cimetidine</i> )	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS ( <i>Use ranitidine hcl</i> )	NF	RX/OTC
ZANTAC SOLN 25 MG/ML ( <i>Use ranitidine hcl</i> )	NF	
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP 1 GM/10ML ( <i>Use sucralfate</i> )	NF	QL(40 ml daily)
CARAFATE TABS 1 GM ( <i>Use sucralfate</i> )	NF	QL(4 ea daily)
<i>sucralfate susp 1 gm/10ml</i>	1B	QL(40 ml daily)
<i>sucralfate tabs 1 gm</i>	1B	QL(4 ea daily)
<b>Proton Pump Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
ACIPHEX TBEC ( <i>Use rabeprazole sodium</i> )	NF	QL(1 ea daily)
DEXILANT CPDR	3	PA; 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>lansoprazole cpdr 15 mg</i>	1B	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1B	
NEXIUM 24HR TBEC	1B	QL(2 ea daily)
NEXIUM CPDR 20 MG ( <i>Use esomeprazole magnesium</i> )	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG ( <i>Use esomeprazole magnesium</i> )	NF	QL(1 ea daily)
<i>omeprazole cpdr 10 mg, 40 mg</i>	1B	QL(2 ea daily)
<i>omeprazole cpdr 20 mg</i>	1B	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium cpdr 20 mg, 20.6 mg</i>	1B	QL(4 ea daily)
<i>omeprazole tbec 20 mg</i>	1B	QL(2 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	1B	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	1B	
PREVACID 24HR CPDR ( <i>Use lansoprazole</i> )	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG ( <i>Use lansoprazole</i> )	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG ( <i>Use lansoprazole</i> )	NF	
PROTONIX TBEC OR 20 MG ( <i>Use pantoprazole sodium</i> )	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG ( <i>Use pantoprazole sodium</i> )	NF	
<i>rabeprazole sodium tbec</i>	1B	QL(1 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		

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Drug Name	Drug Tier	Requirements/Limits
CYTOTEC TABS ( <i>Use misoprostol</i> )	NF	QL(4 ea daily)
<i>misoprostol tabs</i>	1B	QL(4 ea daily)
<b>Ulcer Therapy Combinations</b>		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	1B	PA
<i>omeprazole-sodium bicarbonate caps 20 mg-1100 mg</i>	1B	QL(1 ea daily); RX/OTC
ZEGERID CAPS 20 MG-1100 MG ( <i>Use omeprazole-sodium bicarbonate</i> )	NF	QL(1 ea daily); RX/OTC
ZEGERID OTC CAPS ( <i>Use omeprazole-sodium bicarbonate</i> )	NF	QL(1 ea daily); RX/OTC
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
<i>darifenacin hydrobromide tb24</i>	1B	QL(1 ea daily)
DETROL LA CP24 ( <i>Use tolterodine tartrate</i> )	NF	QL(1 ea daily)
DETROL TABS ( <i>Use tolterodine tartrate</i> )	NF	
DITROPAN XL TB24 ( <i>Use oxybutynin chloride</i> )	NF	
ENABLEX TB24 ( <i>Use darifenacin hydrobromide</i> )	NF	QL(1 ea daily)
<i>oxybutynin chloride syrpf</i>	1B	
<i>oxybutynin chloride tabs</i>	1B	
<i>oxybutynin chloride tb24</i>	1B	
<i>solifenacin succinate tabs</i>	1B	PA; QL(1 ea daily)
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1B	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1B	
TOVIAZ TB24	3	PA; QL(1 ea daily)
<i>trospium chloride cp24 60 mg</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>trospium chloride tabs 20 mg</i>	1B	
VESICARE TABS ( <i>Use solifenacin succinate</i> )	NF	PA; QL(1 ea daily)
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride tabs 10 mg, 5 mg, 50 mg</i>	1B	QL(4 ea daily)
<i>bethanechol chloride tabs 25 mg</i>	1B	
URECHOLINE TABS 10 MG, 5 MG, 50 MG ( <i>Use bethanechol chloride</i> )	NF	QL(4 ea daily)
URECHOLINE TABS 25 MG ( <i>Use bethanechol chloride</i> )	NF	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	1B	
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
ACTHIB SOLR	0	
BEXSERO SUSY	0	
HIBERIX SOLR	0	
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
TRUMENBA SUSY	0	
<b>Viral Vaccines</b>		

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Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
ENGERIX-B INJ	0	3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
ENGERIX-B SUSP	0	3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
FLUAD 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD QUADRIVALENT 2021-2022 PRSY	0	1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2019-2020 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2020-2021 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2021-2022 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUMIST QUADRIVALENT SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2021-2022 SUSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
GARDASIL 9 SUSP	0	3 rtl MAX fill,365 rtl day(s) supply,
GARDASIL 9 SUSY	0	3 rtl MAX fill,365 rtl day(s) supply,
HAVRIX SUSP	0	
HEPLISAV-B SOLN	0	
HEPLISAV-B SOSY	0	
IPOL INACTIVATED IPV INJ	0	
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply,
RECOMBIVAX HB SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	
SHINGRIX SUSR	0	2 rtl pack lmt amt,999 rtl pack lmt day(s);; AL(At least 50 yrs old)
TWINRIX SUSY	0	
VAQTA SUSP	0	
VARIVAX INJ	0	2 rtl MAX fill,365 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
ZOSTAVAX SUSR	0	1 rtl pack lmt amt,999 rtl pack lmt day(s);; AL(At least 50 yrs old)
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Miscellaneous Vaginal Products</b>		
INTRAROSA INST	3	PA
<b>Spermicides</b>		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
<b>Vaginal Anti-infectives</b>		
CLEOCIN CREA VA 2 % (Use clindamycin phosphate vaginal)	NF	
clindamycin phosphate vaginal crea	1B	
clotrimazole vaginal crea	1B	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (Use clotrimazole vaginal)	NF	
METROGEL-VAGINAL GEL (Use metronidazole vaginal)	NF	
metronidazole vaginal gel	1B	
miconazole nitrate vaginal supp	1B	
terconazole vaginal crea	1B	
terconazole vaginal supp	1B	
<b>Vaginal Contraceptive - pH Modulators</b>		
PHEXXI GEL	0	PV
<b>Vaginal Estrogens</b>		
ESTRACE CREA (Use estradiol vaginal)	NF	
estradiol vaginal crea	1B	

Drug Name	Drug Tier	Requirements/ Limits
estradiol vaginal tabs	1B	
FEMRING RING	3	PA
PREMARIN CREA	2	
VAGIFEM TABS (Use estradiol vaginal)	NF	
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
ADRENALIN SOLN IJ 30 MG/30ML (Use epinephrine (anaphylaxis))	NF	
epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml	1B	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	2	QL(2 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply,
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NF	
EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
<b>Vasopressors</b>		
midodrine hcl tabs	1B	

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Drug Name	Drug Tier	Requirements/ Limits
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
<i>cholecalciferol caps 1.25 mg, 400 unit, 50000 unit, 2000 unit, 50 mcg</i>	1A	
<i>cholecalciferol tabs 400 unit</i>	0	
DRISDOL CAPS (Use ergocalciferol)	0	
<i>ergocalciferol caps or 1.25 mg, 50000 unit</i>	0	
<i>ergocalciferol soln or 200 mcg/ml, 8000 unit/ml</i>	1B	
VITAMIN D2 TABS	0	AL (At least 65 yrs old)
<b>Water Soluble Vitamins</b>		
<i>niacin cpcr or 500 mg, 250 mg</i>	1A	
<i>niacin tabs or 250 mg, 50 mg, 100 mg, 500 mg</i>	1A	
<i>niacin tbcr or 750 mg, 250 mg, 500 mg</i>	1A	
NIACIN TR TBCR	1B	
<i>niacinamide tabs or 100 mg</i>	1B	
<i>niacinamide tabs or 500 mg</i>	1A	
SLO-NIACIN TBCR (Use niacin)	NF	

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BYSTOLIC	48	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	91	CATAPRES-TTS-1	31
cabergoline	68	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	91	CATAPRES-TTS-2	31
CABLIVI	72	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	91	CATAPRES-TTS-3	31
CADUET	50	CAREONE LANCET SUPER THIN/30G	78	CAYA	75
CAFERGOT	110	CAREONE LANCET THIN	78	CAYSTON	11
CALAN	49	CARESENS LANCETS	78	cefaclor	51
CALAN SR	49	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	91	cefadroxil	51
calcipotriene	59	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	91	cefazolin sodium	51
calcipotriene-betamethasone dipropionate	60	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	91	cefdinir	51
calcitonin (salmon)	65	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	91	cefditoren pivoxil	51
calcitriol	67	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	91	cefepime hcl	51
calcitriol (topical)	59	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	91	cefixime	51
calcium acetate (phosphate binder)	70	CARETOUCH LANCING DEVICEWITH EJECTOR	78	CEFOTAN	51
calcium chloride (dihydrate)	112	CARETOUCH SAFETY LANCETS/26G	78	cefotaxime sodium	51
calcium polycarbophil	74	CARETOUCH SAFETY LANCETS/28G	78	cefotetan disodium	51
CAMPTOSAR	40	CARETOUCH SAFETY LANCETS/30G	78	cefoxitin sodium	51
CANASA	70	CARETOUCH TWIST LANCETS 28G	78	cefpodoxime proxetil	51
CANCIDAS	27			cefprozil	51
candesartan cilexetil	30			ceftazidime	51
candesartan cilexetil-hydrochlorothiazide	31			ceftriaxone sodium	51
CAPASTAT SULFATE	34			cefuroxime axetil	51
capecitabine	35			cefuroxime sodium	51
CAPRELSA	38			CELEBREX	4
captopril	30			celecoxib	4
CARAC	58			CELESTONE SOLUSPAN	53
CARAFATE	127			CELESTONE-SOLUSPAN	53
CARBAGLU	67			CELEXA	21
carbamazepine	17			CELLCEPT	114
CARBATROL	17			CELONTIN	20
carbidopa	40			cephalexin	51
carbidopa-levodopa	41			CERDELGA	72
carbidopa-levodopa-entacapone	41			CEREBYX	19
	27			CEREZYME	72
carbinoxamine maleate	27			CESAMET	26
				cetirizine hcl	28
				cetirizine-pseudoephedrine	54

CETRAXAL.....	121	ciprofloxacin hcl (otic)....	121	CLEVER CHOICE COMFORT	
CETROTIDE.....	66	ciprofloxacin in d5w.....	69	EZINSULIN	
cevimeline hcl.....	115	ciprofloxacin-dexamethasone	121	SYRINGE/0.5ML/30G X 1/2"	91
CHANTIX.....	124	ciprofloxacin-fluocinolone	121	CLEVER CHOICE COMFORT	
CHANTIX CONTINUING		acetonide.....	121	EZINSULIN	
MONTHPAK.....	124	cisplatin.....	34	SYRINGE/0.5ML/30G X	
CHANTIX STARTING MONTH		citalopram hydrobromide..	21	5/16".....	91
PAK.....	124	CLARINEX.....	28	CLEVER CHOICE COMFORT	
CHEMET.....	25	clarithromycin.....	75	EZINSULIN	
CHEMSTRIP-K.....	64	CLARITIN.....	28	SYRINGE/0.5ML/31G X	
CHILDRENS ADVIL.....	4	CLARITIN ALLERGY		5/16".....	91
CHILDRENS MOTRIN.....	4	CHILDRENS.....	28	CLEVER CHOICE COMFORT	
chloramphenicol sodium		CLARITIN CHILDRENS...	28	EZINSULIN	
succinate.....	11	CLARITIN REDITABS....	28	SYRINGE/1.0ML/30G X 1/2"	91
chlordiazepoxide hcl.....	13	CLARITIN-D 12 HOUR....	54	CLEVER CHOICE COMFORT	
chlordiazepoxide hcl-clidinium		CLARITIN-D 24 HOUR....	54	EZINSULIN SYRINGE/1ML/28G	
bromide.....	126	CLASSIC PRENATAL....	115	X 1/2".....	92
chlordiazepoxide-amitriptyline		CLEANLET LANCETS		CLEVER CHOICE COMFORT	
.....	123	28G.....	78	EZINSULIN SYRINGE/1ML/30G	
chlorhexidine gluconate (mouth-		CLEMASTINE		X 5/16".....	92
throat).....	115	FUMARATE.....	28	CLEVER CHOICE COMFORT	
chloroquine phosphate.....	33	clemastine fumarate.....	28	EZINSULIN SYRINGE/U-	
chlorpromazine hcl.....	43	CLEOCIN.....	11,131	100/1ML/31GX5/16".....	92
chlorthalidone.....	65	CLEOCIN PEDIATRIC		CLIMARA.....	68
chlorzoxazone.....	117	GRANULES.....	11	CLIMARA PRO.....	68
CHOLBAM.....	69	CLEOCIN PHOSPHATE...	11	CLINDAGEL.....	55
cholecalciferol.....	132	CLEOCIN-T.....	55	clindamycin hcl.....	11
cholestyramine.....	29	CLEVER CHOICE COMFORT		clindamycin palmitate	
cholestyramine light.....	29	EZINSULIN		hydrochloride.....	11
CHORIONIC		SYRINGE/0.3ML/29G X		clindamycin phosphate.....	11
GONADOTROPIN.....	66	1/2".....	91	clindamycin phosphate	
CIALIS.....	50	CLEVER CHOICE COMFORT		(topical).....	55
CICLODAN SOLUTION KIT.	57	EZINSULIN		clindamycin phosphate	
ciclopirox.....	57	SYRINGE/0.3ML/30G X		vaginal.....	131
ciclopirox olamine.....	57	1/2".....	91	clindamycin phosphate-benzoyl	
cidofovir.....	46	CLEVER CHOICE COMFORT		peroxide.....	56
cilostazol.....	72	EZINSULIN		clindamycin phosphate-benzoyl	
CILOXAN.....	118	SYRINGE/0.3ML/30G X		peroxide (refrigerate).....	55
CIMDUO.....	44	5/16".....	91	clindamycin phosphate-	
cimetidine.....	126	CLEVER CHOICE COMFORT		tretinoin.....	56
cimetidine hcl.....	126	EZINSULIN		CLINIMIX 4.25%/DEXTROSE	
cinacalcet hcl.....	67	SYRINGE/0.3ML/31G X		10%.....	118
CINRYZE.....	71	5/16".....	91	CLINIMIX 4.25%/DEXTROSE	
CIPRO.....	69	CLEVER CHOICE COMFORT		25%.....	118
CIPRO HC.....	121	EZINSULIN		CLINIMIX 4.25%/DEXTROSE	
CIPRODEX.....	121	SYRINGE/0.5ML/28G X		5%.....	118
ciprofloxacin.....	69	1/2".....	91	CLINIMIX 5%/DEXTROSE	
ciprofloxacin hcl.....	69	CLEVER CHOICE COMFORT		25%.....	118
ciprofloxacin hcl (ophth)....	118	EZINSULIN		CLINIMIX E 5%/DEXTROSE	
		SYRINGE/0.5ML/29G X		20%.....	118
		1/2".....	91	clobazam.....	17

clocortolone pivalate.....	60	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....	92	cromolyn sodium.....	13
CLODERM.....	60	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....	92	cromolyn sodium (ophth)...	120
clofarabine.....	35	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2".....	92	crotamiton.....	63
CLOLAR.....	35	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16".....	92	CUBICIN.....	11
clomiphene citrate.....	66	COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16".....	92	CUBICIN RF.....	11
clomipramine hcl.....	23	COMFORT ASSURED LANCETS MICRO THIN 33G.....	78	CUPRIMINE.....	113
clonazepam.....	17	COMFORT ASSURED LANCETS SUPER THIN 28G.....	78	CUTIVATE.....	61
clonidine.....	31	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	92	CUVITRU.....	121
clonidine hcl.....	31	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	92	CVS LANCETS 21G.....	78
clonidine hcl (adhd).....	2	COMFORT LANCETS.....	78	CVS LANCETS MICRO THIN 33G.....	78
clopidogrel bisulfate.....	72	COMPLERA.....	44	CVS LANCETS MICRO-THIN 33G.....	78
clorazepate dipotassium.....	13	COMTAN.....	40	CVS LANCETS ORIGINAL..	78
clotrimazole.....	115	CONCERTA.....	2	CVS LANCETS THIN 26G...	78
clotrimazole (topical).....	57	CONTRAVE.....	2	CVS LANCETS ULTRA THIN 30G.....	78
clotrimazole vaginal.....	131	CONZIP.....	6	CVS LANCETS ULTRA-THIN 30G.....	78
clotrimazole w/ betamethasone.....	57	COPIKTRA.....	38	CVS LANCING DEVICE.....	78
clozapine.....	42	CORDRAN.....	60,61	CVS PRENATAL.....	115
CLOZARIL.....	42	COREG.....	48	CVS ULTRA THIN LANCETS.....	79
COAGUCHEK LANCETS.....	78	CORGARD.....	48	cyanocobalamin.....	72
COARTEM.....	33	CORLANOR.....	50	cyclobenzaprine hcl.....	117
CODEINE SULFATE.....	6	CORTEF.....	53	cyclophosphamide.....	34
codeine sulfate.....	6	CORTENEMA.....	10	cycloserine.....	34
COGENTIN.....	40	cortisone acetate.....	53	CYCLOSET.....	24
COLACE.....	74	CORTISPORIN-TC.....	121	cyclosporine.....	114
COLAZAL.....	70	COSENTYX.....	59	cyclosporine modified (for microemulsion).....	114
colchicine.....	71	COSENTYX SENSOREADY PEN.....	59	CYKLOKAPRON.....	73
colchicine w/ probenecid.....	71	COSMEGEN.....	37	CYMBALTA.....	22
COLCRYS.....	71	COSOPT.....	118	cyproheptadine hcl.....	28
colesevelam hcl.....	29	COUMADIN.....	16	CYSTADANE.....	67
COLESTID.....	29	COZAAR.....	30	CYSTAGON.....	70
COLESTID FLAVORED.....	29	CREON.....	64	CYSTARAN.....	120
colestipol hcl.....	29	CRESEMBA.....	27	cytarabine.....	35
COLY-MYCIN S.....	121	CRESTOR.....	29	CYTOMEL.....	126
COLYTE-FLAVOR PACKS.....	74	CRIVIVAN.....	44	CYTOTEC.....	128
COMBIGAN.....	118			CYTOVENE.....	46
COMBIVIR.....	44			D.H.E. 45.....	111
COMETRIQ.....	38			dacarbazine.....	39
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2".....	92			DACOGEN.....	35
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....	92			dactinomycin.....	37
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	92			dalfampridine.....	123
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2".....	92			DALIRESP.....	14
				danazol.....	9
				DANTRIUM.....	117

dantrolene sodium.....	117	desogestrel & ethinyl estradiol.....	51	diclofenac w/ misoprostol.....	4
dapsone.....	11	desogestrel-ethinyl estradiol (biphasic).....	51	dicloxacillin sodium.....	122
DAPTACEL.....	126	desogestrel-ethinyl estradiol (triphasic).....	51	dicyclomine hcl.....	126
DAPTOMYCIN.....	11	desonide.....	61	didanosine.....	44
daptomycin.....	11	DESOWEN.....	61	DIFFERIN.....	56
DARAPRIM.....	33	desoximetasone.....	61	DIFICID.....	75
darifenacin hydrobromide..	128	DESOXYN.....	1	diflorasone diacetate.....	61
DAUNORUBICIN HYDROCHLORIDE.....	37	desvenlafaxine succinate..	22	DIFLUCAN.....	27
DAURISMO.....	36	DETROL.....	128	diflunisal.....	6
DAYPRO.....	4	DETROL LA.....	128	digoxin.....	49
DAYTRANA.....	2	dexamethasone.....	53	dihydroergotamine mesylate.....	111
DDAVP.....	67	DEXAMETHASONE INTENSOL.....	53	DILANTIN.....	19
DEBACTEROL.....	115	dexamethasone sodium phosphate.....	53	DILANTIN INFATABS.....	19
decitabine.....	35	dexamethasone sodium phosphate (ophth).....	119	DILANTIN-125.....	20
deferasirox.....	25	dexchlorpheniramine maleate.....	27	DILAUDID.....	6
deferiprone.....	25	DEXEDRINE.....	1	diltiazem hcl.....	49
DELESTROGEN.....	68	DEXILANT.....	127	DILTIAZEM HCL.....	49
DELSTRIGO.....	44	dexmethylphenidate hcl....	2	diltiazem hcl.....	49
DELZICOL.....	70	dextroamphetamine sulfate.	1	diltiazem hcl coated beads..	49
demeclocycline hcl.....	125	DEXTROSE 5%/NACL 0.3%.....	112	diltiazem hcl extended release beads.....	49
DEMEROL.....	6	dextrose in lactated ringers.....	112	dimethyl fumarate.....	123
DENAVIR.....	60	DEXTROSE/SODIUM CHLORIDE.....	112	DIOVAN.....	30
DEPACON.....	20	DIACOMIT.....	17,18	DIOVAN HCT.....	31
DEPAKENE.....	20	DIASTAT ACUDIAL.....	17	DIPENTUM.....	70
DEPAKOTE.....	20	DIASTAT PEDIATRIC.....	17	diphenhydramine hcl.....	28
DEPAKOTE ER.....	20	DIATHRIVE LANCETS.....	79	diphenoxylate w/ atropine...	25
DEPEN TITRATABS.....	113	DIATHRIVE LANCETS ULTRA THIN 30G.....	79	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	126
DEPO-ESTRADIOL.....	68	DIATHRIVE LANCING DEVICE.....	79	DIPROLENE.....	61
DEPO-MEDROL.....	53	diazepam.....	13	DIPROLENE AF.....	61
DEPO-PROVERA CONTRACEPTIVE.....	53	diazepam (anticonvulsant).	17	dipyridamole.....	72
DEPO-SUBQ PROVERA 104.....	53	diazoxide.....	24	disopyramide phosphate.....	13
DEPO-TESTOSTERONE.....	9	DIBENZYLINE.....	30	disulfiram.....	123
DERMA-SMOOTH/FS BODY.....	61	DICLEGIS.....	26	DITROPAN XL.....	128
DERMA-SMOOTH/FS SCALP.....	61	diclofenac epolamine.....	56	DIURIL.....	65
DERMOTIC.....	121	diclofenac potassium.....	4	divalproex sodium.....	20
desipramine hcl.....	23	diclofenac sodium.....	4	DIVIGEL.....	68
desloratadine.....	28	diclofenac sodium (actinic keratoses).....	58	docetaxel.....	40
desmopressin acetate.....	67	diclofenac sodium (ophth).....	120	DOCETAXEL.....	40
DESMOPRESSIN ACETATE.....	68	diclofenac sodium (topical).....	56	docetaxel.....	40
desmopressin acetate.....	68			docosate calcium.....	74
desmopressin acetate spray.....	68			docosate sodium.....	74
desmopressin acetate spray refrigerated.....	68			dofetilide.....	13
				donepezil hydrochloride....	123
				DOPTLET.....	72

DORAL.....	73	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	93	E-Z JECT LANCETS 21G ...	79
dorzolamide hcl.....	120	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	93	E-Z JECT LANCETS COLOR.....	79
dorzolamide hcl-timolol maleate.....	118	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	93	E-Z JECT LANCETS SUPER THIN 30G.....	79
DOVATO.....	44	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	93	E-Z JECT LANCETS THIN 26G.....	79
DOVONEX.....	59	DROPLET LANCETS ULTRA THIN 30G.....	79	E-ZJECT LANCETS MICRO-THIN 33G.....	79
doxazosin mesylate.....	31	DROPLET LANCING DEVICE.....	79	E.E.S. GRANULES.....	75
doxepin hcl.....	23	DROPLET PERSONAL LANCETS30G.....	79	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	93
doxepin hcl (antipruritic).....	59	drosiprenone-ethinyl estradiol.....	52	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	93
doxepin hcl (sleep).....	73	drosiprenone-ethinyl estradiol-levomefolate calcium.....	52	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	93
doxercalciferol.....	67	DROXIA.....	72	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	93
DOXIL.....	37	DRUG MART ADJUSTABLE LANCING DEVICE.....	79	EASY MINI EJECT LANCING DEVICE.....	79
doxorubicin hcl.....	37	DRUG MART LANCETS THIN.....	79	EASY MINI LANCING DEVICE.....	79
doxorubicin hcl liposomal.....	37	DRUG MART ON-THE-GO LANCETS GENTLE 30G.....	79	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	93
doxycycline (monohydrate).....	125	DRUG MART UNILET LANCETSSUPER THIN 30G.....	79	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	93
doxycycline hyclate.....	125	DRUG MART UNILET LANCETSULTRA THIN 28G.....	79	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	93
doxylamine-pyridoxine.....	26	DRUG MART UNILET MICRO THIN LANCETS 33G.....	79	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	93
DRISDOL.....	132	DUAC.....	56	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	93
dronabinol.....	26	DUAVEE.....	68	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	93
DROPLET GENTEEL LANCING DEVICE.....	79	DUETACT.....	23	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	93
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2".....	92	DUESIS.....	4	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	93
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2".....	92	DULCOLAX.....	74	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	93
DROPLET INSULIN SYRINGE 1ML/29G X 1/2".....	92	duloxetine hcl.....	22	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2".....	93
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16".....	92	DUPIXENT.....	62		
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2".....	92	DURAGESIC.....	6		
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16".....	92	DUREX EXTRA SENSITIVE.....	75		
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2".....	92	DUREZOL.....	119		
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16".....	92	dutasteride.....	71		
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16".....	92	dutasteride-tamsulosin hcl.....	71		
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2".....	92	DYAZIDE.....	65		
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16".....	93	DYRENIUM.....	65		
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64".....	93	DYSPOURT.....	117		
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	93	E-Z JECT LANCETS.....	79		
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	93				
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	93				



EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16".....	93	EASY TOUCH LANCETS 28G/TWIST.....	79	ECOTRIN REGULAR STRENGTH.....	6
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2".....	93	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	79	EDARBI.....	30
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	93	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	79	EDECRIIN.....	65
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	94	EASY TOUCH LANCETS 30G/PULL-TOP.....	79	EDURANT.....	44
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	94	EASY TOUCH LANCETS 30G/TWIST.....	79	efavirenz.....	44
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	94	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	79	efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	44
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	94	EASY TOUCH LANCETS 32G/PULL-TOP.....	79	efavirenz-lamivudine-tenofovir disoproxil fumarate.....	44
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	94	EASY TOUCH LANCETS 32G/TWIST.....	79	EFFEXOR XR.....	22
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	94	EASY TOUCH LANCETS 33G/TWIST.....	79	EFFIENT.....	72
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	94	EASY TOUCH LANCING DEVICE/EJECTOR.....	79	EFUDEX.....	58
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	94	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	79	EGRIFTA.....	66
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	94	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	80	EGRIFTA SV.....	66
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	94	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	80	ELAPRASE.....	67
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	94	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	80	ELESTRIN.....	68
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	94	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	80	eletriptan hydrobromide.....	111
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	79	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	ELIDEL.....	63
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	79	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	94	ELIGARD.....	36
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	79	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	94	ELIMITE.....	63
EASY TOUCH LANCETS 26G/PULL-TOP.....	79	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	94	ELIQUIS.....	16
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	79	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	94	ELIQUIS STARTER PACK.....	16
EASY TOUCH LANCETS 28G/PULL-TOP.....	79	EASY TWIST & CAP LANCETS.....	80	ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	94
		EC-NAPROSYN.....	4	ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	94
		econazole nitrate.....	57	ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	94
		ECOTRIN.....	6	ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	94
				ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	94
				ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	94
				ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	94
				ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	94
				ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	94
				ELIXOPHYLLIN.....	15
				ELLA.....	53
				ELLENC.....	37
				ELMIRON.....	71
				ELOCON.....	61

EMBEDA.....	6	EQL INSULIN		ESGIC.....	5
EMBRACE LANCETS ULTRA		SYRINGE/0.3ML/29G X		esomeprazole magnesium	127
THIN 30G.....	80	1/2".....	94	estazolam.....	73
EMBRACE LANCING DEVICE		EQL INSULIN		ESTRACE.....	68
WITH EJECTOR.....	80	SYRINGE/0.3ML/30G X		estradiol.....	68
EMCYT.....	36	5/16".....	94	estradiol vaginal.....	131
EMEND.....	27	EQL INSULIN		estradiol valerate.....	68
EMEND TRIPACK.....	27	SYRINGE/0.3ML/31G X		ESTROGEL.....	68
EMFLAZA.....	53	5/16".....	94	ESTROSTEP FE.....	52
EMGALITY.....	110	EQL INSULIN		eszopiclone.....	73
EMSAM.....	21	SYRINGE/0.5ML/29G X		ethacrynic acid.....	65
emtricitabine.....	44	1/2".....	95	ethambutol hcl.....	34
emtricitabine-tenofovir disoproxil		EQL INSULIN		ethosuximide.....	20
fumarate.....	44	SYRINGE/0.5ML/30G X		ethynodiol diacet & eth	
EMTRIVA.....	44	5/16".....	95	estrad.....	52
EMVERM.....	10	EQL INSULIN		etidronate disodium.....	66
ENABLEX.....	128	SYRINGE/1ML/29G X 1/2"	95	etodolac.....	4
enalapril maleate.....	30	EQL INSULIN		etonogestrel-ethinyl estradiol	53
enalapril maleate &		SYRINGE/1ML/30G X		ETOPOPHOS.....	40
hydrochlorothiazide.....	31	5/16".....	95	etoposide.....	40
ENBREL.....	5	EQL INSULIN		etravirine.....	44
ENBREL MINI.....	5	SYRINGE/1ML/31G X		EUCRISA.....	63
ENBREL SURECLICK.....	5	5/16".....	95	EURAX.....	63
ENGERIX-B.....	129	EQL PRENATAL		EVAMIST.....	68
enoxaparin sodium.....	16	FORMULA.....	115	EVEKEO.....	1
entacapone.....	40	EQL SUPER THIN LANCETS		everolimus.....	38
entecavir.....	47	30G.....	80	everolimus	
ENTEREG.....	70	EQL THIN LANCETS 26G	80	(immunosuppressant).....	114
ENTOCORT EC.....	53	EQUETRO.....	42	EVISTA.....	66
ENTRESTO.....	50	ERAXIS.....	27	EVOCLIN.....	56
EPCLUSA.....	47	ERBITUX.....	36	EVOXAC.....	115
EPIDIOLEX.....	18	ergocalciferol.....	132	EXEL COMFORT POINT	
EPIDUO.....	56	ergoloid mesylates.....	124	INSULIN SYRINGE/0.3ML/29G X	
epinastine hcl (ophth).....	120	ERGOMAR.....	111	1/2".....	95
epinephrine (anaphylaxis).....	131	ergotamine w/ caffeine... ..	110	EXEL COMFORT POINT	
EPIPEN 2-PAK.....	131	ERIVEDGE.....	36	INSULIN SYRINGE/0.3ML/30G X	
EPIPEN-JR 2-PAK.....	131	erlotinib hcl.....	36	5/16".....	95
epirubicin hcl.....	37	ERTACZO.....	57	EXEL COMFORT POINT	
EPIVIR.....	44	ertapenem sodium.....	11	INSULIN SYRINGE/0.5ML/28G X	
EPIVIR HBV.....	47	ERWINASE.....	39	1/2".....	95
eplerenone.....	32	ERWINAZE.....	39	EXEL COMFORT POINT	
EPOGEN.....	72	ERYPED 200.....	75	INSULIN SYRINGE/0.5ML/29G X	
epoprostenol sodium.....	50	ERYPED 400.....	75	1/2".....	95
eprosartan mesylate.....	30	erythromycin (acne aid).....	56	EXEL COMFORT POINT	
EPZICOM.....	44	erythromycin (ophth).....	118	INSULIN SYRINGE/0.5ML/30G X	
EQL COLOR LANCETS 21G	80	erythromycin base.....	75	5/16".....	95
EQL COLOR LANCETS MICRO		erythromycin.....		EXEL COMFORT POINT	
THIN 33G.....	80	ethylsuccinate.....	75	INSULIN SYRINGE/1ML/28G X	
		ESBRIET.....	125	1/2".....	95
		escitalopram oxalate.....	21		

EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2".....	95	FENSOLVI.....	67	FLECTOR.....	56
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16".....	95	fentanyl.....	6	FLOLAN.....	50
EXELDERM.....	57	fentanyl citrate.....	6	FLOMAX.....	71
exemestane.....	36	FENTORA.....	6	FLONASE ALLERGY RELIEF.....	117
EXFORGE.....	31	FER-IN-SOL.....	73	FLONASE ALLERGY RELIEF CHILDRENS.....	117
EXFORGE HCT.....	31	FERRIPROX.....	25	FLOVENT DISKUS.....	14
EXJADE.....	25	ferrous fumarate-folic acid.....	73	FLOVENT HFA.....	14
EXTAVIA.....	123	ferrous sulfate.....	73	FLOXIN OTIC.....	121
EZ-LETS LANCETS 21G.....	80	FETZIMA.....	22	floxuridine.....	35
EZ-LETS LANCETS 26G SUPER-SOFT.....	80	FETZIMA TITRATION PACK.....	22	FLUAD 2019-2020.....	129
EZ-LETS LANCETS 28G ULTRA-SOFT.....	80	fexofenadine-pseudoephedrine .....	54	FLUAD 2020-2021.....	129
EZ-LETS LANCETS 30G.....	80	FIASP.....	24	FLUAD QUADRIVALENT 2021- 2022.....	129
ezetimibe.....	30	FIASP FLEXTOUCH.....	24	FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS.....	129
ezetimibe-simvastatin.....	28	FIASP PENFILL.....	24	FLUARIX QUADRIVALENT 2019-2020.....	129
FABRAZYME.....	67	FIBERCON.....	74	FLUARIX QUADRIVALENT 2020-2021.....	129
FALESSA.....	52	FIBRICOR.....	29	FLUARIX QUADRIVALENT 2021-2022.....	129
famciclovir.....	47	FIFTY50 SAFETY SEAL LANCETS 30G.....	80	FLUBLOK QUADRIVALENT 2019-2020.....	129
famotidine.....	126,127	FIFTY50 SAFETY SEAL LANCETS 32G.....	80	FLUBLOK QUADRIVALENT 2020-2021.....	129
famotidine in nacl.....	126	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16".....	95	FLUBLOK QUADRIVALENT 2021-2022.....	129
FANAPT.....	42	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16".....	95	FLUCELVAX QUADRIVALENT 2019-2020.....	129
FANAPT TITRATION PACK.....	42	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16".....	95	FLUCELVAX QUADRIVALENT 2020-2021.....	129
FANTASY LUBRICATED.....	75	FIFTY50 UNILET LANCETS 33G.....	80	FLUCELVAX QUADRIVALENT 2021-2022.....	129
FANTASY LUBRICATED/SPERMICIDE .....	75	FINACEA.....	63	fluconazole.....	27
FARESTON.....	36	finasteride.....	71	flucytosine.....	27
FASENRA.....	13	FINE 30.....	80	fludarabine phosphate.....	35
FASENRA PEN.....	13	FINGERSTIX LANCETS.....	80	fludrocortisone acetate.....	54
FASLODEX.....	36	FIORICET.....	6	FLULAVAL QUADRIVALENT 2019-2020.....	130
FAZACLO.....	42,43	FIORICET/CODEINE.....	8	FLULAVAL QUADRIVALENT 2020-2021.....	130
FC FEMALE CONDOM.....	75	FIORINAL.....	6	FLULAVAL QUADRIVALENT 2021-2022.....	130
febuxostat.....	71	FIORINAL/CODEINE #3.....	8	FLUMADINE.....	47
felbamate.....	19	FIRAZYR.....	71	FLUMIST QUADRIVALENT.....	130
FELBATOL.....	19	FIRDAPSE.....	33	flunisolide (nasal).....	117
FELDENE.....	4	FIRMAGON.....	36	fluocinolone acetonide.....	61
felodipine.....	49	FIRVANQ.....	11	fluocinolone acetonide (otic).....	121
FEMARA.....	36	FLAGYL.....	10	fluocinonide.....	61
FEMCAP.....	76	flavoxate hcl.....	128	fluocinonide emulsified base.....	61
FEMHRT.....	68	flecainide acetate.....	13		
FEMRING.....	131				
fenofibrate.....	29				
fenofibrate micronized.....	29				
fenoprofen calcium.....	4				

fluorometholone (ophth).....	119	fosamprenavir calcium.....	44	GARDASIL 9.....	130
fluorouracil.....	35	fosfomycin tromethamine..	12	gatifloxacin (ophth).....	118
fluorouracil (topical).....	58	fosinopril sodium.....	30	gemcitabine hcl.....	35
fluoxetine hcl.....	21	fosinopril sodium &		GEMCITABINE	
fluoxetine hcl (pmd).....	124	hydrochlorothiazide.....	31	HYDROCHLORIDE.....	35
FLUOXETINE		fosphenytoin sodium.....	20	gemfibrozil.....	29
HYDROCHLORIDE.....	21	FOSRENOL.....	70	GENERESS FE.....	52
fluphenazine hcl.....	43	FRAGMIN.....	16	gentamicin in saline.....	3
flurandrenolide.....	61	FREDS PHARMACY		gentamicin sulfate.....	3
flurazepam hcl.....	73	AUTOLET LANCING		gentamicin sulfate (ophth)..	119
flurbiprofen.....	4	DEVICE.....	80	gentamicin sulfate (topical)..	56
flurbiprofen sodium.....	120	FREDS PHARMACY UNILET		GENTEEL BUTTERFLY TOUCH	
flutamide.....	36	LANCETS SUPER THIN		LANCETS.....	80
fluticasone propionate.....	61	30G.....	80	GENTEEL LANCING	
fluticasone propionate		FREDS PHARMACY UNILET		DEVICE/GLORIOUS GOLD.....	80
(nasal).....	117	LANCETS ULTRA THIN		GENTEEL LANCING	
fluticasone-salmeterol.....	15	28G.....	80	DEVICE/PRECIOUS	
fluvastatin sodium.....	29	FREESTYLE LANCETS.....	80	PLATINUM.....	80
flvoxamine maleate.....	21	FREESTYLE PRECISION		GENTEEL LANCING	
FLUZONE HIGH-DOSE PF 2019-		INSULIN SYRINGE/U-		DEVICE/STATELY SILVER.....	80
2020.....	130	100/0.5ML/30G X 5/16".....	95	GENTEEL PLUS LANCING	
FLUZONE HIGH-DOSE PF 2020-		FREESTYLE PRECISION		DEVICE/BUFF BLACK.....	80
2021.....	130	INSULIN SYRINGE/U-		GENTEEL PLUS LANCING	
FLUZONE HIGH-DOSE PF 2021-		100/0.5ML/31G X 5/16".....	95	DEVICE/BUTTERFLY BLUE.....	80
2022.....	130	FREESTYLE PRECISION		GENTEEL PLUS LANCING	
FLUZONE QUADRIVALENT		INSULIN SYRINGE/U-		DEVICE/PLAYFUL PURPLE.....	80
2019-2020.....	130	100/1ML/31G X 5/16".....	95	GENTEEL PLUS LANCING	
FLUZONE QUADRIVALENT		FREESTYLE PRECISION		DEVICE/PRINCESS PINK.....	80
2020-2021.....	130	INSULIN SYRINGES/U-		GENTEEL PLUS LANCING	
FLUZONE QUADRIVALENT		100/1ML/30G X 5/16".....	95	DEVICE/WILLOWY WHITE.....	80
2021-2022.....	130	FREESTYLE UNISTICK II		GENTLE-LET GP LANCETS.....	81
FML.....	119	LANCETS.....	80	GENTLE-LET LANCETS	
FML FORTE.....	119	FROVA.....	111	GENERAL PURPOSE	
FML LIQUIFILM.....	119	frovatriptan succinate.....	111	STYLE/FINE POINT.....	81
FOCALIN.....	2	fulvestrant.....	36	GENTLE-LET LANCETS	
FOCALIN XR.....	2	FURADANTIN.....	12	GENERAL PURPOSE	
folic acid.....	72	furosemide.....	65	STYLE/MEDIUM POINT.....	81
FOLOTYN.....	35	FUZEON.....	44	GENTLE-LET LANCETS	
fondaparinux sodium.....	16	FYCOMPA.....	17	SAFETY STYLE/FINE	
FORA GTEL BLOOD KETONE		gabapentin.....	18	POINT.....	81
TEST STRIPS.....	64	GABITRIL.....	19	GENTLE-LET LANCETS	
FORA LANCETS.....	80	GALAFOLD.....	67	SAFETY STYLE/MEDIUM	
FORA LANCING DEVICE.....	80	galantamine		POINT.....	81
FORA LANCING		hydrobromide.....	123	GENVOYA.....	44
DEVICE/CLEARCAP.....	80	GAMMAGARD LIQUID.....	121	GEODON.....	42
FORFIVO XL.....	20	GAMMAGARD S/D IGA LESS		GILENYA.....	123
formoterol fumarate.....	15	THAN 1MCG/ML.....	121	GILOTRIF.....	36
FORTAZ.....	51	GAMMAKED.....	121	GLEEVEC.....	38
FOSAMAX.....	66	GAMUNEX-C.....	121	GLEOSTINE.....	34
FOSAMAX PLUS D.....	66	ganciclovir sodium.....	46	glimepiride.....	25
		ganirelix acetate.....	66	glipizide.....	25
		GANIRELIX ACETATE.....	66	glipizide-metformin hcl.....	23

GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	95	GLUCOCOM LANCETS 28G.....	81	GNP INSULIN SYRINGE/0.5ML/29G X 1/2" 97
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16".....	95	GLUCOCOM LANCETS 30G.....	81	GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	95	GLUCOCOM LANCETS 33G.....	81	GNP INSULIN SYRINGE/0.5ML/31G X 5/16".....
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	95	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	96	GNP INSULIN SYRINGE/1ML/28G X 1/2" ..
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	96	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	96	GNP INSULIN SYRINGE/1ML/29G X 1/2" ..
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	96	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	96	GNP INSULIN SYRINGE/1ML/30G X 5/16" .
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	96	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	96	GNP INSULIN SYRINGE/1ML/31G X 5/16" .
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	96	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	96	GNP INSULIN SYRINGES/0.3ML/30GX5/16".....
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	96	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	96	GNP INSULIN SYRINGES/1/2ML/29GX1/2".....
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	96	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	96	GNP INSULIN SYRINGES/1ML/28GX1/2" ..
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	96	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	96	GNP INSULIN SYRINGES/3ML/31GX5/16" 97
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	96	GLUCOTROL.....	25	GNP LANCETS 21G.....
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	96	GLUCOTROL XL.....	25	GNP LANCETS MICRO THIN 33G.....
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	96	glyburide.....	25	GNP LANCETS SUPER THIN 30G.....
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	96	glyburide micronized.....	25	GNP LANCETS THIN.....
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	96	glyburide-metformin.....	23	GNP LANCETS THIN 26G..
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	96	glycine (gu irrigant).....	71	GNP PRENATAL.....
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16".....	96	glycopyrrolate.....	126	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....
GLOBAL LANCING DEVICE	81	GLYNASE.....	25	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....
GLUCAGEN DIAGNOSTIC.....	64	GLYSET.....	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....
GLUCAGEN HYPOKIT.....	24	GLYXAMBI.....	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....
glucagon (rdna).....	24	GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....	96	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....
GLUCAGON EMERGENCY KIT.....	24	GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	96	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....
		GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	97	GOJJI BLOOD KETONE TEST STRIPS.....
		GNP INSULIN SYRINGE/0.5ML/28G X 1/2".....	97	GOJJI LANCING DEVICE/CLEAR CAP.....
				GOJJI STERILE LANCETS 30G.....

GOLYTELY.....	74	HALDOL.....	42	HM ULTICARE INSULIN	
GOODSENSE COLOR		HALDOL DECANOATE		SYRINGE/1ML/30G X 1/2" ..	97
LANCETS MICRO-THIN 33G		100.....	42	HM ULTICARE INSULIN	
UNIVERSAL.....	81	HALDOL DECANOATE 50	42	SYRINGE/U-100/0.3ML/31G X	
GOODSENSE LANCETS		halobetasol propionate.....	61	5/16".....	97
MICRO-THIN 33G.....	81	HALOG.....	61	HORIZANT.....	124
GOODSENSE LANCETS		haloperidol.....	42	HUMATIN.....	3
MICRO-THIN 33G		haloperidol decanoate.....	42	HUMIRA.....	4
UNIVERSAL.....	81	haloperidol lactate.....	42	HUMIRA PEDIATRIC CROHNS	
GOODSENSE LANCETS		HAVRIX.....	130	DISEASE STARTER PACK.....	3
ULTRA-THIN 26G		HEALON.....	120	HUMIRA PEN.....	3
UNIVERSAL.....	81	HEALON PRO.....	120	HUMIRA PEN-CD/UC/HS	
GOODSENSE LANCETS		HEALTH CARE LANCING		STARTER.....	4
ULTRA-THIN 30G.....	81	DEVICE.....	81	HUMIRA PEN-PEDIATRIC UC	
GOODSENSE LANCETS		HEALTHWISE INSULIN		STARTER PACK.....	4
ULTRA-THIN 30G		SYRINGE/U-100/0.3ML/30G X		HUMIRA PEN-PS/UV	
UNIVERSAL.....	81	5/16".....	97	STARTER.....	4
GOODSENSE LANCING		HEALTHWISE INSULIN		HUMULIN R U-500	
DEVICE.....	81	SYRINGE/U-100/0.3ML/31G X		(CONCENTRATED).....	24
GOODSENSE PRENATAL		5/16".....	97	HUMULIN R U-500	
VITAMINS.....	115	HEALTHWISE INSULIN		KWIKPEN.....	24
granisetron hcl.....	26	SYRINGE/U-100/0.5ML/30G X		HY-VEE LANCETS.....	81
GRASTEK.....	3	5/16".....	97	HY-VEE THIN LANCETS.....	82
griseofulvin microsize.....	27	HEALTHWISE INSULIN		HYCANTIN.....	40
griseofulvin ultramicrosize.....	27	SYRINGE/U-100/0.5ML/31G X		hydralazine hcl.....	32
guanfacine hcl.....	31	5/16".....	97	HYDREA.....	39
guanfacine hcl (adhd).....	2	HEALTHWISE INSULIN		HYDRO 35.....	62
GUANIDINE HCL.....	33	SYRINGE/U-100/1ML/30G X		hydrochlorothiazide.....	65
GYNAZOLE-1.....	131	5/16".....	97	hydrocodone bitartrate.....	6
GYNE-LOTRIMIN.....	131	HEALTHWISE INSULIN		hydrocodone polistirex-	
H-E-B INCONTROL		SYRINGE/U-100/1ML/31G X		chlorpheniramine polistirex ..	54
ADVANCEDLANCING		5/16".....	97	hydrocodone-acetaminophen ..	8
DEVICE.....	81	HEALTHY ACCENTS		hydrocodone-ibuprofen.....	8
H-E-B INCONTROL LANCETS		AUTOLET IMPRESSION		hydrocortisone.....	53
MICRO THIN 33G.....	81	LANCING DEVICE.....	81	hydrocortisone (intrarectal) ..	10
H-E-B INCONTROL LANCETS		HEALTHY ACCENTS UNILET		hydrocortisone (rectal).....	10
SUPER THIN 30G.....	81	LANCETS SUPER THIN		hydrocortisone (topical).....	61
H-E-B INCONTROL LANCETS		30G.....	81	hydrocortisone acetate	
ULTRA THIN 28G.....	81	HECTOROL.....	67	(rectal).....	10
HAEGARDA.....	71	HEMANGEOL.....	48	hydrocortisone butyrate.....	62
HAEMOLANCE.....	81	HEPARIN LOCK FLUSH.....	16	hydrocortisone valerate.....	62
HAEMOLANCE LOW FLOW		heparin sod (porcine) in		hydrocortisone w/acetic	
LANCETS.....	81	d5w.....	16	acid.....	121
HAEMOLANCE PLUS.....	81	heparin sodium (porcine) ..	16	hydromorphone hcl.....	6
HAEMOLANCE PLUS HIGH		HEPARIN SODIUM/NACL		HYDROMORPHONE	
FLOW.....	81	0.45%.....	16	HYDROCHLORIDE.....	6
HAEMOLANCE PLUS LOW		HEPLISAV-B.....	130	hydroxychloroquine sulfate ..	33
FLOW.....	81	HEPSERA.....	47	hydroxyurea.....	39
HAEMOLANCE PLUS MAX		HETLIOZ.....	74	hydroxyzine hcl.....	12
FLOW.....	81	HIBERIX.....	128	hydroxyzine pamoate.....	12
HAEMOLANCE PLUS		HIPREX.....	12	HYPER-SAL.....	55
PEDIATRIC FLOW.....	81	HIZENTRA.....	121	HYPERSAL.....	55
HALAVEN.....	40	HM PRENATAL.....	115		
halcinonide.....	61				
HALCION.....	73				

HYQVIA.....	121	INSULIN SYRINGE/0.5ML/27G X 1/2".....	98	INSULIN SYRINGES/0.5ML/31GX5/16".....	98
HYZAAR.....	31	INSULIN SYRINGE/0.5ML/28G X 1/2".....	98	INSULIN SYRINGES/1ML/27GX1/2".....	98
ibandronate sodium.....	66	INSULIN SYRINGE/0.5ML/30G X 1/2".....	98	INSULIN SYRINGES/1ML/27GX1/2".....	99
IBRANCE.....	38	INSULIN SYRINGE/0.5ML/30G X 5/16".....	98	INSULIN SYRINGES/1ML/28GX1/2".....	99
ibuprofen.....	4	INSULIN SYRINGE/0.5ML/31G X 5/16".....	98	INSULIN SYRINGES/1ML/29GX1/2".....	99
ibuprofen-famotidine.....	5	INSULIN SYRINGE/1ML/28G X 1/2".....	98	INSULIN SYRINGES/1ML/30GX1/2".....	99
icatibant acetate.....	71	INSULIN SYRINGE/1ML/29G X 1/2".....	98	INSULIN SYRINGES/1ML/31GX5/16".....	99
ICLUSIG.....	38	INSULIN SYRINGE/1ML/30G X 5/16".....	98	INTELENCE.....	44,45
icosapent ethyl.....	28	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	98	INTRAROSA.....	131
IDAMYCIN PFS.....	37	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	98	INTRON A.....	39
idarubicin hcl.....	37	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	98	INTUNIV.....	2
IFEX.....	34	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	98	INVANZ.....	11
ifosfamide.....	34	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	98	INVEGA.....	42
ILEVRO.....	120	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	98	INVIRASE.....	45
imatinib mesylate.....	38	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	98	IONOSOL-MB/DEXTROSE 5%.....	112
IMBRUVICA.....	38	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	98	IOPIDINE.....	118
imipenem-cilastatin.....	11	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	98	I POL INACTIVATED IPV.....	130
imipramine hcl.....	23	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	98	ipratropium bromide.....	14
imipramine pamoate.....	23	INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	98	ipratropium bromide (nasal).....	117
imiquimod.....	63	INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	98	ipratropium-albuterol.....	15
IMITREX.....	111	INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	98	irbesartan.....	30
IMITREX STATDOSE REFILL.....	111	INSULIN SYRINGES/0.5ML/27GX1/2".....	98	irbesartan-hydrochlorothiazide.....	31
IMITREX STATDOSE SYSTEM.....	111	INSULIN SYRINGES/0.5ML/28GX1/2".....	98	irinotecan hcl.....	40
IMODIUM A-D.....	25	INSULIN SYRINGES/0.5ML/29GX1/2".....	98	irrigation solutions, physiological.....	114
IMPAVIDO.....	10	INSULIN SYRINGES/0.5ML/30GX5/16".....	98	ISENTRESS.....	45
IMURAN.....	114	INSULIN SYRINGES/0.5ML/31GX5/16".....	98	ISENTRESS HD.....	45
IN TOUCH LANCING DEVICE.....	82	INSULIN SYRINGES/0.5ML/27GX1/2".....	98	ISOLYTE-P/DEXTROSE 5%.....	112
IN TOUCH STERILE LANCETS30G.....	82	INSULIN SYRINGES/0.5ML/28GX1/2".....	98	ISOLYTE-S.....	112
INCRELEX.....	66	INSULIN SYRINGES/0.5ML/29GX1/2".....	98	isoniazid.....	34
INCRUSE ELLIPTA.....	14	INSULIN SYRINGES/0.5ML/30GX5/16".....	98	ISOPTO CARPINE.....	118
indapamide.....	65	INSULIN SYRINGES/0.5ML/29GX1/2".....	98	ISORDIL TITRADOSE.....	12
INDERAL LA.....	48	INSULIN SYRINGES/0.5ML/31GX5/16".....	98	isosorbide dinitrate.....	12
indomethacin.....	5	INSULIN SYRINGES/0.5ML/30GX5/16".....	98	isosorbide mononitrate.....	12
INFANRIX.....	126	INSULIN SYRINGES/0.5ML/27GX1/2".....	98	isotretinoin.....	56
INFLECTRA.....	70	INSULIN SYRINGES/0.5ML/28GX1/2".....	98	isradipine.....	49
INLYTA.....	35	INSULIN SYRINGES/0.5ML/29GX1/2".....	98	ISTODAX (OVERFILL).....	38
INREBIC.....	38	INSULIN SYRINGES/0.5ML/30GX5/16".....	98	itraconazole.....	27
INSPRA.....	32	INSULIN SYRINGES/0.5ML/31GX5/16".....	98	ivermectin.....	10
INSULIN SYRINGE/0.3ML/29G X 1".....	97	INSULIN SYRINGES/0.5ML/27GX1/2".....	98	ivermectin (pediculicide).....	63
INSULIN SYRINGE/0.3ML/29G X 1/2".....	98	INSULIN SYRINGES/0.5ML/28GX1/2".....	98		
INSULIN SYRINGE/0.3ML/30G X 5/16".....	98	INSULIN SYRINGES/0.5ML/29GX1/2".....	98		
INSULIN SYRINGE/0.3ML/31G X 5/16".....	98	INSULIN SYRINGES/0.5ML/30GX5/16".....	98		

IXEMPRA KIT.....	40	KIMONO PLUS SPERMICIDE LUBRICATED.....	76	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16".....	99
JADENU.....	25	KIMONO PLUS SPERMICIDE/LUBRICATED .....	76	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	99
JADENU SPRINKLE.....	25	KIMONO PS LUBRICATED.....	76	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	99
JAKAFI.....	38	KIMONO PS PLUS SPERMICIDE/LUBRICATED .....	76	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	99
JALYN.....	71	KIMONO SENSATION LUBRICATED.....	76	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	99
JANUMET.....	23	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	76	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	99
JANUMET XR.....	23	KIMONO SPECIAL.....	76	KROGER INSULIN SYRINGE/1ML/31G X 5/16".....	99
JANUVIA.....	24	KINNEY LANCETS.....	82	KROGER LANCETS.....	82
JARDIANCE.....	25	KINNEY THIN LANCETS.....	82	KROGER LANCETS 21G.....	82
JEVTANA.....	40	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16".....	99	KROGER LANCETS MICRO THIN33G.....	82
JUBLIA.....	57	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16".....	99	KROGER LANCETS SUPER THIN.....	82
JULUCA.....	45	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	99	KROGER LANCETS THIN.....	82
JYNARQUE.....	68	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	99	KROGER LANCETS THIN 26G.....	82
K-TAB.....	113	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2".....	99	KROGER LANCETS ULTRATHIN30G.....	82
K-Y ME & YOU EXTRA LUBRICATED.....	76	KINRIX.....	126	KROGER LANCING DEVICE.....	82
K-Y ME & YOU INTENSE.....	76	KISQALI.....	38	KUVAN.....	67
KADIAN.....	6	KITABIS PAK.....	3	KYPROLIS.....	38
KALETRA.....	45	KLARITY-A.....	119	labetalol hcl.....	48
KALYDECO.....	125	KLARON.....	56	LAC-HYDRIN.....	62
KAMELEON LUBRICATED.....	76	KLONOPIN.....	17	LAC-HYDRIN TWELVE.....	62
KAPVAY.....	2	KMART VALU PLUS INSULIN SYRINGE/1ML/29G.....	99	LACRISERT.....	118
KAZANO.....	23	KMART VALU PLUS INSULIN SYRINGE/1ML/30G.....	99	lactated ringer's.....	112
KCL 0.3%/D5W/NACL 0.9%.....	112	KOSELUGO.....	38	lactated ringer's (irrigation).....	114
KEFLEX.....	51	KP PRENATAL MULTIVITAMINS.....	115	lactic acid (ammonium lactate).....	62
KENALOG-40.....	53	KRINTAFEL.....	33	lactulose.....	74
KEPIVANCE.....	40	KROGER AUTOLET LANCING DEVICE.....	82	lactulose (encephalopathy).....	70
KEPPRA.....	18	KROGER HEALTHPRO TWIST LANCETS/26G.....	82	LAMICTAL.....	18
KEPPRA XR.....	18	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2".....	99	LAMICTAL CHEWABLE DISPERSIBLE.....	18
KERYDIN.....	57	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16".....	99	LAMICTAL ODT.....	18
ketoconazole.....	27			lamivudine.....	45
ketoconazole (topical).....	57			lamivudine (hbv).....	47
KETONE.....	64			lamivudine-zidovudine.....	45
KETONE TEST STRIPS.....	64			lamotrigine.....	18
ketoprofen.....	5			LANCET DEVICE ADJUSTABLE.....	82
ketorolac tromethamine.....	5			LANCET DEVICE WITH EJECTOR.....	82
ketorolac tromethamine (ophth).....	120				
KETOSTIX.....	64				
ketotifen fumarate (ophth).....	120				
KEVEYIS.....	64				
KHEDEZLA.....	22				
KIMONO COLORS.....	76				
KIMONO LUBRICATED.....	76				
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED.....	76				



LANCETS	82	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	99	levonorgestrel (emergency oc)	53
LANCETS 26G TWIST TOP	82	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	99	levonorgestrel-eth estradiol (triphasic)	52
LANCETS 30G	82	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	99	levonorgestrel-ethinyl estradiol (91-day)	52
LANCETS 30G TWIST TOP	82	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	99	levonorgestrel-ethinyl estradiol (continuous)	52
LANCETS 30G/TWIST TOP	82	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	99	levorphanol tartrate	7
LANCETS 31G TWIST TOP	82	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	99	levothyroxine sodium	126
LANCETS 33G EXTRA FINE	82	leflunomide	5	LEXAPRO	21
LANCETS MICRO THIN 33G	82	LENVIMA 10 MG DAILY DOSE	35	LEXIVA	45
LANCETS SAFETY SEAL 21G	82	LENVIMA 12MG DAILY DOSE	35	LIALDA	70
LANCETS SAFETY SEAL 26G	82	LENVIMA 14 MG DAILY DOSE	35	LIBERTY MEDICAL LANCETS 30G	82
LANCETS SAFETY SEAL 28G	82	LENVIMA 18 MG DAILY DOSE	35	LIBERTY MINI LANCING DEVICE	82
LANCETS SAFETY SEAL 30G	82	LENVIMA 20 MG DAILY DOSE	35	LIBRAX	126
LANCETS SUPER THIN 28G	82	LENVIMA 24 MG DAILY DOSE	35	lidocaine	63
LANCETS THIN	82	LENVIMA 4 MG DAILY DOSE	35	lidocaine hcl	63
LANCETS TWIST TOP	82	LENVIMA 8 MG DAILY DOSE	35	lidocaine hcl (local anesth.)	74
LANCETS ULTRA THIN	82	LETAIRIS	50	lidocaine hcl (mouth-throat)	115
LANCETS ULTRA THIN 30G	82	letrozole	36	lidocaine-prilocaine	63
LANCETSBULLSEYE SAFETY	82	leucovorin calcium	40	LIDODERM	63
LANCING DEVICE	82	LEUKERAN	34	LIFESCAN UNISTIK 2 DEEP PENETRATION	82
LANCING DEVICE ADJUSTABLE	82	LEUKINE	72	LIFESCAN UNISTIK II LANCETS	82
LANOXIN	49	leuprolide acetate	36	LINCOCIN	11
lansoprazole	127	levalbuterol hcl	15	lincomycin hcl	11
lanthanum carbonate	70	levalbuterol tartrate	15	lindane	64
LANZO	82	LEVAQUIN	69	linezolid	11,12
lapatinib ditosylate	38	LEVEMIR	24	LINZESS	70
LASIX	65	LEVEMIR FLEXTOUCH	24	liothyronine sodium	126
LASTACRAFT	120	levetiracetam	18	LIPITOR	29
latanoprost	120	levobunolol hcl	118	LIPOFEN	29
LATUDA	42	levocetirizine dihydrochloride	28	lisinopril	30
LEADER ADVANCED LANCING DEVICE	82	levofloxacin	69	lisinopril & hydrochlorothiazide	31
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	99	levofloxacin (ophth)	119	LITE TOUCH LANCETS	82
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	99	levofloxacin in d5w	69	LITE TOUCH LANCING PEN	83
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	99	levonorgestrel & eth estradiol	52	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	100
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	99			LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	100
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	99			LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	100

LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	100	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	100	LUPRON DEPOT (4-MONTH)	36
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	100	LONGS LANCETS STANDARD	83	LUPRON DEPOT (6-MONTH)	36
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	100	LONGS LANCETS THIN	83	LUPRON DEPOT-PED (1-MONTH)	67
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	100	LONGS LANCETS ULTRA THIN	83	LUPRON DEPOT-PED (3-MONTH)	67
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	100	loperamide hcl	25	LUXIQ	62
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	100	LOPID	29	LUZU	57
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	100	lopinavir-ritonavir	45	LYNPARZA	38
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	100	LOPRESSOR	48	LYRICA	18
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	100	LOPRESSOR HCT	31	LYRICA CR	124
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	100	LOPROX	57	LYSODREN	36
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	100	LOPROX SHAMPOO	57	LYSTEDA	73
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	100	loratadine	28	M-M-R II	130
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	100	loratadine & pseudoephedrine	55	M-NATAL PLUS	115
LITETOUCH LANCETS MICRO THIN 33G	83	lorazepam	13	MACROBID	12
LITHIUM	42	LORBRENA	38	MACRODANTIN	12
lithium carbonate	41	LORTAB	8	mafenide acetate	60
LITHOBID	42	losartan potassium	30	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	100
LIVE BETTER ADVANCED LANCING DEVICE	83	losartan potassium & hydrochlorothiazide	32	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	100
LIVE BETTER LANCET SUPERTHIN 30G	83	LOSEASONIQUE	52	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	100
LIVE BETTER LANCET ULTRATHIN 28G	83	LOTEMAX	119	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	100
LO LOESTRIN FE	52	LOTENSIN	30	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	100
LOCOID	62	LOTENSIN HCT	32	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	100
LODINE	5	loteprednol etabonate	119	magnesium sulfate	113
LODOSYN	40	LOTREL	32	MALARONE	33
LOMOTIL	25	LOTRIMIN AF	57	malathion	64
		LOTRIMIN AF JOCK ITCH	57	maprotiline hcl	20
		LOTRIMIN ULTRA	57	MARCAINE	74
		LOTRISONE	57	MARINOL	26
		LOTRONEX	70	MARPLAN	21
		lovastatin	29	MATULANE	39
		LOVAZA	28	MAVENCLAD	123
		LOVENOX	17	MAXALT	111
		loxapine succinate	43	MAXALT-MLT	111
		lubiprostone	69	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	100
		LUCEMYRA	123		
		luliconazole	57		
		LUMIZYME	67		
		LUNESTA	73		
		LUPANETA PACK	67		
		LUPRON DEPOT (1-MONTH)	36		
		LUPRON DEPOT (3-MONTH)	36		

MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2".....	100	MEDLANCE/EXTRA.....	83	METHADONE HCL.....	7
MAXICOMFORT INSULIN SYRINGES 27G X 1/2".....	100	MEDLANCE/LITE.....	83	methadone hcl.....	7
MAXIDEX.....	119	MEDLANCE/UNIVERSAL.....	83	METHADOSE.....	7
MAXIPIME.....	51	MEDROL.....	53	METHADOSE SUGAR-FREE.....	7
MAXITROL.....	119	MEDROL DOSEPAK.....	53	methamphetamine hcl.....	1
MAXX LUBRICATED.....	76	medroxyprogesterone acetate.....	122	methazolamide.....	64
MAXX PLUS SPERMICIDE LUBRICATED.....	76	medroxyprogesterone acetate (contraceptive).....	53	methenamine hippurate.....	12
MAXZIDE.....	65	mefenamic acid.....	5	methimazole.....	125
MAXZIDE-25.....	65	mefloquine hcl.....	33	METHITEST.....	9
meclizine hcl.....	26	MEGACE ES.....	122	methocarbamol.....	117
meclofenamate sodium.....	5	megestrol acetate.....	37	METHOTREXATE.....	4
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16".....	100	megestrol acetate (appetite).....	122	methotrexate sodium.....	35
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	MEIJER COLOR LANCETS UNIVERSAL 33G.....	83	methoxsalen rapid.....	59
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE.....	83	MEIJER LANCETS.....	83	methscopolamine bromide.....	126
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW.....	83	MEIJER LANCETS THIN.....	83	METHYLIN.....	2
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW.....	83	MEIJER LANCETS UNIVERSAL21G.....	83	methylphenidate hcl.....	2
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW.....	83	MEIJER LANCETS UNIVERSAL30G.....	83	methylprednisolone.....	54
MEDICHOICE SAFETY LANCETEXTRA.....	83	MEIJER LANCETS UNIVERSAL33G.....	83	methylprednisolone acetate.....	54
MEDICHOICE SAFETY LANCETNORMAL.....	83	MEIJER SUPER THIN LANCETS.....	83	methylprednisolone sod succ.....	54
MEDISENSE THIN LANCETS.....	83	MEKINIST.....	38	metoclopramide hcl.....	69
MEDLANCE PLUS EXTRA LANCETS 21G.....	83	MEKTOVI.....	38	metolazone.....	65
MEDLANCE PLUS LANCETS.....	83	meloxicam.....	5	metoprolol & hydrochlorothiazide.....	32
MEDLANCE PLUS LANCETS LITE 25G.....	83	melphalan.....	34	metoprolol succinate.....	48
MEDLANCE PLUS LITE LANCETS 25G.....	83	melphalan hcl.....	34	metoprolol tartrate.....	48
MEDLANCE PLUS SPECIAL LANCETS 0.8MM.....	83	memantine hcl.....	123	METROCREAM.....	63
MEDLANCE PLUS SUPERLITE 30G.....	83	MENACTRA.....	128	METROGEL.....	63
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX.....	83	MENEST.....	68	METROGEL-VAGINAL.....	131
MEDLANCE PLUS UNIVERSAL LANCETS 21G.....	83	MENOSTAR.....	68	METROLOTION.....	63
MEDLANCE PLUS/LITE 25G.....	83	MENQUADFI.....	128	metronidazole.....	10
		MENVEO.....	128	metronidazole (topical).....	63
		meperidine hcl.....	7	metronidazole vaginal.....	131
		meprobamate.....	12	mexiletine hcl.....	13
		MEPRON.....	11	micafungin sodium.....	27
		mercaptopurine.....	35	MICARDIS.....	30
		meropenem.....	11	MICARDIS HCT.....	32
		MERREM.....	11	miconazole nitrate vaginal.....	131
		mesalamine.....	70	MICROLET LANCETS.....	83
		MESTINON.....	33	MICROLET NEXT.....	83
		MESTINON TIMESPAN.....	33	midodrine hcl.....	131
		metaxalone.....	117	miglitol.....	23
		metformin hcl.....	24	miglustat.....	72
		methadone hcl.....	7	MIGRANAL.....	111
				MILLIPRED.....	54
				MILLIPRED DP.....	54
				MINASTRIN 24 FE.....	52

MINI LANCING DEVICE.....	83	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2".....	101	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	102
MINIPRESS.....	31	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2".....	101	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	102
MINIVELLE.....	69	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2".....	101	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	102
MINOCIN.....	125	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	101	MONOLET LANCETS.....	83
minocycline hcl.....	125	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	101	MONOLET OPD LANCETS.....	83
minoxidil.....	32	MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2".....	101	MONOLETTOR SAFETY LANCETS.....	84
MIRAPEX.....	41	MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2".....	101	montelukast sodium.....	14
MIRCERA.....	72	MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	101	MONUROL.....	12
MIRCETTE.....	52	MONOJECT INSULIN SYRINGE/U-100/1/2ML/30G X 5/16".....	101	MORPHABOND ER.....	7
mirtazapine.....	20	MONOJECT INSULIN SYRINGE/U-100/1/2ML/31G X 5/16".....	101	morphine sulfate.....	7
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QC UNILET LANCETS 28G/ULTRA THIN.....	85	READYLANCE SAFETY LANCETS/23G/1.8MM.....	85	RELION KETONE TEST STRIPS.....	64
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QINLOCK.....	38	READYLANCE SAFETY LANCETS/28G/1.8MM.....	85	RELION LANCETS THIN 26G.....	85
QUADRACEL.....	126	READYLANCE SAFETY LANCETS/30G/1.6MM.....	85	RELION LANCETS ULTRA-THIN30G.....	85
QUALAQUIN.....	33	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	103	RELION LANCING DEVICE.....	85
QUARTETTE.....	52	REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	103	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS.....	64
QUDEXY XR.....	18	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	103	RELION ULTRA THIN LANCETS/30G.....	85
QUESTRAN.....	29			RELION ULTRA THIN LANCETS30G.....	85
QUESTRAN LIGHT.....	29				
quetiapine fumarate.....	43				
quinapril hcl.....	30				
quinapril-hydrochlorothiazide.....	32				
quinidine sulfate.....	13				
quinine sulfate.....	33				

RELION ULTRA THIN PLUS LANCETS 32G	85	riluzole	117	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"	103
RELION ULTRA THIN PLUS LANCETS 33G	85	rimantadine hydrochloride	47	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"	103
RELISTOR	70	ringer's	113	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"	103
RELPAK	111	ringer's irrigation	114	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"	103
REMERON	20	RINVOQ	4	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	104
REMERON SOLTAB	20	risedronate sodium	66	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	104
RENFLEXIS	70	RISPERDAL	42	SAFETY INSULIN SYRINGES 1ML/27GX1/2"	104
REVELA	70	RISPERDAL CONSTA	42	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	104
REOPRO	72	risperidone	42	SAFETY LANCET 21G/PRESSURE ACTIVATED	86
repaglinide	25	RITALIN	3	SAFETY LANCET 23G/PRESSURE ACTIVATED	86
repaglinide-metformin hcl	23	RITALIN LA	3	SAFETY LANCET 28G/PRESSURE ACTIVATED	86
REPATHA	30	ritonavir	45	SAFETY LANCETS 21G	86
REPATHA PUSHTRONEX SYSTEM	30	RITUXAN	36	SAFETY LANCETS 28G	86
REPATHA SURECLICK	30	rivastigmine tartrate	123	SAFETY LET LANCETS	86
REQUIP XL	41	rizatriptan benzoate	111	SAFYRAL	52
RESCRIPTOR	45	ROBAXIN-750	117	SALAGEN	115
RESECTISOL	71	ROCALTROL	67	salsalate	6
RESTORIL	73	ROMIDEPSIN	38	SAMSCA	68
RETACRIT	72	ropinirole hydrochloride	41	SANDIMMUNE	114
RETEVMO	38	rosuvastatin calcium	29	SANDOSTATIN	68
RETIN-A	56	ROTARIX	130	SANTYL	63
RETIN-A MICRO	56	ROTATEQ	130	SAPHRIS	43
RETIN-A MICRO PUMP	56	ROXICODONE	7	sapropterin dihydrochloride	67
RETROVIR	45	ROZEREM	74	SAVELLA	123
RETROVIR IV INFUSION	45	ROZLYTREK	38	SAVELLA TITRATION PACK	123
REVATIO	50	RUBRACA	38	SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	104
REVLIMID	113	RUCONEST	71	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	104
REXALL LANCETS ULTRA THIN	85	rufinamide	19	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	104
REXULTI	43	RUKOBIA	45	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	104
REYATAZ	45	RUXIENCE	36	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	104
RIBASPHERE	47	RUZURGI	34	SB LANCETS THIN	86
RIBASPHERE RIBAPAK	47	RYTHMOL SR	13		
ribavirin (hepatitis c)	47	SABRIL	19		
RIDAURA	4	SAFE-T-LANCE LOW FLOW 25G	85		
rifabutin	34	SAFE-T-LANCE NORMAL FLOW21G	85		
RIFADIN	34	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	85		
RIFAMATE	34	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	85		
rifampin	34	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	86		
RIFATER	34	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16"	103		
RIGHT STEP PRENATAL	116				
RIGHTEST GD500 LANCING DEVICE	85				
RIGHTEST GL300 LANCETS	85				
RILUTEK	117				

SB LANCETS ULTRA THIN	86	SKELAXIN	117	SOMATULINE DEPOT	68
scopolamine	26	SKLICE	64	SOMAVERT	66
SEASONIQUE	52	SKYRIZI	59	SOOLANTRA	63
SECURESAFE SAFETY INSULIN SYRINGES/U- 100/0.5ML/29GX1/2"	104	SKYRIZI PEN	59	SORBITOL	71
SECURESAFE SAFETY INSULIN SYRINGES/U- 100/1ML/29GX1/2"	104	SLO-NIACIN	132	SORBITOL-MANNITOL	71
SELECT-LITE LANCING DEVICE	86	SLYND	53	SORBITOL/MANNITOL IRRIGATION	71
selegiline hcl	41	SM MICRO THIN LANCETS 33G	86	SORIATANE	59
selenium sulfide	60	SM PRENATAL VITAMINS	116	sotalol hcl	48
SELZENTRY	45	SM TRUEDRAW LANCING DEVICE	86	sotalol hcl (afib/afib)	48
SENSIPAR	67	SMART DIABETES VANTAGE LANCING DEVICE	86	SOVALDI	47
SEROQUEL	43	SMART SENSE COLOR LANCETS UNIVERSAL	86	spinosad	64
SEROQUEL XR	43	33G	86	SPIRIVA HANDIHALER	14
sertraline hcl	22	SMART SENSE STANDARD LANCETS UNIVERSAL	86	SPIRIVA RESPIMAT	14
sevelamer carbonate	70	21G	86	spironolactone	65
SHINGRIX	130	SMART SENSE SUPER THIN LANCETS UNIVERSAL	86	spironolactone & hydrochlorothiazide	65
SHOPKO AUTOLET LANCING DEVICE	86	30G	86	SPORANOX	27
SHOPKO ON-THE-GO COMFORTLANCETS 30G	86	SMART SENSE THIN LANCETSUNIVERSAL	86	SPORANOX PULSEPAK	27
SHOPKO UNILET LANCETS SUPER THIN 30G	86	26G	86	SPRAVATO 56MG DOSE	21
SHOPKO UNILET LANCETS ULTRA THIN 28G	86	SMARTEST LANCETS	86	SPRAVATO 84MG DOSE	21
SHUR-SEAL	131	28G	86	SPRYCEL	39
SIDE BUTTON SAFETY LANCET21G	86	SODIUM ACETATE	112	STALEVO 100	41
SIGNIFOR	68	sodium acetate	112	STALEVO 125	41
sildenafil citrate	50	sodium chloride	113	STALEVO 150	41
sildenafil citrate (pulmonary hypertension)	50	sodium chloride (gu irrigant)	71	STALEVO 200	41
SILENOR	73	sodium chloride (inhalant)	55	STALEVO 50	41
silodosin	71	sodium citrate & citric acid	70	STALEVO 75	41
SILVADENE	60	sodium fluoride	113	stannous fluoride	115
silver sulfadiazine	60	sodium phenylbutyrate	67	STARLIX	25
SIMBRINZA	118	sodium polystyrene sulfonate	114	stavudine	45
SIMPLE DIAGNOSTICS LANCING DEVICE	86	SOFOSBUVIR/VELPATASVIR	47	STAVUDINE	45,46
SIMULECT	114	solifenacin succinate	128	STELARA	59,70
simvastatin	29	SOLIRIS	71	STENDRA	50
SINEMET	41	SOLOSEC	3	STERILANCE TL	86
SINEMET CR	41	SOLU-CORTEF	54	STIMATE	68
SINGLE-LET	86	SOLU-MEDROL	54	STIVARGA	39
SINGULAIR	14	SOLUS V2 LANCING DEVICE	86	STRATTERA	2
sirolimus	114	SOLUS V2 PRESSURE ACTIVATED SAFETY	86	streptomycin sulfate	3
SIRTURO	34	LANCETS 28G	86	STRIBILD	46
SIVEXTRO	12	SOLUS V2 TWIST LANCETS 30G	86	STRIVERDI RESPIMAT	15
		SOMA	117	STROMECTOL	10
				SUBOXONE	9
				SUBSYS	7
				SUCRAID	64
				sucrafate	127
				SULAR	49

sulconazole nitrate.....	58	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	104	SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	105
sulfacetamide sod- prednisolone.....	120	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	104	SURE-LANCE FLAT LANCETS.....	86
sulfacetamide sodium (acne)	56	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	104	SURE-LANCE LANCETS 26G.....	86
sulfacetamide sodium (ophth).....	119	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	104	SURE-LANCE THIN LANCETS 28G.....	86
sulfacetamide sodium w/ sulfur.....	56	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104	SURE-LANCE ULTRA THIN LANCETS.....	87
sulfacetamide sodium-sulfur in urea vehicle.....	56	SURE COMFORT LANCETS 18G.....	86	SURE-PEN.....	87
SULFADIAZINE.....	125	SURE COMFORT LANCETS 21G.....	86	SURE-TOUCH LANCETS UNIVERSAL.....	87
sulfamethoxazole-trimethoprim .....	10	SURE COMFORT LANCETS 23G.....	86	SURELITE LANCETS.....	87
SULFAMYLON.....	60	SURE COMFORT LANCETS 28G.....	86	SUSTIVA.....	46
sulfasalazine.....	70	SURE COMFORT LANCETS 30G.....	86	SUTENT.....	39
sulindac.....	5	SURE COMFORT LANCING PEN.....	86	SYLATRON.....	39
SUMADAN WASH.....	56	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	105	SYMBICORT.....	15
sumatriptan.....	112	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	105	SYMFI.....	46
sumatriptan succinate.....	112	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	105	SYMFI LO.....	46
sumatriptan-naproxen sodium.....	111	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	105	SYMLINPEN 120.....	23
sunitinib malate.....	39	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	105	SYMLINPEN 60.....	23
SUNOSI.....	2	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	105	SYMTUZA.....	46
SUPER THIN LANCETS.....	86	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	105	SYNALAR.....	62
SUPRAX.....	51	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	105	SYNAREL.....	67
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	104	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	105	SYNERA.....	63
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	104	SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	105	SYNJARDY.....	23
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	104	SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	105	SYNJARDY XR.....	23
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	104	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	105	SYNRIBO.....	39
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	104	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	105	SYNTHROID.....	126
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	104	SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	105	SYPRINE.....	113
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	104	SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	105	TABLOID.....	35
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	104	SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	105	TABRECTA.....	39
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	104	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	105	TACLONEX.....	62
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	104			tacrolimus.....	114
				tacrolimus (topical).....	63
				tadalafil.....	50
				tadalafil (pulmonary hypertension).....	50
				TAFINLAR.....	39
				TAGAMET HB.....	127
				TAKHZYRO.....	71
				TALZENNA.....	39
				TAMIFLU.....	48
				tamoxifen citrate.....	37
				tamsulosin hcl.....	71
				TAPAZOLE.....	125
				TARCEVA.....	36

TARGADOX.....	125	temazepam.....	73	TIGAN.....	26
TARGRETIN.....	39,59	TEMIXYS.....	46	tigecycline.....	125
TARKA.....	32	TEMODAR.....	35	TIKOSYN.....	13
TASIGNA.....	39	TEMOVATE.....	62	timolol maleate.....	48
TASMAR.....	40	temozolomide.....	35	timolol maleate (ophth).....	118
tavaborole.....	58	temsirolimus.....	39	TIMOPTIC.....	118
TAXOTERE.....	40	TENIPOSIDE.....	40	TIMOPTIC-XE.....	118
TAYTULLA.....	52	TENIVAC.....	126	TIVICAY.....	46
tazarotene.....	59	tenofovir disoproxil fumarate.....	46	tizanidine hcl.....	117
TAZORAC.....	59	TENORETIC 100.....	32	TOBI.....	3
TAZVERIK.....	39	TENORETIC 50.....	32	TOBRADEX.....	120
TDVAX.....	126	TENORMIN.....	48	tobramycin.....	3
TECFIDERA.....	124	TEPADINA.....	35	tobramycin (ophth).....	119
TECFIDERA STARTER PACK.....	124	terazosin hcl.....	31	tobramycin sulfate.....	3
TECHLITE AST LANCETS..	87	terbinafine hcl.....	27	tobramycin- dexamethasone.....	120
TECHLITE INSULIN SYRINGEU- 100/0.3ML/29G X 1/2".....	105	terbutaline sulfate.....	15	TOBREX.....	119
TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 1/2".....	105	terconazole vaginal.....	131	TODAY SPONGE.....	131
TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16".....	105	TESSALON PERLES.....	54	TODAYS HEALTH ADVANCED LANCING DEVICE.....	87
TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16".....	105	TESTIM.....	9	TODAYS HEALTH SUPER THINLANCETS 30G.....	87
TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16".....	105	TESTOSTERONE CYPIONATE.....	9	TODAYS HEALTH ULTRA THINLANCETS 28G.....	87
TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2".....	105	testosterone cypionate.....	9	TOFRANIL.....	23
TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2".....	105	testosterone enanthate.....	9	tolbutamide.....	25
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2".....	105	TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT.....	126	tolcapone.....	40
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16".....	105	tetrabenazine.....	123	tolmetin sodium.....	5
TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16".....	105	tetracycline hcl.....	125	TOLSURA.....	27
TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2".....	105	TGT LANCET MICRO THIN 33G.....	87	tolterodine tartrate.....	128
TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2".....	105	TGT LANCET THIN 26G..	87	tolvaptan.....	68
TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2".....	105	TGT LANCET ULTRA THIN 30G.....	87	TOPAMAX.....	19
TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2".....	105	TGT LANCING DEVICE...	87	TOPAMAX SPRINKLE.....	19
TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 5/16".....	105	THALOMID.....	114	TOPCARE LANCETS MICRO- THIN 33G.....	87
TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64".....	105	theophylline.....	15	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	105
TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16".....	105	THERANATAL CORE NUTRITION.....	116	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	105
TECHLITE LANCETS.....	87	THINLETS GP LANCETS..	87	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	106
TECHLITE LANCETS 30G..	87	thioridazine hcl.....	43	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	106
TEFLARO.....	51	thiotepa.....	35	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	106
TEGRETOL.....	19	thiothixene.....	44	TIBSOVO.....	39
TEGRETOL-XR.....	19	THYMOGLOBULIN.....	114		
TEGSEDI.....	124	THYROGEN.....	64		
TEKTURNA.....	32	thyroid.....	126		
telmisartan.....	30	tiagabine hcl.....	19		
telmisartan-amlodipine.....	32	TIAZAC.....	49		
telmisartan-hydrochlorothiazide .....	32				

TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	106	triamcinolone acetonide	54	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	106
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	106	triamcinolone acetonide (mouth)	115	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	106
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	106	triamcinolone acetonide (nasal)	117	TRUE METRIX BLOOD GLUCOSETEST STRIPS	64
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	106	triamcinolone acetonide (topical)	62	TRUE METRIX CONTROL SOLUTION LEVEL 3	87
TOPICORT	62	triamcinolone acetonide-dimethicone-silicone	62	TRUEDRAW LANCING DEVICE	87
topiramate	19	triamterene	65	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	106
topotecan hcl	40	triamterene & hydrochlorothiazide	65	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	106
TOPROL XL	48	triazolam	73	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	106
toremifene citrate	37	TRIBENZOR	32	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	106
TORISEL	39	TRICARE	116	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	106
torsemide	65	TRICOR	29	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	106
TOVIAZ	128	TRIDESILON	62	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	106
TRACLEER	50	trientine hcl	113	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	106
tramadol hcl	8	trifluoperazine hcl	43	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	106
tramadol-acetaminophen	9	trifluridine	119	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	106
trandolapril	30	trihexyphenidyl hcl	40	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	106
trandolapril-verapamil hcl	32	TRIJARDY XR	23	TRUEPLUS LANCETS 26G	87
tranexamic acid	73	TRIKAFTA	125	TRUEPLUS LANCETS 28G	87
TRANSDERM SCOP	26	TRILEPTAL	19	TRUEPLUS LANCETS 28G SUPER THIN	87
TRANSDERM-SCOP	26	trimethobenzamide hcl	26	TRUEPLUS LANCETS 30G	87
TRANXENE T	13	trimethoprim	10	TRUEPLUS LANCETS 30G ULTRA THIN	87
tranylcypromine sulfate	21	trimipramine maleate	23	TRUEPLUS LANCETS 33G	87
TRAVATAN Z	120	TRINTELLIX	22	TRUEPLUS LANCETS 33G MICRO THIN	87
TRAVEL LANCETS 30G	87	TRIOSTAT	126	TRUEPLUS SAFETY LANCETS 28G	87
TRAVEL LANCETS ADVANCED 28G	87	TRIUMEQ	46	TRUETRACK TEST	64
travoprost	120	TRIZIVIR	46		
trazodone hcl	22	tropicamide	118		
TREANDA	35	trospium chloride	128		
TRECATOR	34	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	106		
TRELEGY ELLIPTA	15	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	106		
TRELSTAR MIXJECT	37	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	106		
TREMFYA	59	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	106		
treprostinil	50	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	106		
TRESIBA	25	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	106		
TRESIBA FLEXTOUCH	25				
tretinoin	56				
tretinoin (chemotherapy)	39				
tretinoin microsphere	56				
TREXALL	35				
TREXIMET	111				

TRULICITY.....	24	ULTI-LANCE AUTOMATIC/ CLEAR TIP.....	87	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	107
TRUMENBA.....	128	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2".....	107	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	107
TRUSOPT.....	120	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2".....	107	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	107
TRUSTEX COLOR CONDOMS + LUBE.....	76	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2".....	107	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	107
TRUSTEX LUBRICATED.....	76	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2".....	107	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	107
TRUSTEX LUBRICATED EXTRALARGE.....	76	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2".....	107	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	107
TRUSTEX LUBRICATED EXTRASTRENGTH.....	76	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2".....	107	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.3ML/31G X 5/16".....	107
TRUSTEX LUBRICATED/SPERMICIDE D.....	76	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2".....	107	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.5ML/31G X 5/16".....	107
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE.....	76	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2".....	107	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/1ML/31G X 5/16".....	107
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH.....	76	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2".....	107	ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C.....	108
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED.....	76	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16".....	107	ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C.....	108
TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDDED.....	76	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2".....	107	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON.....	108
TRUSTEX/RIA LUBRICATED.....	76	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2".....	107	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO.....	108
TRUSTEX/RIA LUBRICATED SPERMICIDE.....	76	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	107	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C.....	108
TRUSTEX/RIA LUBRICATED/SPERMICIDE .....	76	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	107	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS.....	108
TRUVADA.....	46	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	107	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C.....	108
TUKYSA.....	36	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	107	ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/ 31G X 5/16"/SHARPS CONTAIN.....	108
TURALIO.....	39	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	107	ULTILET CLASSIC LANCETS.....	87
TUZISTRA XR.....	55	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	107	ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM.....	108
TWINRIX.....	130				
TWIRLA.....	52				
TWYNSTA.....	32				
TYBLUME.....	52				
TYBOST.....	46				
TYGACIL.....	125				
TYKERB.....	39				
TYLENOL/CODEINE #3.....	9				
TYLENOL/CODEINE #4.....	9				
TYMLOS.....	66				
TYSABRI.....	124				
UCERIS.....	10				
ULESFA.....	64				
ULORIC.....	71				





UNILET EXCELITE	87	valproate sodium	20	VELCADE	39
UNILET EXCELITE II	87	valproic acid	20	VELETRI	50
UNILET G.P. LANCET	87	valrubicin	37	VELPHORO	70
UNILET G.P. SUPERLITE LANCET	87	valsartan	30	VELTIN	56
UNILET GP 28 ULTRA THIN	87	valsartan-hydrochlorothiazide	32	VEMLIDY	47
UNILET LANCET	88	VALSTAR	37	venlafaxine hcl	22
UNILET LANCETS MICRO-THIN33G	88	VALTOCO	17	VENTAVIS	50
UNILET LANCETS SUPER-THIN30G	88	VALTRESX	47	VENTOLIN HFA	15
UNILET LANCETS ULTRA-THIN 28G	88	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	110	verapamil hcl	49
UNILET SUPERLITE LANCET	88	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	110	VEREGEN	56
UNISTIK 3 GENTLE	88	VALUE PLUS LANCETS STANDARD 21G	88	VERELAN	49
UNISTIK PRO SAFETY LANCET 21G	88	VALUE PLUS LANCETS SUPERTHIN 30G	88	VERELAN PM	49
UNISTIK PRO SAFETY LANCET 25G	88	VALUE PLUS LANCETS THIN 26G	88	VERZENIO	39
UNISTIK PRO SAFETY LANCET 28G	88	VALUE PLUS LANCING DEVICE	88	VESICARE	128
UNISTIK SAFETY LANCETS 28G	88	VALUMARK LANCET SUPER THIN 30G	88	VFEND	27
UNISTIK SAFETY LANCETS 30G	88	VALUMARK LANCET ULTRA THIN 28G	88	VIAGRA	50
UNISTIK TOUCH SAFETY LANCETS 21G	88	VANCOCIN	11	VIBRAMYCIN	125
UNISTIK TOUCH SAFETY LANCETS 23G	88	VANCOCIN HCL	11	VICTOZA	24
UNISTIK TOUCH SAFETY LANCETS 28G	88	vancomycin hcl	11	VIDA MIA AUTOLET LANCINGDEVICE	88
UNISTIK TOUCH SAFETY LANCETS 30G	88	VANCOMYCIN HYDROCHLORIDE	11	VIDA MIA UNILET LANCETS SUPER THIN 30G	88
UNIVERSAL 1 LANCETS THIN26G	88	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	110	VIDA MIA UNILET LANCETS ULTRA THIN 28G	88
UNIVERSAL 1 LANCETS ULTRA THIN 30G	88	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	110	VIDAZA	35
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	88	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	110	VIDEX EC	46
URECHOLINE	128	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	110	VIDEXPEDIATRIC	46
UROCIT-K 10	70	VAQTA	130	vigabatrin	19
UROXATRAL	71	VARIVAX	130	VIGAMOX	119
URSO 250	69	VARUBI	27	VIIBRYD	22
URSO FORTE	69	VASCEPA	29	VIIBRYD STARTER PACK	22
ursodiol	69	VASERETIC	32	VIMPAT	19
UTIBRON NEOHALER	15	VASOTEC	30	vincristine sulfate	40
UVADEX	39	VECAMEYL	32	vinorelbine tartrate	40
VAGIFEM	131	VECTIBIX	36	VIRACEPT	46
valacyclovir hcl	47	VECTICAL	60	VIRAMUNE	46
VALCYTE	46			VIRAMUNE XR	46
valganciclovir hcl	46			VIREAD	46
VALIUM	13			VISTARIL	13
				VISTOGARD	25
				VITAMIN D2	132
				VITATHELY/GINGER	116
				VITRAKVI	39
				VIVAGUARD LANCETS	88
				VIVAGUARD LANCING DEVICE	88
				VIVELLE-DOT	69
				VIZIMPRO	36

VOGELXO.....	10	XALKORI.....	39	ZARONTIN.....	20
VOGELXO PUMP.....	10	XANAX.....	13	ZARXIO.....	73
VOL-PLUS.....	116	XANAX XR.....	13	ZAVESCA.....	72
VOLTAREN.....	56	XARELTO.....	16	ZEGERID.....	128
VORAXAZE.....	40	XARELTO STARTER		ZEGERID OTC.....	128
voriconazole.....	27	PACK.....	16	ZEJULA.....	39
VOSEVI.....	47	XELJANZ.....	4	ZELBORAF.....	39
VOTRIENT.....	39	XELJANZ XR.....	4	ZEMAIRA.....	125
VP INSULIN SYRINGE/U-		XELODA.....	35	ZEMPLAR.....	67
100/0.3ML/29G X 1/2"	110	XENAZINE.....	123	ZENPEP.....	64
VUSION.....	58	XEOMIN.....	118	ZERVIATE.....	120
VYNDAMAX.....	50	XERAFA.....	125	ZESTORETIC.....	32
VYNDAQEL.....	50	XGEVA.....	66	ZESTRIL.....	30
VYTORIN.....	28	XIFAXAN.....	10	ZETIA.....	30
VYVANSE.....	1	XIMINO.....	125	ZEVRX INSULIN	
WALGREENS ADVANCED		XOLAIR.....	14	SYRINGE/0.5ML/30G X	
TRAVELLANCETS 28G.....	88	XOPENEX.....	15	1/2".....	110
WALGREENS COMFORT		XOPENEX		ZEVRX INSULIN	
ASSUREDLANCETS MICRO		CONCENTRATE.....	15	SYRINGE/0.5ML/30G X	
THIN/33G.....	88	XOPENEX HFA.....	15	5/16".....	110
WALGREENS COMFORT		XOSPATA.....	39	ZEVRX INSULIN	
ASSUREDLANCETS SUPER		XPOVIO 100 MG ONCE		SYRINGE/1ML/30G X 1/2"	110
THIN/28G.....	88	WEEKLY.....	37	ZEVRX INSULIN	
WALGREENS LANCETS.....	88	XPOVIO 60 MG ONCE		SYRINGE/1ML/30G X	
WALGREENS THIN		WEEKLY.....	37	5/16".....	110
LANCETS.....	88	XPOVIO 80 MG ONCE		ZIAC.....	32
WALGREENS ULTRA THIN		WEEKLY.....	37	ZIAGEN.....	46
LANCETS.....	88	XPOVIO 80 MG TWICE		ZIANA.....	56
warfarin sodium.....	16	WEEKLY.....	37	zidovudine.....	46
water for irrigation, sterile	114	XTAMPZA ER.....	8	ZIEXTENZO.....	73
WELCHOL.....	29	XTANDI.....	37	zileuton.....	14
WELLBUTRIN SR.....	20,21	XULTOPHY 100/3.6.....	23	ZIOPTAN.....	120
WELLBUTRIN XL.....	21	XYLOCAINE.....	75	ziprasidone hcl.....	42
WESTAB PLUS.....	116	XYLOCAINE-MPF.....	75	ZIRABEV.....	36
WESTHROID.....	126	XYZAL ALLERGY 24HR.....	28	ZIRGAN.....	119
WIDE-SEAL SILICONE		XYZAL ALLERGY 24HR		ZITHROMAX.....	75
DIAPHRAGM KIT 60.....	76	CHILDRENS.....	28	ZITHROMAX TRI-PAK.....	75
WIDE-SEAL SILICONE		YASMIN 28.....	52	ZITHROMAX Z-PAK.....	75
DIAPHRAGM KIT 65.....	76	YAZ.....	52	ZOCOR.....	30
WIDE-SEAL SILICONE		YERVOY.....	36	ZOFRAN.....	26
DIAPHRAGM KIT 70.....	77	YONSA.....	37	ZOHYDRO ER.....	8
WIDE-SEAL SILICONE		ZADITOR.....	120	ZOLADEX.....	37
DIAPHRAGM KIT 75.....	77	zafirlukast.....	14	zoledronic acid.....	66
WIDE-SEAL SILICONE		zaleplon.....	73	ZOLEDRONIC ACID.....	66
DIAPHRAGM KIT 80.....	77	ZALTRAP.....	35	ZOLINZA.....	39
WIDE-SEAL SILICONE		ZANAFLEX.....	117	zolmitriptan.....	112
DIAPHRAGM KIT 85.....	77	ZANOSAR.....	35	ZOLOFT.....	22
WIDE-SEAL SILICONE		ZANTAC.....	127	zolpidem tartrate.....	74
DIAPHRAGM KIT 90.....	77	ZANTAC 150 MAXIMUM			
WIDE-SEAL SILICONE		STRENGTH.....	127		
DIAPHRAGM KIT 95.....	77				
WP THYROID.....	126				
XALATAN.....	120				

ZOMIG.....	112
ZOMIG ZMT.....	112
ZONALON.....	59
ZONEGRAN.....	19
zonisamide.....	19
ZONTIVITY.....	72
ZORBTIVE.....	66
ZORTRESS.....	114
ZOSTAVAX.....	131
ZOSYN.....	122
ZOVIRAX.....	47,60
ZYCLARA.....	63
ZYCLARA PUMP.....	63
ZYDELIG.....	39
ZYKADIA.....	39
ZYLET.....	120
ZYLOPRIM.....	71
ZYMAXID.....	119
ZYPREXA.....	43
ZYPREXA ZYDIS.....	43
ZYRTEC ALLERGY.....	28
ZYRTEC-D ALLERGY/CONGESTION...55	
ZYTIGA.....	37
ZYVOX.....	12

