



FROM



2022 Prescription Drug List

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Ambetter.SilverSummitHealthplan.com

Formulary Introduction

FORMULARY

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

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

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

Drug List Key:

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

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

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

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

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

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

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

Tier 4 - Highest copayment is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. Prescription drugs covered under the specialty tier 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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
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-3.125 MG-3.125 MG-3.125 MG-3.125 MG-3.75 MG-3.75 MG-3.75 MG-5 MG-5 MG-5 MG-5 MG (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 (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)
Anorexiants Non-Amphetamine		
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
Anti-Obesity Agents		
CONTRACE TB12	3	PA; QL(4 ea daily)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 100 mg, 60 mg, 80 mg</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl caps 25 mg, 10 mg, 18 mg, 40 mg</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) tb12</i>	1B	
<i>guanfacine hcl (adhd) 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 100 MG, 60 MG, 80 MG (Use <i>atomoxetine hcl</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 25 MG, 10 MG, 18 MG, 40 MG (Use <i>atomoxetine hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake		
SUNOSI TABS 150 MG	3	PA; QL(1 ea daily)
SUNOSI TABS 75 MG	3	PA; QL(2 ea daily)
Stimulants - Misc.		
<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)
CONCERTA TBCR 36 MG, 54 MG (Use <i>methylphenidate hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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, 10 mg, 20 mg, 30 mg, 50 mg, 60 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 tbcR 10 mg, 20 mg</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 18 mg, 27 mg</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 36 mg, 54 mg</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>modafinil tabs 100 mg</i>	1B	PA; QL(1 ea daily); AL(At least 16 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<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)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASSTEK SUBL	3	PA
AMEBICIDES		
Amebicides		
SOLOSEC PACK	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i>	1B	
ARIKAYCE SUSP	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<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	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
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),
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24 15 MG	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)
Antirheumatic Antimetabolites		
METHOTREXATE TABS	4	PA; QL(1.714 ea daily); SP
Gold Compounds		
RIDAURA CAPS	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NF	
ARTHROTEC 50 TBEC (<i>Use diclofenac w/ misoprostol</i>)	NF	
ARTHROTEC 75 TBEC (<i>Use diclofenac w/ misoprostol</i>)	NF	
CELEBREX CAPS (<i>Use celecoxib</i>)	NF	PA
<i>celecoxib caps</i>	1B	PA
CHILDRENS ADVIL SUSP (<i>Use ibuprofen</i>)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (<i>Use ibuprofen</i>)	NF	RX/OTC
DAYPRO TABS (<i>Use oxaprozin</i>)	NF	
<i>diclofenac potassium tabs 50 mg</i>	1B	
<i>diclofenac sodium tb24</i>	1B	
<i>diclofenac sodium tbec</i>	1B	
<i>diclofenac w/ misoprostol tbec</i>	1B	
DUEXIS TABS (<i>Use ibuprofen-famotidine</i>)	3	PA
EC-NAPROSYN TBEC 500 MG (<i>Use naproxen</i>)	NF	
<i>etodolac caps 200 mg, 300 mg</i>	1B	
<i>etodolac tabs 400 mg, 500 mg</i>	1B	
FELDENE CAPS (<i>Use piroxicam</i>)	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	

Drug Name	Drug Tier	Requirements/ Limits
<i>ibuprofen-famotidine tabs</i>	1B	PA
<i>indomethacin caps 25 mg, 50 mg</i>	1B	
<i>indomethacin cpr 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 ibuprofen. ;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
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA; QL(2 ea daily)
OTEZLA TBPk	4	PA; 1 rti pack lmt amt, 180 rti pack lmt day(s),
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Use <i>leflunomide</i>)	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1B	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
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
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 325 mg-50 mg, 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 325 mg-40 mg-50 mg, 40 mg-50 mg-325 mg</i>	1B	
<i>butalbital-aspirin-caffeine caps</i>	1B	
BUTALBITAL/ACETAMINOPHEN CAPS (Use <i>butalbital-acetaminophen</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NF	
FIORICET CAPS (<i>Use butalbital-acetaminophen-caffeine</i>)	NF	
FIORINAL CAPS (<i>Use butalbital-aspirin-caffeine</i>)	NF	
Salicylates		
<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	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
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	

Drug Name	Drug Tier	Requirements/ Limits
DILAUDID LIQD OR 1 MG/ML (<i>Use hydromorphone hcl</i>)	NF	New starts limited to 7 day supply
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)
<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 12 mcg/hr, 100 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 20 mg, 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, 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	

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, 15 mg, 20 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)

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 (Use <i>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 (Use <i>hydrocodone bitartrate</i>)	1B	PA; QL(2 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml, 120 mg/5ml-12 mg/5ml</i>	1A	New starts limited to 7 day supply; QL(75 ml daily)
<i>acetaminophen w/ codeine tabs 15 mg-300 mg, 300 mg-15 mg</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>acetaminophen w/ codeine tabs 30 mg-300 mg, 300 mg-30 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, 325 mg-30 mg-40 mg-50 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 (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NF	New starts limited to 7 day supply
FIORINAL/CODEINE #3 CAPS (Use <i>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, 325 mg/15ml-10 mg/15ml</i>	1B	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 325 mg/15ml-7.5 mg/15ml, 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 5 mg-325 mg, 10 mg-325 mg, 325 mg-10 mg, 325 mg-7.5 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 (Use <i>hydrocodone-acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<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)
ULTRACET TABS (Use <i>tramadol-acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
Opioid Partial Agonists		
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 hcl tabs</i>	1B	New starts limited to 7 day supply
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-0.5 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)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
<i>oxandrolone tabs</i>	1B	
Androgens		
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</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	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
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)
Rectal Steroids		
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	
Vasodilating Agents		
RECTIV OINT	3	QL(2 gm daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<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	QL(9 ea per fill retail,9 ea per fill mail)1 rtl MAX fill,75 rtl day(s) supply,1 mail MAX fill,75 mail day(s) supply,
<i>praziquantel tabs</i>	1B	PA
STROMEKTOL TABS (<i>Use ivermectin</i>)	NF	QL(9 ea per fill retail,9 ea per fill mail)1 rtl MAX fill,75 rtl day(s) supply,1 mail MAX fill,75 mail day(s) supply,
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<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 250 mg, 500 mg</i>	1B	
<i>trimethoprim tabs</i>	1B	
XIFAXAN TABS	3	PA; AL(At least 12 yrs old)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim soln iv 400 mg/5ml-80 mg/5ml, 80 mg/5ml-400 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim susp or 200 mg/5ml-40 mg/5ml, 40 mg/5ml-200 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim tabs or 400 mg-80 mg, 80 mg-400 mg, 160 mg-800 mg, 800 mg-160 mg</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR 100 MG/5ML	2	PA
ALINIA TABS 500 MG (<i>Use nitazoxanide</i>)	NF	PA
<i>atovaquone susp</i>	1B	
MEPRON SUSP (<i>Use atovaquone</i>)	NF	
<i>nitazoxanide tabs or</i>	1B	PA
Carbapenems		
<i>ertapenem sodium solr</i>	1B	
<i>imipenem-cilastatin solr</i>	1B	
INVANZ SOLR (<i>Use ertapenem sodium</i>)	NF	
<i>meropenem solr</i>	1B	
MERREM SOLR (<i>Use meropenem</i>)	NF	
PRIMAXIN IV SOLR (<i>Use imipenem-cilastatin</i>)	NF	
Chloramphenicols		
<i>chloramphenicol sodium succinate solr</i>	4	PA; SP
Cyclic Lipopeptides		
CUBICIN RF SOLR (<i>Use daptomycin</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
CUBICIN SOLR (<i>Use daptomycin</i>)	NF	
DAPTOMYCIN SOLR 350 MG (<i>Use daptomycin</i>)	NF	
<i>daptomycin solr 500 mg</i>	1B	
Glycopeptides		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOCIN CAPS (<i>Use vancomycin hcl</i>)	NF	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1B	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg, 1 gm, 10 gm, 1000 mg</i>	1B	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone tabs</i>	1B	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (<i>Use clindamycin hcl</i>)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use clindamycin palmitate hydrochloride</i>)	NF	
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML (<i>Use clindamycin phosphate</i>)	NF	
<i>clindamycin hcl caps</i>	1B	
<i>clindamycin palmitate hydrochloride solr</i>	1B	
<i>clindamycin phosphate soln</i>	1B	
LINCOCIN SOLN (<i>Use lincomycin hcl</i>)	NF	
<i>lincomycin hcl soln</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
Monobactams		
AZACTAM SOLR (Use aztreonam)	NF	
aztreonam solr	1B	
CAYSTON SOLR	4	PA; QL(3 ml daily)
Oxazolidinones		
linezolid susr or 100 mg/5ml	1B	
linezolid tabs or 600 mg	1B	PA; QL(2 ea daily)
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML (Use linezolid)	NF	
ZYVOX TABS OR 600 MG (Use linezolid)	NF	PA; QL(2 ea daily)
Polymyxins		
polymyxin b sulfate solr	1B	
Urinary Anti-infectives		
fosfomycin tromethamine pack	1B	
HIPREX TABS (Use methenamine hippurate)	NF	
MACROBID CAPS (Use nitrofurantoin monohyd macro)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (Use nitrofurantoin macrocrystal)	NF	
methenamine hippurate tabs	1B	
MONUROL PACK (Use fosfomycin tromethamine)	NF	
nitrofurantoin macrocrystal caps 50 mg, 100 mg	1B	
nitrofurantoin monohyd macro caps	1B	
nitrofurantoin susp	1B	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		

Drug Name	Drug Tier	Requirements/ Limits
RANEXA TB12 1000 MG (Use ranolazine)	NF	QL(2 ea daily)
RANEXA TB12 500 MG (Use ranolazine)	NF	QL(3 ea daily)
ranolazine tb12 1000 mg	1B	QL(2 ea daily)
ranolazine tb12 500 mg	1B	QL(3 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	NF	
isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg	1B	
isosorbide mononitrate tabs	1B	
isosorbide mononitrate tb24	1B	
NITRO-BID OINT	3	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use nitroglycerin)	NF	
nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg	1B	QL(4 ea daily)
nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1B	
NITROGLYCERIN SOLN IV 5 MG/ML	1B	
nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg	1B	
NITROSTAT SUBL (Use nitroglycerin)	NF	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl tabs 10 mg, 30 mg, 7.5 mg, 15 mg	1B	
buspirone hcl tabs 5 mg	1A	
hydroxyzine hcl soln im 50 mg/ml	1B	
hydroxyzine hcl syrp or 10 mg/5ml	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1B	
<i>hydroxyzine pamoate caps</i>	1B	
<i>meprobamate tabs</i>	1B	
VISTARIL CAPS (Use <i>hydroxyzine pamoate</i>)	NF	
Benzodiazepines		
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg</i>	1A	QL(4 ea daily)
<i>alprazolam tabs 2 mg</i>	1B	QL(4 ea daily)
<i>alprazolam tb24 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 (Use <i>lorazepam</i>)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use <i>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 (Use <i>clorazepate dipotassium</i>)	NF	
VALIUM TABS (Use <i>diazepam</i>)	NF	QL(4 ea daily)
XANAX TABS (Use <i>alprazolam</i>)	NF	QL(4 ea daily)
XANAX XR TB24 (Use <i>alprazolam</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1B	
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	NF	
<i>procainamide hcl soln 500 mg/ml</i>	1B	
<i>quinidine sulfate tabs</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1B	
<i>propafenone hcl cp12</i>	1B	
<i>propafenone hcl tabs</i>	1B	
RYTHMOL SR CP12 (Use <i>propafenone hcl</i>)	NF	
Antiarrhythmics Type III		
<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 (Use <i>dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1B	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	PA
FASENRA SOSY	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
NUCALA SOAJ	4	PA
NUCALA SOLR	4	PA
NUCALA SOSY	4	PA
XOLAIR SOLR 150 MG	4	PA; SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
Bronchodilators - Anticholinergics		
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)
Leukotriene Modulators		
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)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rti MAX day(s) supply,180 rti lmt day(s),30 mail MAX day(s) supply,180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	QL(1 ea daily)
Steroid Inhalants		
ALVESCO AERS	3	PA
ARNUITY 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	
Sympathomimetics		
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 14 MCG/ACT-55 MCG/ACT (<i>Use fluticasone-salmeterol</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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 (Use <i>arformoterol tartrate</i>)	3	PA; QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	1B	
<i>fluticasone-salmeterol aepb 50 mcg/act-250 mcg/act, 50 mcg/act-500 mcg/act, 100 mcg/act-50 mcg/act, 50 mcg/act-100 mcg/act</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

Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol tartrate aero</i>	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
PERFOROMIST NEBU (Use <i>formoterol fumarate</i>)	3	PA
PROAIR HFA AERS (Use <i>albuterol sulfate</i>)	NF	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	NF	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	2	
SYMBICORT AERO	2	
<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 (Use <i>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 (Use <i>levalbuterol hcl</i>)	NF	PA
XOPENEX HFA AERO (Use <i>levalbuterol tartrate</i>)	NF	PA; Limit 2 inhalers per month;QL(1 gm daily)
XOPENEX NEBU (Use <i>levalbuterol hcl</i>)	NF	PA; QL(12 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
Xanthines		
<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		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use warfarin sodium</i>)	2	
<i>warfarin sodium tabs</i>	1B	
Direct Factor Xa Inhibitors		
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 rtl MAX fill, 180 rtl day(s) supply,
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill, 365 rtl day(s) supply,
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 MG, 2.5 MG	2	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
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

Drug Name	Drug Tier	Requirements/ Limits
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 300 mg/3ml</i>	4	QL(6 ml daily)
<i>enoxaparin sodium sosy 30 mg/0.3ml</i>	4	QL(0.6 ml daily); 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
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/NACL 0.45% SOLN 0.45 %-12500 UNIT/250ML	1B	
LOVENOX SOLN 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NF	QL(6 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.6 ml daily); SP
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
Anticonvulsants - Benzodiazepines		
<i>clobazam susp 2.5 mg/ml</i>	1B	PA; QL(16 ml daily)
<i>clobazam tabs 10 mg, 20 mg</i>	1B	PA; QL(2 ea daily)
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	1A	
DIASTAT ACUDIAL GEL (<i>Use diazepam (anticonvulsant)</i>)	NF	
DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	NF	
<i>diazepam (anticonvulsant) gel</i>	3	
KLONOPIN TABS (<i>Use clonazepam</i>)	NF	
NAYZILAM SOLN	3	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (<i>Use clobazam</i>)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (<i>Use clobazam</i>)	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)
Anticonvulsants - Misc.		
APTiom TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (<i>Use rufinamide</i>)	NF	PA; QL(80 ml daily)
BANZEL TABS 200 MG (<i>Use rufinamide</i>)	2	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BANZEL TABS 400 MG (<i>Use rufinamide</i>)	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
<i>carbamazepine chew 100 mg</i>	1B	
<i>carbamazepine cp12 100 mg</i>	1B	
<i>carbamazepine cp12 200 mg</i>	1B	QL(6 ea daily)
<i>carbamazepine cp12 300 mg</i>	1B	QL(4 ea daily)
<i>carbamazepine susp 100 mg/5ml, 200 mg/10ml</i>	1B	
<i>carbamazepine tabs 200 mg</i>	1B	
<i>carbamazepine tb12 100 mg, 400 mg</i>	1B	QL(4 ea daily)
<i>carbamazepine tb12 200 mg</i>	1B	QL(6 ea daily)
CARBATROL CP12 100 MG (<i>Use carbamazepine</i>)	NF	
CARBATROL CP12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (<i>Use carbamazepine</i>)	NF	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	PA; QL(12 ea daily)
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	

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Drug Name	Drug Tier	Requirements/ Limits
KEPPRA SOLN IV 500 MG/5ML (<i>Use levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (<i>Use levetiracetam</i>)	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG (<i>Use levetiracetam</i>)	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (<i>Use levetiracetam</i>)	NF	QL(6 ea daily)
KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NF	QL(4 ea daily)
<i>lacosamide soln iv 200 mg/20ml</i>	1B	QL(40 ml daily)
<i>lacosamide tabs or 100 mg, 150 mg, 200 mg, 50 mg</i>	1B	PA; QL(2 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (<i>Use lamotrigine</i>)	NF	QL(20 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (<i>Use lamotrigine</i>)	NF	QL(100 ea daily)
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (<i>Use lamotrigine</i>)	NF	QL(1 ea daily)
LAMICTAL TABS (<i>Use 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 150 mg, 200 mg, 25 mg, 100 mg</i>	1B	
<i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	QL(1 ea daily)
<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)

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use pregabalin</i>)	NF	PA; QL(3 ea daily)
LYRICA CAPS 225 MG, 300 MG (<i>Use pregabalin</i>)	NF	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML (<i>Use pregabalin</i>)	NF	PA; QL(30 ml daily)
MYSOLINE TABS (<i>Use primidone</i>)	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (<i>Use gabapentin</i>)	NF	
NEURONTIN SOLN 250 MG/5ML (<i>Use gabapentin</i>)	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (<i>Use 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 (<i>Use topiramate</i>)	NF	
<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	

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Drug Name	Drug Tier	Requirements/Limits
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 csp 15 mg</i>	1B	QL(6 ea daily)
<i>topiramate csp 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 (<i>Use lacosamide</i>)	3	QL(40 ml daily)
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG (<i>Use lacosamide</i>)	3	PA; QL(2 ea daily)
ZONEGRAN CAPS (<i>Use zonisamide</i>)	NF	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide caps</i>	1B	QL(6 ea daily)
Carbamates		
<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)
GABA Modulators		
GABITRIL TABS (<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</i>	1B	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP
<i>vigabatrin tabs</i>	4	PA; QL(6 ea daily); SP
Hydantoins		
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	
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	2	
<i>fosphenytoin sodium soln</i>	1B	
PEGANONE TABS	3	

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Drug Name	Drug Tier	Requirements/ Limits
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	
Succinimides		
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)
Valproic Acid		
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	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
Antidepressants - Misc.		
<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)
WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate tabs or 5 mg</i>	1B	QL(4 ea daily)
<i>fluoxetine hcl caps 10 mg</i>	1A	QL(1 ea daily)
<i>fluoxetine hcl caps 20 mg</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl caps 40 mg</i>	1B	QL(2 ea daily)
<i>fluoxetine hcl cpdr 90 mg</i>	1B	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1B	QL(20 ml daily)
<i>fluoxetine hcl tabs 20 mg</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl tabs 60 mg, 10 mg</i>	1B	QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (<i>Use fluoxetine hcl</i>)	NF	QL(1 ea daily)
<i>fluvoxamine maleate tabs 100 mg</i>	1B	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1B	QL(2 ea daily)
LEXAPRO TABS 10 MG (<i>Use escitalopram oxalate</i>)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (<i>Use escitalopram oxalate</i>)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (<i>Use escitalopram oxalate</i>)	NF	QL(4 ea daily)
<i>paroxetine hcl tabs 10 mg</i>	1B	QL(6 ea daily)
<i>paroxetine hcl tabs 20 mg</i>	1B	QL(3 ea daily)
<i>paroxetine hcl tabs 30 mg</i>	1B	QL(2 ea daily)
<i>paroxetine hcl tabs 40 mg</i>	1B	QL(1 ea daily)
<i>paroxetine hcl tb24 12.5 mg</i>	1B	QL(1 ea daily)
<i>paroxetine hcl tb24 25 mg, 37.5 mg</i>	1B	QL(2 ea daily)
PAXIL CR TB24 12.5 MG (<i>Use paroxetine hcl</i>)	NF	QL(1 ea daily)
PAXIL CR TB24 25 MG, 37.5 MG (<i>Use paroxetine hcl</i>)	NF	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
PAXIL TABS 10 MG (<i>Use paroxetine hcl</i>)	NF	QL(6 ea daily)
PAXIL TABS 20 MG (<i>Use paroxetine hcl</i>)	NF	QL(3 ea daily)
PAXIL TABS 30 MG (<i>Use paroxetine hcl</i>)	NF	QL(2 ea daily)
PAXIL TABS 40 MG (<i>Use paroxetine hcl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 10 MG (<i>Use fluoxetine hcl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (<i>Use fluoxetine hcl</i>)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (<i>Use 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 (<i>Use sertraline hcl</i>)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (<i>Use sertraline hcl</i>)	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (<i>Use sertraline hcl</i>)	NF	QL(4 ea daily)
Serotonin Modulators		
<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)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (<i>Use 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)

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use venlafaxine hcl</i>)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (<i>Use venlafaxine hcl</i>)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (<i>Use venlafaxine hcl</i>)	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
PRISTIQ TB24 100 MG (<i>Use desvenlafaxine succinate</i>)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (<i>Use 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)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1B	
<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	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>trimipramine maleate caps</i>	1B	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<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)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
Antidiabetic Combinations		
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, 250 mg-2.5 mg, 500 mg-2.5 mg</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide-metformin hcl tabs 5 mg-500 mg</i>	1B	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25 mg-250 mg, 250 mg-1.25 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 100 MG-1000 MG	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 50 MG-1000 MG, 50 MG-500 MG, 500 MG-50 MG	2	QL(2 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)
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)
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG, 5 MG-500 MG	3	PA; QL(1 ea daily)
XIGDUO XR TB24 2.5 MG-1000 MG, 5 MG-1000 MG	3	PA; QL(2 ea daily)
XULTOPHY 100/3.6 SOPN	2	PA; QL(0.5 ml daily)
Biguanides		

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Drug Name	Drug Tier	Requirements/ Limits
<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)
Diabetic Other		
<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	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<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	
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor		
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)
Insulin Sensitizing Agents		
ACTOS TABS (Use <i>pioglitazone hcl</i>)	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl tabs</i>	1B	QL(1 ea daily)
Insulin		
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	
NOVOLOG MIX 70/30 SUSP	2	

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Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG PENFILL SOCT	2	
TRESIBA FLEXTOUCH SOPN	2	
TRESIBA SOLN	2	
Meglitinide Analogues		
<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)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	PA; QL(1 ea daily)
JARDIANCE TABS	2	QL(1 ea daily)
Sulfonylureas		
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)
GLYNASE TABS (Use <i>glyburide micronized</i>)	NF	QL(4 ea daily)
<i>tolbutamide tabs</i>	1B	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<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	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
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 500 mg</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
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	PA
Opioid Antagonists		
<i>naloxone hcl liqd na 4 mg/0.1ml</i>	1B	QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply,

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Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl soln ij 0.4 mg/ml, 4 mg/10ml</i>	1B	
<i>naltrexone hcl tabs</i>	1B	
NARCAN LIQD (<i>Use naloxone hcl</i>)	3	QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply,
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<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
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs 12.5 mg</i>	1A	RX/OTC
<i>meclizine hcl tabs 25 mg</i>	1B	RX/OTC
<i>scopolamine 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	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 0.5 MG-300 MG	3	PA
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	
Substance P/Neurokinin 1 (NK1) Receptor		
<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)
<i>aprepitant misc</i>	1B	PA

Drug Name	Drug Tier	Requirements/ Limits
EMEND CAPS OR 40 MG (Use <i>aprepitant</i>)	NF	QL(0.067 ea daily)
EMEND CAPS OR 80 MG (Use <i>aprepitant</i>)	NF	QL(0.134 ea daily)
EMEND SOLR IV 150 MG (Use <i>fosaprepitant dimeglumine</i>)	NF	
EMEND TRIPACK CAPS (Use <i>aprepitant</i>)	NF	PA
VARUBI TBPk	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (Use <i>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 (Use <i>micafungin sodium</i>)	NF	PA
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR (Use <i>amphotericin b liposome</i>)	3	
<i>amphotericin b liposome susr</i>	1B	
<i>amphotericin b solr</i>	3	
ANCOBON CAPS (Use <i>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	
<i>terbinafine hcl tabs</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR (Use <i>fluconazole</i>)	NF	
DIFLUCAN TABS (Use <i>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 (Use <i>itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (Use <i>itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (Use <i>itraconazole</i>)	NF	PA; QL(20 ml daily)
TOLSURA CAPS	4	PA
VFEND TABS 200 MG, 50 MG (Use <i>voriconazole</i>)	NF	QL(4 ea daily)
<i>voriconazole tabs or 200 mg, 50 mg</i>	1B	QL(4 ea daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate soln</i>	1B	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS LIQD (Use <i>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	
CLEMASTINE FUMARATE SYRP 0.67 MG/5ML	1B	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
Antihistamines - Non-Sedating		
<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	
<i>loratadine soln 5 mg/5ml</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<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)
Antihistamines - Phenothiazines		
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	
Antihistamines - Piperidines		
<i>ciproheptadine hcl syrp</i>	1B	
<i>ciproheptadine hcl tabs</i>	1B	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1B	QL(1 ea daily)
VYTORIN TABS (Use <i>ezetimibe-simvastatin</i>)	NF	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<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)
VASCEPA CAPS 1 GM (Use <i>icosapent ethyl</i>)	NF	PA; QL(4 ea daily)
Bile Acid Sequestrants		
<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)

Drug Name	Drug Tier	Requirements/Limits
WELCHOL TABS 625 MG (Use <i>colesevelam hcl</i>)	NF	QL(7 ea daily)
Fibric Acid Derivatives		
<i>choline fenofibrate cpdr</i>	1B	QL(1 ea daily)
<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)
TRILIPIX CPDR (Use <i>choline fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
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)

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Drug Name	Drug Tier	Requirements/ Limits
<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)
ZOCOR TABS (Use <i>simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1B	QL(1 ea daily)
ZETIA TABS (Use <i>ezetimibe</i>)	NF	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc 1000 mg, 500 mg, 750 mg</i>	1B	QL(2 ea daily)
NIASPAN TBCR (Use <i>niacin (antihyperlipidemic)</i>)	NF	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9		
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)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (Use <i>quinapril hcl</i>)	NF	
ALTACE CAPS (Use <i>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 (Use <i>benazepril hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>moexipril hcl tabs</i>	1B	
<i>perindopril erbumine tabs</i>	1B	
PRINIVIL TABS (Use <i>lisinopril</i>)	NF	
<i>quinapril hcl tabs</i>	1B	
<i>ramipril caps</i>	1B	
<i>trandolapril tabs</i>	1B	
VASOTEC TABS (Use <i>enalapril maleate</i>)	NF	
ZESTRIL TABS (Use <i>lisinopril</i>)	NF	
Agents for Pheochromocytoma		
DIBENZYLIN CAPS (Use <i>phenoxybenzamine hcl</i>)	NF	PA
<i>phenoxybenzamine hcl caps</i>	3	PA
Angiotensin II Receptor Antagonists		
ATACAND TABS (Use <i>candesartan cilexetil</i>)	NF	QL(1 ea daily)
AVAPRO TABS (Use <i>irbesartan</i>)	NF	QL(1 ea daily)
BENICAR TABS (Use <i>olmesartan medoxomil</i>)	NF	QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	1B	QL(1 ea daily)
COZAAR TABS (Use <i>losartan potassium</i>)	NF	QL(1 ea daily)
DIOVAN TABS (Use <i>valsartan</i>)	NF	QL(1 ea daily)
EDARBI TABS	3	ST; 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 (Use <i>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)

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan tabs</i>	1B	QL(1 ea daily)
Antiadrenergic Antihypertensives		
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	
<i>methyldopa tabs</i>	1B	QL(6 ea daily)
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	
Antihypertensive Combinations		
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 25 MG-20 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	

Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1B	
ATACAND HCT TABS (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NF	
<i>atenolol & 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 & hydrochlorothiazide tabs</i>	1B	
BENICAR HCT TABS (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	NF	
<i>bisoprolol & 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 & hydrochlorothiazide tabs</i>	1B	
EXFORGE HCT TABS	2	
EXFORGE TABS (<i>Use amlodipine besylate-valsartan</i>)	NF	
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1B	
HYZAAR TABS 12.5 MG-50 MG (<i>Use losartan potassium & hydrochlorothiazide</i>)	NF	QL(2 ea daily)
HYZAAR TABS 25 MG-100 MG, 100 MG-12.5 MG, 12.5 MG-100 MG (<i>Use losartan potassium & hydrochlorothiazide</i>)	NF	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	1B	
<i>lisinopril & hydrochlorothiazide tabs</i>	1B	

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

Drug Name	Drug Tier	Requirements/ Limits
TENORETIC 50 TABS (Use atenolol & chlorthalidone)	NF	
trandolapril-verapamil hcl tbc	1B	
TRIBENZOR TABS (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NF	ST
TWYNSTA TABS (Use telmisartan-amlodipine)	NF	
valsartan-hydrochlorothiazide tabs	1B	
VASERETIC TABS (Use enalapril maleate & hydrochlorothiazide)	NF	
ZESTORETIC TABS (Use lisinopril & hydrochlorothiazide)	NF	
ZIAC TABS (Use bisoprolol & hydrochlorothiazide)	NF	QL(2 ea daily)
Antihypertensives - Misc.		
VECAMEYL TABS	3	PA
Direct Renin Inhibitors		
aliskiren fumarate tabs	1B	QL(1 ea daily)
TEKTURNA TABS (Use aliskiren fumarate)	NF	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists		
eplerenone tabs	1B	
INSPIRA TABS (Use eplerenone)	NF	
Vasodilators		
hydralazine hcl soln	1B	
hydralazine hcl tabs	1B	
minoxidil tabs	1B	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		

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,
Antimalarials		
<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;
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide tbc</i> 180 mg	1B	
RUZURGI TABS	4	PA; QL(10 ea daily)
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	3	
RIFATER TABS	3	QL(6 ea daily)
Antimycobacterial Agents		
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 (<i>Use ethambutol hcl</i>)	NF	
MYCOBUTIN CAPS (<i>Use 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 (<i>Use rifampin</i>)	NF	
RIFADIN SOLR (<i>Use 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
TRECATOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR (<i>Use melphalan hcl</i>)	NF	
ALKERAN TABS (<i>Use melphalan</i>)	NF	
BICNU SOLR (<i>Use carmustine</i>)	NF	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN (<i>Use 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	
GLEOSTINE CAPS 10 MG	4	PA; SP
GLEOSTINE CAPS 100 MG, 40 MG	4	PA
IFEX SOLR 1 GM (<i>Use 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>melphalan hcl solr</i>	1B	
<i>melphalan 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 (<i>Use temozolomide</i>)	NF	PA; SP
TEMODAR SOLR IV 100 MG	4	
<i>temozolomide caps</i>	4	PA; SP
TEPADINA SOLR 100 MG (<i>Use thiotepa</i>)	NF	
TEPADINA SOLR 15 MG (<i>Use thiotepa</i>)	NF	PA; SP
<i>thiotepa solr 15 mg</i>	4	PA; SP
TREANDA SOLR	4	PA; SP
ZANOSAR SOLR	4	PA; SP
Antimetabolites		
ALIMTA SOLR 500 MG	4	PA; SP
ARRANON SOLN (<i>Use nelarabine</i>)	4	PA; SP
<i>azacitidine susr</i>	4	PA; SP
<i>capecitabine tabs</i>	4	PA; SP
<i>clofarabine soln</i>	4	PA; SP
CLOLAR SOLN (<i>Use clofarabine</i>)	NF	PA; SP
<i>cytarabine soln 100 mg/ml, 20 mg/ml</i>	4	PA; SP
DACOGEN SOLR (<i>Use decitabine</i>)	NF	PA; SP
<i>decitabine solr</i>	4	PA; SP
<i>floxuridine solr</i>	4	PA; SP
<i>fludarabine phosphate soln</i>	4	PA; SP
<i>fludarabine phosphate solr</i>	4	PA; SP
<i>fluorouracil soln 500 mg/10ml</i>	4	PA; SP
FOLOTYN SOLN 20 MG/ML	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>gemcitabine hcl solr 2 gm, 200 mg</i>	4	PA; SP
GEMCITABINE HYDROCHLORIDE SOLN 1 GM/10ML, 2 GM/20ML, 200 MG/2ML (<i>Use gemcitabine hcl</i>)	NF	
<i>mercaptopurine tabs</i>	1B	
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml</i>	1B	
<i>methotrexate sodium solr ij 1 gm</i>	1B	SP
<i>methotrexate sodium tabs or 2.5 mg</i>	1B	SP
<i>nelarabine soln</i>	4	PA; SP
TABLOID TABS	4	PA; SP
TREXALL TABS	4	PA; SP
VIDAZA SUSR (<i>Use azacitidine</i>)	NF	PA; SP
XELODA TABS (<i>Use capecitabine</i>)	NF	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
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

Drug Name	Drug Tier	Requirements/ Limits
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
ZIRABEV SOLN	4	PA
Antineoplastic - Anti-HER2 Agents		
PERJETA SOLN	4	PA; SP
TUKYSA TABS	4	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
RITUXAN SOLN	4	PA; SP
RUXIENCE SOLN	4	PA
YERVOY SOLN	4	PA; SP
Antineoplastic - EGFR Inhibitors		
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)
IRESSA TABS	4	PA
TAGRISSO TABS	4	PA
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
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	4	PA
ERIVEDGE CAPS	4	PA; QL(1 ea daily); SP
ODOMZO CAPS	4	PA; QL(1 ea daily)
Antineoplastic - Hormonal and Related Agents		

Drug Name	Drug Tier	Requirements/ Limits
<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)
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
EULEXIN CAPS	4	PA; QL(6 ea daily); 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

Drug Name	Drug Tier	Requirements/Limits
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
<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)
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	PA; QL(1 ea daily)
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT TABS 100 MG, 200 MG, 300 MG	4	PA; SL(1 ea daily)
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPk	4	PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 60 MG ONCE WEEKLY TBPk	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPk	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPk	4	PA
Antineoplastic Antibiotics		
<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
<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
Antineoplastic Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA 200 DOSE TBPB	3	PA
KISQALI FEMARA 400 DOSE TBPB	3	PA
KISQALI FEMARA 600 DOSE TBPB	3	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS (<i>Use everolimus</i>)	NF	PA; QL(1 ea daily); SP
ALECENSA CAPS	4	PA; QL(4 ea daily)
ALUNBRIG TABS	4	PA; QL(1 ea daily)
ALUNBRIG TBPB	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 10 mg, 5 mg, 7.5 mg, 2.5 mg</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)

Drug Name	Drug Tier	Requirements/ Limits
<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
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 TBPB	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 TBPB	4	PA
PIQRAY 250MG DAILY DOSE TBPB	4	PA
PIQRAY 300MG DAILY DOSE TBPB	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
QINLOCK TABS	4	PA
RETEVMO CAPS	4	PA
ROMIDEPSIN SOLR 10 MG	4	PA; SP
<i>romidepsin solr 10 mg</i>	4	PA; SP
ROZLYTREK CAPS	4	PA
RUBRACA TABS	4	PA; QL(4 ea daily)
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 (Use <i>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 (Use <i>temsirolimus</i>)	NF	PA; QL(0.143 ml daily); SP
TURALIO CAPS	4	PA
TYKERB TABS (Use <i>lapatinib ditosylate</i>)	4	PA; QL(6 ea daily); SP
VELCADE SOLR	4	PA; SP
VERZENIO TABS	4	PA

Drug Name	Drug Tier	Requirements/ Limits
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)
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; QL(4 ea daily); SP
ZYDELIG TABS	4	PA; QL(2 ea daily)
Antineoplastic Enzymes		
ERWINASE SOLR	4	PA; SP
ERWINAZE SOLR	4	PA; SP
ONCASPAR SOLN	4	PA; SP
Antineoplastics Misc.		
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 (Use <i>hydroxyurea</i>)	NF	
<i>hydroxyurea caps</i>	1B	
INTRON A SOLR 18000000 UNIT	4	PA; SP
MATULANE CAPS	4	PA; SP
NIPENT SOLR	4	PA; SP
PHOTOFRIN SOLR	4	PA; SP
PROLEUKIN SOLR	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
SYNRIBO SOLR	4	PA; SP
TARGRETIN CAPS OR 75 MG (Use bexarotene)	NF	PA; SP
tretinoin (chemotherapy) caps	1B	
UVADEX SOLN	4	PA; SP
Chemotherapy Adjuncts		
KEPIVANCE SOLR	4	PA; SP
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium solr ij 500 mg, 100 mg, 200 mg, 350 mg, 50 mg	1B	
leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg	1B	
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA; SP
docetaxel conc 20 mg/ml	4	PA; SP
DOCETAXEL CONC 20 MG/ML (Use docetaxel)	NF	PA; SP
DOCETAXEL CONC 80 MG/4ML (Use docetaxel)	NF	
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
docetaxel soln 20 mg/2ml	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML (Use docetaxel)	4	PA; SP
ETOPOPHOS SOLR	4	PA; SP
etoposide caps or 50 mg	4	PA; SP
etoposide soln iv 1 gm/50ml, 500 mg/25ml, 100 mg/5ml	4	
HALAVEN SOLN	4	PA; SP
IXEMPRA KIT SOLR 15 MG	4	PA; SP
JEVTANA SOLN	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
NAVELBINE SOLN 10 MG/ML (Use vinorelbine tartrate)	NF	PA; SP
paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 6 mg/ml	4	PA; SP
paclitaxel protein-bound particles susr	4	PA; SP
PACLITAXEL PROTEIN-BOUND PARTICLES SUSR	4	PA; SP
TENIPOSIDE SOLN	4	PA; SP
vincristine sulfate soln	4	PA; SP
vinorelbine tartrate soln 10 mg/ml	4	PA; SP
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 100 MG/5ML, 40 MG/2ML (Use irinotecan hcl)	NF	PA; SP
HYCANTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCANTIN SOLR IV 4 MG (Use topotecan hcl)	NF	
irinotecan hcl soln 100 mg/5ml, 40 mg/2ml	4	PA; SP
topotecan hcl soln 4 mg/4ml	4	
TOPOTECAN HCL SOLN 4 MG/4ML (Use topotecan hcl)	NF	
topotecan hcl solr 4 mg	4	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa tabs	1B	
LODOSYN TABS (Use carbidopa)	NF	
Antiparkinson Anticholinergics		
benztropine mesylate soln	1B	
benztropine mesylate tabs	1B	

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Drug Name	Drug Tier	Requirements/ Limits
COGENTIN SOLN (<i>Use benztropine mesylate</i>)	NF	
<i>trihexyphenidyl hcl soln</i>	1B	
<i>trihexyphenidyl hcl tabs</i>	1B	
Antiparkinson COMT Inhibitors		
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	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1B	
<i>amantadine hcl tabs</i>	1B	
APOKYN SOCT	4	PA;
<i>apomorphine hydrochloride soct</i>	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 (<i>Use pramipexole dihydrochloride</i>)	NF	QL(4 ea daily)
MIRAPEX TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (<i>Use pramipexole dihydrochloride</i>)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
PARLODEL TABS (<i>Use 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 (<i>Use ropinirole hydrochloride</i>)	NF	ST; QL(2 ea daily)
REQUIP XL TB24 6 MG (<i>Use ropinirole hydrochloride</i>)	NF	ST; QL(1 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 1 mg, 2 mg, 4 mg, 5 mg, 0.5 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 TABS (<i>Use carbidopa-levodopa</i>)	NF	
STALEVO 100 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 125 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 150 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 200 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 50 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 75 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Use rasagiline mesylate</i>)	NF	PA; QL(1 ea daily)
<i>rasagiline mesylate tabs</i>	1B	PA; QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>selegiline hcl caps</i>	1B	
<i>selegiline hcl tabs</i>	1B	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	1B	
<i>lithium carbonate tabs</i>	1B	
<i>lithium carbonate tbc</i>	1B	
LITHOBID TBCR (<i>Use lithium carbonate</i>)	NF	
Antipsychotics - Misc.		
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 120 MG, 20 MG, 40 MG, 60 MG	3	PA; QL(1 ea daily)
LATUDA TABS 80 MG	3	PA; QL(2 ea daily)
<i>ziprasidone hcl caps</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 3 MG, 1.5 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 3 mg, 1.5 mg, 9 mg</i>	1B	QL(1 ea daily)
<i>paliperidone tb24 6 mg</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use risperidone</i>)	NF	QL(4 ea daily)
<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</i>	1B	QL(2 ea daily)
<i>risperidone tbdp 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1B	QL(4 ea daily)
Butyrophenones		
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	
Dibenzapines		
<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, 100 mg, 25 mg, 50 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)

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

Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA SOLR IM 10 MG (Use <i>olanzapine</i>)	NF	QL(0.215 ea daily)
ZYPREXA TABS OR 2.5 MG, 5 MG (Use <i>olanzapine</i>)	NF	QL(4 ea daily)
ZYPREXA TABS OR 7.5 MG, 10 MG, 15 MG, 20 MG (Use <i>olanzapine</i>)	NF	QL(2 ea daily)
ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 5 MG (Use <i>olanzapine</i>)	NF	QL(2 ea daily)
ZYPREXA ZYDIS TBDP 20 MG (Use <i>olanzapine</i>)	NF	QL(1 ea daily)
Phenothiazines		
<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	
Quinolinone Derivatives		
ABILIFY TABS (Use <i>aripiprazole</i>)	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)

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Drug Name	Drug Tier	Requirements/ Limits
REXULTI TABS	3	PA
Thioxanthenes		
<i>thiothixene caps</i>	1B	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<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 (Use <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	3	QL(1 ea daily)
BIKTARVY TABS 200 MG-25 MG-50 MG, 25 MG-50 MG-200 MG	2	QL(1 ea daily)
CIMDUO TABS	2	ST; QL(1 ea daily)
COMBIVIR TABS (Use <i>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)

Drug Name	Drug Tier	Requirements/ Limits
DOVATO TABS	2	QL(1 ea daily)
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 133 mg-200 mg, 167 mg-250 mg, 100 mg-150 mg, 150 mg-100 mg</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg, 300 mg-200 mg</i>	0	QL(1 ea daily)
EMTRIVA CAPS 200 MG (Use <i>emtricitabine</i>)	NF	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (Use <i>lamivudine</i>)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	NF	QL(1 ea daily)
EPZICOM TABS (Use <i>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)
EVOTAZ TABS	3	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1B	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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 400 MG/5ML-100 MG/5ML (<i>Use lopinavir-ritonavir</i>)	NF	QL(12.5 ml daily)
KALETRA TABS 100 MG-25 MG, 200 MG-50 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 400 mg/5ml-100 mg/5ml</i>	1B	QL(12.5 ml daily)
<i>lopinavir-ritonavir tabs 100 mg-25 mg, 50 mg-200 mg</i>	1B	QL(4 ea daily)
<i>maraviroc tabs 150 mg</i>	1B	QL(2 ea daily)
<i>maraviroc tabs 300 mg</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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)
NORVIR PACK 100 MG	2	QL(12 ea daily)
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)
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 (<i>Use maraviroc</i>)	2	QL(2 ea daily)
SELZENTRY TABS 25 MG, 75 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	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	2	QL(2 ea daily)
TRUVADA TABS (Use emtricitabine-tenofovir disoproxil fumarate)	NF	QL(1 ea daily)
TYBOST TABS	2	QL(1 ea daily)
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	

Drug Name	Drug Tier	Requirements/Limits
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)
CMV Agents		
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)
Hepatitis Agents		
adefovir dipivoxil tabs	4	PA; QL(1 ea daily); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (Use entecavir)	NF	QL(1 ea daily); SP
entecavir tabs	4	QL(1 ea daily); SP
EPCLUSA TABS 200 MG-50 MG, 400 MG-100 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 (hcv))	NF	QL(3 ea daily); SP
HEPSERA TABS (Use adefovir dipivoxil)	NF	PA; QL(1 ea daily); SP
lamivudine (hcv) tabs	1B	QL(3 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
<i>ribavirin (hepatitis c) caps</i>	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs</i>	1B	QL(7 ea daily)
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)
Herpes Agents		
<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)
<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 <i>valacyclovir hcl</i>)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (Use <i>valacyclovir hcl</i>)	NF	QL(2 ea daily)
ZOVIRAX SUSP OR 200 MG/5ML (Use <i>acyclovir</i>)	NF	QL(13.34 ml daily)
Influenza Agents		

Drug Name	Drug Tier	Requirements/ Limits
<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)
TAMIFLU CAPS 30 MG, 45 MG, 75 MG (Use <i>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 (Use <i>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,
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol tabs</i>	1B	
COREG TABS (Use <i>carvedilol</i>)	NF	
<i>labetalol hcl soln</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>labetalol hcl tabs</i>	1B	
Beta Blockers Cardio-Selective		
<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 2.5 MG, 10 MG, 5 MG (Use <i>nebivolol hcl</i>)	2	PA; QL(1 ea daily)
BYSTOLIC TABS 20 MG (Use <i>nebivolol hcl</i>)	2	PA; QL(2 ea daily)
LOPRESSOR TABS (Use <i>metoprolol tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1B	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1B	
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1B	
<i>nebivolol hcl tabs 2.5 mg, 10 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 (Use <i>atenolol</i>)	NF	
TOPROL XL TB24 (Use <i>metoprolol succinate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use <i>sotalol hcl (afib/af)</i>)	NF	
BETAPACE TABS (Use <i>sotalol hcl</i>)	NF	QL(2 ea daily)
CORGARD TABS (Use <i>nadolol</i>)	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (Use <i>propranolol hcl</i>)	NF	
<i>nadolol tabs</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<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	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate tabs</i>	1B	
CALAN SR TBCR (Use <i>verapamil hcl</i>)	NF	
CARDIZEM CD CP24 (Use <i>diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use <i>diltiazem hcl coated beads</i>)	NF	
CARDIZEM TABS (Use <i>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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
NORVASC TABS (Use <i>amlodipine besylate</i>)	NF	
PROCARDIA CAPS (Use <i>nifedipine</i>)	NF	
PROCARDIA XL TB24 (Use <i>nifedipine</i>)	NF	
SULAR TB24 (Use <i>nisoldipine</i>)	NF	
TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (Use <i>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 (Use <i>verapamil hcl</i>)	NF	
VERELAN PM CP24 (Use <i>verapamil hcl</i>)	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin tabs</i>	1B	
LANOXIN SOLN (Use <i>digoxin</i>)	2	
LANOXIN TABS (Use <i>digoxin</i>)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardioplegic Solutions		
PLEGISOL SOLN (Use <i>cardioplegic soln</i>)	NF	
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1B	QL(1 ea daily)
BIDIL TABS (Use <i>isosorbide dinitrate-hydralazine hcl</i>)	2	
CADUET TABS (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA; QL(2 ea daily)
<i>isosorbide dinitrate-hydralazine hcl tabs</i>	1B	
Impotence Agents		
CIALIS TABS 5 MG (Use <i>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 (Use <i>sildenafil citrate</i>)	NF	PA; QL(0.1334 ea daily)
Prostaglandin Vasodilators		
<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR (Use <i>epoprostenol sodium</i>)	NF	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>treprostinil soln</i>	4	PA; SP
VELETTRI SOLR (<i>Use epoprostenol sodium</i>)	NF	PA
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
<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)
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
Pulmonary Hypertension - Phosphodiesterase		
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)

Drug Name	Drug Tier	Requirements/ Limits
<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
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; QL(3 ea daily)
Sinus Node Inhibitors		
CORLANOR SOLN 5 MG/5ML	3	PA; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG	3	PA; QL(2 ea daily)
Transthyretin Stabilizers		
VYNDAMAX CAPS	4	PA; QL(1 ea daily)
VYNDALIN CAPS	4	PA; QL(4 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1B	
<i>cefadroxil susr</i>	1B	
<i>cefadroxil tabs</i>	1B	
<i>cefazolin sodium solr ij 1 gm, 10 gm, 500 mg</i>	1B	
<i>cephalexin caps</i>	1B	
<i>cephalexin susr</i>	1B	
<i>cephalexin tabs</i>	1B	
KEFLEX CAPS (<i>Use cephalexin</i>)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps</i>	1B	
<i>cefaclor susr</i>	1B	
CEFOTAN SOLR (<i>Use cefotetan disodium</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefotetan disodium solr</i>	1B	
<i>cefoxitin sodium solr 1 gm, 2 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	
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	1B	
<i>cefdinir susr</i>	1B	
<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 6 gm, 1 gm</i>	1B	
<i>ceftriaxone sodium solr ij 1 gm, 500 mg, 2 gm</i>	1B	
<i>ceftriaxone sodium solr ij 250 mg</i>	1A	
FORTAZ SOLR IJ 1 GM (Use <i>ceftazidime</i>)	NF	
FORTAZ SOLR IV 2 GM (Use <i>ceftazidime</i>)	NF	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use <i>cefixime</i>)	NF	ST
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	1B	
Cephalosporins - 5th Generation		

Drug Name	Drug Tier	Requirements/ Limits
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	0	
BEYAZ TABS (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	
<i>desogestrel & ethinyl estradiol tabs</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	0	
<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 & eth estrad tabs</i>	0	
FALESSA KIT	0	
GENERESS FE CHEW (Use <i>norethindrone & ethinyl estradiol-fe</i>)	NF	
<i>levonorgestrel & 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	

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Drug Name	Drug Tier	Requirements/ Limits
MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)	NF	
MIRCETTE TABS (Use desogestrel-ethinyl estradiol (biphasic))	NF	
NATAZIA TABS	0	
norethin acet & estrad-fe caps	0	
norethin acet & estrad-fe chew	0	
norethin acet & estrad-fe tabs	0	
norethindrone & eth estradiol tabs	0	
norethindrone & ethinyl estradiol-fe chew	0	
norethindrone acet & eth estra tabs	0	
norethindrone acetate-ethinyl estradiol-fe tabs	0	
norethindrone-eth estradiol (triphasic) tabs	0	
norgestimate-ethinyl estradiol (triphasic) tabs	0	
norgestimate-ethinyl estradiol tabs	0	
norgestrel & ethinyl estradiol tabs	0	
ORTHO TRI-CYCLEN LO TABS (Use norgestimate-ethinyl estradiol (triphasic))	NF	
ORTHO-NOVUM 7/7/7 TABS (Use norethindrone-eth estradiol (triphasic))	NF	
QUARTETTE TABS (Use levonorgestrel-ethinyl estradiol (91-day))	NF	
SAFYRAL TABS (Use drospirenone-ethinyl estradiol-levomefolate calcium)	NF	
SEASONIQUE TABS (Use levonorgestrel-ethinyl estradiol (91-day))	NF	

Drug Name	Drug Tier	Requirements/ Limits
TAYTULLA CAPS (Use norethin acet & estrad-fe)	NF	
TYBLUME CHEW	0	
YASMIN 28 TABS (Use drospirenone-ethinyl estradiol)	NF	
YAZ TABS (Use drospirenone-ethinyl estradiol)	NF	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol ptwk	0	
TWIRLA PTWK	0	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
ANNOVERA RING	0	PA
etonogestrel-ethinyl estradiol ring	0	
NUVARING RING (Use etonogestrel-ethinyl estradiol)	NF	
Emergency Contraceptives		
ELLA TABS	0	
levonorgestrel (emergency oc) tabs	0	
PLAN B ONE-STEP TABS (Use levonorgestrel (emergency oc))	NF	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use medroxyprogesterone acetate (contraceptive))	NF	QL(1 ml per 90 days retail)90 rtl day(s) supply,90 rtl lmt day(s),
DEPO-PROVERA CONTRACEPTIVE SUSY (Use medroxyprogesterone acetate (contraceptive))	NF	QL(90 day(s) limit,1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	

Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	QL(1 ml per 90 days retail)90 rti day(s) supply,90 rti lmt day(s),
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	QL(90 day(s) limit,1 ml per 90 days retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive) tabs</i>	0	
ORTHO MICRONOR TABS (<i>Use norethindrone (contraceptive)</i>)	NF	
SLYND TABS	0	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep 3 mg</i>	1B	QL(3 ea daily)
CELESTONE SOLUSPAN SUSP (<i>Use betamethasone sod phosphate & acetate</i>)	NF	
CELESTONE-SOLUSPAN SUSP (<i>Use betamethasone sod phosphate & 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 40 MG/ML, 80 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 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>methylprednisolone acetate susp 40 mg/ml, 80 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 TBDP (<i>Use prednisolone sodium phosphate</i>)	NF	
PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	NF	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 25 mg/5ml, 20 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>triamcinolone acetonide susp 200 mg/5ml, 40 mg/ml, 400 mg/10ml</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 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)
Cough/Cold/Allergy Combinations		

Drug Name	Drug Tier	Requirements/ Limits
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 120 mg-60 mg, 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	
<i>loratadine & pseudoephedrine tb12 120 mg-5 mg, 5 mg-120 mg</i>	1B	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg, 240 mg-10 mg</i>	1B	QL(1 ea daily)
TUZISTRA XR SUER	2	PA
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use cetirizine-pseudoephedrine)	NF	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (Use sodium chloride (inhalant))	NF	
HYPERSAL NEBU 3.5 %	1B	
HYPERSAL NEBU 7 % (Use sodium chloride (inhalant))	NF	

Drug Name	Drug Tier	Requirements/ Limits
NEBUSAL NEBU	1B	
sodium chloride (inhalant) nebu 7 %	1B	
Mucolytics		
acetylcysteine soln	1B	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 30 MG, 10 MG, 20 MG, 40 MG (Use isotretinoin)	NF	PA; AL (At least 12 yrs old)
adapalene crea 0.1 %	1B	PA; AL (At least 12 yrs old)
adapalene gel 0.1 %	1B	PA; AL (At least 12 yrs old); RX/OTC
adapalene gel 0.3 %	1B	ST; AL (At least 12 yrs old)
adapalene-benzoyl peroxide gel 0.1 %-2.5 %	1B	ST; AL (At least 12 yrs old)
AZELEX CREA	3	ST; AL (At least 12 yrs old)
BENZACLIN GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	PA; AL (At least 12 yrs old)
BENZACLIN WITH PUMP GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	PA; AL (At least 12 yrs old)
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	NF	PA; AL (At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	2	AL (At least 12 yrs old)
benzoyl peroxide foam 5.3 %	1B	AL (At least 12 yrs old); RX/OTC
benzoyl peroxide foam 9.8 %	1B	AL (At least 12 yrs old)
benzoyl peroxide gel 5 %, 10 %	1B	AL (At least 12 yrs old)
benzoyl peroxide liqd 4 %, 10 %	1B	AL (At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
benzoyl peroxide liqd 7 %	1B	AL (At least 12 yrs old); RX/OTC
benzoyl peroxide-erythromycin gel	1B	PA; AL (At least 12 yrs old)
CLEOCIN-T GEL (Use clindamycin phosphate (topical))	NF	
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NF	AL (At least 12 yrs old)
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NF	
clindamycin phosphate (topical) foam	1B	PA; AL (At least 12 yrs old)
clindamycin phosphate (topical) gel	1B	
clindamycin phosphate (topical) lotn	1B	AL (At least 12 yrs old)
clindamycin phosphate (topical) soln	1B	QL (4 ml daily); AL (At least 12 yrs old)
clindamycin phosphate (topical) swab	1B	AL (At least 12 yrs old)
clindamycin phosphate-benzoyl peroxide (refrigerate) gel	1B	PA; AL (At least 12 yrs old)
clindamycin phosphate-benzoyl peroxide gel 1 %-5 %, 5 %-1 %	1B	PA; AL (At least 12 yrs old)
clindamycin phosphate-tretinoin gel	1B	ST; AL (At least 12 yrs old)
DIFFERIN CREA 0.1 % (Use adapalene)	NF	PA; AL (At least 12 yrs old)
DIFFERIN GEL 0.1 % (Use adapalene)	NF	PA; AL (At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % (Use adapalene)	NF	ST; AL (At least 12 yrs old)
DIFFERIN LOTN 0.1 %	2	ST; AL (At least 12 yrs old)
EPIDUO GEL (Use adapalene-benzoyl peroxide)	NF	ST; AL (At least 12 yrs old)
erythromycin (acne aid) pads	1B	AL (At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (acne aid) soln</i>	1B	AL(At least 12 yrs old)
EVOCLIN FOAM (<i>Use 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 (<i>Use sulfacetamide sodium (acne)</i>)	NF	AL(At least 12 yrs old)
RETIN-A CREA (<i>Use tretinoin</i>)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL (<i>Use tretinoin</i>)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % (<i>Use tretinoin microsphere</i>)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (<i>Use 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)
<i>sulfacetamide sodium w/ sulfur crea 5 %-10 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %, 9 %-4.5 %</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 (<i>Use 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 (<i>Use clindamycin phosphate-tretinoin</i>)	NF	ST; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZIANA GEL (<i>Use clindamycin phosphate-tretinoin</i>)	NF	ST; AL(At least 12 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
<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 (<i>Use diclofenac epolamine</i>)	NF	PA; QL(2 ea daily)
VOLTAREN GEL (<i>Use diclofenac sodium (topical)</i>)	NF	QL(3.34 gm daily); RX/OTC
Antibiotics - Topical		
ALTABAX OINT	2	
<i>gentamicin sulfate (topical) crea</i>	1B	QL(1 gm daily)
<i>gentamicin sulfate (topical) oint</i>	1B	
<i>mupirocin oint</i>	1B	
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
<i>butenafine hcl crea</i>	1B	RX/OTC
<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	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
<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
<i>luliconazole crea</i>	1B	PA
LUZU CREA (<i>Use luliconazole</i>)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
<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,
NAFTIFINE HYDROCHLORIDE CREA (<i>Use 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 % (<i>Use 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,
NIZORAL SHAM (<i>Use 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	

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use 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,
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,
<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 (<i>Use miconazole-zinc oxide-white petrolatum</i>)	NF	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (<i>Use fluorouracil (topical)</i>)	NF	
<i>diclofenac sodium (actinic keratoses) gel</i>	1B	PA; QL(3.34 gm daily)
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NF	
<i>fluorouracil (topical) crea 5 %</i>	1B	
<i>fluorouracil (topical) soln 2 %, 5 %</i>	1B	
PANRETIN GEL	3	

Drug Name	Drug Tier	Requirements/ Limits
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,
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
Antipruritics - Topical		
<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,

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Drug Name	Drug Tier	Requirements/ Limits
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,
Antipsoriatics		
<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)
<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(0.025 ml daily)
SKYRIZI PSKT 75 MG/0.83ML	4	PA; QL(0.025 ea daily)
SKYRIZI SOSY 150 MG/ML	4	PA; QL(0.025 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)

Drug Name	Drug Tier	Requirements/ Limits
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 daily)
TAZORAC CREA 0.1 % (<i>Use tazarotene</i>)	NF	QL(1 gm daily)
TREMFYA SOPN	4	PA; QL(0.018 ml daily)
TREMFYA SOSY	4	PA; QL(0.018 ml daily)
VECTICAL OINT (<i>Use calcitriol (topical)</i>)	NF	QL(3.34 gm daily)
Antiseborrheic Products		
<i>selenium sulfide lotn</i>	1B	
Antivirals - Topical		
<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	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (<i>Use silver sulfadiazine</i>)	NF	
<i>silver sulfadiazine crea</i>	1B	
SULFAMYLLON CREA 85 MG/GM	3	
SULFAMYLLON PACK 5 % (<i>Use mafenide acetate</i>)	NF	
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	1B	
<i>alclometasone dipropionate oint</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
<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)

Drug Name	Drug Tier	Requirements/ Limits
<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 (Use <i>clocortolone pivalate</i>)	NF	
CORDRAN CREA 0.05 % (Use <i>flurandrenolide</i>)	NF	
CORDRAN LOTN 0.05 % (Use <i>flurandrenolide</i>)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CUTIVATE LOTN (Use <i>fluticasone propionate</i>)	NF	QL(6 ml daily)
DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetone</i>)	NF	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetone</i>)	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	

Drug Name	Drug Tier	Requirements/ Limits
DIPROLENE OINT (<i>Use betamethasone dipropionate augmented</i>)	NF	
fluocinolone acetonide crea 0.01 %, 0.025 %	1B	
fluocinolone acetonide oil 0.01 %	1B	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
fluocinolone acetonide oil 0.01 %	1B	
fluocinolone acetonide oint 0.025 %	1B	
fluocinolone acetonide soln 0.01 %	1B	
fluocinonide crea 0.05 %	1B	QL(2 gm daily)
fluocinonide emulsified base crea	1B	QL(2 gm daily)
fluocinonide gel 0.05 %	1B	
fluocinonide oint 0.05 %	1B	QL(2 gm daily)
fluocinonide soln 0.05 %	1B	QL(2 ml daily)
flurandrenolide crea	2	QL(2 gm daily)
flurandrenolide crea	2	
flurandrenolide lotn	2	QL(2 ml daily)
fluticasone propionate crea 0.05 %	1B	
fluticasone propionate lotn 0.05 %	1B	QL(6 ml daily)
fluticasone propionate oint 0.005 %	1B	
halcinonide crea	1B	PA
halobetasol propionate crea	1B	
halobetasol propionate oint	1B	
HALOG CREA (<i>Use halcinonide</i>)	NF	PA
HALOG OINT	3	PA

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (topical) crea 1 %	1B	RX/OTC
hydrocortisone (topical) crea 2.5 %	1B	
hydrocortisone (topical) lotn 2.5 %	1B	
hydrocortisone (topical) oint 1 %	1B	RX/OTC
hydrocortisone (topical) oint 2.5 %	1B	
hydrocortisone butyrate crea	1B	
hydrocortisone butyrate oint	1B	
hydrocortisone butyrate soln	1B	
hydrocortisone valerate crea	1B	
hydrocortisone valerate oint	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)
mometasone furoate crea	1B	
mometasone furoate oint	1B	
mometasone furoate soln	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)
prednicarbate crea	1B	
prednicarbate oint	1B	
PSORCON CREA (<i>Use diflorasone diacetate</i>)	NF	PA
SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
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
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 0.1 %, 0.025 %</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)
Eczema Agents		
DUPIXENT SOPN 300 MG/2ML	4	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	PA
Emollients		
LAC-HYDRIN TWELVE LOTN (<i>Use lactic acid (ammonium lactate)</i>)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>lactic acid (ammonium lactate) crea</i>	1B	RX/OTC
<i>lactic acid (ammonium lactate) lotn</i>	1B	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Use 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 (<i>Use imiquimod</i>)	NF	
ZYCLARA PUMP CREA 3.75 % (<i>Use imiquimod</i>)	NF	
Immunosuppressive Agents - Topical		
ELIDEL CREA (<i>Use pimecrolimus</i>)	NF	PA; AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	1B	PA; AL(At least 2 yrs old)
PROTOPIC OINT (<i>Use tacrolimus (topical)</i>)	NF	PA; AL(At least 2 yrs old)
<i>tacrolimus (topical) oint</i>	1B	PA; AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
<i>podofilox soln</i>	1B	
Local Anesthetics - Topical		
<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 (<i>Use 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 rti MAX fill,30 rti day(s) supply,1 mail MAX fill,30 mail day(s) supply,
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT	3	PA; QL(2 gm daily)
Rosacea Agents		
<i>azelaic acid gel</i>	1B	PA
FINACEA GEL (<i>Use azelaic acid</i>)	NF	PA
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NF	
METROGEL GEL (<i>Use metronidazole (topical)</i>)	NF	
METROLOTION LOTN (<i>Use 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 (<i>Use doxycycline (rosacea)</i>)	NF	
SOOLANTRA CREA (<i>Use ivermectin (rosacea)</i>)	NF	
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1B	PA
ELIMITE CREA (<i>Use permethrin</i>)	NF	
<i>ivermectin (pediculicide) lotn</i>	1B	PA; RX/OTC
<i>lindane sham</i>	1B	
<i>malathion lotn</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
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
Wound Care Products		
REGRANEX GEL	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)
Diagnostic Tests		
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	
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	

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Drug Name	Drug Tier	Requirements/ Limits
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE TRACK TEST STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
SUCRAID SOLN	3	
ZENPEP CPEP	2	Non-FDA approved uses require Prior Authorization
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<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)
Diuretic Combinations		
ALDACTAZIDE TABS 25 MG-25 MG (<i>Use spironolactone & hydrochlorothiazide</i>)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
DYAZIDE CAPS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE-25 TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	
<i>spironolactone & hydrochlorothiazide tabs</i>	1B	
<i>triamterene & hydrochlorothiazide caps</i>	1B	
<i>triamterene & hydrochlorothiazide tabs</i>	1B	
Loop Diuretics		
<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)
EDECRIN 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>torsemide tabs</i>	1B	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use spironolactone</i>)	NF	
<i>amiloride hcl tabs</i>	1B	
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)
Thiazides and Thiazide-Like Diuretics		

Drug Name	Drug Tier	Requirements/ Limits
<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)

ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones

Bone Density Regulators

ACTONEL TABS 150 MG (Use <i>risedronate sodium</i>)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (Use <i>risedronate sodium</i>)	NF	PA; QL(0.143 ea daily)
<i>alendronate sodium tabs 10 mg, 5 mg</i>	1B	QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1B	QL(0.143 ea daily)
ATELVIA TBEC (Use <i>risedronate sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (Use <i>ibandronate sodium</i>)	NF	PA; SP
BONIVA TABS OR 150 MG (Use <i>ibandronate sodium</i>)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln na 200 unit/act</i>	1B	
FORTEO SOPN	4	PA; QL(0.09 ml daily); SP
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (Use <i>alendronate sodium</i>)	NF	QL(0.143 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<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 rti MAX fill, 180 rti day(s) supply,; SP
RECLAST SOLN (Use <i>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
Corticotropin		
ACTHAR GEL	4	PA
CORTROPHIN GEL	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
<i>clomiphene citrate tabs</i>	3	PA
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA
<i>ganirelix acetate sosy</i>	4	PA
GANIRELIX ACETATE SOSY (<i>Use ganirelix acetate</i>)	NF	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	4	PA
EGRIFTA SV SOLR	4	PA
Growth Hormones		
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
Hormone Receptor Modulators		
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)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	PA; SP
LHRH/GnRH Agonist Analog Pituitary		
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

Drug Name	Drug Tier	Requirements/ Limits
Metabolic Modifiers		
ALDURAZYME SOLN	4	PA; SP
<i>betaine powd</i>	4	PA; SP
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NF	PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NF	PA
<i>calcitriol caps</i>	1B	
<i>calcitriol soln</i>	1B	
<i>cinacalcet hcl tabs</i>	4	PA; QL(4 ea daily); SP
CYSTADANE POWD	4	PA; SP
CYSTADANE POWD (<i>Use betaine</i>)	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 (<i>Use doxercalciferol</i>)	NF	
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NF	PA
KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	NF	PA
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP
<i>nitisinone caps</i>	4	PA; SP
ORFADIN CAPS 10 MG, 2 MG, 5 MG (<i>Use nitisinone</i>)	NF	PA; SP

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

Drug Name	Drug Tier	Requirements/ Limits
<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
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1B	
Somatostatic Agents		
LANREOTIDE ACETATE SOLN	4	PA; QL(0.0179 ml daily); SP
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN SOLN (<i>Use 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
Vasopressin Receptor Antagonists		
JYNARQUE TABS 30 MG, 15 MG	4	PA; QL(2 ea daily); SP
JYNARQUE TBPK	4	PA; SP
SAMSCA TABS (<i>Use tolvaptan</i>)	4	PA; QL(2 ea daily); SP
<i>tolvaptan tabs</i>	4	PA; QL(2 ea daily); SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA
FEMHRT TABS (<i>Use norethindrone acetate-ethinyl estradiol</i>)	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
CLIMARA PTWK (<i>Use estradiol</i>)	NF	
DELESTROGEN OIL 10 MG/ML	1B	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (<i>Use 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 (<i>Use 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	
MINIVELLE PTTW (<i>Use estradiol</i>)	NF	QL(0.286 ea daily)
PREMARIN SOLR	2	
PREMARIN TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	QL(0.286 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
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	
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	
<i>ofloxacin tabs</i>	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA; SP
Gallstone Solubilizing Agents		

Drug Name	Drug Tier	Requirements/ Limits
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	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS (<i>Use lubiprostone</i>)	NF	PA; QL(2 ea daily)
<i>lubiprostone caps</i>	1B	PA; QL(2 ea daily)
Gastrointestinal Stimulants		
<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)
Inflammatory Bowel Agents		
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
INFLECTRA SOLR	4	PA
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
STELARA SOLN IV 130 MG/26ML	4	PA
<i>sulfasalazine tabs</i>	1B	
<i>sulfasalazine tbec</i>	1B	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1B	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosectron 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)
Peripheral Opioid Receptor Antagonists		
<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
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1B	
<i>calcium acetate (phosphate binder) tabs</i>	1B	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 10 meq, 1080 mg</i>	1B	
<i>sodium citrate & citric acid soln</i>	1B	RX/OTC
UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid soln</i>	1B	
<i>glycine (gu irrigant) soln</i>	1B	
RESECTISOL SOLN	1B	
<i>sodium chloride (gu irrigant) soln</i>	1B	
SORBITOL SOLN	1B	
SORBITOL/MANNITOL IRRIGATION SOLN	1B	
Interstitial Cystitis Agents		

Drug Name	Drug Tier	Requirements/ Limits
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
<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)
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i>	1B	
PYRIDIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1B	
Gout Agents		
<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)

Drug Name	Drug Tier	Requirements/ Limits
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	
Uricosurics		
<i>probenecid tabs</i>	1B	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (<i>Use icatibant acetate</i>)	NF	PA; QL(9 ml daily)
<i>icatibant acetate soln</i>	4	PA; QL(9 ml daily)
Complement Inhibitors		
CINRYZE SOLR	4	PA
HAEGARDA SOLR	4	PA
RUCONEST SOLR	4	PA; QL(0.143 ea daily)
SOLIRIS SOLN	4	PA
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	1B	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
TAKHZYRO SOLN	4	PA;
Platelet Aggregation Inhibitors		
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

Drug Name	Drug Tier	Requirements/ Limits
<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)
ZONTIVITY TABS	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
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
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS 500 MG	4	PA
Cobalamins		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	0	RX/OTC
<i>folic acid tabs or 800 mcg, 400 mcg</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
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
ZARXIO SOSY	4	PA
ZIEXTENZO SOSY	4	PA;
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1B	QL(1 ea daily)
Iron		
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)

Drug Name	Drug Tier	Requirements/ Limits
<i>ferrous sulfate tabs or 325 mg, 65 mg</i>	0	
<i>ferrous sulfate tbec or 325 mg</i>	0	
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
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	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital elix 20 mg/5ml</i>	1B	
<i>phenobarbital soln 20 mg/5ml</i>	1B	
<i>phenobarbital tabs 100 mg, 16.2 mg, 30 mg, 32.4 mg, 64.8 mg, 97.2 mg, 15 mg</i>	1B	
Hypnotics - Tricyclic Agents		
<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)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	NF	ST; Must try immediate release zolpidem.;QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
<i>zolpidem tartrate tabs or 10 mg, 5 mg</i>	1A	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tbc or 6.25 mg, 12.5 mg</i>	1B	ST; Must try immediate release zolpidem.; QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	1B	
FIBERCON TABS (<i>Use calcium polycarbophil</i>)	NF	
Laxative Combinations		
GOLYTELY SOLR (<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
NULYTELY/FLAVOR PACKS SOLR (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	3	PA
<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	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	1B	PA
SUPREP BOWEL PREP KIT SOLN	3	PA
Laxatives - Miscellaneous		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
Saline Laxatives		
OSMOPREP TABS	3	PA
Stimulant Laxatives		
<i>bisacodyl supp</i>	1A	
<i>bisacodyl tbec</i>	1A	
DULCOLAX SUPP (<i>Use bisacodyl</i>)	NF	
DULCOLAX TBEC (<i>Use bisacodyl</i>)	NF	
Surfactant Laxatives		
COLACE CAPS (<i>Use docusate sodium</i>)	NF	
<i>docusate calcium caps</i>	1A	
<i>docusate sodium caps</i>	1A	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<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	
XYLOCAINE SOLN 0.5 %, 1 % (<i>Use lidocaine hcl (local anesth.)</i>)	NF	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % (<i>Use lidocaine hcl (local anesth.)</i>)	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack or 1 gm</i>	1B	
<i>azithromycin solr iv 500 mg</i>	1B	
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>azithromycin tabs or 250 mg</i>	1B	QL(6 ea per fill retail,6 ea per fill mail)
<i>azithromycin tabs or 500 mg</i>	1B	QL(4 ea per fill retail,4 ea per fill mail)
<i>azithromycin tabs or 600 mg</i>	1B	QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM (<i>Use azithromycin</i>)	NF	
ZITHROMAX SOLR IV 500 MG (<i>Use azithromycin</i>)	NF	
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (<i>Use azithromycin</i>)	NF	
ZITHROMAX TABS OR 250 MG (<i>Use azithromycin</i>)	NF	QL(6 ea per fill retail,6 ea per fill mail)
ZITHROMAX TABS OR 500 MG (<i>Use azithromycin</i>)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NF	QL(6 ea per fill retail,6 ea per fill mail)
Clarithromycin		
<i>clarithromycin susr</i>	1B	
<i>clarithromycin tabs</i>	1B	
<i>clarithromycin tb24</i>	1B	
Erythromycins		
E.E.S. GRANULES SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF	
ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	3	
<i>erythromycin base cpep 250 mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin base tabs 250 mg, 500 mg</i>	3	
<i>erythromycin base tbec 333 mg, 500 mg, 250 mg</i>	1B	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	1B	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	3	
Fidaxomicin		
DIFICID TABS 200 MG	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
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/SPERMICIDE MISC	0	QL(2 ea daily)
FC FEMALE CONDOM MISC	0	QL(1 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED/SPERMICID E EXTRA STRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICID E MISC	0	QL(2 ea daily)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDD ED 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/SPERMICID E MISC	0	QL(2 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
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	

Drug Name	Drug Tier	Requirements/ Limits
Diabetic Supplies		
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 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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	

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
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 LANCETS 30G MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
DRUG MART UNILET LANCETS ULTRA 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail)
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM MISC	3	PA; QL(0.072 ea daily)
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail)
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM MISC	3	PA; QL(0.072 ea daily)
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail)
FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM MISC	3	PA; QL(0.1 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	

Drug Name	Drug Tier	Requirements/ Limits
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	1B	
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	1B	
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)
GNP LANCING SYSTEM DEVICE MISC	1B	
GOJJI LANCING DEVICE/CLEAR CAP MISC	1B	
GOJJI STERILE LANCETS 30G MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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	

Drug Name	Drug Tier	Requirements/ Limits
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)
HY-VEE THIN LANCETS MISC	1B	QL(6.6667 ea daily)
IN TOUCH LANCING DEVICE MISC	1B	
IN TOUCH STERILE LANCETS 30G 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 THIN 33G 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 ULTRATHIN 30G 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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	

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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	

Drug Name	Drug Tier	Requirements/ Limits
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)
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 SOFTLANC 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	

Drug Name	Drug Tier	Requirements/ Limits
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	
ONETOUCH DELICA SAFETY LANCING 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 SAFETY LANCET 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
READYLANC SAFETY LANCETS/21G/2.2MM MISC	1B	QL(6.6667 ea daily)
READYLANC SAFETY LANCETS/23G/1.8MM MISC	1B	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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	

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Drug Name	Drug Tier	Requirements/ Limits
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
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)
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	

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
VALUE PLUS LANCETS SUPER THIN 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	
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)
Parenteral Therapy Supplies		
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

Drug Name	Drug Tier	Requirements/ Limits
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
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/1ML/31 G X 15/64" 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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-100/1ML/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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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/ULTRA-FINE/32G X 6MM MISC	1B	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/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/ULTRA-FINE/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/ULTRA-FINE/31G X 8MM MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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 SYRINGE/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)

Drug Name	Drug Tier	Requirements/ Limits
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	1B	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" MISC	1B	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" MISC	1B	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" MISC	1B	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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/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

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

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Drug Name	Drug Tier	Requirements/ Limits
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 INSULIN SYRINGE/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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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/1ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16" 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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

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Drug Name	Drug Tier	Requirements/ Limits
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/27GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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-100/0.5ML/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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/SOFTPACK/1M L/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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
PRECISION SURE-DOSE PLUS INSULIN 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
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)

Drug Name	Drug Tier	Requirements/ Limits
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 SYRINGE/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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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/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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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-100/0.5ML/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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
ULTIGUARD SAFEPAK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPAK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPAK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPAK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPAK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPAK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPAK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPAK/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)
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

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Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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-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)
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

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Drug Name	Drug Tier	Requirements/Limits
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)
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
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

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

MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches

Calcitonin Gene-Related Peptide (CGRP)

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(0.1 ml daily)
EMGALITY SOSY 120 MG/ML	2	PA; QL(0.07 ml daily)

Migraine Combinations

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)
<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)

Migraine Products

D.H.E. 45 SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
<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)
Serotonin Agonists		
<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)
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)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS OR 100 MG, 25 MG, 50 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)
<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)

Drug Name	Drug Tier	Requirements/ Limits
<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 100 mg, 25 mg, 50 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)
MINERALS & ELECTROLYTES		
Bicarbonates		
SODIUM ACETATE SOLN 2 MEQ/ML (<i>Use sodium acetate</i>)	1B	
<i>sodium acetate soln 2 meq/ml, 4 meq/ml</i>	1B	
Calcium		
<i>calcium chloride (dihydrate) soln</i>	1B	
Electrolyte Mixtures		
DEXTROSE 5%/NACL 0.3% SOLN (<i>Use dextrose w/ sodium chloride</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<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	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	
PLASMA-LYTE-148 SOLN	1B	
<i>potassium chloride in dextrose & 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	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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ringer's soln</i>	1B	
Fluoride		
<i>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg</i>	0	QL(1 ea daily)
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1B	
Phosphate		
<i>potassium phosphates soln 224 mg/ml-236 mg/ml</i>	1B	
Potassium		
<i>K-TAB TBCR 10 MEQ, 8 MEQ (Use potassium chloride)</i>	NF	
<i>potassium acetate soln</i>	1B	
<i>potassium bicarbonate tbe</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
<i>POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML</i>	1B	
<i>POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (Use potassium chloride)</i>	1B	
<i>potassium chloride soln iv 10 meq/50ml, 20 meq/50ml, 2 meq/ml</i>	1B	
<i>POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML, 20 MEQ/50ML (Use potassium chloride)</i>	NF	
<i>potassium chloride soln or 10 %</i>	1B	
<i>potassium chloride tbc</i>	1B	
Sodium		
<i>sodium chloride soln ij 2.5 meq/ml</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride soln iv 3 %, 5 %, 0.9 %, 4 meq/ml, 0.45 %</i>	1B	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>CUPRIMINE CAPS (Use penicillamine)</i>	NF	PA
<i>DEPEN TITRATABS TABS (Use penicillamine)</i>	NF	QL(8 ea daily)
<i>penicillamine caps</i>	1B	PA
<i>penicillamine tabs</i>	1B	QL(8 ea daily)
<i>SYPRINE CAPS (Use trientine hcl)</i>	NF	PA; QL(8 ea daily); SP
<i>trientine hcl caps</i>	4	PA; QL(8 ea daily); SP
Immunomodulators		
<i>lenalidomide caps</i>	4	PA; QL(1 ea daily); SP
<i>REVLIMID CAPS 2.5 MG, 10 MG, 15 MG, 25 MG, 5 MG</i>	4	PA; QL(1 ea daily); SP
<i>REVLIMID CAPS 20 MG</i>	4	PA;
<i>THALOMID CAPS</i>	4	PA; QL(3 ea daily); SP
Immunosuppressive Agents		
<i>ATGAM INJ</i>	4	PA; SP
<i>AZATHIOPRINE SOLR IJ 100 MG</i>	1B	
<i>azathioprine tabs or 100 mg, 50 mg, 75 mg</i>	1B	
<i>CELLCEPT CAPS 250 MG (Use mycophenolate mofetil)</i>	NF	
<i>CELLCEPT TABS 500 MG (Use mycophenolate mofetil)</i>	NF	
<i>cyclosporine caps</i>	1B	
<i>cyclosporine modified (for microemulsion) caps</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine modified (for microemulsion) soln</i>	1B	
<i>cyclosporine soln</i>	1B	
<i>everolimus (immunosuppressant) tabs 0.25 mg, 0.5 mg, 0.75 mg</i>	4	PA; QL(20 ea daily); SP
IMURAN TABS (Use <i>azathioprine</i>)	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 <i>mycophenolate sodium</i>)	NF	
NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i>)	NF	
NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i>)	NF	
NULOJIX SOLR	4	PA; SP
PROGRAF CAPS OR 1 MG, 0.5 MG, 5 MG (Use <i>tacrolimus</i>)	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 <i>sirolimus</i>)	NF	
SANDIMMUNE CAPS OR 100 MG, 25 MG (Use <i>cyclosporine</i>)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (Use <i>cyclosporine</i>)	NF	
SIMULECT SOLR	3	
<i>sirolimus tabs 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>tacrolimus caps</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG (Use <i>everolimus (immunosuppressant)</i>)	NF	PA; QL(20 ea daily); SP
Irrigation Solutions		
<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	
Potassium Removing Agents		
<i>sodium polystyrene sulfonate powd</i>	1B	
<i>sodium polystyrene sulfonate susp</i>	1B	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) soln 4 %</i>	1B	
Anti-infectives - Throat		
<i>clotrimazole troc</i>	1B	
<i>nystatin (mouth-throat) susp</i>	1B	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1B	
DEBACTEROL SOLN	2	
PERIDEX SOLN (Use <i>chlorhexidine gluconate (mouth-throat)</i>)	NF	
Dental Products		
<i>stannous fluoride conc</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		

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Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (mouth) pste</i>	1B	
Throat Products - Misc.		
<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	
MULTIVITAMINS		
Ped MV w/ Fluoride		
<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
Prenatal Vitamins		
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)

Drug Name	Drug Tier	Requirements/ Limits
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
MASONATAL TABS	2	QL(1 ea daily)
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
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
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 PLUS TABS	2	QL(1 ea daily); RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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-1.5 MG-1.7 MG-2.6 MG-4 MCG-18 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT-25 MG-11 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, 8 MCG-1.7 MG-1.8 MG-2.6 MG-20 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT-25 MG	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
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

Drug Name	Drug Tier	Requirements/ Limits
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
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs or 10 mg, 20 mg</i>	1B	
<i>carisoprodol tabs</i>	1B	
<i>chlorzoxazone tabs 500 mg</i>	1B	QL(6 ea daily)
<i>cyclobenzaprine hcl tabs 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 (<i>Use methocarbamol</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
SKELAXIN TABS (<i>Use metaxalone</i>)	NF	QL(4 ea daily)
SOMA TABS (<i>Use carisoprodol</i>)	NF	
<i>tizanidine hcl caps</i>	1B	
<i>tizanidine hcl tabs</i>	1B	
ZANAFLEX CAPS (<i>Use tizanidine hcl</i>)	NF	
ZANAFLEX TABS (<i>Use tizanidine hcl</i>)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (<i>Use 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)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl soln</i>	1B	
<i>olopatadine hcl (nasal) soln</i>	1B	
PATANASE SOLN (<i>Use olopatadine hcl (nasal)</i>)	NF	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1B	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1B	
Nasal Steroids		
<i>budesonide (nasal) susp</i>	1B	
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>Use fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>Use 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,

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use triamcinolone acetonide (nasal)</i>)	NF	
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>Use triamcinolone acetonide (nasal)</i>)	NF	
NASONEX SUSP (<i>Use mometasone furoate (nasal)</i>)	NF	PA; QL(1.14 gm daily)
<i>triamcinolone acetonide (nasal) aero</i>	1B	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (<i>Use riluzole</i>)	NF	
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORE SOLR	3	PA
XEOMIN SOLR	3	PA
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate soln 100 mg/10ml</i>	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	

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Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) soln</i>	1B	
<i>brimonidine tartrate-timolol maleate soln</i>	1B	
<i>carteolol hcl (ophth) soln</i>	1B	
COMBIGAN SOLN (<i>Use brimonidine tartrate-timolol maleate</i>)	2	
COSOPT SOLN (<i>Use dorzolamide hcl-timolol maleate</i>)	NF	
<i>dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 22.3 mg/ml-6.8 mg/ml, 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	
TIMOPTIC SOLN (<i>Use timolol maleate (ophth)</i>)	NF	
TIMOPTIC-XE SOLG (<i>Use timolol maleate (ophth)</i>)	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NF	
<i>tropicamide soln</i>	1B	
Miotics		
ISOPTO CARPINE SOLN (<i>Use pilocarpine hcl</i>)	NF	
PHOSPHOLINE IODIDE SOLR	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>pilocarpine hcl soln</i>	1B	
Ophthalmic Adrenergic Agents		
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
Ophthalmic Anti-infectives		
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	
<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	

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Drug Name	Drug Tier	Requirements/ Limits
OCUFLOX SOLN (<i>Use ofloxacin (ophth)</i>)	NF	
<i>ofloxacin (ophth) soln</i>	1B	
<i>polymyxin b-trimethoprim soln</i>	1B	
POLYTRIM SOLN (<i>Use polymyxin b-trimethoprim</i>)	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1B	
<i>tobramycin (ophth) soln</i>	1B	
TOBREX SOLN (<i>Use tobramycin (ophth)</i>)	NF	
<i>trifluridine soln</i>	1B	
VIGAMOX SOLN (<i>Use moxifloxacin hcl (ophth)</i>)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (<i>Use gatifloxacin (ophth)</i>)	NF	
Ophthalmic Local Anesthetics		
ALCAINE SOLN (<i>Use proparacaine hcl</i>)	NF	
<i>proparacaine hcl soln</i>	1B	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	4	PA
Ophthalmic Steroids		
ALREX SUSP	3	PA
<i>dexamethasone sodium phosphate (ophth) soln</i>	1B	
<i>difluprednate emul</i>	1B	PA
DUREZOL EMUL (<i>Use difluprednate</i>)	3	PA
<i>fluorometholone (ophth) susp</i>	1B	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
FML OINT	3	PA
LOTEMAX GEL (<i>Use loteprednol etabonate</i>)	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (<i>Use 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 (<i>Use neomycin-polymy-dexameth</i>)	NF	
MAXITROL SUSP (<i>Use 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 (<i>Use prednisolone acetate (ophth)</i>)	NF	
PRED MILD SUSP	3	PA
PRED-G SUSP	3	PA
<i>prednisolone acetate (ophth) susp</i>	1B	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
<i>sulfacetamide sod-prednisolone soln</i>	1B	PA
TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone susp</i>	1B	
ZYLET SUSP	3	PA

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use ketorolac tromethamine (ophth)</i>)	NF	
ACULAR SOLN (<i>Use ketorolac tromethamine (ophth)</i>)	NF	
ALOCRIAL SOLN	3	PA
ALOMIDE SOLN	3	PA
<i>azelastine hcl (ophth) soln</i>	1B	
AZOPT SUSP (<i>Use brinzolamide</i>)	NF	
<i>bepotastine besilate soln</i>	3	PA
BEPREVE SOLN (<i>Use bepotastine besilate</i>)	3	PA
<i>brinzolamide susp</i>	1B	
<i>bromfenac sodium (ophth) soln</i>	1B	
<i>cromolyn sodium (ophth) soln</i>	1B	
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	
LASTACFT SOLN	3	PA; RX/OTC
NEVANAC SUSP	3	ST; QL(0.2 ml daily)
<i>olopatadine hcl soln</i>	1B	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PATADAY SOLN (<i>Use olopatadine hcl</i>)	NF	RX/OTC
TRUSOPT SOLN (<i>Use dorzolamide hcl</i>)	NF	
ZADITOR SOLN (<i>Use ketotifen fumarate (ophth)</i>)	NF	
ZERVIATE SOLN	3	PA
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1B	
TRAVATAN Z SOLN (<i>Use travoprost</i>)	NF	
<i>travoprost soln</i>	1B	
XALATAN SOLN (<i>Use latanoprost</i>)	NF	
ZIOPTAN SOLN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1B	
Otic Anti-infectives		
CETRAXAL SOLN (<i>Use ciprofloxacin hcl (otic)</i>)	NF	
<i>ciprofloxacin hcl (otic) soln</i>	1B	
<i>ofloxacin (otic) soln</i>	1B	
Otic Combinations		
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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-hc (otic) soln</i>	1B	
<i>neomycin-polymyxin-hc (otic) susp</i>	1B	
OTOVEL SOLN (Use ciprofloxacin-fluocinolone acetoneide)	NF	PA; QL(0.5 ea daily)
Otic Steroids		
DERMOTIC OIL (Use fluocinolone acetoneide (otic))	NF	
<i>fluocinolone acetoneide (otic) oil</i>	1B	
<i>hydrocortisone w/acetic acid soln</i>	1B	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
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
Passive Immunizing Agents - Combinations		
HYQVIA KIT	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	1A	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin chew 125 mg, 250 mg</i>	1B	
<i>amoxicillin susr 125 mg/5ml</i>	1A	
<i>amoxicillin susr 250 mg/5ml, 200 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	
Natural Penicillins		
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	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew</i>	1B	
<i>amoxicillin & pot clavulanate susr</i>	1B	
<i>amoxicillin & pot clavulanate tabs</i>	1B	
<i>amoxicillin & pot clavulanate tb12</i>	1B	
<i>ampicillin & sulbactam sodium solr ij 0.5 gm-1 gm, 1 gm-2 gm</i>	1B	
<i>ampicillin & sulbactam sodium solr iv 5 gm-10 gm</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
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	
piperacillin sodium-tazobactam sodium solr	1B	
UNASYN BULK PACK SOLR (Use ampicillin & sulbactam sodium)	NF	
UNASYN SOLR (Use ampicillin & sulbactam sodium)	NF	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps	1B	
nafcillin sodium solr ij 1 gm	1B	
nafcillin sodium solr iv 10 gm	1B	
oxacillin sodium solr ij 1 gm	1B	
oxacillin sodium solr iv 10 gm	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use norethindrone acetate)	NF	
medroxyprogesterone acetate tabs 10 mg	1A	
medroxyprogesterone acetate tabs 5 mg, 2.5 mg	1B	
MEGACE ES SUSP (Use megestrol acetate (appetite))	NF	PA
megestrol acetate (appetite) susp	1B	PA
norethindrone acetate tabs	0	

Drug Name	Drug Tier	Requirements/ Limits
progesterone caps or 100 mg, 200 mg	1B	
PROMETRIUM CAPS (Use progesterone)	NF	
PROVERA TABS (Use medroxyprogesterone acetate)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium tbec	1B	
ANTABUSE TABS (Use disulfiram)	NF	
disulfiram tabs	1B	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
Antidementia Agents		
ARICEPT TABS 10 MG (Use donepezil hydrochloride)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (Use donepezil hydrochloride)	NF	QL(1 ea daily)
donepezil hydrochloride tabs 10 mg	1B	QL(2 ea daily)
donepezil hydrochloride tabs 5 mg	1B	QL(1 ea daily)
donepezil hydrochloride tbdp 10 mg	1B	QL(2 ea daily)
donepezil hydrochloride tbdp 5 mg	1B	QL(1 ea daily)
galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg	1B	QL(1 ea daily)
galantamine hydrobromide soln 4 mg/ml	1B	QL(6 ml daily)
galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg	1B	QL(2 ea daily)
memantine hcl tabs	1B	
memantine hcl tabs 10 mg	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl tabs 5 mg</i>	1B	QL(1 ea daily)
NAMENDA TABS 10 MG (Use <i>memantine hcl</i>)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (Use <i>memantine hcl</i>)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NF	
RAZADYNE ER CP24 (Use <i>galantamine hydrobromide</i>)	NF	QL(1 ea daily)
RAZADYNE TABS (Use <i>galantamine hydrobromide</i>)	NF	QL(2 ea daily)
<i>rivastigmine tartrate caps</i>	1B	
Combination Psychotherapeutics		
<i>chlordiazepoxide- amitriptyline tabs 5 mg- 12.5 mg</i>	1B	PA
<i>perphenazine-amitriptyline tabs</i>	1B	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	4	PA; QL(4 ea daily)
<i>tetrabenazine tabs</i>	4	PA; QL(3 ea daily); SP
XENAZINE TABS (Use <i>tetrabenazine</i>)	NF	PA; QL(3 ea daily); SP
Multiple Sclerosis Agents		
AMPYRA TB12 (Use <i>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

Drug Name	Drug Tier	Requirements/ Limits
COPAXONE SOSY 20 MG/ML	3	PA; QL(1 ml daily)
COPAXONE SOSY 40 MG/ML	3	PA; QL(0.43 ml daily)
<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
<i>glatiramer acetate sosy 20 mg/ml</i>	3	PA; QL(1 ml daily)
<i>glatiramer acetate sosy 40 mg/ml</i>	3	PA; QL(0.43 ml daily)
MAVENCLAD TBPK	4	PA
OCREVUS SOLN	4	PA
PLEGRIDY SOPN	4	PA; QL(0.036 ml daily)
PLEGRIDY SOSY	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(0.036 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 (Use <i>dimethyl fumarate</i>)	NF	PA
TECFIDERA STARTER PACK MISC (Use <i>dimethyl fumarate</i>)	NF	PA
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP

Drug Name	Drug Tier	Requirements/ Limits
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
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)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	1B	
<i>pimozide tabs</i>	1B	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	PA; QL(2 ea daily)
Smoking Deterrents		
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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
VARENCLINE STARTING MONTHBOX MISC	0	
<i>varenicline tartrate tabs</i>	0	QL(2 ea daily)
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	4	PA; SP
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
Cystic Fibrosis Agents		
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)
Pulmonary Fibrosis Agents		

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Drug Name	Drug Tier	Requirements/ Limits
ESBRIET CAPS	4	PA; QL(1 ea daily)
ESBRIET TABS	4	PA; QL(1 ea daily)
OFEV CAPS	4	PA; QL(2 ea daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine tabs</i>	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Fluorocyclines		
XERAVA SOLR	4	PA
Glycylcyclines		
<i>tigecycline solr</i>	1B	
TYGACIL SOLR (<i>Use tigecycline</i>)	NF	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1B	
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) caps 75 mg</i>	1B	
<i>doxycycline (monohydrate) tabs 100 mg</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 50 mg</i>	1B	
<i>doxycycline hyclate caps 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 20 mg, 100 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)

Drug Name	Drug Tier	Requirements/ Limits
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	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1B	
<i>propylthiouracil tabs</i>	1B	
TAPAZOLE TABS (<i>Use methimazole</i>)	NF	
Thyroid Hormones		
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
TRIOSTAT SOLN (<i>Use liothyronine sodium</i>)	NF	
WESTHROID TABS	2	
WP THYROID TABS	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
DAPTACEL SUSP	0	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX SUSP	0	
KINRIX SUSP	0	
PENTACEL SUSP	0	
QUADRACEL SUSP	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate soln ij 0.4 mg/ml, 1 mg/ml</i>	1B	
<i>atropine sulfate sosy ij 0.25 mg/5ml</i>	1B	
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML (<i>Use atropine sulfate</i>)	NF	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1B	
<i>dicyclomine hcl caps or 10 mg</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<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	
ROBINUL FORTE TABS (<i>Use glycopyrrolate</i>)	NF	
ROBINUL TABS (<i>Use glycopyrrolate</i>)	NF	
H-2 Antagonists		
<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 200 mg/20ml, 40 mg/4ml</i>	1B	
<i>famotidine susr or 40 mg/5ml</i>	1B	QL(10 ml daily)
<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

Drug Name	Drug Tier	Requirements/ Limits
PEPCID TABS 40 MG (<i>Use famotidine</i>)	NF	
<i>ranitidine hcl tabs</i>	1B	
TAGAMET HB TABS (<i>Use cimetidine</i>)	NF	RX/OTC
Misc. Anti-Ulcer		
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)
Proton Pump Inhibitors		
ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	NF	QL(1 ea daily)
DEXILANT CPDR (<i>Use dexlansoprazole</i>)	3	PA; QL(1 ea daily)
<i>dexlansoprazole cpdr</i>	1B	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>esomeprazole magnesium tbec 20 mg</i>	1B	QL(2 ea daily)
<i>lansoprazole cpdr 15 mg</i>	1B	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1B	
NEXIUM 24HR TBEC (<i>Use esomeprazole magnesium</i>)	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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (<i>Use misoprostol</i>)	NF	QL(4 ea daily)
<i>misoprostol tabs</i>	1B	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	1B	PA
<i>omeprazole-sodium bicarbonate caps 1100 mg-20 mg, 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
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1B	QL(1 ea daily)
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NF	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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 syrp</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)
<i>trospium chloride tabs 20 mg</i>	1B	
VESICARE TABS (<i>Use solifenacin succinate</i>)	NF	PA; QL(1 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<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 25 MG (<i>Use bethanechol chloride</i>)	NF	
URECHOLINE TABS 50 MG (<i>Use bethanechol chloride</i>)	NF	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1B	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	0	

Drug Name	Drug Tier	Requirements/ Limits
BEXSERO SUSY	0	
HIBERIX SOLR	0	
MENQUADFI SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
PREVNAR 20 SUSY	0	1 rtl MAX fill,999 rtl day(s) supply,
TRUMENBA SUSY	0	
VAXNEUVANCE SUSY	0	1 rtl MAX fill,999 rtl day(s) supply,
Viral Vaccines		
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,

Drug Name	Drug Tier	Requirements/ Limits
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,
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,

Drug Name	Drug Tier	Requirements/ Limits
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 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,
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,

Drug Name	Drug Tier	Requirements/ Limits
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,
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 SOSY	0	
IPOL INACTIVATED IPV INJ	0	

Drug Name	Drug Tier	Requirements/ Limits
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 MAX fill,999 rtl day(s) supply,; AL(At least 18 yrs old)
TWINRIX SUSY	0	
VAQTA SUSP	0	
VARIVAX INJ	0	2 rtl MAX fill,365 rtl day(s) supply,
ZOSTAVAX SUSR	0	1 rtl pack lmt amt,999 rtl pack lmt day(s),; AL(At least 50 yrs old)
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA INST	3	PA
Spermicides		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use clindamycin phosphate vaginal)	NF	
clindamycin phosphate vaginal crea	1B	
clotrimazole vaginal crea	1B	
GYNAZOLE-1 CREA	3	

Drug Name	Drug Tier	Requirements/ Limits
GYNE-LOTTRIMIN CREA (Use clotrimazole vaginal)	NF	
metronidazole vaginal gel	1B	
miconazole nitrate vaginal supp	1B	
terconazole vaginal crea	1B	
terconazole vaginal supp	1B	
Vaginal Contraceptive - pH Modulators		
PHEXXI GEL	0	PV
Vaginal Estrogens		
ESTRACE CREA (Use estradiol vaginal)	NF	
estradiol vaginal crea	1B	
estradiol vaginal tabs	1B	
FEMRING RING	3	PA
PREMARIN CREA	2	
VAGIFEM TABS (Use estradiol vaginal)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
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,

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

Drug Name	Drug Tier	Requirements/ Limits
<i>niacinamide tabs or 100 mg</i>	1B	
<i>niacinamide tabs or 500 mg</i>	1A	
SLO-NIACIN TBCR (<i>Use niacin</i>)	NF	

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BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	90	BENADRYL ALLERGY CHILDRENS.....	27	bisacodyl.....	74
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	90	benazepril & hydrochlorothiazide.....	31	bisoprolol & hydrochlorothiazide.....	31
BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	90	benazepril hcl.....	30	bisoprolol fumarate.....	48
BD LANCET ULTRAFINE 30G.....	77	BENICAR.....	30	bleomycin sulfate.....	37
BD LANCET ULTRAFINE 33G.....	77	BENICAR HCT.....	31	BLEPH-10.....	117
BD MICROTAINER LANCETS.....	77	BENZACLIN.....	55	BONIVA.....	65
BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	90	BENZACLIN WITH PUMP.....	55	BOOSTRIX.....	125
BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	90	BENZAMYCIN.....	55	BORTEZOMIB.....	38
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	90	benzonatate.....	54	bosentan.....	50
BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM.....	90	benzoyl peroxide.....	55	BOSULIF.....	38
BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	90	BENZOYL PEROXIDE CLEANSER.....	55	BOTOX.....	116
BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	90	benzoyl peroxide- erythromycin.....	55	BRAFTOVI.....	38
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	90	benztropine mesylate.....	40	BREO ELLIPTA.....	15
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	90	bepotastine besilate.....	119	BREZTRI AEROSPHERE... ..	15
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	90	BEPREVE.....	119	BRILINTA.....	71
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	90	BESIVANCE.....	117	brimonidine tartrate.....	117
		betaine.....	66	brimonidine tartrate-timolol maleate.....	117
		betamethasone dipropionate (topical).....	60	brinzolamide.....	119
		betamethasone dipropionate augmented.....	60	BRIVIACT.....	17
		betamethasone valerate... ..	60	bromfenac sodium (ophth).....	119
		BETAPACE.....	48	bromocriptine mesylate.....	41
		BETAPACE AF.....	48	BROVANA.....	15
		BETASERON.....	122	BRUKINSA.....	38
		betaxolol hcl.....	48	budesonide.....	53
		betaxolol hcl (ophth).....	117	budesonide (inhalation).....	14
		bethanechol chloride.....	127	budesonide (nasal).....	116
		BEVESPI AEROSPHERE... ..	15	budesonide-formoterol fumarate dihydrate.....	15
		BEVYXXA.....	16	BULLSEYE MINI SAFETY LANCETS.....	77
		bexarotene.....	39	BULLSEYE SAFETY LANCETS.....	77
		BEXSERO.....	127	bumetanide.....	64
		BEYAZ.....	51	BUMEX.....	64
		bicalutamide.....	36	BUPHENYL.....	66
				BUPRENEX.....	9
				buprenorphine.....	9
				buprenorphine hcl.....	9
				buprenorphine hcl-naloxone hcl dihydrate.....	9
				bupropion hcl.....	20

bupropion hcl (smoking deterrent).....	123	carbidopa-levodopa-entacapone	41	CARETOUCH TWIST LANCETS 28G	77
buspirone hcl.....	12	carbinoxamine maleate	27	CARETOUCH TWIST LANCETS 30G	77
busulfan.....	34	carboplatin.....	34	CARETOUCH TWIST LANCETS 33G	77
BUSULFEX.....	34	CARDIOCOM LANCING DEVICE.....	77	carisoprodol.....	115
butalbital-acetaminophen.....	5	CARDIZEM.....	48	carmustine.....	34
butalbital-acetaminophen-caffeine.....	5	CARDIZEM CD.....	48	carteolol hcl (ophth).....	117
butalbital-acetaminophen-caffeine w/ codeine.....	8	CARDIZEM LA.....	48	carvedilol.....	47
butalbital-aspirin-caffeine.....	5	CARDURA.....	31	CASODEX.....	36
butalbital-aspirin-caffeine w/cod.....	8	CAREONE ADVANCED LANCINGDEVICE.....	77	caspofungin acetate.....	27
BUTALBITAL/ACETAMINOPHEN.....	5	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2".....	90	CATAPRES.....	31
butenafine hcl.....	56	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16".....	90	CATAPRES-TTS-1.....	31
butorphanol tartrate.....	9	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2".....	90	CATAPRES-TTS-2.....	31
BUTRANS.....	9	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16".....	90	CATAPRES-TTS-3.....	31
BYSTOLIC.....	48	CAREONE INSULIN SYRINGES/1ML/30G X 1/2".....	90	CAYA.....	75
cabergoline.....	67	CAREONE INSULIN SYRINGES/1ML/31GX5/16".....	91	CAYSTON.....	12
CABLIVI.....	71	CAREONE LANCET SUPER THIN/30G.....	77	cefaclor.....	50
CADUET.....	49	CAREONE LANCET THIN.....	77	cefadroxil.....	50
CAFERGOT.....	109	CARESENS LANCETS.....	77	cefazolin sodium.....	50
CALAN SR.....	48	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16".....	91	cefdinir.....	51
calcipotriene.....	59	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16".....	91	cefditoren pivoxil.....	51
calcipotriene-betamethasone dipropionate.....	60	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16".....	91	cefepime hcl.....	51
calcitonin (salmon).....	65	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16".....	91	cefixime.....	51
calcitriol.....	66	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16".....	91	CEFOTAN.....	50
calcitriol (topical).....	59	CARETOUCH LANCING DEVICewith EJECTOR.....	77	cefotaxime sodium.....	51
calcium acetate (phosphate binder).....	69	CARETOUCH SAFETY LANCETS/26G.....	77	cefotetan disodium.....	51
calcium chloride (dihydrate).....	111	CARETOUCH SAFETY LANCETS/28G.....	77	cefoxitin sodium.....	51
calcium polycarbophil.....	73	CARETOUCH SAFETY LANCETS/30G.....	77	cefpodoxime proxetil.....	51
CAMPTOSAR.....	40			cefprozil.....	51
CANASA.....	69			ceftazidime.....	51
CANCIDAS.....	27			ceftriaxone sodium.....	51
candesartan cilexetil.....	30			cefuroxime axetil.....	51
candesartan cilexetil-hydrochlorothiazide.....	31			cefuroxime sodium.....	51
CAPASTAT SULFATE.....	34			CELEBREX.....	4
capecitabine.....	35			celecoxib.....	4
CAPRELSA.....	38			CELESTONE SOLUSPAN.....	53
captopril.....	30			CELESTONE-SOLUSPAN.....	53
CARAC.....	58			CELEXA.....	21
CARAFATE.....	126			CELLCEPT.....	112
carbamazepine.....	17			CELONTIN.....	20
CARBATROL.....	17			cephalexin.....	50
carbidopa.....	40			CERDELGA.....	71
carbidopa-levodopa.....	41			CEREBYX.....	19
				CEREZYME.....	71
				cetirizine hcl.....	28

cetirizine-pseudoephedrine .	54	ciprofloxacin hcl (otic)....	119	CLEVER CHOICE COMFORT	
CETRAXAL.....	119	ciprofloxacin in d5w.....	68	EZINSULIN	
CETROTIDE.....	66	ciprofloxacin-dexamethasone	119	SYRINGE/0.5ML/30G X 1/2"	91
cevimeline hcl.....	114	ciprofloxacin-fluocinolone		CLEVER CHOICE COMFORT	
CHANTIX.....	123	acetonide.....	119	EZINSULIN	
CHANTIX CONTINUING		cisplatin.....	34	SYRINGE/0.5ML/30G X	
MONTHPAK.....	123			5/16".....	91
CHANTIX STARTING MONTH		citalopram hydrobromide..	21	CLEVER CHOICE COMFORT	
PAK.....	123	CLARINEX.....	28	EZINSULIN	
CHEMET.....	25	clarithromycin.....	74	SYRINGE/0.5ML/31G X	
CHEMSTRIP-K.....	63	CLARITIN.....	28	5/16".....	91
CHILDRENS ADVIL.....	4	CLARITIN ALLERGY		CLEVER CHOICE COMFORT	
CHILDRENS MOTRIN.....	4	CHILDRENS.....	28	EZINSULIN	
chloramphenicol sodium		CLARITIN CHILDRENS...	28	SYRINGE/1.0ML/30G X 1/2"	91
succinate.....	11	CLARITIN REDITABS.....	28	CLEVER CHOICE COMFORT	
chlordiazepoxide hcl.....	13	CLARITIN-D 12 HOUR....	54	EZINSULIN SYRINGE/1ML/28G	
chlordiazepoxide hcl-clidinium		CLARITIN-D 24 HOUR....	54	X 1/2".....	91
bromide.....	125	CLASSIC PRENATAL.....	114	CLEVER CHOICE COMFORT	
chlordiazepoxide-amitriptyline		CLEANLET LANCETS		EZINSULIN SYRINGE/1ML/30G	
.....	122	28G.....	78	X 1/2".....	91
chlorhexidine gluconate (mouth-		CLEMASTINE		CLEVER CHOICE COMFORT	
throat).....	113	FUMARATE.....	27	EZINSULIN SYRINGE/U-	
chloroquine phosphate.....	33	clemastine fumarate.....	28	100/1ML/31GX5/16".....	91
chlorpromazine hcl.....	43	CLEOCIN.....	11,129	CLIMARA.....	68
chlorthalidone.....	65	CLEOCIN PEDIATRIC		CLIMARA PRO.....	67
chlorzoxazone.....	115	GRANULES.....	11	CLINDAGEL.....	55
CHOLBAM.....	68	CLEOCIN PHOSPHATE...	11	clindamycin hcl.....	11
cholecalciferol.....	130	CLEOCIN-T.....	55	clindamycin palmitate	
cholestyramine.....	29	CLEVER CHOICE COMFORT		hydrochloride.....	11
cholestyramine light.....	29	EZINSULIN		clindamycin phosphate.....	11
choline fenofibrate.....	29	SYRINGE/0.3ML/29G X		clindamycin phosphate	
CHORIONIC		1/2".....	91	(topical).....	55
GONADOTROPIN.....	65	CLEVER CHOICE COMFORT		clindamycin phosphate	
CIALIS.....	49	EZINSULIN		vaginal.....	129
ciclopirox.....	56	SYRINGE/0.3ML/30G X		clindamycin phosphate-benzoyl	
ciclopirox olamine.....	56	1/2".....	91	peroxide.....	55
cidofovir.....	46	CLEVER CHOICE COMFORT		clindamycin phosphate-benzoyl	
cilostazol.....	71	EZINSULIN		peroxide (refrigerate).....	55
CILOXAN.....	117	SYRINGE/0.3ML/30G X		clindamycin phosphate-	
CIMDUO.....	44	5/16".....	91	tretinoin.....	55
cimetidine.....	125	CLEVER CHOICE COMFORT		CLINIMIX 4.25%/DEXTROSE	
cimetidine hcl.....	125	EZINSULIN		10%.....	116
cinacalcet hcl.....	66	SYRINGE/0.3ML/31G X		CLINIMIX 4.25%/DEXTROSE	
CINRYZE.....	71	5/16".....	91	5%.....	116
CIPRO.....	68	CLEVER CHOICE COMFORT		CLINIMIX E 5%/DEXTROSE	
CIPRO HC.....	119	EZINSULIN		20%.....	117
CIPRODEX.....	119	SYRINGE/0.5ML/28G X		clobazam.....	17
ciprofloxacin hcl.....	68	1/2".....	91	clobetasol propionate.....	60
ciprofloxacin hcl (ophth)....	117	CLEVER CHOICE COMFORT		clobetasol propionate emollient	
		EZINSULIN		base.....	60
		SYRINGE/0.5ML/29G X		clocortolone pivalate.....	60
		1/2".....	91	CLODERM.....	60
				clofarabine.....	35

CLOLAR.....	35	COMPLERA.....	44	CVS ULTRA THIN	
clomiphene citrate.....	65	COMTAN.....	41	LANCETS.....	78
clomipramine hcl.....	22	CONCERTA.....	2	cyanocobalamin.....	71
clonazepam.....	17	CONTRAVE.....	2	cyclobenzaprine hcl.....	115
clonidine.....	31	CONZIP.....	6	cyclophosphamide.....	34
clonidine hcl.....	31	COPAXONE.....	122	cycloserine.....	34
clonidine hcl (adhd).....	2	COPIKTRA.....	38	CYCLOSET.....	24
clopidogrel bisulfate.....	71	CORDRAN.....	60	cyclosporine.....	112
clorazepate dipotassium.....	13	COREG.....	47	cyclosporine modified (for microemulsion).....	112
clotrimazole.....	113	CORGARD.....	48	CYKLOKAPRON.....	72
clotrimazole (topical).....	56	CORLANOR.....	50	CYMBALTA.....	22
clotrimazole vaginal.....	129	CORTEF.....	53	cyproheptadine hcl.....	28
clotrimazole w/ betamethasone.....	56	CORTENEMA.....	10	CYSTADANE.....	66
clozapine.....	42,43	cortisone acetate.....	53	CYSTAGON.....	70
CLOZARIL.....	43	CORTISPORIN-TC.....	119	CYSTARAN.....	119
COAGUCHEK LANCETS.....	78	CORTROPHIN.....	65	cytarabine.....	35
COARTEM.....	33	COSENTYX.....	59	CYTOMEL.....	124
CODEINE SULFATE.....	6	COSENTYX SENSOREADY PEN.....	59	CYTOTEC.....	126
codeine sulfate.....	6	COSMEGEN.....	37	CYTOVENE.....	46
COGENTIN.....	41	COSOPT.....	117	D.H.E. 45.....	109
COLACE.....	74	COUMADIN.....	16	dacarbazine.....	39
COLAZAL.....	69	COZAAR.....	30	DACOGEN.....	35
colchicine.....	70	CREON.....	64	dactinomycin.....	37
colchicine w/ probenecid.....	70	CRESEMBA.....	27	dalfampridine.....	122
COLCRYS.....	70	CRESTOR.....	29	DALIRESP.....	14
colesevelam hcl.....	29	CRIVAN.....	44	danazol.....	9
COLESTID.....	29	cromolyn sodium.....	13	DANTRIUM.....	116
COLESTID FLAVORED.....	29	cromolyn sodium (ophth).....	119	dantrolene sodium.....	116
colestipol hcl.....	29	crotamiton.....	63	dapsone.....	11
COLY-MYCIN S.....	119	CUBICIN.....	11	DAPTACEL.....	125
COMBIGAN.....	117	CUBICIN RF.....	11	DAPTOMYCIN.....	11
COMBIVIR.....	44	CUPRIMINE.....	112	daptomycin.....	11
COMETRIQ.....	38	CUTIVATE.....	60	DARAPRIM.....	33
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	91	CUVITRU.....	120	darifenacin hydrobromide..	126
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COMFORT ASSURED LANCETS SUPER THIN 28G.....	78	CVS LANCETS MICRO THIN 33G.....	78	DAURISMO.....	36
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	91	CVS LANCETS MICRO-THIN 33G.....	78	DAYPRO.....	4
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	91	CVS LANCETS ORIGINAL.....	78	DAYTRANA.....	2
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		CVS LANCETS ULTRA THIN 30G.....	78	DEBACTEROL.....	113
		CVS LANCETS ULTRA-THIN 30G.....	78	decitabine.....	35
		CVS LANCING DEVICE.....	78	deferasirox.....	25
		CVS PRENATAL.....	114	deferiprone.....	25
				DELESTROGEN.....	68
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DELZICOL.....	69	dexlansoprazole.....	126	diltiazem hcl coated beads...	48
demeclocycline hcl.....	124	dexmethylphenidate hcl.....	2	diltiazem hcl extended release beads.....	48
DEMEROL.....	6	dextroamphetamine sulfate. 1		dimethyl fumarate.....	122
DENAVIR.....	59	DEXTROSE 5%/NACL 0.3%.....	111	DIOVAN.....	30
DEPAKOTE.....	20	dextrose in lactated ringers.....	111	DIOVAN HCT.....	31
DEPAKOTE ER.....	20	DEXTROSE/SODIUM CHLORIDE.....	111	DIPENTUM.....	69
DEPEN TITRATABS.....	112	DIACOMIT.....	17	diphenhydramine hcl.....	28
DEPO-ESTRADIOL.....	68	DIASTAT ACUDIAL.....	17	diphenoxylate w/ atropine...	25
DEPO-MEDROL.....	53	DIASTAT PEDIATRIC.....	17	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	125
DEPO-PROVERA CONTRACEPTIVE.....	52	DIATHRIVE LANCETS.....	78	DIPROLENE.....	61
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DEPO-TESTOSTERONE.....	9	DIATHRIVE LANCING DEVICE.....	78	dipyridamole.....	71
DERMA-SMOOTH/FS BODY.....	60	diazepam.....	13	disopyramide phosphate.....	13
DERMA-SMOOTH/FS SCALP.....	60	diazepam (anticonvulsant). 17		disulfiram.....	121
DERMOTIC.....	120	diazoxide.....	24	DITROPAN XL.....	127
desipramine hcl.....	22	DIBENZYLINE.....	30	DIURIL.....	65
desloratadine.....	28	DICLEGIS.....	26	divalproex sodium.....	20
desmopressin acetate.....	67	diclofenac epolamine.....	56	DIVIGEL.....	68
DESMOPRESSIN ACETATE.....	67	diclofenac potassium.....	4	docetaxel.....	40
desmopressin acetate.....	67	diclofenac sodium.....	4	DOCETAXEL.....	40
desmopressin acetate spray.....	67	diclofenac sodium (actinic keratoses).....	58	docetaxel.....	40
desmopressin acetate spray refrigerated.....	67	diclofenac sodium (ophth).....	119	docusate calcium.....	74
desogestrel & ethinyl estradiol.....	51	diclofenac sodium (topical).....	56	docusate sodium.....	74
desogestrel-ethinyl estradiol (biphasic).....	51	diclofenac w/ misoprostol... 4		dofetilide.....	13
desogestrel-ethinyl estradiol (triphasic).....	51	dicloxacin sodium.....	121	donepezil hydrochloride.....	121
desonide.....	60	dicyclomine hcl.....	125	DOPTELET.....	72
DESOWEN.....	60	didanosine.....	44	DORAL.....	73
desoximetasone.....	60	DIFFERIN.....	55	dorzolamide hcl.....	119
DESOXYN.....	1	DIFICID.....	75	dorzolamide hcl-timolol maleate.....	117
desvenlafaxine succinate.....	22	diflorasone diacetate.....	60	DOVATO.....	44
DETROL.....	127	DIFLUCAN.....	27	DOVONEX.....	59
DETROL LA.....	126	diflunisal.....	6	doxazosin mesylate.....	31
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DEXAMETHASONE INTENSOL.....	53	digoxin.....	49	doxepin hcl (antipruritic).....	58
dexamethasone sodium phosphate.....	53	dihydroergotamine mesylate.....	109,110	doxepin hcl (sleep).....	72
dexamethasone sodium phosphate (ophth).....	118	DILANTIN.....	19	doxercalciferol.....	66
dexchlorpheniramine maleate.....	27	DILANTIN INFATABS.....	19	DOXIL.....	37
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		diltiazem hcl.....	48	doxycycline (monohydrate).....	124
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ENTRESTO.....	49	ERIVEDGE.....	36	EVOXAC.....	114
EPCLUSA.....	46	erlotinib hcl.....	36	EXEL COMFORT POINT	
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FASENRA	13	finasteride	70	flucytosine	27
FASENRA PEN	13	FINE 30	79	fludarabine phosphate	35
FASLODEX	36	FINGERSTIX LANCETS	79	fludrocortisone acetate	54
FC FEMALE CONDOM	75	FIORICET	6	FLULAVAL QUADRIVALENT 2019-2020	128
febuxostat	70	FIORICET/CODEINE	8	FLULAVAL QUADRIVALENT 2020-2021	128
felbamate	19	FIORINAL	6	FLULAVAL QUADRIVALENT 2021-2022	128
FELBATOL	19	FIORINAL/CODEINE #3	8	FLUMIST QUADRIVALENT	128
FELDENE	4	FIRAZYR	71	flunisolide (nasal)	116
felodipine	49	FIRDAPSE	33	fluocinolone acetonide	61
FEMARA	36	FIRMAGON	36	fluocinolone acetonide (otic)	120
FEMCAP	75	FIRVANQ	11	fluocinonide	61
FEMHRT	67	FLAGYL	10	fluocinonide emulsified base	61
FEMRING	130	flavoxate hcl	127	fluorometholone (ophth)	118
fenofibrate	29	flecainide acetate	13	fluorouracil	35
fenofibrate micronized	29	FLECTOR	56	fluorouracil (topical)	58
fenoprofen calcium	4	FLOLAN	49	fluoxetine hcl	21
FENSOLVI	66	FLOMAX	70	FLUOXETINE HYDROCHLORIDE	21
fentanyl	6	FLONASE ALLERGY RELIEF	116	fluphenazine hcl	43
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FENTORA	6	FLOVENT DISKUS	14	flurazepam hcl	73
FER-IN-SOL	72	FLOVENT HFA	14	flurbiprofen	4
FERRIPROX	25	floxuridine	35	flurbiprofen sodium	119
ferrous fumarate-folic acid	72	FLUAD 2019-2020	128	flutamide	36
ferrous sulfate	72	FLUAD 2020-2021	128	fluticasone propionate	61
FETZIMA	22	FLUAD QUADRIVALENT 2021- 2022	128	fluticasone propionate (nasal)	116
fexofenadine-pseudoephedrine	54	FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	128	fluticasone-salmeterol	15
FIASP	24	FLUARIX QUADRIVALENT 2019-2020	128	fluvastatin sodium	29
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FML LIQUIFILM.....	118	FREESTYLE PRECISION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16".....	94	GENTEEL PLUS LANCING DEVICE/BUFF BLACK.....	80
FOCALIN.....	2	FREESTYLE PRECISION INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	95	GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE.....	80
FOCALIN XR.....	2	FREESTYLE PRECISION INSULIN SYRINGES/U- 100/1ML/30G X 5/16".....	95	GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE.....	80
folic acid.....	71	FREESTYLE UNISTICK II LANCETS.....	80	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK.....	80
FOLOTYN.....	35	FROVA.....	110	GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE.....	80
fondaparinux sodium.....	16	frovatriptan succinate.....	110	GENTLE-LET GP LANCETS.....	80
FORA GTEL BLOOD KETONE TEST STRIPS.....	63	fulvestrant.....	36	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT.....	80
FORA LANCETS.....	79	furosemide.....	64	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT.....	80
FORA LANCING DEVICE.....	79	FUZEON.....	45	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT.....	80
FORFIVO XL.....	20	FYCOMPA.....	17	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT.....	80
formoterol fumarate.....	15	gabapentin.....	17	GENVOYA.....	45
FORTAZ.....	51	GABITRIL.....	19	GEODON.....	42
FORTEO.....	65	GALAFOLD.....	66	GILENYA.....	122
FOSAMAX.....	65	galantamine hydrobromide.....	121	GILOTRIF.....	36
FOSAMAX PLUS D.....	65	GAMMAGARD LIQUID.....	120	glatiramer acetate.....	122
fosamprenavir calcium.....	44	GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	120	GLEEVEC.....	38
fosfomycin tromethamine.....	12	GAMMAKED.....	120	GLEOSTINE.....	34
fosinopril sodium.....	30	GAMUNEX-C.....	120	glimepiride.....	25
fosinopril sodium & hydrochlorothiazide.....	31	ganciclovir sodium.....	46	glipizide.....	25
fosphenytoin sodium.....	19	ganirelix acetate.....	66	glipizide-metformin hcl.....	23
FOSRENOL.....	70	GANIRELIX ACETATE.....	66	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	95
FREDS PHARMACY AUTOLET LANCING DEVICE.....	79	GARDASIL 9.....	129	GLOBAL EASY GLIDE INSULINSYRINGE/U- 100/0.3ML/31G X 5/16".....	95
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G.....	79	gatifloxacin (ophth).....	117	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	95
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G.....	79	gemcitabine hcl.....	35	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	95
FREESTYLE LANCETS.....	79	GEMCITABINE HYDROCHLORIDE.....	35	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	95
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM.....	80	gemfibrozil.....	29	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	95
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM.....	80	GENERESS FE.....	51		
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FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM.....	80	gentamicin sulfate (ophth).....	117		
FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM.....	80	gentamicin sulfate (topical).....	56		
		GENTEEL BUTTERFLY TOUCH LANCETS.....	80		
		GENTEEL LANCING DEVICE/GLORIOUS GOLD.....	80		
		GENTEEL LANCING DEVICE/PRECIOUS PLATINUM.....	80		

GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	95	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	96	GNP INSULIN SYRINGES/1/2ML/29GX1/2".....	96
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	95	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	96	GNP INSULIN SYRINGES/1ML/28GX1/2".....	96
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	95	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	96	GNP INSULIN SYRINGES/1ML/29GX1/2".....	96
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	95	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	96	GNP INSULIN SYRINGES/1ML/30GX5/16".....	96
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	95	GLUCOTROL.....	25	GNP INSULIN SYRINGES/3ML/31GX5/16".....	96
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	95	GLUCOTROL XL.....	25	GNP LANCETS 21G.....	80
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	95	glyburide.....	25	GNP LANCETS MICRO THIN 33G.....	80
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	95	glyburide micronized.....	25	GNP LANCETS SUPER THIN 30G.....	80
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	95	glyburide-metformin.....	23	GNP LANCETS THIN.....	80
GLOBAL INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2".....	95	glycine (gu irrigant).....	70	GNP LANCETS THIN 26G.....	80
GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16".....	95	glycopyrrolate.....	125	GNP LANCING SYSTEM DEVICE.....	80
GLOBAL LANCING DEVICE.....	80	GLYNASE.....	25	GNP PRENATAL.....	114
GLUCAGEN DIAGNOSTIC.....	63	GLYSET.....	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	96
GLUCAGEN HYPOKIT.....	24	GLYXAMBI.....	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	96
glucagon (rdna).....	24	GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....	96	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	96
GLUCAGON EMERGENCY KIT.....	24	GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	96	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	96
GLUCOCOM LANCETS 28G.....	80	GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	96	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	96
GLUCOCOM LANCETS 30G.....	80	GNP INSULIN SYRINGE/0.5ML/28G X 1/2".....	96	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	96
GLUCOCOM LANCETS 33G.....	80	GNP INSULIN SYRINGE/0.5ML/29G X 1/2".....	96	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	96
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GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	95	GNP INSULIN SYRINGE/1ML/28G X 1/2".....	96	GOJJI STERILE LANCETS 30G.....	80
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GOODSENSE LANCETS ULTRA-THIN 30G.....	81	HEALTH CARE LANCING DEVICE.....	81	HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	4
GOODSENSE LANCETS ULTRA-THIN 30G		HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	97	HUMIRA PEN-PS/UV STARTER.....	4
UNIVERSAL.....	81	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	97	HUMULIN R U-500 (CONCENTRATED).....	24
GOODSENSE LANCING DEVICE.....	81	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	97	HUMULIN R U-500 KWIKPEN.....	24
GOODSENSE PRENATAL VITAMINS.....	114	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	97	HY-VEE LANCETS.....	81
granisetron hcl.....	26	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	97	HY-VEE THIN LANCETS.....	81
GRASTEK.....	3	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	97	HYCANTIN.....	40
griseofulvin microsize.....	27	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....	81	hydralazine hcl.....	32
griseofulvin ultramicrosize.....	27	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	81	HYDREA.....	39
guanfacine hcl.....	31	HECTOROL.....	66	hydrochlorothiazide.....	65
guanfacine hcl (adhd).....	2	HEMANGEOL.....	48	hydrocodone bitartrate.....	6
GUANIDINE HCL.....	33	HEPARIN LOCK FLUSH.....	16	hydrocodone polistirex- chlorpheniramine polistirex.....	54
GYNAZOLE-1.....	129	heparin sod (porcine) in d5w.....	16	hydrocodone-acetaminophen.....	8
GYNE-LOTRIMIN.....	130	heparin sodium (porcine).....	16	hydrocodone-ibuprofen.....	8
H-E-B INCONTROL ADVANCED LANCING DEVICE.....	81	HEPARIN SODIUM/NACL 0.45%.....	16	hydrocortisone.....	53
H-E-B INCONTROL LANCETS MICRO THIN 33G.....	81	HEPLISAV-B.....	129	hydrocortisone (intrarectal).....	10
H-E-B INCONTROL LANCETS SUPER THIN 30G.....	81	HEPSERA.....	46	hydrocortisone (rectal).....	10
H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	81	HETLIOZ.....	73	hydrocortisone (topical).....	61
HAEGARDA.....	71	HIBERIX.....	127	hydrocortisone acetate (rectal).....	10
HAEMOLANCE.....	81	HIPREX.....	12	hydrocortisone butyrate.....	61
HAEMOLANCE LOW FLOW LANCETS.....	81	HIZENTRA.....	120	hydrocortisone valerate.....	61
HAEMOLANCE PLUS.....	81	HM PRENATAL.....	114	hydrocortisone w/acetic acid.....	120
HAEMOLANCE PLUS HIGH FLOW.....	81	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	97	hydromorphone hcl.....	6
HAEMOLANCE PLUS LOW FLOW.....	81	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	97	HYDROMORPHONE HYDROCHLORIDE.....	6
HAEMOLANCE PLUS MAX FLOW.....	81	HORIZANT.....	123	hydroxychloroquine sulfate.....	33
HAEMOLANCE PLUS PEDIATRIC FLOW.....	81	HUMATIN.....	3	hydroxyurea.....	39
HALAVEN.....	40	HUMIRA.....	4	hydroxyzine hcl.....	12,13
halcinonide.....	61	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	3	hydroxyzine pamoate.....	13
HALCION.....	73	HUMIRA PEN.....	3	HYPER-SAL.....	54
HALDOL.....	42	HUMIRA PEN-CD/UC/HS STARTER.....	3,4	HYPERSAL.....	54
HALDOL DECANOATE 100.....	42			HYQVIA.....	120
HALDOL DECANOATE 50.....	42			HYZAAR.....	31
halobetasol propionate.....	61			ibandronate sodium.....	65
HALOG.....	61			IBRANCE.....	38
haloperidol.....	42			ibuprofen.....	4
haloperidol decanoate.....	42			ibuprofen-famotidine.....	5
haloperidol lactate.....	42			icatibant acetate.....	71
HAVRIX.....	129			ICLUSIG.....	38
				icosapent ethyl.....	28
				IDAMYCIN PFS.....	37
				idarubicin hcl.....	37
				IFEX.....	34

ifosfamide.....	34	INSULIN SYRINGE/1ML/30G X 5/16".....	97	INSULIN SYRINGES/1ML/30GX1/2" ..	98
ILEVRO.....	119	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	97	INSULIN SYRINGES/1ML/31GX5/16" ..	98
imatinib mesylate.....	38	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	97	INTELENCE.....	45
IMBRUVICA.....	38	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	97	INTRAROSA.....	129
imipenem-cilastatin.....	11	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	97	INTRON A.....	39
imipramine hcl.....	23	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	97	INTUNIV.....	2
imipramine pamoate.....	23	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	97	INVANZ.....	11
imiquimod.....	62	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	97	INVEGA.....	42
IMITREX.....	110	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	97	INVIRASE.....	45
IMITREX STATDOSE REFILL.....	110	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	97	IONOSOL-MB/DEXTROSE 5%.....	111
IMITREX STATDOSE SYSTEM.....	110	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	97	IOPIDINE.....	117
IMODIUM A-D.....	25	INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	98	IPOL INACTIVATED IPV... ..	129
IMPAVIDO.....	10	INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	98	ipratropium bromide.....	14
IMURAN.....	113	INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	98	ipratropium bromide (nasal).....	116
IN TOUCH LANCING DEVICE.....	81	INSULIN SYRINGES/0.5ML/27GX1/2".....	98	ipratropium-albuterol.....	15
IN TOUCH STERILE LANCETS30G.....	81	INSULIN SYRINGES/0.5ML/28GX1/2".....	98	irbesartan.....	30
INCRELEX.....	66	INSULIN SYRINGES/0.5ML/29GX1/2".....	98	irbesartan-hydrochlorothiazide.....	31
INCRUSE ELLIPTA.....	14	INSULIN SYRINGES/0.5ML/30GX5/16".....	98	IRESSA.....	36
indapamide.....	65	INSULIN SYRINGES/0.5ML/31GX5/16".....	98	irinotecan hcl.....	40
INDERAL LA.....	48	INSULIN SYRINGES/1ML/27GX1/2".....	98	irrigation solutions, physiological.....	113
indomethacin.....	5	INSULIN SYRINGES/1ML/28GX1/2".....	98	ISENTRESS.....	45
INFANRIX.....	125	INSULIN SYRINGES/1ML/29GX1/2".....	98	ISENTRESS HD.....	45
INFLECTRA.....	69	INSULIN SYRINGES/1ML/30GX1/2".....	97	ISOLYTE-P/DEXTROSE 5%.....	111
INLYTA.....	35	INSULIN SYRINGES/1ML/31GX1/2".....	97	ISOLYTE-S.....	111
INREBIC.....	38	INSULIN SYRINGES/1ML/31GX5/16".....	98	isoniazid.....	34
INSPIRA.....	32	INSULIN SYRINGES/1ML/31GX5/16".....	98	ISOPTO CARPINE.....	117
INSULIN SYRINGE/0.3ML/29G X 1".....	97	INSULIN SYRINGES/1ML/27GX1/2".....	98	ISORDIL TITRADOSE.....	12
INSULIN SYRINGE/0.3ML/29G X 1/2".....	97	INSULIN SYRINGES/1ML/28GX1/2".....	98	isosorbide dinitrate.....	12
INSULIN SYRINGE/0.3ML/30G X 5/16".....	97	INSULIN SYRINGES/1ML/29GX1/2".....	98	isosorbide dinitrate-hydralazine hcl.....	49
INSULIN SYRINGE/0.3ML/31G X 5/16".....	97	INSULIN SYRINGES/1ML/29GX1/2".....	98	isosorbide mononitrate.....	12
INSULIN SYRINGE/0.5ML/27G X 1/2".....	97	INSULIN SYRINGES/1ML/30GX1/2".....	97	isotretinoin.....	56
INSULIN SYRINGE/0.5ML/28G X 1/2".....	97	INSULIN SYRINGES/1ML/31GX1/2".....	97	isradipine.....	49
INSULIN SYRINGE/0.5ML/30G X 1/2".....	97	INSULIN SYRINGES/1ML/31GX5/16".....	98	ISTODAX (OVERFILL).....	38
INSULIN SYRINGE/0.5ML/30G X 5/16".....	97	INSULIN SYRINGES/1ML/31GX5/16".....	98	itraconazole.....	27
INSULIN SYRINGE/0.5ML/31G X 5/16".....	97	INSULIN SYRINGES/1ML/27GX1/2".....	98	ivermectin.....	10
INSULIN SYRINGE/1ML/28G X 1/2".....	97	INSULIN SYRINGES/1ML/28GX1/2".....	98	ivermectin (pediculicide).....	63
INSULIN SYRINGE/1ML/29G X 1/2".....	97	INSULIN SYRINGES/1ML/29GX1/2".....	98	IXEMPRA KIT.....	40
		INSULIN SYRINGES/1ML/29GX1/2".....	98	JADENU.....	25
				JADENU SPRINKLE.....	25
				JAKAFI.....	38
				JALYN.....	70
				JANUMET.....	23

JANUMET XR.....	23	KIMONO SENSATION LUBRICATED.....	75	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	98
JANUVIA.....	24	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	75	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	98
JARDIANCE.....	25	KIMONO SPECIAL.....	75	KROGER INSULIN SYRINGE/1ML/29G X 1/2" ..	98
JEVTANA.....	40	KINNEY LANCETS.....	81	KROGER INSULIN SYRINGE/1ML/30G X 5/16" .	98
JUBLIA.....	57	KINNEY THIN LANCETS..	81	KROGER INSULIN SYRINGE/1ML/31G X 5/16" .	98
JULUCA.....	45	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" ..	98	KROGER LANCETS.....	81
JYNARQUE.....	67	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" ..	98	KROGER LANCETS 21G ...	81
K-TAB.....	112	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	98	KROGER LANCETS MICRO THIN33G.....	81
K-Y ME & YOU EXTRA LUBRICATED.....	75	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2".....	98	KROGER LANCETS SUPER THIN.....	81
K-Y ME & YOU INTENSE...	75	KINRIX.....	125	KROGER LANCETS THIN ..	81
KADIAN.....	6	KISQALI.....	38	KROGER LANCETS THIN 26G.....	81
KALETRA.....	45	KISQALI FEMARA 200 DOSE.....	38	KROGER LANCETS ULTRATHIN30G.....	81
KALYDECO.....	123	KISQALI FEMARA 400 DOSE.....	38	KROGER LANCING DEVICE.....	81
KAMELEON LUBRICATED ..	75	KISQALI FEMARA 600 DOSE.....	38	KUVAN.....	66
KAPVAY.....	2	KITABIS PAK.....	3	KYPROLIS.....	38
KAZANO.....	23	KLARITY-A.....	117	labetalol hcl.....	47
KCL 0.3%/D5W/NACL 0.9%.....	111	KLARON.....	56	LAC-HYDRIN TWELVE.....	62
KEFLEX.....	50	KLONOPIN.....	17	lacosamide.....	18
KENALOG-40.....	53	KMART VALU PLUS INSULIN SYRINGE/1ML/29G.....	98	LACRISERT.....	117
KEPIVANCE.....	40	KMART VALU PLUS INSULIN SYRINGE/1ML/30G.....	98	lactated ringer's.....	111
KEPPRA.....	18	KOSELUGO.....	38	lactated ringer's (irrigation).	113
KEPPRA XR.....	18	KP PRENATAL MULTIVITAMINS.....	114	lactic acid (ammonium lactate).....	62
KERYDIN.....	57	KRINTAFEL.....	33	lactulose.....	73
ketoconazole.....	27	KROGER AUTOLET LANCING DEVICE.....	81	lactulose (encephalopathy) ..	69
ketoconazole (topical).....	57	KROGER HEALTHPRO TWIST LANCETS/26G.....	81	LAMICTAL.....	18
KETONE.....	63	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2".....	98	LAMICTAL CHEWABLE DISPERSIBLE.....	18
KETONE TEST STRIPS.....	63	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16".....	98	LAMICTAL ODT.....	18
ketoprofen.....	5	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16".....	98	lamivudine.....	45
ketorolac tromethamine.....	5	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	98	lamivudine (hbv).....	46
ketorolac tromethamine (ophth).....	119			lamivudine-zidovudine.....	45
KETOSTIX.....	63			lamotrigine.....	18
ketotifen fumarate (ophth)..	119			LANCET DEVICE ADJUSTABLE.....	81
KEVEYIS.....	64			LANCET DEVICE WITH EJECTOR.....	81
KIMONO COLORS.....	75			LANCETS.....	82
KIMONO LUBRICATED.....	75			LANCETS 26G TWIST TOP.	81
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED	75			LANCETS 30G.....	82
KIMONO PLUS SPERMICIDE LUBRICATED.....	75			LANCETS 30G TWIST TOP.	82
KIMONO PLUS SPERMICIDE/LUBRICATED	75				
KIMONO PS LUBRICATED..	75				
KIMONO PS PLUS SPERMICIDE/LUBRICATED	75				

LANCETS 30G/TWIST TOP	82	LEADER INSULIN		levonorgestrel-eth estradiol	
LANCETS 31G TWIST TOP	82	SYRINGE/0.5ML/31G X		(triphasic)	51
LANCETS 33G EXTRA		5/16"	99	levonorgestrel-ethinyl estradiol	
FINE	82	LEADER INSULIN		(91-day)	51
LANCETS MICRO THIN		SYRINGE/1ML/28G X 1/2"	99	levonorgestrel-ethinyl estradiol	
33G	82	LEADER INSULIN		(continuous)	51
LANCETS SAFETY SEAL		SYRINGE/1ML/29G X 1/2"	99	levorphanol tartrate	7
21G	82	LEADER INSULIN		levothyroxine sodium	124
LANCETS SAFETY SEAL		SYRINGE/1ML/30G X		LEXAPRO	21
26G	82	5/16"	99	LEXIVA	45
LANCETS SAFETY SEAL		LEADER INSULIN		LIALDA	69
28G	82	SYRINGE/1ML/31G X		LIBERTY MEDICAL LANCETS	
LANCETS SAFETY SEAL		5/16"	99	30G	82
30G	82	leflunomide	5	LIBERTY MINI LANCING	
LANCETS SUPER THIN		lenalidomide	112	DEVICE	82
28G	82	LENVIMA 10 MG DAILY		LIBRAX	125
LANCETS THIN	82	DOSE	35	lidocaine	62
LANCETS TWIST TOP	82	LENVIMA 12MG DAILY		lidocaine hcl	62
LANCETS ULTRA THIN	82	DOSE	35	lidocaine hcl (local anesth.)	74
LANCETS ULTRA THIN		LENVIMA 14 MG DAILY		lidocaine hcl (mouth-throat)	113
30G	82	DOSE	35	lidocaine-prilocaine	62
LANCETSBULLSEYE		LENVIMA 18 MG DAILY		LIDODERM	62
SAFETY	82	DOSE	35	LIFESCAN UNISTIK 2 DEEP	
LANCING DEVICE	82	LENVIMA 20 MG DAILY		PENETRATION	82
LANCING DEVICE		DOSE	35	LIFESCAN UNISTIK II	
ADJUSTABLE	82	LENVIMA 24 MG DAILY		LANCETS	82
LANOXIN	49	DOSE	35	LINCOCIN	11
LANREOTIDE ACETATE	67	LENVIMA 4 MG DAILY		lincomycin hcl	11
lansoprazole	126	DOSE	35	lindane	63
lanthanum carbonate	70	LETAIRIS	50	linezolid	12
LANZO	82	letrozole	36	LINZESS	69
lapatinib ditosylate	38	leucovorin calcium	40	liothyronine sodium	124
LASIX	64	LEUKERAN	34	LIPITOR	29
LASTACRAFT	119	LEUKINE	72	LIPOFEN	29
latanoprost	119	leuprolide acetate	36	lisinopril	30
LATUDA	42	levalbuterol hcl	15	lisinopril &	
LEADER ADVANCED LANCING		levalbuterol tartrate	15	hydrochlorothiazide	31
DEVICE	82	LEVAQUIN	68	LITE TOUCH LANCETS	82
LEADER INSULIN		LEVEMIR	24	LITE TOUCH LANCING	
SYRINGE/0.3ML/29G X 1/2"	99	LEVEMIR FLEXTOUCH	24	PEN	82
LEADER INSULIN		levetiracetam	18	LITETOUCH INSULIN	
SYRINGE/0.3ML/30G X		levobunolol hcl	117	SYRINGE/0.3ML/29G X 1/2"	99
5/16"	99	levocetirizine		LITETOUCH INSULIN	
LEADER INSULIN		dihydrochloride	28	SYRINGE/0.3ML/30G X	
SYRINGE/0.3ML/31G X		levofloxacin	68	5/16"	99
5/16"	99	levofloxacin (ophth)	117	LITETOUCH INSULIN	
LEADER INSULIN		levofloxacin in d5w	68	SYRINGE/0.3ML/31G X	
SYRINGE/0.5ML/28G X 1/2"	99	levonorgestrel & eth		5/16"	99
LEADER INSULIN		estradiol	51	LITETOUCH INSULIN	
SYRINGE/0.5ML/29G X 1/2"	99	levonorgestrel (emergency		SYRINGE/0.5ML/30G X	
LEADER INSULIN		oc)	52	5/16"	99
SYRINGE/0.5ML/30G X					
5/16"	99				

LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	99	LONGS LANCETS ULTRA THIN	82	LUXIQ	61
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	99	loperamide hcl	25	LUZU	57
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	99	LOPID	29	LYNPARZA	38
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	99	lopinavir-ritonavir	45	LYRICA	18
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	99	LOPRESSOR	48	LYRICA CR	123
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	99	LOPRESSOR HCT	32	LYSODREN	37
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	99	LOPROX	57	LYSTEDA	72
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	99	LOPROX SHAMPOO	57	M-M-R II	129
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	99	loratadine	28	M-NATAL PLUS	114
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	99	loratadine & pseudoephedrine	54	MACROBID	12
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	99	lorazepam	13	MACRODANTIN	12
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	99	LORBRENA	38	mafenide acetate	59
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	99	LORTAB	8	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	99
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	99	losartan potassium	30	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	100
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	99	losartan potassium & hydrochlorothiazide	32	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	100
LITETOUCH LANCETS MICRO THIN 33G	82	LOSEASONIQUE	51	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	100
lithium carbonate	42	LOTEMAX	118	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	100
LITHOBID	42	LOTENSIN	30	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	100
LIVE BETTER ADVANCED LANCING DEVICE	82	LOTENSIN HCT	32	magnesium sulfate	112
LIVE BETTER LANCET SUPERTHIN 30G	82	loteprednol etabonate	118	MALARONE	33
LIVE BETTER LANCET ULTRATHIN 28G	82	LOTREL	32	malathion	63
LO LOESTRIN FE	51	LOTRIMIN AF	57	maprotiline hcl	20
LOCOID	61	LOTRIMIN AF JOCK ITCH	57	maraviroc	45
LODINE	5	LOTRIMIN ULTRA	57	MARCAINE	74
LODOSYN	40	LOTRONEX	69	MARINOL	26
LOMOTIL	25	lovastatin	29	MARPLAN	21
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	99	LOVAZA	28	MASONATAL	114
LONGS LANCETS STANDARD	82	LOVENOX	16,17	MATULANE	39
LONGS LANCETS THIN	82	loxapine succinate	43	MAVENCLAD	122
		lubiprostone	69	MAXALT	110
		LUCEMYRA	121	MAXALT-MLT	110
		luliconazole	57	MAXI-COMFORT INSULIN SYRINGE/U- 100/0.5ML/28GX1/2"	100
		LUMIZYME	66	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	100
		LUNESTA	73	MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	100
		LUPANETA PACK	66	MAXIDEX	118
		LUPRON DEPOT (1- MONTH)	36		
		LUPRON DEPOT (3- MONTH)	37		
		LUPRON DEPOT (4- MONTH)	37		
		LUPRON DEPOT (6- MONTH)	37		
		LUPRON DEPOT-PED (1- MONTH)	66		
		LUPRON DEPOT-PED (3- MONTH)	66		

MAXITROL.....	118	medroxyprogesterone acetate.....	121	methazolamide.....	64
MAXX LUBRICATED.....	75	medroxyprogesterone acetate (contraceptive).....	53	methenamine hippurate.....	12
MAXX PLUS SPERMICIDE LUBRICATED.....	75	mefenamic acid.....	5	methimazole.....	124
MAXZIDE.....	64	mefloquine hcl.....	33	METHITEST.....	9
MAXZIDE-25.....	64	MEGACE ES.....	121	methocarbamol.....	115
meclizine hcl.....	26	megestrol acetate.....	37	METHOTREXATE.....	4
meclofenamate sodium.....	5	megestrol acetate (appetite).....	121	methotrexate sodium.....	35
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16".....	100	MEIJER COLOR LANCETS UNIVERSAL 33G.....	83	methoxsalen rapid.....	59
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16".....	100	MEIJER LANCETS.....	83	methscopolamine bromide.....	125
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE.....	82	MEIJER LANCETS THIN.....	83	methyl dopa.....	31
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW.....	82	MEIJER LANCETS UNIVERSAL21G.....	83	METHYLIN.....	2
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RELION ULTRA THIN PLUS LANCETS 33G.....	85	RISPERDAL.....	42	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16".....	103
RELISTOR.....	69	RISPERDAL CONSTA.....	42	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2".....	103
RELPAK.....	110	risperidone.....	42	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2".....	103
REMERON.....	20	RITALIN.....	3	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2".....	103
REMERON SOLTAB.....	20	RITALIN LA.....	3	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16".....	103
RENFLEXIS.....	69	ritonavir.....	45	SAFETY INSULIN SYRINGES 1ML/29GX1/2".....	103
REVELA.....	70	RITUXAN.....	36	SAFETY INSULIN SYRINGES 1ML/30GX1/2".....	103
repaglinide.....	25	rivastigmine tartrate.....	122	SAFETY LANCET 21G/PRESSURE ACTIVATED.....	85
REPATHA.....	30	rizatriptan benzoate.....	110	SAFETY LANCET 23G/PRESSURE ACTIVATED.....	85
REPATHA PUSHTRONEX SYSTEM.....	30	ROBAXIN-750.....	115	SAFETY LANCET 28G/PRESSURE ACTIVATED.....	85
REPATHA SURECLICK.....	30	ROBINUL.....	125	SAFETY LANCETS 21G.....	85
REQUIP XL.....	41	ROBINUL FORTE.....	125	SAFETY LANCETS 28G.....	85
RESECTISOL.....	70	ROCALTROL.....	67	SAFETY LET LANCETS.....	85
RESTORIL.....	73	ROMIDEPSIN.....	39	SAFYRAL.....	52
RETACRIT.....	72	romidepsin.....	39	SALAGEN.....	114
RETEVMO.....	39	ropinirole hydrochloride.....	41	salsalate.....	6
RETIN-A.....	56	rosuvastatin calcium.....	30	SAMSCA.....	67
RETIN-A MICRO.....	56	ROTARIX.....	129	SANDIMMUNE.....	113
RETIN-A MICRO PUMP.....	56	ROTATEQ.....	129	SANDOSTATIN.....	67
RETROVIR.....	45	ROXICODONE.....	7	SANTYL.....	62
RETROVIR IV INFUSION.....	45	ROZEREM.....	73	SAPHRIS.....	43
REVATIO.....	50	ROZLYTREK.....	39	sapropterin dihydrochloride.....	67
REVLIMID.....	112	RUBRACA.....	39	SAVELLA.....	122
REXALL LANCETS ULTRA THIN.....	85	RUCONEST.....	71	SAVELLA TITRATION PACK.....	122
REXULTI.....	44	rufinamide.....	18	SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	103
REYATAZ.....	45	RUKOBIA.....	45	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	103
ribavirin (hepatitis c).....	47	RUXIENCE.....	36	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	103
RIDAURA.....	4	RUZURGI.....	34	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	103
rifabutin.....	34	RYTHMOL SR.....	13	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	103
RIFADIN.....	34	SABRIL.....	19	SB LANCETS THIN.....	85
RIFAMATE.....	34	SAFE-T-LANCE LOW FLOW 25G.....	85	SB LANCETS ULTRA THIN.....	85
rifampin.....	34	SAFE-T-LANCE NORMAL FLOW21G.....	85	scopolamine.....	26
RIFATER.....	34	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW.....	85	SEASONIQUE.....	52
RIGHT STEP PRENATAL.....	115	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW.....	85		
RIGHTEST GD500 LANCING DEVICE.....	85	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW.....	85		
RIGHTEST GL300 LANCETS.....	85	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16".....	103		
RILUTEK.....	116	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2".....	103		
riluzole.....	116				
rimantadine hydrochloride.....	47				
ringer's.....	112				
ringer's irrigation.....	113				
RINVOQ.....	4				
risedronate sodium.....	65				

SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	103	SKYRIZI PEN	59	SORBITOL	70
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	103	SLO-NIACIN	131	SORBITOL/MANNITOL IRRIGATION	70
SELECT-LITE LANCING DEVICE	85	SLYND	53	SORIATANE	59
selegiline hcl	42	SM MICRO THIN LANCETS 33G	86	sotalol hcl	48
selenium sulfide	59	SM PRENATAL VITAMINS	115	sotalol hcl (afib/afib)	48
SELZENTRY	45	SM TRUEDRAW LANCING DEVICE	86	SOVALDI	47
SENSIPAR	67	SMART DIABETES VANTAGE LANCING DEVICE	86	spinosad	63
SEREVENT DISKUS	15	SMART SENSE COLOR LANCETS UNIVERSAL 33G	86	SPIRIVA HANDIHALER	14
SEROQUEL	43	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	86	SPIRIVA RESPIMAT	14
SEROQUEL XR	43	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	86	spironolactone	64
sertraline hcl	22	SMART SENSE THIN LANCETS UNIVERSAL 26G	86	spironolactone & hydrochlorothiazide	64
sevelamer carbonate	70	SMARTEST LANCETS 28G	86	SPORANOX	27
SHINGRIX	129	SODIUM ACETATE	111	SPORANOX PULSEPAK	27
SHOPKO AUTOLET LANCING DEVICE	85	sodium acetate	111	SPRAVATO 56MG DOSE	21
SHOPKO ON-THE-GO COMFORTLANCETS 30G	85	sodium chloride	112	SPRAVATO 84MG DOSE	21
SHOPKO UNILET LANCETS SUPER THIN 30G	85	sodium chloride (gu irrigant)	70	SPRYCEL	39
SHOPKO UNILET LANCETS ULTRA THIN 28G	85	sodium chloride (inhalant)	55	STALEVO 100	41
SHUR-SEAL	129	sodium citrate & citric acid	70	STALEVO 125	41
SIDE BUTTON SAFETY LANCET21G	85	sodium fluoride	112	STALEVO 150	41
SIGNIFOR	67	sodium phenylbutyrate	67	STALEVO 200	41
sildenafil citrate	49	sodium polystyrene sulfonate	113	STALEVO 50	41
sildenafil citrate (pulmonary hypertension)	50	SOFOSBUVIR/VELPATASVIR	47	STALEVO 75	41
SILENOR	72	solifenacin succinate	127	stannous fluoride	113
silodosin	70	SOLIRIS	71	STARLIX	25
SILVADENE	59	SOLOSEC	3	stavudine	45
silver sulfadiazine	59	SOLU-CORTEF	54	STAVUDINE	45,46
SIMBRINZA	117	SOLU-MEDROL	54	STELARA	59,69
SIMPLE DIAGNOSTICS LANCING DEVICE	85	SOLUS V2 LANCING DEVICE	86	STENDRA	49
SIMULECT	113	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	86	STERILANCE TL	86
simvastatin	30	SOLUS V2 TWIST LANCETS 30G	86	STIMATE	67
SINEMET	41	SOMA	116	STIVARGA	39
SINGLE-LET	86	SOMATULINE DEPOT	67	STRATTERA	2
SINGULAIR	14	SOMAVERT	66	streptomycin sulfate	3
sirolimus	113	SOOLANTRA	63	STRIBILD	46
SIRTURO	34			STRIVERDI RESPIMAT	15
SIVEXTRO	12			STROMECTOL	10
SKELAXIN	116			SUBOXONE	9
SKLICE	63			SUBSYS	7
SKYRIZI	59			SUCRAID	64
				sucralfate	126
				SULAR	49
				sulconazole nitrate	58
				sulfacetamide sod-prednisolone	118
				sulfacetamide sodium (acne)	56

sulfacetamide sodium (ophth).....	118	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	104	SURE-LANCE LANCETS 26G.....	86
sulfacetamide sodium w/ sulfur.....	56	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	104	SURE-LANCE THIN LANCETS 28G.....	86
sulfacetamide sodium-sulfur in urea vehicle.....	56	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	104	SURE-LANCE ULTRA THIN LANCETS.....	86
sulfadiazine.....	124	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104	SURE-PEN.....	86
sulfamethoxazole-trimethoprim.....	11	SURE COMFORT LANCETS 18G.....	86	SURE-TOUCH LANCETS UNIVERSAL.....	86
SULFAMYLON.....	59	SURE COMFORT LANCETS 21G.....	86	SURELITE LANCETS.....	86
sulfasalazine.....	69	SURE COMFORT LANCETS 23G.....	86	SUSTIVA.....	46
sulindac.....	5	SURE COMFORT LANCETS 28G.....	86	SUTENT.....	39
SUMADAN WASH.....	56	SURE COMFORT LANCETS 30G.....	86	SYMBICORT.....	15
sumatriptan.....	110	SURE COMFORT LANCING PEN.....	86	SYMFI.....	46
sumatriptan succinate.....	110,111	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	104	SYMFI LO.....	46
sumatriptan-naproxen.....	109	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	104	SYMLINPEN 120.....	23
sodium.....	39	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 1/2".....	104	SYMLINPEN 60.....	23
sunitinib malate.....	2	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	104	SYMTUZA.....	46
SUNOSI.....	86	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	104	SYNALAR.....	61
SUPER THIN LANCETS.....	51	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	104	SYNAREL.....	66
SUPRAX.....	73	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	104	SYNERA.....	63
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	103	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 1/2".....	104	SYNJARDY.....	23
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	103	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	104	SYNJARDY XR.....	23
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	103	SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	104	SYNRIBO.....	40
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	103	SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	104	SYNTHROID.....	124
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	103	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	104	SYPRINE.....	112
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	103	SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104	TABLOID.....	35
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	103	SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104	TABRECTA.....	39
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	104	SURE-LANCE FLAT LANCETS.....	86	TACLONEX.....	62
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	104			tacrolimus.....	113
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	104			tacrolimus (topical).....	62
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	104			tadalafil.....	49
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	104			tadalafil (pulmonary hypertension).....	50
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	104			TAFINLAR.....	39
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104			TAGAMET HB.....	126
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104			TAGRISSO.....	36
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104			TAKHZYRO.....	71
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104			TALZENNA.....	39
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104			TAMIFLU.....	47
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104			tamoxifen citrate.....	37
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104			tamsulosin hcl.....	70
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104			TAPAZOLE.....	124
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104			TARCEVA.....	36
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104			TARGADOX.....	124
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104			TARGRETIN.....	40,58
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104			TARKA.....	32
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104			TASIGNA.....	39

TASMAR.....	41	temsirolimus.....	39	TIMOPTIC-XE.....	117
tavaborole.....	58	TENIPOSIDE.....	40	TIVICAY.....	46
TAYTULLA.....	52	TENIVAC.....	125	tizanidine hcl.....	116
tazarotene.....	59	tenofovir disoproxil fumarate.....	46	TOBI.....	3
TAZORAC.....	59	TENORETIC 100.....	32	TOBRADEX.....	118
TAZVERIK.....	39	TENORETIC 50.....	32	tobramycin.....	3
TDVAX.....	125	TENORMIN.....	48	tobramycin (ophth).....	118
TECFIDERA.....	122	TEPADINA.....	35	tobramycin sulfate.....	3
TECFIDERA STARTER PACK.....	122	terazosin hcl.....	31	tobramycin- dexamethasone.....	118
TECHLITE AST LANCETS..	86	terbinafine hcl.....	27	TOBREX.....	118
TECHLITE INSULIN SYRINGEU- 100/0.3ML/29G X 1/2".....	104	terbutaline sulfate.....	15	TODAY SPONGE.....	129
TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 1/2".....	104	terconazole vaginal.....	130	TODAYS HEALTH ADVANCED LANCING DEVICE.....	86
TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16".....	104	TESSALON PERLES.....	54	TODAYS HEALTH SUPER THINLANCETS 30G.....	86
TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16".....	104	TESTIM.....	9	TODAYS HEALTH ULTRA THINLANCETS 28G.....	86
TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2".....	104	TESTOSTERONE CYPIONATE.....	9	tolbutamide.....	25
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2".....	104	testosterone cypionate.....	9	tolcapone.....	41
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16".....	104	testosterone enanthate.....	9	tolmetin sodium.....	5
TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16".....	105	TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT.....	125	TOLSURA.....	27
TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16".....	105	tetrabenazine.....	122	tolterodine tartrate.....	127
TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2".....	105	tetracycline hcl.....	124	tolvaptan.....	67
TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2".....	105	TGT LANCET MICRO THIN 33G.....	86	TOPAMAX.....	19
TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 5/16".....	105	TGT LANCET THIN 26G..	86	TOPAMAX SPRINKLE.....	19
TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64".....	105	TGT LANCET ULTRA THIN 30G.....	86	TOPCARE LANCETS MICRO- THIN 33G.....	86
TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16".....	105	TGT LANCING DEVICE...	86	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	105
TECHLITE LANCETS.....	86	THALOMID.....	112	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	105
TECHLITE LANCETS 30G..	86	theophylline.....	16	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	105
TEFLARO.....	51	THERANATAL CORE NUTRITION.....	115	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	105
TEGRETOL.....	18	THINLETS GP LANCETS..	86	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	105
TEGRETOL-XR.....	19	thioridazine hcl.....	43	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	105
TEGSEDI.....	123	thiotepa.....	35	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	105
TEKTURNA.....	32	thiothixene.....	44	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	105
telmisartan.....	30	THYMOGLOBULIN.....	113		
telmisartan-amlodipine.....	32	thyroid.....	124		
telmisartan-hydrochlorothiazide	32	tiagabine hcl.....	19		
temazepam.....	73	TIAZAC.....	49		
TEMIXYS.....	46	TIBSOVO.....	39		
TEMODAR.....	35	TIGAN.....	26		
TEMOVATE.....	62	tigecycline.....	124		
temozolomide.....	35	TIKOSYN.....	13		
		timolol maleate.....	48		
		timolol maleate (ophth)...	117		
		TIMOPTIC.....	117		

TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	105	triamcinolone acetonide (topical).....	62	TRUE METRIX BLOOD GLUCOSETEST STRIPS.....	64
TOPICORT.....	62	triamcinolone acetonide- dimethicone-silicone.....	62	TRUE METRIX CONTROL SOLUTION LEVEL 3.....	86
topiramate.....	19	triamterene.....	64	TRUEDRAW LANCING DEVICE.....	87
topotecan hcl.....	40	triamterene & hydrochlorothiazide.....	64	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	105
TOPOTECAN HCL.....	40	triazolam.....	73	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	105
topotecan hcl.....	40	TRIBENZOR.....	32	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	106
TOPROL XL.....	48	TRICARE.....	115	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	106
toremifene citrate.....	37	TRICOR.....	29	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	106
TORISEL.....	39	TRIDESILON.....	62	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	106
toremide.....	64	trientine hcl.....	112	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	106
TOVIAZ.....	127	trifluoperazine hcl.....	43	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	106
TRACLEER.....	50	trifluridine.....	118	TRUEPLUS LANCETS 26G.....	87
tramadol hcl.....	8	trihexyphenidyl hcl.....	41	TRUEPLUS LANCETS 28G.....	87
tramadol-acetaminophen.....	9	TRIJARDY XR.....	23	TRUEPLUS LANCETS 28G SUPER THIN.....	87
trandolapril.....	30	TRIKAFTA.....	123	TRUEPLUS LANCETS 30G.....	87
trandolapril-verapamil hcl.....	32	TRILEPTAL.....	19	TRUEPLUS LANCETS 30G ULTRA THIN.....	87
tranexamic acid.....	72	TRILIPIX.....	29	TRUEPLUS LANCETS 33G.....	87
TRANSDERM SCOP.....	26	trimethobenzamide hcl.....	26	TRUEPLUS LANCETS 33G MICRO THIN.....	87
TRANSDERM-SCOP.....	26	trimethoprim.....	10	TRUEPLUS SAFETY LANCETS 28G.....	87
TRANXENE T.....	13	trimipramine maleate.....	23	TRUETRACK TEST.....	64
tranylcypromine sulfate.....	21	TRINTELLIX.....	22	TRULICITY.....	24
TRAVATAN Z.....	119	TRIOSTAT.....	125	TRUMENBA.....	127
TRAVEL LANCETS 30G.....	86	TRIUMEQ.....	46	TRUSOPT.....	119
TRAVEL LANCETS ADVANCED 28G.....	86	TRIZIVIR.....	46	TRUSTEX COLOR CONDOMS + LUBE.....	75
travoprost.....	119	tropicamide.....	117		
trazodone hcl.....	22	trospium chloride.....	127		
TREANDA.....	35	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	105		
TRECATOR.....	34	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	105		
TRELEGY ELLIPTA.....	15	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16".....	105		
TRELSTAR MIXJECT.....	37	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16".....	105		
TREMFYA.....	59	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16".....	105		
treprostinil.....	50	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16".....	105		
TRESIBA.....	25	TRUE COMFORT PRO INSULINSYRINGE/U- 100/0.5ML/30G X 1/2".....	105		
TRESIBA FLEXTOUCH.....	25	TRUE COMFORT PRO INSULINSYRINGE/U- 100/1ML/30G X 1/2".....	105		
tretinoin.....	56				
tretinoin (chemotherapy).....	40				
tretinoin microsphere.....	56				
TREXALL.....	35				
TREXIMET.....	109				
triamcinolone acetonide.....	54				
triamcinolone acetonide (mouth).....	114				
triamcinolone acetonide (nasal).....	116				

TRUSTEX LUBRICATED.....	75	ULTICARE INSULIN		ULTICARE INSULIN	
TRUSTEX LUBRICATED		SYRINGE/0.3ML/29G X		SYRINGE/U-100/0.5ML/30G X	
EXTRALARGE.....	75	1/2".....	106	1/2".....	107
TRUSTEX LUBRICATED		ULTICARE INSULIN		ULTICARE INSULIN	
EXTRASTRENGTH.....	75	SYRINGE/0.3ML/30G X		SYRINGE/U-100/0.5ML/31G X	
TRUSTEX		1/2".....	106	5/16".....	107
LUBRICATED/RIBBED/STUDDED		ULTICARE INSULIN		ULTICARE INSULIN	
D.....	75	SYRINGE/0.3ML/30G X		SYRINGE/U-100/1ML/30G X	
TRUSTEX		5/16".....	106	1/2".....	107
LUBRICATED/SPERMICIDE		ULTICARE INSULIN		ULTICARE INSULIN	
.....	76	SYRINGE/0.5ML/28G X		SYRINGE/U-100/1ML/31G X	
TRUSTEX		1/2".....	106	5/16".....	107
LUBRICATED/SPERMICIDE		ULTICARE INSULIN		ULTICARE INSULIN	
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TRUSTEX		1/2".....	106	100/0.3ML/31G X 5/16".....	107
LUBRICATED/SPERMICIDE		ULTICARE INSULIN		ULTICARE INSULIN	
EXTRA STRENGTH.....	76	SYRINGE/0.5ML/30G X		SYRINGEULTRAFINE U-	
TRUSTEX NATURAL		1/2".....	106	100/0.5ML/31G X 5/16".....	107
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SPERMICIDE.....	76	SYRINGE/1ML/29G X		INSULIN SYRINGE 1/2ML 30G X	
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LUBRICATED/SPERMICIDE		ULTICARE INSULIN		ULTIGUARD SAFEPAK	
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