

ambetter
HEALTH

2026

Formulary

EFFECTIVE JANUARY 1, 2026



Formulary Introduction

SUMMARY OF FORMULARY BENEFITS

The information in this document is designed to help you understand the prescription drug benefits offered under this plan and to compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare both the value and scope of formulary benefits.

HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS

To find the cost of your prescription please visit

<https://ambetter.superiorhealthplan.com/resources/pharmacy-resources.html>. In the Drug Cost tool please select the plan in which you are participating (planning to participate) and enter medications that you are taking. The tool will provide you an approximate cost of your prescriptions and actual allowed cost for branded products. If the total medication cost is less than the co-pay that you would pay for that Tier, you will be responsible only for the lesser off amount.

FORMULARY BY HEALTH BENEFIT PLAN

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

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

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

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

DRUG BY COST-SHARING TIER

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

HOW PRESCRIPTION DRUGS ARE COVERED UNDER THE PLAN

A. FORMULARY COMPOSITION:

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

B. RIGHT TO APPEAL

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

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

C. CONTINUATION OF COVERAGE

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

D. OFF-LABEL DRUG USE

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

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

E. COSTSHARING

Cost sharing is your monetary participation in your care. You will need to know few items to determine the cost-share you are responsible for. Knowing the following items will help you estimate the cost you'll be responsible for at any given time: how much of your deductible you have already paid, how much deductible remains, what drug you are prescriber, and your maximum out of pocket allowance. All those items, with the exception of the tier, can be obtained from the Summary of Benefits and Coverage (see links above). To obtain the tier for your drug please consult the Formulary. To determine your cost share please follow steps below:

- a. Determine the tier that the drug/product you are filling is listed under by consulting the Formulary.
- b. Once you have determined the tier, utilize the Summary of Benefits and Coverage (SBC) document to determine what cost-share will apply to your selected drug/product.
- c. If you have not met your deductible, you will be responsible for the full cost of the drug until you meet your deductible.
- d. If you have met your deductible, but not your Maximum Out of Pocket, you will be charged a copay for drugs that are assigned a copay under your SBC and co-insurance for drugs that are assigned a co-insurance under your SBC. Generally, you will pay one (1) co-pay for each 30-day supply of medication. Two co-pays will be charged for 2-month supply and three co-pays for 3-month supply of your medication, respectively.
- e. To determine the cost for co-insurance drugs/products, please utilize our online drug search tool. Please see section: "HOW TO FIND INFORMATION ON

THE COST OF PRESCRIPTION DRUGS” above.

Please be aware that pharmacy claims will only process if you present your prescription to an in-network pharmacy. Out-of-network claims will not be covered. To find an in-network pharmacy close to you please consult our Find a Provider tool available on our website under Pharmacy Resources.

Your cost share for maintenance medication obtained through either Mail Order or at retail pharmacies participating in our Extended Day’s supply retail network will be calculated based on the day supply that you obtain. For up to 30-day supply you will be charged one (1) copay or co-insurance, 31-60 days supply you will be responsible for two (2) copays or co- insurance and for day supply greater than 60 but less than 91 you will be charged three (3) copays or co-insurance. Some benefit designs may offer lower copays or co-insurance for 61 but less than 91 day supply at Mail Order. Please consult your Summary of Benefit and Coverage (SBC) for further details.

D. MEDICAL MANAGEMENT REQUIREMENTS

Prior Authorization (PA) – Drugs that have PA indication on the formulary require Prior Authorization. You or your provider must request an authorization from us to use this drug/product prior to filling a prescription for the drug/product.

Step Therapy (ST) - Drugs that have a ST indication on the formulary require that you try and fail other formulary products before you can obtain drug/product. When you provider does not feel that trying another product is appropriate your provider or you can submit a

regular Prior Authorization to obtain the Step Therapy drug/product.

Quantity Limit (QL) – Drugs that have QL indication on the Formulary are limited to the quantity indicated. Those quantity limits are based on FDA approved maximum doses. If your provider would like to request exception to those limits, he/she may submit a Prior Authorization request. All requests for quantity limit exception will be processed under our Off-Label policy.

Non-Formulary Drugs – Drugs not found on this formulary are considered non-formulary drugs. To obtain non-formulary drugs your provider would have to submit a regular Prior Authorization request. All request for Non-Formulary Drugs will be reviewed under our Non- Formulary Drug Request Policy.

STANDARD FORMULARY

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

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

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

Drug List Key:

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

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

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

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

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

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

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

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

Opioid Medications:

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

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

Introducción al Formulario

RESUMEN DE BENEFICIOS DEL FORMULARIO

La información de este documento está diseñada para ayudarlo a comprender los beneficios de medicamentos recetados que ofrece este plan y a comparar esos beneficios con los que ofrecen otros planes. La información contenida en este resumen está diseñada para ayudarlo a comparar tanto el valor como el alcance de los beneficios del Formulario.

CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS

Para encontrar el costo de su medicamento recetado, ingrese a

<https://ambetter.superiorhealthplan.com/resources/pharmacy-resources.html>. En la herramienta de Costo del medicamento, seleccione el plan del cual participa (o tiene previsto participar) e introduzca los medicamentos que está tomando. La herramienta le brindará un costo aproximado de sus medicamentos recetados y el costo real permitido para los productos de marca. Si el costo total del medicamento es inferior al copago que le correspondería pagar en ese nivel, sólo será responsable del monto inferior.

FORMULARIO POR PLAN DE BENEFICIOS DE SALUD

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

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

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

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

MEDICAMENTO POR NIVEL DE COSTO COMPARTIDO

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

CÓMO CUBRE EL PLAN LOS MEDICAMENTOS RECETADOS

A. COMPOSICIÓN DEL FORMULARIO:

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

B. DERECHO A APELAR

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

C. CONTINUACIÓN DE COBERTURA

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

D. USO DE MEDICAMENTOS FUERA DE LO INDICADO

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

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

E. COSTO COMPARTIDO

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

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

Para determinar su costo compartido, siga los siguientes pasos:

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

hasta que alcance el deducible.

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

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

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

D. REQUISITOS DE ADMINISTRACIÓN MÉDICA

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

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

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

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

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

FORMULARIO ESTÁNDAR

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

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

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

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

Clave de la lista de medicamentos:

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

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

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

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

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

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

Nivel 4 - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales.

Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “hemofilia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o

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

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
<i>amphetamine sulfate TABS</i>	3	PA
<i>amphetamine-dextroamphetamine CP24 15 MG</i>	1B	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG</i>	1B	QL(1 EA daily)
<i>amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG</i>	1B	QL(2 EA daily)
<i>amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG</i>	1B	QL(3 EA daily)
<i>amphetamine-dextroamphetamine TABS 30 MG</i>	1B	QL(2 EA daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B	
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 EA daily)
<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1B	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 EA daily)
<i>lisdexamfetamine dimesylate CAPS</i>	1B	QL(1 EA daily); ST
<i>lisdexamfetamine dimesylate CHEW</i>	1B	QL(1 EA daily); ST
<i>methamphetamine hcl</i>	1B	QL(5 EA daily); AL(At least 6 yrs old)
Anorexiant Non-Amphetamine		

Drug Name	Drug Tier	Requirements/Limits
<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>phentermine hcl CAPS</i>	1B	PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	1B	
<i>guanfacine hcl (adhd)</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 75 MG	3	QL(2 EA daily); PA
SUNOSI 150 MG	3	QL(1 EA daily); PA
Stimulants - Misc.		
<i>armodafinil</i>	1B	QL(1 EA daily); AL(At least 17 yrs old); PA
<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 EA daily)
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 EA daily)
<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 EA daily)
<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 EA daily)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1B	QL(1 EA daily)

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	4	QL(0.143 EA daily); PA	HUMIRA-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	4	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA-PED<40KG CROHNS STARTER PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-AATY (2 PEN) AJKT	4	QL(0.143 EA daily); PA	HUMIRA-PED>=40KG CROHNS START PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	HUMIRA-PED>=40KG UC STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	4	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	QL(0.143 ML daily); PA	HUMIRA-PSORIASIS/UEVIT STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	4	QL(0.0143 ML daily); PA	SIMLANDI (1 PEN) AJKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ML daily); PA	SIMLANDI (1 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM (2 PEN) AJKT	4	QL(0.143 EA daily); PA	SIMLANDI (2 PEN) AJKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	SIMLANDI (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	4	QL(0.143 EA daily); PA	SIMPONI ARIA SOLN	4	PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	4	QL(0.143 EA daily); PA			
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	4	QL(0.143 EA daily); PA			
HUMIRA (2 PEN) AJKT	4	QL(0.143 EA daily); PA			
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	QL(0.072 EA daily); PA			
HUMIRA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	4	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	ACTEMRA SOSY	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	4	QL(0.143 EA daily); PA	KEVZARA SOAJ	4	QL(0.082 ML daily); PA
YUFLYMA (2 PEN) AJKT	4	QL(0.143 EA daily); PA	KEVZARA SOSY	4	QL(0.082 ML daily); PA
YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
YUFLYMA-CD/UC/HS STARTER AJKT	4	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	<i>celecoxib</i>	1B	QL(2 EA daily)
Gold Compounds			<i>diclofenac potassium TABS 50 MG</i>	1B	
AURANOFIN 3 MG	3	QL(3 EA daily)	<i>diclofenac sodium TB24</i>	1B	
RIDAURA	3	QL(3 EA daily)	<i>diclofenac sodium TBEC</i>	1B	
Interleukin-1 Blockers			<i>diclofenac w/ misoprostol TBEC</i>	1B	
ARCALYST	4	QL(0.286 EA daily); SP; PA	<i>etodolac CAPS</i>	1B	
Interleukin-6 Receptor Inhibitors			<i>etodolac TABS</i>	1B	
ACTEMRA ACTPEN SOAJ	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA	<i>fenoprofen calcium TABS</i>	1B	QL(4 EA daily); ST
ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	4	QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); SP; PA	<i>flurbiprofen TABS</i>	1B	
ACTEMRA SOLN 80 MG/4ML	4	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); SP; PA	<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	1B	RX/OTC
			<i>ibuprofen TABS 800 MG</i>	1B	
			<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
			<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
			<i>indomethacin CPCR</i>	1B	
			<i>ketoprofen CAPS 50 MG</i>	1B	
			<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 EA daily)
			<i>meclofenamate sodium CAPS</i>	1B	
			<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 EA daily); ST
			<i>meloxicam TABS</i>	1A	QL(1 EA daily)
			<i>nabumetone</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium TABS 550 MG</i>	1B	
<i>naproxen SUSP</i>	1B	PA
<i>naproxen TABS</i>	1B	
<i>naproxen TBEC 500 MG</i>	1B	QL(3 EA daily)
<i>oxaprozin TABS</i>	1B	
<i>piroxicam CAPS</i>	1B	
<i>sulindac TABS</i>	1B	
<i>tolmetin sodium CAPS</i>	1B	
<i>tolmetin sodium TABS 600 MG</i>	1B	
Phosphodiesterase 4 (PDE4) Inhibitors		
<i>OTEZLA TABS</i>	4	QL(2 EA daily); PA
<i>OTEZLA TBPk</i>	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>OTEZLA TBPk</i>	4	1 package(s) per 180 day(s) retail; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1B	QL(1 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
<i>ENBREL MINI SOCT</i>	4	QL(0.146 ML daily); PA
<i>ENBREL SURECLICK SOAJ</i>	4	QL(0.146 ML daily); PA
<i>ENBREL SOLN</i>	4	QL(0.146 ML daily); PA
<i>ENBREL SOSY 50 MG/ML</i>	4	QL(0.286 ML daily); SP; PA
<i>ENBREL SOSY 25 MG/0.5ML</i>	4	QL(0.146 ML daily); PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 EA daily)
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 EA daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 EA daily)
<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 EA daily)
Salicylates		
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TBEC 325 MG</i>	1A	
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal TABS</i>	1B	
<i>salsalate</i>	1B	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply
<i>CODEINE SULFATE TABS</i>	1B	New starts limited to 7 day supply
<i>fentanyl citrate LPOP</i>	1B	QL(4 EA daily); PA
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 EA daily)
<i>hydrocodone bitartrate CP12</i>	3	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate T24A</i>	3	QL(2 EA daily); PA	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 EA daily); PA
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B		<i>morphine sulfate SOLN PO 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ML daily)
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)	<i>morphine sulfate SOLN PO 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ML daily)
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 EA daily); PA	<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 EA daily); PA	<i>morphine sulfate TBCR</i>	1B	QL(2 EA daily)
<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply	<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(2 EA daily); PA
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ML per fill retail)	<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)
<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B		<i>oxymorphone hcl TABS</i>	1B	QL(12 EA daily); PA
<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)	<i>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 EA daily); PA
<i>methadone hcl CONC</i>	1B	QL(10 ML daily)	<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 EA daily); PA
<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B		<i>SUBSYS LIQD 800 MCG</i>	3	QL(8 EA daily); PA
<i>methadone hcl SOLN PO 10 MG/5ML</i>	1B	QL(50 ML daily)	<i>tramadol hcl TABS 50 MG</i>	1A	New starts limited to 7 day supply; QL(8 EA daily)
<i>methadone hcl SOLN PO 5 MG/5ML</i>	1B	QL(100 ML daily)	<i>tramadol hcl TB24</i>	1B	QL(1 EA daily)
<i>METHADONE HCL SOLN IJ (methadone hcl)</i>	1B		Opioid Combinations		
<i>methadone hcl TABS 5 MG</i>	1B	QL(4 EA daily)	<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ML daily)
<i>methadone hcl TABS 10 MG</i>	1B	QL(10 EA daily)			
<i>methadone hcl TBSO</i>	1B	QL(2 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)	<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 EA daily)
<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 EA daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA	<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply	<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)	Opioid Partial Agonists		
<i>butalbital-aspirin-caffeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1B	QL(2 EA daily)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1B	New starts limited to 7 day supply; QL(180 ML daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1B	QL(3 EA daily)
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	1B	New starts limited to 7 day supply	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply	<i>buprenorphine hcl SOLN</i>	1B	
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)	<i>buprenorphine hcl SUBL</i>	1B	QL(3 EA daily)
			<i>buprenorphine PTWK</i>	1B	QL(0.143 EA daily); PA
			<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ML daily); PA
			<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
			<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 EA daily); PA
<i>danazol CAPS</i>	1B	
<i>methyltestosterone TABS</i>	1B	
<i>testosterone cypionate SOLN IM</i>	1B	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
<i>testosterone enanthate SOLN IM</i>	1B	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	4	QL(3.2 GM daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
Rectal Steroids		
<i>hydrocortisone (rectal) EX</i>	1B	
<i>hydrocortisone acetate (rectal)</i>	1B	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 GM daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1B	PA
EMVERM CHEW	2	QL(2 EA daily; 6 EA per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin</i>	1B	QL(9 EA per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
<i>praziquantel</i>	1B	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 EA daily)
<i>ranolazine TB12 500 MG</i>	1B	QL(3 EA daily)
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1A	
NITRO-BID OINT	3	
<i>nitroglycerin CPCR</i>	1B	QL(4 EA daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
ANTIANSIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>buspirone hcl 5 MG</i>	1A	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B	
<i>hydroxyzine hcl SYRP</i>	1B	
<i>hydroxyzine hcl TABS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B	
<i>meprobamate</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Benzodiazepines		
<i>alprazolam TABS 2 MG</i>	1B	QL(4 EA daily)
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 EA daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN PO 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 EA daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 1 MG</i>	1A	QL(4 EA daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 EA daily)
<i>oxazepam CAPS</i>	1B	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 150 MG/3ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide</i>	1B	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
<i>FASENRA PEN SOAJ</i>	4	QL(0.036 ML daily); PA
<i>FASENRA SOSY 10 MG/0.5ML</i>	4	QL(0.018 ML daily); PA
<i>FASENRA SOSY 30 MG/ML</i>	4	QL(0.036 ML daily); PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1B	C; QL(8 ML daily)
Bronchodilators - Anticholinergics		
<i>ATROVENT HFA</i>	3	QL(0.44 GM daily)
<i>INCRUSE ELLIPTA</i>	2	C; QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1B	C; QL(15 ML daily)
<i>SPIRIVA RESPIMAT AERS IN</i>	2	C; QL(0.14 GM daily)
<i>tiotropium bromide CAPS IN 18 MCG</i>	1B	C; QL(1 EA daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1B	C; QL(1 EA daily)
<i>montelukast sodium PACK</i>	1B	C; QL(1 EA daily)
<i>montelukast sodium TABS</i>	1B	C; QL(1 EA daily)
<i>zafirlukast</i>	1B	C; QL(2 EA daily)
<i>zileuton TB12</i>	3	QL(4 EA daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	1B	QL(1 EA daily)
Steroid Inhalants		
<i>ALVESCO</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA 100 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	1B	
ARNUITY ELLIPTA 50 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	2	
<i>budesonide (inhalation) SUSP</i>	1B	C; QL(4 ML daily); PA
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1B	
<i>fluticasone propionate (inhalation) AEPB</i>	1B	C
<i>fluticasone propionate hfa</i>	1B	C; QL(0.8 GM daily)
PULMICORT FLEXHALER AEPB	2	C
QVAR REDHALER	2	C
Sympathomimetics		
AIRDUO DIGIHALER	3	
AIRSUPRA	3	
<i>albuterol sulfate AERS</i>	1B	C
<i>albuterol sulfate NEBU</i>	1B	C
<i>albuterol sulfate SYRP</i>	1B	C
<i>albuterol sulfate TABS</i>	1B	C
<i>arformoterol tartrate</i>	1B	C; QL(4 ML daily)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	2	C
BREZTRI AEROSPHERE	2	C; QL(0.38 GM daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1B	
COMBIVENT RESPIMAT AERS	2	QL(0.16 GM daily)
DULERA	2	C

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone furoate-vilanterol</i>	1B	
<i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	1B	C
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1B	
<i>fluticasone-salmeterol AERO</i>	1B	C
<i>formoterol fumarate NEBU</i>	1B	C; QL(4 ML daily)
<i>ipratropium-albuterol SOLN</i>	1B	C; QL(18 ML daily)
<i>levalbuterol hcl</i>	1B	C
<i>levalbuterol tartrate</i>	1B	C; QL(0.5 GM daily)
PROAIR DIGIHALER	3	
PROAIR RESPICLICK AEPB	3	
SEREVENT DISKUS	2	C
STIOLTO RESPIMAT	2	C
STRIVERDI RESPIMAT	2	C
<i>terbutaline sulfate SOLN</i>	1B	C
<i>terbutaline sulfate TABS</i>	1B	C
TRELEGY ELLIPTA	2	C; QL(2 EA daily)
<i>umeclidinium-vilanterol</i>	2	C; QL(2 EA daily)
Xanthines		
<i>theophylline ELIX</i>	1B	
<i>theophylline SOLN</i>	1B	C; QL(56 ML daily)
<i>theophylline TB12</i>	1B	C
<i>theophylline TB24</i>	1B	C

ANTICOAGULANTS - Blood Thinners

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Coumarin Anticoagulants			<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail); SP
<i>warfarin sodium TABS</i>	1A				
Direct Factor Xa Inhibitors			<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail); SP
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(2.47 EA daily); 1 max fill(s) per 180 day(s) retail	<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail); SP
ELIQUIS TABS	2	QL(2 EA daily)	FRAGMIN SOSY	4	SP; PA
<i>rivaroxaban SUSR 1 MG/ML</i>	1B	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)	HEPARIN (PORCINE) IN NAACL SOLN IV 0.45 %-12500 UNIT/250ML	1B	
<i>rivaroxaban TABS 2.5 MG</i>	1B	QL(2 EA daily)	<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B	
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail	Thrombin Inhibitors		
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	2	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)	<i>dabigatran etexilate mesylate CAPS</i>	1B	
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)	ANTICONVULSANTS - Drugs to Treat Seizures		
XARELTO TABS 15 MG	2	QL(2 EA daily)	AMPA Glutamate Receptor Antagonists		
Heparins And Heparinoid-Like Agents			<i>perampanel TABS 2 MG</i>	1B	QL(6 EA daily); PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ML daily)	<i>perampanel TABS 8 MG, 10 MG, 12 MG</i>	1B	QL(1 EA daily); PA
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ML daily)	<i>perampanel TABS 6 MG</i>	1B	QL(2 EA daily); PA
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ML daily; 30 Day(s) limit); SP	<i>perampanel TABS 4 MG</i>	1B	QL(3 EA daily); PA
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ML daily; 30 Day(s) limit); SP	Anticonvulsants - Benzodiazepines		
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ML daily); SP	<i>clobazam SUSP</i>	1B	QL(16 ML daily); PA
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ML daily)	<i>clobazam TABS</i>	1B	QL(2 EA daily); PA
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail); SP	<i>clonazepam TABS</i>	1A	

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

Drug Name	Drug Tier	Requirements/Limits
<i>primidone 50 MG, 250 MG</i>	1B	
<i>rufinamide SUSP</i>	1B	QL(80 ML daily); PA
<i>rufinamide TABS 200 MG</i>	1B	QL(2 EA daily); PA
<i>rufinamide TABS 400 MG</i>	1B	QL(8 EA daily); PA
TEGRETOL SUSP (<i>carbamazepine</i>)	2	
TEGRETOL TABS (<i>carbamazepine</i>)	2	
<i>topiramate CPSP 15 MG</i>	1B	QL(6 EA daily)
<i>topiramate CPSP 25 MG</i>	1B	QL(8 EA daily)
<i>topiramate CS24</i>	3	PA
<i>topiramate TABS 200 MG</i>	1B	QL(2 EA daily)
<i>topiramate TABS 50 MG</i>	1B	QL(6 EA daily)
<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 EA daily)
<i>zonisamide CAPS</i>	1B	QL(6 EA daily)
Carbamates		
<i>felbamate SUSP</i>	1B	QL(30 ML daily)
<i>felbamate TABS 600 MG</i>	1B	QL(6 EA daily)
<i>felbamate TABS 400 MG</i>	1B	QL(9 EA daily)
GABA Modulators		
<i>tiagabine hcl</i>	1B	
<i>vigabatrin PACK</i>	4	QL(6 EA daily); SP; PA
<i>vigabatrin TABS</i>	4	QL(6 EA daily); SP; PA
Hydantoins		
DILANTIN	2	
DILANTIN (<i>phenytoin sodium extended</i>)	2	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>phenytoin</i>)	2	
DILANTIN SUSP (<i>phenytoin</i>)	2	

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

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Drug Name	Drug Tier	Requirements/Limits
SPRAVATO (56 MG DOSE)	4	PA
SPRAVATO (84 MG DOSE)	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide SOLN</i>	1A	
<i>citalopram hydrobromide TABS</i>	1A	D/C
<i>escitalopram oxalate SOLN</i>	1B	
<i>escitalopram oxalate TABS</i>	1B	D+/C
<i>fluoxetine hcl CAPS</i>	1A	D/C
<i>fluoxetine hcl CPDR</i>	1A	
<i>fluoxetine hcl SOLN</i>	1B	
<i>fluoxetine hcl TABS</i>	1B	
<i>fluvoxamine maleate TABS</i>	1B	D+/C
<i>paroxetine hcl SUSP</i>	1B	
<i>paroxetine hcl TABS</i>	1B	D/C
<i>paroxetine hcl TB24</i>	1B	
<i>sertraline hcl CONC</i>	1B	
<i>sertraline hcl TABS</i>	1B	D/C
Serotonin Modulators		
<i>nefazodone hcl</i>	1B	
<i>trazodone hcl TABS</i>	1B	
TRINTELLIX	3	QL(1 EA daily); PA
VIIBRYD STARTER PACK KIT	3	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail
<i>vilazodone hcl TABS</i>	1B	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>desvenlafaxine succinate</i>	1B	
<i>duloxetine hcl CPEP</i>	1B	D/C

Drug Name	Drug Tier	Requirements/Limits
FETZIMA TITRATION C4PK	3	PA
FETZIMA CP24	3	QL(1 EA daily); PA
<i>venlafaxine hcl CP24</i>	1B	D+/C
<i>venlafaxine hcl TABS</i>	1B	D/C
<i>venlafaxine hcl TB24</i>	1B	
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1A	D/C
<i>amoxapine</i>	1B	
<i>clomipramine hcl</i>	1B	
<i>desipramine hcl TABS</i>	1B	
<i>doxepin hcl CAPS</i>	1B	
<i>doxepin hcl CONC</i>	1B	
<i>imipramine hcl TABS</i>	1B	D+/C
<i>imipramine pamoate</i>	1B	
<i>nortriptyline hcl CAPS</i>	1B	
<i>nortriptyline hcl SOLN</i>	1B	
<i>protriptyline hcl</i>	1B	
<i>trimipramine maleate CAPS</i>	1B	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1B	QL(3 EA daily)
<i>miglitol</i>	1B	QL(3 EA daily)
Antidiabetic Combinations		
<i>alogliptin-metformin hcl</i>	1B	QL(2 EA daily); PA
<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 EA daily); PA
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 EA daily); PA
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 EA daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl</i> 250 MG-2.5 MG, 500 MG-2.5 MG	1B	D+; QL(2 EA daily)	Biguanides		
<i>glipizide-metformin hcl</i> 500 MG-5 MG	1B	D+; QL(4 EA daily)	<i>metformin hcl TABS 500 MG</i>	1A	D+; QL(5 EA daily)
<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	D+; QL(2 EA daily)	<i>metformin hcl TABS 1000 MG</i>	1A	D+; QL(2.5 EA daily)
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	D+; QL(4 EA daily)	<i>metformin hcl TABS 850 MG</i>	0	QL(3 EA daily)
GLYXAMBI	2	QL(1 EA daily)	<i>metformin hcl TB24 500 MG</i>	1B	D+; QL(4 EA daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)	<i>metformin hcl TB24 750 MG</i>	1B	D+; QL(3 EA daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)	Diabetic Other		
JANUMET TABS	2	QL(2 EA daily)	<i>diazoxide</i>	3	
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 EA daily)	<i>glucagon SOLR IJ 1 MG</i>	1B	D+; QL(0.035 EA daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 EA daily)	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 EA daily)	<i>alogliptin benzoate</i>	1B	QL(1 EA daily)
<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 EA daily)	JANUVIA	2	QL(1 EA daily)
SOLIQUA	2	QL(0.5 ML daily); PA	<i>saxagliptin hcl</i>	1B	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)	Incretin Mimetic Agents		
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 EA daily)	<i>liraglutide</i>	1B	QL(0.3 ML daily); PA
SYNJARDY TABS	2	QL(2 EA daily)	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 EA daily)	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.054 ML daily); PA
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 EA daily)	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(0.108 ML daily); PA
XULTOPHY	2	QL(0.5 ML daily); PA	OZEMPIC (2 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA
			RYBELSUS TABS	2	QL(1 EA daily); PA
			TRULICITY	2	QL(0.143 ML daily); PA
			Insulin		
			APIDRA SOLOSTAR SOPN	3	PA
			APIDRA SOLN	3	PA

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	D; QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	D; QL(1.34 ML daily)
INSULIN ASP PROT & ASP FLEXPEN SUPN	1B	D
INSULIN ASPART PROT & ASPART SUSP	1B	D
INSULIN GLARGINE-YFGN SOLN	2	D
INSULIN GLARGINE-YFGN SOPN	2	D
INSULIN LISPRO (1 UNIT DIAL) SOPN	1B	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1B	
INSULIN LISPRO PROT & LISPRO SUPN	1B	
INSULIN LISPRO SOLN IJ	1B	D
NOVOLIN 70/30 FLEXPEN SUPN	2	D
NOVOLIN 70/30 SUSP	2	D
NOVOLIN N FLEXPEN SUPN	2	D
NOVOLIN N SUSP	2	D
NOVOLIN R FLEXPEN SOPN IJ	2	D
NOVOLIN R SOLN IJ	2	D
NOVOLOG FLEXPEN SOPN	1B	D
NOVOLOG PENFILL SOCT	1B	D
NOVOLOG SOLN IJ	1B	D
REZVOGLAR KWIKPEN	3	PA
SEMGLEE (YFGN) SOLN	2	D
SEMGLEE (YFGN) SOPN	2	D
TRESIBA FLEXTOUCH SOPN	2	D
TRESIBA SOLN	2	D
Insulin Sensitizing Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl</i>	1B	D+; QL(1 EA daily)
Meglitinide Analogues		
<i>nateglinide</i>	1B	QL(3 EA daily)
<i>repaglinide 2 MG</i>	1B	QL(8 EA daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 EA daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 4 MG</i>	1A	D+; QL(2 EA daily)
<i>glimepiride 1 MG, 2 MG</i>	1A	D+; QL(4 EA daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1A	D+; QL(4 EA daily)
<i>glipizide TB24</i>	1A	D+; QL(2 EA daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	D+; QL(4 EA daily)
<i>glyburide TABS</i>	1A	D+; QL(4 EA daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1B	
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS</i>	1B	RX/OTC
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 EA daily)
<i>trimethobenzamide hcl CAPS</i>	1B	
Antiemetics - Miscellaneous		
AKYNZEO	3	PA
<i>doxylamine-pyridoxine TBEC</i>	1B	QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
<i>dronabinol CAPS</i>	1B	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 EA daily)
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 EA daily)
VARUBI (180 MG DOSE) TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>amphotericin b IV</i>	3	
<i>flucytosine</i>	1B	
<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize TABS</i>	1B	
<i>griseofulvin ultramicrosize</i>	1B	
<i>nystatin TABS</i>	1B	
<i>terbinafine hcl TABS</i>	1B	QL(1 EA daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	PA
<i>fluconazole SUSP</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole TABS</i>	1B	
<i>itraconazole CAPS</i>	1B	QL(4 EA daily); PA
<i>itraconazole SOLN</i>	1B	QL(20 ML daily); PA
<i>ketoconazole</i>	1B	
<i>posaconazole SUSP</i>	3	QL(20 ML daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B	
<i>clemastine fumarate SYRP</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ML daily)
Antihistamines - Non-Sedating		
<i>cetirizine hcl TABS</i>	1A	QL(1 EA daily)
<i>desloratadine TABS</i>	1B	QL(1 EA daily)
<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ML daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 EA daily); RX/OTC
<i>loratadine CAPS</i>	1B	
<i>loratadine CHEW</i>	1B	
<i>loratadine SOLN</i>	1B	
<i>loratadine TABS</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine TBDP</i>	1B	
QUZYTIR SOLN IV	3	PA
Antihistamines - Phenothiazines		
<i>promethazine hcl SUPP 50 MG</i>	1B	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 EA daily)
<i>promethazine hcl TABS</i>	1B	
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 EA daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 EA daily); PA
<i>omega-3-acid ethyl esters</i>	1B	D+; QL(4 EA daily)
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1B	QL(6 EA daily)
<i>cholestyramine light POWD</i>	1B	QL(24 GM daily)
<i>cholestyramine PACK</i>	1B	QL(6 EA daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 GM daily)
<i>colesevelam hcl PACK</i>	1B	QL(1 EA daily); PA
<i>colesevelam hcl TABS</i>	1B	QL(7 EA daily)
<i>colestipol hcl GRAN</i>	1B	QL(6 GM daily)
<i>colestipol hcl PACK</i>	1B	QL(6 EA daily)
<i>colestipol hcl TABS</i>	1B	QL(16 EA daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	D+; QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized 43 MG, 130 MG</i>	1B	QL(1 EA daily)
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	D+; QL(1 EA daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	D+; QL(1 EA daily)
<i>gemfibrozil TABS</i>	1B	D+; QL(2 EA daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1A	D+; QL(1 EA daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 EA daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 EA daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	1A	D+; QL(1 EA daily); PV
<i>lovastatin TABS 40 MG</i>	1A	D+; QL(2 EA daily); PV
<i>pravastatin sodium</i>	1B	D+; QL(1 EA daily)
<i>rosuvastatin calcium TABS</i>	1B	QL(1 EA daily)
<i>simvastatin TABS</i>	1A	D+; QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	D+; QL(1 EA daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 EA daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ML daily); PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ML daily); PA
REPATHA SOSY	4	QL(0.0714 ML daily); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		

Drug Name	Drug Tier	Requirements/Limits
ACE Inhibitors		
<i>benazepril hcl</i>	1A	D+
<i>captopril 12.5 MG</i>	1B	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 EA daily)
<i>enalapril maleate TABS</i>	1A	D+
<i>fosinopril sodium</i>	1B	D+
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1A	D+
<i>moexipril hcl</i>	1B	QL(2 EA daily)
<i>perindopril erbumine 4 MG</i>	1B	
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 EA daily)
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 EA daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1B	
<i>ramipril CAPS</i>	1B	D+
<i>trandolapril 1 MG, 2 MG</i>	1B	D+; QL(1 EA daily)
<i>trandolapril 4 MG</i>	1B	D+; QL(2 EA daily)
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl</i>	3	PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1B	QL(1 EA daily)
EDARBI	3	QL(1 EA daily); ST
<i>irbesartan</i>	1B	D+; QL(1 EA daily)
<i>losartan potassium</i>	1A	D+; QL(1 EA daily)
<i>olmesartan medoxomil</i>	1B	D+; QL(1 EA daily)
<i>telmisartan</i>	1B	QL(1 EA daily)
<i>valsartan TABS</i>	1B	D+; QL(1 EA daily)
Antiadrenergic Antihypertensives		
<i>clonidine hcl TABS</i>	1A	D+; QL(8 EA daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clonidine PTWK</i>	1B	QL(0.15 EA daily)	<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1A	D+; QL(1 EA daily)
<i>doxazosin mesylate</i>	1B		<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1A	D+; QL(2 EA daily)
<i>guanfacine hcl</i>	1B		<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 EA daily)
<i>methyldopa TABS</i>	1B	QL(6 EA daily)	<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>prazosin hcl CAPS</i>	1B	QL(4 EA daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>terazosin hcl</i>	1B		<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
Antihypertensive Combinations			<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 EA daily)
<i>amlodipine besylate-benazepril hcl</i>	1B		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 EA daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 EA daily)
<i>amlodipine besylate-valsartan</i>	1B	QL(1 EA daily)	<i>telmisartan-amlodipine</i>	1B	QL(1 EA daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3		<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
<i>atenolol & chlorthalidone</i>	1B		<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B		<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 EA daily)
<i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 EA daily)	<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
<i>bisoprolol & hydrochlorothiazide</i>	1B	QL(2 EA daily)	Antihypertensives - Misc.		
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B		<i>VECAMYL</i>	3	PA
<i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i>	1B		Direct Renin Inhibitors		
<i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 EA daily)	<i>aliskiren fumarate</i>	1B	QL(1 EA daily)
<i>fosinopril sodium & hydrochlorothiazide</i>	1B	QL(1 EA daily)			
<i>irbesartan-hydrochlorothiazide</i>	1B	D+			
<i>lisinopril & hydrochlorothiazide</i>	1A	D+			

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Drug Name	Drug Tier	Requirements/Limits
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
Vasodilators		
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	D+
<i>minoxidil 2.5 MG, 10 MG</i>	1B	D+
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS 250 MG, 500 MG</i>	1B	
<i>pentamidine isethionate IN</i>	1B	
<i>tinidazole</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 200 MG	3	QL(3 EA daily; 9 EA per 3 day(s) retail; 9 EA per 3 days mail); AL(At least 12 yrs old); PA
XIFAXAN 550 MG	3	QL(3 EA daily); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		

Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem sodium IJ</i>	1B	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1B	QL(4 EA daily; 40 EA per fill retail)
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ML per fill retail)
Leprostatics		
<i>dapsone</i>	1B	
Lincosamides		
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1B	
<i>lincomycin hcl</i>	1B	
Monobactams		
<i>aztreonam 1 GM</i>	1B	
CAYSTON	4	QL(3 ML daily); PA
Oxazolidinones		
<i>linezolid SUSR</i>	1B	
<i>linezolid TABS</i>	1B	QL(2 EA daily); PA
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1B	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohyd macro</i>	1B	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 EA per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 EA daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 EA daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 EA daily)
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 EA daily)
KRINTAFEL	3	QL(2 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>primaquine phosphate TABS</i>	3	
<i>pyrimethamine</i>	1B	QL(3 EA daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1B	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
<i>neostigmine methylsulfate SOSY</i>	3	PA
<i>pyridostigmine bromide SOLN PO</i>	1B	
<i>pyridostigmine bromide TABS 60 MG</i>	1B	
<i>pyridostigmine bromide TBCR</i>	1B	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	1B	QL(4 EA daily)
<i>ethambutol hcl TABS</i>	1B	
<i>isoniazid SOLN</i>	1B	
<i>isoniazid SYRP</i>	1B	
<i>isoniazid TABS</i>	1A	
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin CAPS</i>	1B	
<i>rifampin SOLR</i>	1B	
SIRTURO	3	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer					
Alkylating Agents					
<i>busulfan SOLN</i>	4	SP; PA	<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA	<i>mercaptopurine TABS</i>	1B	
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA	<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B	
<i>cyclophosphamide CAPS</i>	1B	PA	<i>methotrexate sodium SOLR</i>	1B	SP
<i>cyclophosphamide SOLR IJ</i>	4		<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP
GLEOSTINE 10 MG	4	SP; PA	<i>nelarabine</i>	4	SP; PA
GLEOSTINE 40 MG, 100 MG	4	PA	<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA	<i>pralatrexate 20 MG/ML</i>	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA	TABLOID	4	SP; PA
LEUKERAN	4	SP; PA	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA
<i>melphalan</i>	1B		Antineoplastic - Angiogenesis Inhibitors		
<i>melphalan hcl IV</i>	1B		INLYTA	4	QL(2 EA daily); SP; PA
MYLERAN TABS	4	SP; PA	LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA	LENVIMA (12 MG DAILY DOSE)	4	QL(3 EA daily); PA
TEMODAR SOLR	4		LENVIMA (14 MG DAILY DOSE)	4	QL(2 EA daily); PA
<i>temozolomide CAPS</i>	4	SP; PA	LENVIMA (18 MG DAILY DOSE)	4	QL(3 EA daily); PA
<i>thiotepa 15 MG</i>	4	SP; PA	LENVIMA (20 MG DAILY DOSE)	4	QL(2 EA daily); PA
ZANOSAR	4	SP; PA	LENVIMA (24 MG DAILY DOSE)	4	QL(3 EA daily); PA
Antimetabolites			LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); PA
<i>azacitidine SUSR</i>	4	SP; PA	LENVIMA (8 MG DAILY DOSE)	4	QL(2 EA daily); PA
<i>capecitabine</i>	4	SP; PA	MVASI	4	PA
<i>clofarabine</i>	4	SP; PA	ZALTRAP 100 MG/4ML	4	SP; PA
<i>decitabine</i>	4	SP; PA	ZIRABEV	4	PA
<i>floxuridine</i>	4	SP; PA	Antineoplastic - Antibodies		
<i>fludarabine phosphate SOLN</i>	4	SP; PA			
<i>fludarabine phosphate SOLR</i>	4	SP; PA			
<i>fluorouracil 500 MG/10ML</i>	4	SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARZERRA	4	SP; PA	ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA
LOQTORZI	4	PA	ELIGARD KIT SC 7.5 MG	4	QL(0.0089 EA daily); SP; PA
RUXIENCE	4	PA	EMCYT	4	SP; PA
TRUXIMA	4	PA	ERLEADA 240 MG	4	QL(1 EA daily); PA
YERVOY	4	SP; PA	ERLEADA 60 MG	4	QL(4 EA daily); PA
Antineoplastic - Anti-HER2 Agents			<i>exemestane</i>	4	QL(1 EA daily); SP
KANJINTI	4	PA	FIRMAGON 80 MG	4	QL(0.143 EA daily); SP; PA
OGIVRI	4	PA	FIRMAGON (240 MG DOSE)	4	QL(0.143 EA daily); SP; PA
TRAZIMERA	4	PA	<i>fulvestrant SOSY</i>	4	QL(0.357 ML daily); SP; PA
TUKYSA	4	PA	<i>letrozole</i>	1B	
Antineoplastic - EGFR Inhibitors			<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA
ERBITUX	4	SP; PA	LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 EA daily); SP; PA
<i>erlotinib hcl</i>	4	QL(1 EA daily); SP; PA	LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA
<i>gefitinib</i>	4	QL(2 EA daily); PA	LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 EA daily); SP; PA
GILOTRIF	4	QL(1 EA daily); PA	LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 EA daily); SP; PA
TAGRISSE 40 MG	4	QL(2 EA daily); PA	LYSODREN	4	SP; PA
TAGRISSE 80 MG	4	QL(1 EA daily); PA	<i>megestrol acetate SUSP</i>	1B	
VECTIBIX 100 MG/5ML	4	SP; PA	<i>megestrol acetate TABS</i>	1B	
VIZIMPRO	4	QL(1 EA daily); PA	<i>nilutamide</i>	1B	QL(2 EA daily)
Antineoplastic - Hedgehog Pathway Inhibitors			NUBEQA	4	QL(4 EA daily); PA
DAURISMO	4	PA	ORGOVYX	4	PA
ERIVEDGE	4	QL(1 EA daily); SP; PA	<i>tamoxifen citrate TABS</i>	0	
ODOMZO	4	QL(1 EA daily); PA	<i>toremifene citrate</i>	1B	
Antineoplastic - Hormonal and Related Agents			TRELSTAR MIXJECT	4	SP; PA
<i>abiraterone acetate 250 MG</i>	4	QL(4 EA daily); SP; PA	VABRINTY KIT SC 22.5 MG, 45 MG	4	SP; PA
<i>abiraterone acetate 500 MG</i>	4	QL(2 EA daily); PA	XTANDI CAPS	4	QL(4 EA daily); SP; PA
<i>anastrozole</i>	1B	QL(1 EA daily)			
<i>bicalutamide</i>	1B	QL(1 EA daily); SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS 40 MG	4	QL(4 EA daily); PA	CAPRELSA	4	QL(1 EA daily); SP; PA
XTANDI TABS 80 MG	4	QL(2 EA daily); PA	COMETRIQ (100 MG DAILY DOSE) KIT	4	QL(2 EA daily); SP; PA
YONSA	4	QL(4 EA daily); PA	COMETRIQ (140 MG DAILY DOSE) KIT	4	QL(4 EA daily); SP; PA
ZOLADEX 10.8 MG	4	QL(0.0119 EA daily); SP; PA	COMETRIQ (60 MG DAILY DOSE) KIT	4	QL(3 EA daily); SP; PA
ZOLADEX 3.6 MG	4	QL(0.0357 EA daily); SP; PA	<i>dasatinib</i>	4	QL(1 EA daily); SP; PA
Antineoplastic - Immunomodulators			<i>everolimus TABS</i>	4	QL(1 EA daily); SP; PA
POMALYST	4	QL(1 EA daily); PA	IBRANCE CAPS	4	QL(1 EA daily); PA
Antineoplastic Antibiotics			IBRANCE TABS	4	QL(1 EA daily); PA
<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA	ICLUSIG	4	QL(1 EA daily); PA
<i>dactinomycin</i>	4	SP; PA	<i>imatinib mesylate TABS</i>	4	QL(2 EA daily); SP; PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA	JAKAFI	4	QL(2 EA daily); SP; PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA	KISQALI (200 MG DOSE)	4	QL(2 EA daily); PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA	KISQALI (400 MG DOSE)	4	QL(2 EA daily); PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA	KISQALI (600 MG DOSE)	4	QL(2.5 EA daily); PA
<i>mitoxantrone hcl 25 MG/12.5ML</i>	4	SP; PA	KYPROLIS	4	PA
<i>valrubicin</i>	4	SP; PA	<i>lapatinib ditosylate</i>	4	QL(6 EA daily); SP; PA
Antineoplastic Combinations			LORBRENA	4	QL(1 EA daily); PA
KISQALI FEMARA (200 MG DOSE)	4	QL(2 EA daily); PA	LUMAKRAS 120 MG, 240 MG	3	QL(2 EA daily); PA
KISQALI FEMARA (400 MG DOSE)	4	QL(2.5 EA daily); PA	LUMAKRAS 320 MG	3	QL(3 EA daily); PA
KISQALI FEMARA (600 MG DOSE)	4	QL(3.25 EA daily); PA	LYNPARZA TABS	4	QL(4 EA daily); PA
Antineoplastic Enzyme Inhibitors			MEKINIST SOLR	4	QL(40 ML daily); PA
ALECENSA	4	QL(8 EA daily); PA	MEKINIST TABS 0.5 MG	4	QL(3 EA daily); PA
<i>bortezomib SOLR IJ</i>	4	SP; PA	MEKINIST TABS 2 MG	4	QL(1 EA daily); PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA	<i>pazopanib hcl</i>	4	QL(4 EA daily); SP; PA
CABOMETYX TABS	4	QL(1 EA daily); PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PIQRAY (200 MG DAILY DOSE)	4	QL(1 EA daily); PA	Antineoplastics Misc.		
PIQRAY (250 MG DAILY DOSE)	4	QL(2 EA daily); PA	ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
PIQRAY (300 MG DAILY DOSE)	4	QL(2 EA daily); PA	<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
<i>romidepsin SOLR</i>	4	SP; PA	<i>bexarotene</i>	4	SP; PA
ROZLYTREK CAPS	4	PA	<i>hydroxyurea</i>	1B	
RUBRACA	4	QL(4 EA daily); PA	MATULANE	4	SP; PA
<i>sorafenib tosylate</i>	4	QL(4 EA daily); SP; PA	NIPENT	4	SP; PA
STIVARGA	4	QL(4 EA daily); SP; PA	PHOTOFRIN	4	SP; PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 EA daily); SP; PA	PROLEUKIN	4	SP; PA
<i>sunitinib malate 37.5 MG</i>	4	QL(1 EA daily); PA	SYNRIBO	4	SP; PA
TAFINLAR CAPS	4	QL(4 EA daily); PA	<i>tretinoin (chemotherapy)</i>	1B	
TAFINLAR TBSO	4	QL(30 EA daily); PA	UVADEX	4	SP; PA
TALZENNA	4	QL(1 EA daily); PA	Chemotherapy Adjuncts		
TAZVERIK	4	PA	KEPIVANCE 6.25 MG	4	SP; PA
<i>temsirolimus</i>	4	QL(0.143 ML daily); SP; PA	Chemotherapy Rescue/Antidote/Protective Agents		
TURALIO 125 MG	4	PA	<i>leucovorin calcium SOLR</i>	1B	
VERZENIO	4	QL(2 EA daily); PA	<i>leucovorin calcium TABS</i>	1B	
VITRAKVI CAPS	4	PA	VORAXAZE	4	SP; PA
VITRAKVI SOLN	4	PA	Mitotic Inhibitors		
XALKORI CAPS	4	QL(2 EA daily); SP; PA	<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA
XOSPATA	4	PA	<i>eribulin mesylate</i>	4	SP; PA
ZEJULA TABS 200 MG, 300 MG	4	QL(1 EA daily); PA	ETOPOPHOS	4	SP; PA
ZEJULA TABS 100 MG	4	QL(3 EA daily); PA	<i>etoposide CAPS</i>	4	SP; PA
ZELBORAF	4	QL(8 EA daily); SP; PA	<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA
ZOLINZA	4	QL(4 EA daily); SP; PA	IXEMPRA KIT 15 MG	4	SP; PA
ZYDELIG	4	QL(2 EA daily); PA	<i>paclitaxel 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA
			<i>paclitaxel protein-bound particles</i>	4	SP; PA
			<i>vincristine sulfate</i>	4	SP; PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 EA daily)
<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>ropinirole hydrochloride TABS</i>	1B	
<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 EA daily); ST
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 EA daily); ST
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1B	QL(1 EA daily); PA
<i>selegiline hcl CAPS</i>	1B	
<i>selegiline hcl TABS</i>	1B	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1B	
<i>lithium carbonate CAPS</i>	1B	
<i>lithium carbonate TABS</i>	1B	
<i>lithium carbonate TBCR</i>	1B	
Antipsychotics - Misc.		
<i>EQUETRO 300 MG</i>	3	QL(4 EA daily); ST
<i>EQUETRO 200 MG</i>	3	QL(8 EA daily); ST
<i>EQUETRO 100 MG</i>	3	QL(2 EA daily); ST
<i>lurasidone hcl 80 MG</i>	1B	QL(2 EA daily)
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 EA daily)
<i>ziprasidone hcl</i>	1B	QL(2 EA daily); AL(At least 18 yrs old)
Benzisoxazoles		
<i>FANAPT</i>	2	QL(2 EA daily); PA

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Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK A	2	PA
<i>paliperidone</i>	1B	
PERSERIS PRSY	2	QL(0.072 EA daily); PA
<i>risperidone microspheres</i>	1B	QL(0.072 EA daily); PA
<i>risperidone SOLN</i>	1B	
<i>risperidone TABS</i>	1B	
<i>risperidone TBDP</i>	1B	
Butyrophenones		
<i>haloperidol decanoate</i>	1B	QL(0.036 ML daily)
<i>haloperidol lactate CONC</i>	1B	
<i>haloperidol lactate SOLN</i>	1B	
<i>haloperidol TABS</i>	1B	
Dibenzapines		
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 EA daily); PA
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 EA daily); PA
<i>clozapine TABS</i>	1B	
<i>clozapine TBDP 100 MG</i>	1B	QL(9 EA daily)
<i>clozapine TBDP 25 MG</i>	1B	QL(3 EA daily)
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 EA daily)
<i>loxapine succinate</i>	1B	
<i>olanzapine SOLR</i>	1B	QL(0.215 EA daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 EA daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 EA daily)
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 EA daily)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 EA daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1B	AL(At least 10 yrs old)
<i>quetiapine fumarate TB24</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Phenothiazines		
<i>chlorpromazine hcl SOLN</i>	3	
<i>chlorpromazine hcl TABS</i>	1B	
<i>fluphenazine hcl CONC</i>	1B	
<i>fluphenazine hcl ELIX</i>	1B	
<i>fluphenazine hcl SOLN</i>	1B	
<i>fluphenazine hcl TABS</i>	1B	
<i>perphenazine TABS</i>	1B	
<i>prochlorperazine</i>	1B	
<i>prochlorperazine maleate TABS</i>	1B	
<i>thioridazine hcl</i>	1B	
<i>trifluoperazine hcl TABS</i>	1B	
Quinolinone Derivatives		
<i>aripiprazole SOLN PO</i>	1B	QL(30 ML daily); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
REXULTI	3	PA
Thioxanthenes		
<i>thiothixene</i>	1B	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ML daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 EA daily)
APTIVUS CAPS	3	QL(4 EA 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)
BIKTARVY	3	QL(1 EA daily)
CABENUVA	3	
CIMDUO	3	QL(1 EA daily); ST

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol phosphate</i>	3	QL(1 EA daily)
<i>labetalol hcl SOLN</i>	1B	
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	D+
<i>labetalol hcl TABS 300 MG</i>	1B	D+; QL(8 EA daily)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS</i>	1A	D+
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	D+
<i>metoprolol succinate TB24 200 MG</i>	1B	D+; QL(2 EA daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	D+
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B	
<i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1A	D+
<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 EA daily)
<i>nebivolol hcl 20 MG</i>	3	QL(2 EA daily)
Beta Blockers Non-Selective		
<i>HEMANGEOL SOLN PO</i>	4	QL(75 ML daily); PA
<i>nadolol TABS 20 MG</i>	1B	QL(3 EA daily)
<i>nadolol TABS 80 MG</i>	1B	
<i>nadolol TABS 40 MG</i>	1B	QL(6 EA daily)
<i>pindolol TABS</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl TABS</i>	1B	
<i>sotalol hcl (afib/af)</i>	1B	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 EA daily)
<i>sotalol hcl TABS 240 MG</i>	1B	
<i>timolol maleate TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1B	D+
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 EA daily)
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl extended release beads 420 MG</i>	1B	
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	1B	D+
<i>diltiazem hcl CP12</i>	1B	QL(2 EA daily)
<i>diltiazem hcl CP24</i>	1B	D+
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	
<i>DILTIAZEM HCL SOLR</i>	1B	
<i>diltiazem hcl TABS</i>	1B	D+
<i>diltiazem hcl TB24</i>	1B	
<i>felodipine</i>	1B	D+
<i>isradipine CAPS</i>	1B	
<i>nicardipine hcl CAPS</i>	1B	
<i>nicardipine hcl SOLN</i>	1B	
<i>nifedipine CAPS 10 MG</i>	1B	
<i>nifedipine CAPS 20 MG</i>	1B	QL(9 EA daily)
<i>nifedipine TB24 90 MG</i>	1B	D+; QL(1 EA daily)
<i>nifedipine TB24</i>	1B	
<i>nifedipine TB24 60 MG</i>	1B	D+; QL(2 EA daily)
<i>nifedipine TB24 30 MG</i>	1B	D+
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine</i>	1B	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<i>verapamil hcl TABS</i>	1B	D+
<i>verapamil hcl TBCR</i>	1B	D+
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1B	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
LANOXIN SOLN IJ (<i>digoxin</i>)	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 EA daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
Impotence Agents		
<i>avanafil</i>	1B	QL(0.134 EA daily)
<i>sildenafil citrate</i>	1B	QL(0.1334 EA daily); PA
<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 EA daily); PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	4	PA
ORENITRAM TBCR	4	PA
<i>treprostinil SOLN IJ</i>	4	SP; PA
TYVASO REFILL KIT SOLN IN	4	PA
TYVASO STARTER KIT SOLN IN	4	PA

Drug Name	Drug Tier	Requirements/Limits
TYVASO SOLN IN	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 EA daily); SP; PA
<i>bosentan TABS 125 MG</i>	4	QL(2 EA daily); SP; PA
<i>bosentan TABS 62.5 MG</i>	4	QL(2 EA daily); PA
<i>bosentan TBSO 32 MG</i>	4	QL(2 EA daily); SP; PA
TRACLEER TBSO 32 MG (<i>bosentan</i>)	4	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ML daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ML daily); PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 EA daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 200 MCG	4	PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
Sinus Node Inhibitors		
<i>ivabradine hcl TABS</i>	3	QL(2 EA daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1B	
<i>cefadroxil SUSR</i>	1B	
<i>cefadroxil TABS</i>	1B	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B	
<i>cephalexin CAPS</i>	1B	
<i>cephalexin SUSR</i>	1B	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS</i>	1B	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1B	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1B	
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1B	
<i>cefprozil SUSR</i>	1B	
<i>cefprozil TABS</i>	1B	
<i>cefuroxime axetil TABS</i>	1B	
<i>cefuroxime sodium IJ 750 MG</i>	1B	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1B	
<i>cefdinir SUSR</i>	1B	
<i>cefixime CAPS</i>	1B	
<i>cefixime SUSR</i>	1B	ST
<i>cefpodoxime proxetil SUSR</i>	1B	
<i>cefpodoxime proxetil TABS</i>	1B	
<i>ceftazidime IJ 1 GM, 6 GM</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 4th Generation		
<i>cefepime hcl SOLR IV 2 GM</i>	1B	
Cephalosporins - 5th Generation		
TEFLARO	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
<i>ethynodiol diacet & eth estrad</i>	0	
FEMLYV TBDP	0	
<i>levonorgestrel & eth estradiol TABS</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	
<i>levonorgestrel-ethinyl estradiol-iron</i>	0	
LO LOESTRIN FE TABS	0	
NATAZIA	0	
NEXTSTELLIS	0	
<i>norethin acet & estrad-fe CAPS</i>	0	
<i>norethin acet & estrad-fe CHEW</i>	0	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0		<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
<i>norethindrone & eth estradiol</i>	0		Progestin Contraceptives - Implants		
<i>norethindrone & ethinyl estradiol-fe</i>	0		NEXPLANON	0	
<i>norethindrone acet & eth estra TABS</i>	0		Progestin Contraceptives - Injectable		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	0		DEPO-SUBQ PROVERA 104 SUSY SC	0	
<i>norethindrone-eth estradiol (triphasic)</i>	0		<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ML per 90 day(s) retail)
<i>norgestimate-ethinyl estradiol</i>	0		<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(90 Day(s) limit ; 1 ML per 90 day(s) retail)
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0		Progestin Contraceptives - IUD		
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0		KYLEENA	0	
TYBLUME CHEW	0		LILETTA (52 MG)	0	
Combination Contraceptives - Transdermal			MIRENA (52 MG)	0	
<i>norelgestromin-ethinyl estradiol</i>	0		SKYLA	0	
TWIRLA	0	QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail)	Progestin Contraceptives - Oral		
Combination Contraceptives - Vaginal			<i>norethindrone (contraceptive)</i>	0	
ANNOVERA	0		OPILL	0	
<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 EA daily)	SLYND	0	QL(1 EA daily)
Copper Contraceptives - IUD			CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
MIUDELLA INTRAUTERINE COPPER	0		Glucocorticosteroids		
PARAGARD INTRAUTERINE COPPER	0		<i>budesonide CPEP</i>	1B	QL(3 EA daily)
Emergency Contraceptives			<i>deflazacort TABS</i>	4	PA
ELLA	0		DEPO-MEDROL SUSP	3	
			DEXAMETHASONE INTENSOL CONC	1B	
			<i>dexamethasone ELIX</i>	1B	
			<i>dexamethasone SOLN</i>	1B	
			<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	
<i>hydrocortisone sod succinate 100 MG</i>	1B	2 max fill(s) per 30 day(s) retail
<i>hydrocortisone TABS</i>	1B	
MEDROL TABS	3	
<i>methylprednisolone acetate SUSP</i>	1B	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
<i>methylprednisolone TABS</i>	1B	
<i>methylprednisolone TBPK</i>	1B	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
<i>prednisolone sodium phosphate TBDP</i>	3	
<i>prednisolone SOLN</i>	1B	
<i>prednisolone TABS</i>	1B	
<i>prednisone SOLN</i>	1B	
<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>prednisone TBPK</i>	1B	
SOLU-CORTEF 250 MG	3	
SOLU-CORTEF 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetonide SUSP 40 MG/ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		

Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate 200 MG</i>	1B	QL(3 EA daily)
<i>benzonatate 150 MG</i>	1B	QL(4 EA daily)
<i>benzonatate 100 MG</i>	1B	QL(6 EA daily)
Cough/Cold/Allergy Combinations		
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B	
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine SOLN</i>	1B	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old)
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); RX/OTC
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old)
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide LIQD 4 % , 10 %</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 ML daily)
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ML daily); AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old)
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin CREA 0.025 % , 0.05 % , 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin GEL 0.01 % , 0.025 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(1 GM daily)
Antibiotics - Topical		
ALTABAX	2	QL(15 GM per 30 day(s) retail; 15 GM per 30 days mail)
<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 GM daily)
<i>gentamicin sulfate (topical) OINT</i>	1B	
<i>mupirocin OINT</i>	1B	QL(6 GM daily)
NEO-SYNALAR	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
Antifungals - Topical		
<i>butenafine hcl</i>	1B	QL(6 GM daily)
<i>ciclopirox olamine CREA</i>	1B	QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciclopirox olamine SUSP</i>	1B	
<i>ciclopirox GEL</i>	1B	QL(3.35 GM daily)
<i>ciclopirox SHAM</i>	1B	QL(10 ML daily)
<i>ciclopirox SOLN</i>	1B	QL(0.22 ML daily)
<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 GM daily); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ML daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 GM daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1B	
<i>econazole nitrate CREA</i>	1B	QL(85 GM per fill retail; 85 per fill mail)
ERTACZO	3	QL(2.15 GM daily)
<i>ketoconazole (topical) CREA</i>	1B	QL(10 GM daily)
<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ML daily)
<i>luliconazole</i>	1B	PA
<i>naftifine hcl CREA 2 %</i>	1B	QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>naftifine hcl CREA 1 %</i>	1B	QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>nystatin (topical) CREA</i>	1B	QL(10 GM daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 GM daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 GM daily)
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 GM daily)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 GM daily)
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Drug Name	Drug Tier	Requirements/Limits
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ML daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>sulconazole nitrate CREA</i>	1B	
<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>tavaborole</i>	1B	PA
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 EA daily); PA
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 GM daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	4	SP; PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 GM daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 GM daily)
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ML daily)
PANRETIN	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
Antipsoriatics		

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 GM daily)
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 GM daily)
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 GM daily)
<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ML daily)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 GM daily)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 GM daily)
Eczema Agents		
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); PA
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); PA
DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ML daily); PA
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 GM daily); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1B	QL(12 EA per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		

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

Drug Name	Drug Tier	Requirements/Limits
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 EA daily)
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
Diagnostic Tests		
CHEMSTRIP K STRP	1B	D
FORA GTEL BLOOD KETONE TEST	1B	D
FORA TEST N'GO ADV-VOICE-6 CON	1B	D
GOJJI BLOOD KETONE TEST	1B	D
KETONE TEST STRP	1B	D
KETOSTIX STRP	1B	D
NOVA MAX PLUS KETONE TEST	1B	D
PRECISION XTRA KETONE	1B	D
RELION KETONE TEST STRP	1B	D
RELION TRUE METRIX TEST STRIPS STRP	1B	D; QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1B	D; QL(3.34 EA daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	

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

Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium</i>	1B	
<i>acetazolamide CP12</i>	1B	QL(2 EA daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 EA daily)
<i>acetazolamide TABS 250 MG</i>	1B	QL(4 EA daily)
<i>methazolamide TABS</i>	1B	QL(6 EA daily)
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1B	
<i>spironolactone & hydrochlorothiazide</i>	1B	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1A	
<i>triamterene & hydrochlorothiazide TABS</i>	1A	
Loop Diuretics		
<i>bumetanide SOLN 0.25 MG/ML</i>	1B	
<i>bumetanide TABS</i>	1B	QL(5 EA daily)
<i>ethacrynic acid</i>	1B	QL(16 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1B	
<i>furosemide TABS</i>	1A	
<i>torseamide TABS</i>	1B	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1B	
<i>spironolactone TABS</i>	1B	
<i>triamterene CAPS</i>	1B	QL(3 EA daily)
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1A	
DIURIL SUSP	2	QL(20 ML daily)
<i>hydrochlorothiazide CAPS</i>	1B	QL(2 EA daily)
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 EA daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 EA daily)
<i>indapamide TABS 2.5 MG</i>	1A	QL(2 EA daily)
<i>indapamide TABS 1.25 MG</i>	1A	QL(1 EA daily)
<i>metolazone</i>	1B	QL(2 EA daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1A	QL(1 EA daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1A	QL(0.143 EA daily)
<i>calcitonin (salmon) NA</i>	1B	QL(0.14 ML daily)
FOSAMAX PLUS D	3	QL(0.143 EA daily); PA
<i>ibandronate sodium SOLN</i>	4	SP; PA
<i>ibandronate sodium TABS</i>	1B	QL(0.036 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 EA daily); PA
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 EA daily); PA
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 EA daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
<i>teriparatide SOPN</i>	4	QL(0.09 ML daily); SP; PA
TYMLOS	4	PA
<i>zoledronic acid SOLN</i>	4	SP; PA
Corticotropin		
ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	3	PA
ACTHAR GEL	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
<i>clomiphene citrate TABS</i>	3	PA
NOVAREL IM 10000 UNIT	4	PA
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
ORLISSA	2	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	4	SP; PA
SYNAREL	4	SP; PA
Metabolic Modifiers		
ALDURAZYME	4	SP; PA
<i>betaine</i>	4	SP; PA
<i>calcitriol CAPS</i>	1B	
<i>calcitriol SOLN IV</i>	1B	
<i>cinacalcet hcl</i>	1B	QL(4 EA daily); SP; PA
<i>doxercalciferol CAPS</i>	1B	
<i>doxercalciferol SOLN</i>	1B	
ELAPRASE	4	SP; PA
MYALEPT	4	PA
<i>nitisinone CAPS</i>	4	PA
<i>paricalcitol CAPS</i>	1B	
<i>paricalcitol SOLN</i>	1B	
<i>sodium phenylbutyrate POWD</i>	1B	PA
<i>sodium phenylbutyrate TABS</i>	1B	PA
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1B	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol GEL</i>	1B	
<i>estradiol PTTW</i>	1B	QL(0.572 EA daily)
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	
EVAMIST SOLN	3	
MENEST 2.5 MG	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS</i>	1B	
<i>ciprofloxacin in d5w 200 MG/100ML</i>	3	
<i>levofloxacin in d5w 500 MG/100ML</i>	1B	
<i>levofloxacin SOLN PO</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
<i>prucalopride succinate</i>	1B	QL(1 EA daily)
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	2	QL(1 EA daily)
Gallstone Solubilizing Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol CAPS</i>	1B	QL(3 EA daily)
<i>ursodiol TABS</i>	1B	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1B	QL(2 EA daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ML daily)
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B	
<i>metoclopramide hcl TABS</i>	1A	QL(6 EA daily)
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1B	QL(9 EA daily)
DIPENTUM	2	
INFLECTRA SOLR	4	PA
<i>mesalamine CP24</i>	1B	
<i>mesalamine CPDR</i>	1B	
<i>mesalamine ENEM</i>	3	
<i>mesalamine SUPP</i>	3	
<i>mesalamine TBEC 800 MG</i>	3	QL(6 EA daily)
<i>mesalamine TBEC 1.2 GM</i>	3	
PYZCHIVA 130 MG/26ML	4	QL(3.47 ML daily); PA
RENFLEXIS	4	PA
SKYRIZI SOCT	4	QL(0.043 ML daily); PA
SKYRIZI SOLN	4	QL(0.36 ML daily); PA
STELARA 130 MG/26ML	4	QL(3.47 ML daily); PA
STEQEYMA	4	QL(3.47 ML daily); PA
<i>sulfasalazine TABS</i>	1B	
<i>sulfasalazine TBEC</i>	1B	
TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(0.072 ML daily); PA

Drug Name	Drug Tier	Requirements/Limits
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	4	QL(0.143 ML daily); PA
TREMFYA SOLN IV	4	QL(0.72 ML daily); PA
TREMFYA SOSY SC 200 MG/2ML	4	QL(0.072 ML daily); PA
YESINTEK 130 MG/26ML	4	QL(3.47 ML daily); PA
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1B	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1B	QL(2 EA daily)
LINZESS	2	QL(1 EA daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1B	
MOVANTIK	3	QL(1 EA daily); PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1B	
<i>calcium acetate (phosphate binder) TABS</i>	1B	RX/OTC
<i>lanthanum carbonate CHEW</i>	1B	
<i>sevelamer carbonate PACK</i>	1B	
<i>sevelamer carbonate TABS</i>	1B	
VELPHORO	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	1B	
<i>sodium citrate & citric acid</i>	1B	RX/OTC
Cystinosis Agents		

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Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	1B	
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1B	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1B	
SORBITOL 3 %	1B	
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 EA daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 EA daily)
<i>dutasteride</i>	1B	QL(1 EA daily)
<i>dutasteride-tamsulosin hcl</i>	1B	PA
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1B	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	1A	
<i>colchicine TABS</i>	1B	QL(1 EA daily)
<i>febuxostat</i>	1B	QL(1 EA daily); PA
Uricosurics		
<i>probenecid</i>	1B	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		

Drug Name	Drug Tier	Requirements/Limits
Antihemophilic Products		
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOSY</i>	4	QL(9 ML daily); PA
Complement Inhibitors		
GOHIBIC	4	PA
HAEGARDA SOLR SC	4	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 EA daily)
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</i>	1B	QL(2 EA daily); PA
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1A	QL(1 EA daily)
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>dipyridamole</i>	1B	
<i>eptifibatide 200 MG/100ML</i>	4	PA
<i>prasugrel hcl</i>	1B	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	1B	QL(2 EA daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 EA daily); PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	0	
<i>ferrous sulfate TBEC 325 MG</i>	0	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 EA daily); PA
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 EA daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl</i>	1B	PA
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 EA daily)
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 EA daily)
<i>triazolam</i>	1B	
<i>zaleplon 5 MG</i>	1B	QL(1 EA daily); AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	1B	QL(2 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate TABS</i>	1A	QL(1 EA daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1B	QL(1 EA daily)
Orexin Receptor Antagonists		
<i>BELSOMRA</i>	3	PA
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1B	QL(1 EA daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1B	
Laxative Combinations		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1B	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1B	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B	
Laxatives - Miscellaneous		
<i>lactulose SOLN</i>	1B	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1A	
<i>bisacodyl TBEC</i>	1A	
Surfactant Laxatives		
<i>docusate calcium</i>	1A	QL(1 EA daily)
<i>docusate sodium CAPS 250 MG</i>	1A	
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 EA daily)
MACROLIDES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/Limits
Azithromycin		
<i>azithromycin PACK</i>	1B	
<i>azithromycin SUSR</i>	1B	
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 EA daily)
<i>azithromycin TABS 500 MG</i>	1B	QL(4 EA per fill retail; 4 per fill mail)
<i>azithromycin TABS 250 MG</i>	1B	QL(6 EA per fill retail; 6 per fill mail)
Clarithromycin		
<i>clarithromycin SUSR</i>	1B	
<i>clarithromycin TABS</i>	1B	
<i>clarithromycin TB24</i>	1B	
Erythromycins		
<i>erythromycin base CPEP</i>	3	
<i>erythromycin base TABS</i>	3	
<i>erythromycin base TBEC</i>	1B	
<i>erythromycin ethylsuccinate SUSR</i>	1B	
<i>erythromycin ethylsuccinate TABS</i>	3	
Fidaxomicin		
<i>DIFICID TABS 200 MG (fidaxomicin)</i>	2	
<i>fidaxomicin TABS 200 MG</i>	1B	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
<i>AIMSCO LUBRICATED MISC</i>	0	
<i>CAYA DPRH</i>	0	
<i>DUREX EXTRA SENSITIVE THIN DEVI</i>	0	
<i>DUREX EXTRA SENSITIVE THIN MISC</i>	0	
<i>DUREX TROPICAL MISC</i>	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FANTASY LUBRICATED/SPERMICIDE MISC	0		TROJAN BARESKIN DEVI	0	
FANTASY LUBRICATED MISC	0		TROJAN MAGNUM MISC	0	
FC2 FEMALE CONDOM	0	QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	TROJAN ULTRA THIN/SPERMICIDAL MISC	0	
FEMCAP DEVI	0		TROJAN ULTRA THIN MISC	0	
KAMELEON LUBRICATED MISC	0		TROJAN-ENZ LUBRICATED MISC	0	
KIMONO COLORS DEVI	0		TROJAN-ENZ/SPERMICIDAL MISC	0	
KIMONO MAXX-LARGE FLARE MISC	0		TRUE COVER DEVI	0	
KIMONO MICRO THIN PLUS MISC	0		TRUSTEX COLOR CONDOMS + LUBE MISC	0	
KIMONO PLUS MISC	0		TRUSTEX LUB/RIBBED/STUDDED MISC	0	
KIMONO PS PLUS MISC	0		TRUSTEX LUB/SPERMICIDE EX ST MISC	0	
KIMONO PS MISC	0		TRUSTEX LUB/SPERMICIDE XL MISC	0	
KIMONO SENSATION PLUS MISC	0		TRUSTEX LUBRICATED EX LARGE MISC	0	
KIMONO SENSATION MISC	0		TRUSTEX LUBRICATED EXTRA ST MISC	0	
KIMONO SPECIAL DEVI	0		TRUSTEX LUBRICATED/SPERMICIDE MISC	0	
KIMONO MISC	0		TRUSTEX LUBRICATED MISC	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0		TRUSTEX NATURAL CONDOMS + LUBE MISC	0	
K-Y ME & YOU INTENSE DEVI	0		TRUSTEX RIA LUB/SPERMICIDE MISC	0	
MAXX PLUS MISC	0		TRUSTEX RIA LUBRICATED MISC	0	
MAXX MISC	0		TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	0	
OMNIFLEX DIAPHRAGM	0		WIDE-SEAL DIAPHRAGM 60	0	
REALITY LATEX CONDOMS MISC	0				
REALITY LATEX/ULTRA TEXTURED DEVI	0				
REALITY LATEX/ULTRA THIN DEVI	0				

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Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DIAPHRAGM 65	0	
WIDE-SEAL DIAPHRAGM 70	0	
WIDE-SEAL DIAPHRAGM 75	0	
WIDE-SEAL DIAPHRAGM 80	0	
WIDE-SEAL DIAPHRAGM 85	0	
WIDE-SEAL DIAPHRAGM 90	0	
WIDE-SEAL DIAPHRAGM 95	0	
Diabetic Supplies		
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE 2 PLUS SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE 3 PLUS SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE 3 READER	3	QL(1 EA per 365 day(s) retail); PA
FREESTYLE LIBRE 3 SENSOR	3	QL(0.072 EA daily); PA
FREESTYLE LIBRE READER	3	PA
ONETOUCH DELICA SAFETY LANCING	1B	D; RX/OTC
RELION LANCET DEVICES 30G	1B	D; RX/OTC
RELION LANCETS	1B	D; RX/OTC
SELECT LANCETS	1B	6.66/day
SELECT LANCETS	1	6.66/day

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX LEVEL 3 SOLN	1B	D
Parenteral Therapy Supplies		
BD PEN NEEDLE NANO 2ND GEN	1B	D; QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	1B	D; QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	1B	D; QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	1B	D; QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	1B	D; QL(5 EA daily)
SELECT INSULIN SYRINGES	1B	5/day; #
SELECT INSULIN SYRINGES	1	5/day
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(0.04 ML daily); PA
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA
EMGALITY SOAJ	2	QL(0.07 ML daily); PA
EMGALITY SOSY	2	QL(0.07 ML daily); PA
UBRELVY 100 MG	3	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); ST
UBRELVY 50 MG	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); ST
Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 EA daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>zolmitriptan SOLN</i>	1B	QL(0.2 EA daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TABS</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TBDP</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
MINERALS & ELECTROLYTES		
Bicarbonates		
<i>sodium acetate SOLN</i>	1B	
SODIUM ACETATE SOLN (<i>sodium acetate</i>)	1B	
Calcium		
<i>calcium chloride (dihydrate) SOLN</i>	1B	
Electrolyte Mixtures		
<i>electrolyte-148</i>	1B	
<i>electrolyte-a</i>	1B	
IONOSOL-MB IN D5W	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P IN D5W	1B		<i>potassium chloride microencapsulated crystals er</i>	1B	
ISOLYTE-S	1B		<i>potassium chloride CPCR</i>	1B	
KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (<i>potassium chloride in dextrose & sodium chloride</i>)	1B		<i>potassium chloride PACK PO 20 MEQ</i>	1B	PA
KCL-LACTATED RINGERS-D5W	1B		<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B	
NORMOSOL-M IN D5W	1B		POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (<i>potassium chloride</i>)	1B	
NORMOSOL-R PH 7.4	1B		<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1B	
PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	1B		MISCELLANEOUS THERAPEUTIC CLASSES		
PLASMA-LYTE A (<i>electrolyte-a</i>)	1B		Chelating Agents		
<i>potassium chloride in dextrose 20 MEQ/L</i>	1B		<i>penicillamine CAPS</i>	1B	PA
<i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B		<i>penicillamine TABS</i>	1B	QL(8 EA daily)
<i>ringer's</i>	1B		<i>trientine hcl 250 MG</i>	4	QL(8 EA daily); SP; PA
Fluoride			Immunomodulators		
<i>sodium fluoride CHEW</i>	0	QL(1 EA daily)	<i>lenalidomide 20 MG</i>	4	QL(1 EA daily); PA
Phosphate			<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 EA daily); SP; PA
<i>potassium phosphates 45 MMOLE/15ML</i>	1B		THALOMID	4	QL(3 EA daily); SP; PA
Potassium			Immunosuppressive Agents		
<i>potassium acetate SOLN 2 MEQ/ML</i>	1B		ATGAM	4	SP; PA
<i>potassium bicarbonate TBEF</i>	1B		AZATHIOPRINE SODIUM	1B	
			<i>azathioprine TABS</i>	1B	
			<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
			<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
			<i>cyclosporine CAPS</i>	1B	
			<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 EA daily); PA
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 EA daily); SP; PA
<i>mycophenolate mofetil CAPS</i>	1B	
<i>mycophenolate mofetil TABS</i>	1B	
<i>mycophenolate sodium</i>	1B	
PROGRAF PACK	2	PA
PROGRAF SOLN	2	
SIMULECT	3	
<i>sirolimus TABS</i>	1B	
<i>tacrolimus CAPS</i>	1B	
THYMOGLOBULIN	4	SP; PA
Irrigation Solutions		
<i>irrigation solutions, physiological</i>	1B	
<i>lactated ringer's (irrigation)</i>	1B	
<i>ringer's irrigation</i>	1B	
<i>water for irrigation, sterile</i>	1B	
Potassium Removing Agents		
LOKELMA	3	QL(1 EA daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1B	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1B	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ML daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	
Anti-infectives - Throat		

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole</i>	1B	
<i>nystatin (mouth-throat)</i>	1B	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1B	
Dental Products		
<i>stannous fluoride CONC</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	1B	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1B	
<i>pilocarpine hcl (oral)</i>	1B	
MULTIVITAMINS		
Ped MV w/ Fluoride		
<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	QL(1 EA daily)
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	2	QL(1 EA daily)
EQL PRENATAL FORMULA TABS	2	QL(1 EA daily)
FT PRENATAL TABS	2	QL(1 EA daily)
GNP PRENATAL/FOLIC ACID TABS	2	QL(1 EA daily)
GNP PRENATAL TABS	2	QL(1 EA daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)
MASONATAL TABS	2	QL(1 EA daily)
M-NATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 EA daily)

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

Drug Name	Drug Tier	Requirements/Limits
Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ML daily)
<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal)</i>	1B	1 package(s) per fill retail
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ML per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 GM daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	3	PA
NUTRIENTS		
Proteins		
CLINIMIX/DEXTROSE (4.25/10)	3	

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

Drug Name	Drug Tier	Requirements/Limits
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1B	
<i>ofloxacin (ophth)</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B	
<i>sulfacetamide sodium (ophth) SOLN</i>	1B	
<i>tobramycin (ophth) SOLN</i>	1B	
<i>trifluridine</i>	1B	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	3	PA
Ophthalmic Local Anesthetics		
<i>proparacaine hcl</i>	1B	
Ophthalmic Steroids		
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ML daily)
<i>difluprednate</i>	1B	PA
<i>fluorometholone (ophth) SUSP</i>	1B	
FML FORTE SUSP	3	PA
LOTEMAX OINT	3	PA
<i>loteprednol etabonate GEL</i>	1B	PA
<i>loteprednol etabonate SUSP</i>	1B	PA
MAXIDEX SUSP OP	3	PA
<i>neomycin-polymy-dexameth OINT</i>	1B	
<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1B	
<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ML daily)
PRED MILD	3	PA
<i>prednisolone acetate (ophth)</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA
<i>tobramycin-dexamethasone SUSP</i>	1B	
ZYLET	3	PA
Ophthalmic Surgical Aids		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
Ophthalmics - Misc.		
ALOCRIAL	3	PA
ALOMIDE	3	PA
<i>azelastine hcl (ophth)</i>	1B	
<i>bepotastine besilate</i>	3	PA
<i>brinzolamide</i>	1B	
<i>bromfenac sodium (ophth)</i>	1B	
<i>cromolyn sodium (ophth)</i>	1B	
CYSTARAN	2	QL(2.143 ML daily); PA
<i>diclofenac sodium (ophth)</i>	1B	
<i>dorzolamide hcl</i>	1B	
<i>epinastine hcl (ophth)</i>	1B	
<i>flurbiprofen sodium</i>	1B	
<i>ketorolac tromethamine (ophth)</i>	1B	
<i>ketotifen fumarate (ophth) 0.035 %</i>	1B	
LASTACAFT	3	PA
NEVANAC	3	QL(0.2 ML daily); ST
<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ML daily); RX/OTC
<i>olopatadine hcl 0.2 %</i>	1B	RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1B	
<i>latanoprost SOLN</i>	1B	
<i>tafluprost</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost SOLN</i>	1B	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1B	QL(0.5 ML daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
Otic Combinations		
<i>ciprofloxacin-dexamethasone</i>	1B	PA
<i>ciprofloxacin-fluocinolone acetonide</i>	1B	QL(0.5 EA daily); PA
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1B	QL(2 ML daily)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1B	
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
BEYFORTUS	0	
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IV 10 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
Natural Penicillins		
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
<i>penicillin g potassium 5000000 UNIT</i>	1B	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1B	
<i>amoxicillin & pot clavulanate SUSR</i>	1B	
<i>amoxicillin & pot clavulanate TABS</i>	1B	
<i>amoxicillin & pot clavulanate TB12</i>	1B	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 10 MG</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>megestrol acetate (appetite)</i>	1B	PA
<i>norethindrone acetate TABS</i>	0	
<i>progesterone CAPS</i>	1B	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
<i>lofexidine hcl</i>	1B	QL(224 EA per 14 day(s) retail); PA
Antidementia Agents		
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 EA daily)
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 EA daily)
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 EA daily)
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 EA daily)
<i>galantamine hydrobromide CP24</i>	1B	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ML daily)
<i>galantamine hydrobromide TABS</i>	1B	QL(2 EA daily)
<i>memantine hcl TABS</i>	1B	QL(2 EA daily)
<i>memantine hcl TABS</i>	1B	
<i>rivastigmine tartrate CAPS</i>	1B	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	1B	
<i>perphenazine-amitriptyline</i>	1B	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA
SAVELLA TABS	2	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	4	QL(4 EA daily); PA
<i>tetrabenazine</i>	4	QL(3 EA daily); SP; PA
Multiple Sclerosis Agents		
AVONEX PEN AJKT	4	QL(0.0714 EA daily); SP; PA
AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); SP; PA
BETASERON KIT	4	QL(0.5 EA daily); SP; PA
<i>dalfampridine</i>	4	QL(2 EA daily); SP; PA
<i>dimethyl fumarate CDPK</i>	1B	QL(2 EA daily)
<i>dimethyl fumarate CPDR</i>	1B	QL(2 EA daily)
<i> fingolimod hcl</i>	3	QL(1 EA daily); PA
<i>glatiramer acetate SOSY 40 MG/ML</i>	4	QL(0.43 ML daily)
<i>glatiramer acetate SOSY 20 MG/ML</i>	4	QL(1 ML daily)
LEMTRADA	4	QL(1.2 ML daily); PA
PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ML daily); PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ML daily); PA
PLEGRIDY SOAJ	4	QL(0.036 ML daily); PA
PLEGRIDY SOSY SC	4	QL(0.036 ML daily); PA
REBIF REBIDOSE TITRATION PACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ML daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ML daily); SP; PA
<i>teriflunomide</i>	3	QL(1 EA daily); PA
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 EA daily); PA
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 EA daily); PA
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	3	QL(2 EA daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1B	
<i>pimozide</i>	1B	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 EA daily)
<i>nicotine polacrilex GUM</i>	0	
<i>nicotine polacrilex LOZG</i>	0	
NICOTINE KIT	0	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 EA daily)
NICOTROL NS SOLN	0	
NICOTROL INHA	0	
<i>varenicline tartrate TABS</i>	0	QL(2 EA daily)
<i>varenicline tartrate TBPK</i>	0	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
PROLASTIN-C SOLR	4	PA

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexlansoprazole</i>	3	QL(1 EA daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 EA daily); RX/OTC
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 EA daily)
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 EA daily)
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 EA daily); RX/OTC
<i>lansoprazole CPDR 30 MG</i>	1B	
NEXIUM 24HR TBEC 20 MG	1B	QL(2 EA daily)
<i>omeprazole magnesium CPDR</i>	1B	QL(4 EA daily)
<i>omeprazole CPDR</i>	1B	QL(2 EA daily)
<i>omeprazole TBEC</i>	1B	QL(2 EA daily)
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 EA daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>rabeprazole sodium TBEC</i>	1B	QL(1 EA daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1B	QL(4 EA daily)
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 EA daily); RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1B	QL(1 EA daily)
<i>fesoterodine fumarate</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride SOLN</i>	1B	
<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>oxybutynin chloride TB24</i>	1B	
<i>solifenacin succinate TABS</i>	1B	QL(1 EA daily)
<i>tolterodine tartrate CP24</i>	1B	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>tropium chloride CP24</i>	1B	QL(1 EA daily)
<i>tropium chloride TABS</i>	1B	QL(3 EA daily)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
<i>mirabegron TB24</i>	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 EA daily)
<i>bethanechol chloride 25 MG</i>	1B	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1B	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO 0.5 ML	0	
CAPVAXIVE	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI 0.5 ML	0	
MENVEO SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PENBRAYA	0	
PNEUMOVAX 23 SOLN	0	
PNEUMOVAX 23 SOSY	0	
PREVNAR 13	0	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE SUSP	0	
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail	MRESVIA	0	
FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE SUSP	0	
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE SUSY	0	
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0	
FLUZONE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	PFIZER COVID-19 VAC BIVALENT	0	
GARDASIL 9 SUSP 0.5 ML	0	3 max fill(s) per 365 day(s) retail	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 365 day(s) retail	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0		PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0	
HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail	PFIZER-BIONTECH COVID-19 VACC SUSP	0	
IPOL IJ	0		PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
JYNNEOS	0		PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail	PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail
MNEXSPIKE SUSY 10 MCG/0.2ML	0		RECOMBIVAX HB SUSP	0	
MODERNA COVID-19 BIVALENT	0		RECOMBIVAX HB SUSY	0	
MODERNA COVID-19 VAC 6M-11Y SUSP	0		ROTARIX SUSP	0	
MODERNA COVID-19 VAC 6M-11Y SUSY	0		ROTATEQ SOLN	0	
			SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
			SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0	
			SPIKEVAX SUSP	0	
			SPIKEVAX SUSY	0	
			TWINRIX SUSY	0	

Drug Name	Drug Tier	Requirements/Limits
VAQTA	0	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	
VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail
VAGINAL AND RELATED PRODUCTS		
Spermicides		
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal SUPP</i>	1B	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	1B	QL(15.15 GM daily)
Vaginal Contraceptive - pH Modulators		
PHEXXI	0	PV
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1B	QL(2 GM daily)
<i>estradiol vaginal TABS</i>	1B	
ESTRING RING 7.5 MCG/24HR	3	
FEMRING	3	
PREMARIN	2	QL(1.5 GM daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		

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

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abacavir sulfate-lamivudine	28	ACTHIB SOLR IM	61	adapalene CREA	35
abiraterone acetate 250 MG	24	ACTIMMUNE 100 MCG/0.5ML	26	adapalene GEL	35
abiraterone acetate 500 MG	24	acyclovir CAPS	30	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	35
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		azelastine hcl	55		

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betamethasone dipropionate (topical) OINT	39	bleomycin sulfate 15 UNIT	25	buprenorphine hcl SUBL	7
betamethasone dipropionate augmented CREA	39	BOOSTRIX SUSP	60	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	7
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		bromfenac sodium (ophth)	56	bupropion hcl TB24 150 MG, 300 MG	13
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butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG 7	candesartan cilexetil- hydrochlorothiazide 20	cefaclor CAPS 33
butalbital-aspirin-caffeine CAPS 5	capecitabine 23	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML 33
butalbital-aspirin-caffeine w/cod 7	CAPRELSA 25	cefadroxil CAPS 33
butenafine hcl 36	captopril 12.5 MG 19	cefadroxil SUSR 33
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML 7	captopril 25 MG, 50 MG, 100 MG . 19	cefadroxil TABS 33
butorphanol tartrate NA 10 MG/ML . 7	CAPVAXIVE 61	cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG 33
CABENUVA 28	carbamazepine CHEW 100 MG ... 12	cefdinir CAPS 33
cabergoline 44	carbamazepine CP12 100 MG 12	cefdinir SUSR 33
CABOMETYX TABS 25	carbamazepine CP12 200 MG 12	cefepime hcl SOLR IV 2 GM 33
calcipotriene CREA 38	carbamazepine CP12 300 MG 12	cefixime CAPS 33
calcipotriene OINT 38	carbamazepine SUSP 12	cefixime SUSR 33
calcipotriene SOLN 38	carbamazepine TABS 12	cefotetan disodium IJ 1 GM, 2 GM 33
calcipotriene-betamethasone dipropionate OINT 39	carbamazepine TB12 100 MG, 400 MG 12	cefoxitin sodium IV 1 GM, 2 GM ... 33
calcipotriene-betamethasone dipropionate SUSP 39	carbamazepine TB12 200 MG 12	cefpodoxime proxetil SUSR 33
calcitonin (salmon) NA 42	carbidopa 27	cefpodoxime proxetil TABS 33
calcitriol (topical) 38	carbidopa-levodopa TABS 27	cefprozil SUSR 33
calcitriol CAPS 43	carbidopa-levodopa TBCR 27	cefprozil TABS 33
calcitriol SOLN IV 43	carbidopa-levodopa TBDP 27	ceftazidime IJ 1 GM, 6 GM 33
calcium acetate (phosphate binder) CAPS 45	carbidopa-levodopa-entacapone . 27	cefuroxime axetil TABS 33
calcium acetate (phosphate binder) TABS 45	carbinoxamine maleate SOLN 18	cefuroxime sodium IJ 750 MG 33
	carbinoxamine maleate TABS 4 MG . 18	celecoxib 4
	carisoprodol TABS 54	cephalexin CAPS 33
	carmustine 23	cephalexin SUSR 33
	carteolol hcl (ophth) 55	CERDELGA 46
	carvedilol 30	cetirizine hcl TABS 18
		cevimeline hcl 53

CHEMET	16	ciclopirox SHAM	36	36
CHEMSTRIP K STRP	41	ciclopirox SOLN	36	clindamycin phosphate (topical) LOTN
chloramphenicol sodium succinate 21		cidofovir	30	36
chlordiazepoxide hcl CAPS	9	cilostazol	46	clindamycin phosphate (topical) SOLN
chlordiazepoxide hcl-clidinium bromide	60	CIMDUO	28	36
chlordiazepoxide-amitriptyline	58	cimetidine TABS	60	SWAB
chlorhexidine gluconate (mouth- throat)	53	cinacalcet hcl	43	clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML
chloroquine phosphate TABS 250 MG	22	ciprofloxacin hcl (ophth) SOLN	55	21
chloroquine phosphate TABS 500 MG	22	ciprofloxacin hcl (otic)	57	clindamycin phosphate vaginal CREA
chlorpromazine hcl SOLN	28	ciprofloxacin hcl TABS	44	64
chlorpromazine hcl TABS	28	ciprofloxacin in d5w 200 MG/100ML . 44		clindamycin phosphate-benzoyl peroxide (refrigerate)
chlorthalidone 25 MG, 50 MG	42	ciprofloxacin-dexamethasone	57	36
chlorzoxazone TABS 500 MG	54	ciprofloxacin-fluocinolone acetonide . 57		clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %
chlorzoxazone TABS 750 MG	54	cisplatin SOLN 100 MG/100ML ...	23	36
cholecalciferol CAPS	64	citalopram hydrobromide SOLN ...	14	CLINIMIX/DEXTROSE (4.25/10) .
cholecalciferol TABS 10 MCG, 400 UNIT	64	citalopram hydrobromide TABS ...	14	55
cholestyramine light PACK	18	clarithromycin SUSR	48	CLINIMIX/DEXTROSE (4.25/5) ...
cholestyramine light POWD	18	clarithromycin TABS	48	55
cholestyramine PACK	18	clarithromycin TB24	48	clobazam SUSP
cholestyramine POWD	18	CLASSIC PRENATAL TABS	53	11
choline fenofibrate	18	clemastine fumarate SYRP	18	clobazam TABS
CHORIONIC GONADOTROPIN IM 43		clemastine fumarate TABS 2.68 MG . 18		11
ciclopirox GEL	36	CLIMARA PRO	44	clobetasol propionate CREA 0.05 % . 39
ciclopirox olamine CREA	36	clindamycin hcl	21	39
ciclopirox olamine SUSP	36	clindamycin palmitate hydrochloride . 21		clobetasol propionate emollient base 0.05 %
		clindamycin phosphate (topical) FOAM	36	39
		clindamycin phosphate (topical) GEL		clobetasol propionate FOAM
				39
				clobetasol propionate GEL 0.05 %
				39
				clobetasol propionate OINT 0.05 % 39
				clobetasol propionate SOLN 0.05 % . 39
				39
				clocortolone pivalate
				39
				clofarabine
				23

clomiphene citrate TABS	43	colestipol hcl TABS	18	MG-800 MCG-400 UNIT-4 MCG-1.7
clomipramine hcl	14	COMBIPATCH PTTW	44	MG-18 MG-27 MG-1.5 MG-25 MG-
clonazepam TABS	11	COMBIVENT RESPIMAT AERS ..	10	263 MG-11 UNIT-4000 UNIT
clonidine hcl (adhd) TB12	1	COMETRIQ (100 MG DAILY DOSE)		cyanocobalamin SOLN IJ 1000
clonidine hcl TABS	19	KIT	25	MCG/ML
clonidine PTWK	20	COMETRIQ (140 MG DAILY DOSE)		cyclobenzaprine hcl TABS 5 MG, 10
clopidogrel bisulfate 300 MG	46	KIT	25	MG
clopidogrel bisulfate 75 MG	46	COMETRIQ (60 MG DAILY DOSE)		cyclophosphamide CAPS
clorazepate dipotassium TABS	9	KIT	25	cyclophosphamide SOLR IJ
clotrimazole (topical) CREA	36	COMIRNATY 5-11 YEARS SUSP 10		cycloserine
clotrimazole (topical) SOLN	36	MCG/0.3ML	62	cyclosporine (ophth) EMUL
clotrimazole	53	COMIRNATY SUSP	62	cyclosporine CAPS
clotrimazole vaginal CREA 1 %	64	COMIRNATY SUSY	62	cyclosporine modified (for
clotrimazole w/ betamethasone		COMPLERA 200 MG-300 MG-25 MG		microemulsion) CAPS
CREA	37	(emtricitabine- rilpivirine-tenofovir		cyclosporine modified (for
clotrimazole w/ betamethasone		disoproxil fumarate)	29	microemulsion) SOLN
LOTN	37	CORDRAN TAPE	39	cyclosporine SOLN IV 50 MG/ML .
clozapine TABS	28	CORTISPORIN-TC	57	cyproheptadine hcl SYRP
clozapine TBDP 100 MG	28	COSENTYX (300 MG DOSE) SOSY .		cyproheptadine hcl TABS
clozapine TBDP 12.5 MG, 150 MG		38		CYSTAGON CAPS
28		COSENTYX SENSOREADY (300		CYSTARAN
clozapine TBDP 25 MG	28	MG) SOAJ	38	dabigatran etexilate mesylate CAPS .
COARTEM	22	COSENTYX SENSOREADY PEN		11
codeine sulfate TABS 30 MG	5	SOAJ	38	dactinomycin
CODEINE SULFATE TABS	5	COSENTYX SOSY 150 MG/ML ..	38	dalfampridine
colchicine TABS	46	COSENTYX SOSY 75 MG/0.5ML .	38	danazol CAPS
colchicine w/ probenecid	46	COSENTYX UNOREADY SOAJ ..	38	dantrolene sodium CAPS
colesevelam hcl PACK	18	CREON CPEP	41	dapagliflozin propanediol
colesevelam hcl TABS	18	CRESEMBA CAPS 186 MG	17	16
colestipol hcl GRAN	18	cromolyn sodium (ophth)	56	dapagliflozin propanediol-metformin
colestipol hcl PACK	18	cromolyn sodium NEBU	9	hcl 1000 MG-10 MG
		crotamiton LOTN	41	14
		CVS PRENATAL TABS 100 MG-2.6		dapagliflozin propanediol-metformin
				hcl 1000 MG-5 MG
				14
				dapsone
				21

DAPTACEL	60	desogestrel-ethinyl estradiol (biphasic)	33	DIACOMIT CAPS 500 MG	12
daptomycin 500 MG	21	desogestrel-ethinyl estradiol (triphasic)	33	DIACOMIT PACK 250 MG	12
darifenacin hydrobromide	61	desonide CREA	39	DIACOMIT PACK 500 MG	12
darunavir TABS	29	desonide LOTN	39	diazepam (anticonvulsant) GEL ...	12
dasatinib	25	desonide OINT	39	diazepam CONC	9
DAURISMO	24	desoximetasone CREA 0.25 % ...	39	diazepam SOLN PO 5 MG/5ML	9
decitabine	23	desoximetasone GEL	39	diazepam TABS	9
deferasirox PACK	16	desoximetasone OINT 0.25 % ...	39	diazoxide	15
deferasirox TABS	16	desvenlafaxine succinate	14	diclofenac epolamine PTCH EX ...	37
deferasirox TBSO	16	dexamethasone ELIX	34	diclofenac potassium TABS 50 MG .	4
deflazacort TABS	34	DEXAMETHASONE INTENSOL CONC	34	diclofenac sodium (actinic keratoses) EX	37
DELSTRIGO	29	dexamethasone sodium phosphate (ophth)	56	diclofenac sodium (ophth)	56
demeclocycline hcl TABS	59	dexamethasone SOLN	34	diclofenac sodium (topical) GEL EX	37
DEPO-ESTRADIOL	44	dexamethasone TABS 0.5 MG, 0.75 MG	35	diclofenac sodium TB24	4
DEPO-MEDROL SUSP	34	dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	34	diclofenac sodium TBEC	4
DEPO-SUBQ PROVERA 104 SUSY SC	34	dexlansoprazole	61	diclofenac w/ misoprostol TBEC ...	4
DESCOVY 200 MG-25 MG	29	dexamethylphenidate hcl CP24	1	dicloxacillin sodium	57
desipramine hcl TABS	14	dexamethylphenidate hcl TABS	1	dicyclomine hcl CAPS	60
desloratadine TABS	18	dextroamphetamine sulfate CP24 10 MG, 15 MG	1	dicyclomine hcl SOLN PO	60
desloratadine TBDP 2.5 MG	18	dextroamphetamine sulfate CP24 5 MG	1	dicyclomine hcl TABS	60
desmopressin acetate SOLN IJ ...	44	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG .	1	DIFFERIN LOTN	36
DESMOPRESSIN ACETATE SOLN NA	44	DIACOMIT CAPS 250 MG	12	DIFICID TABS 200 MG (fidaxomicin)	48
desmopressin acetate spray	43			diflorasone diacetate CREA	39
desmopressin acetate spray refrigerated 0.01 %	43			diflorasone diacetate OINT	39
desmopressin acetate TABS 0.1 MG 44				diflunisal TABS	5
desmopressin acetate TABS 0.2 MG 44				difluprednate	56
desogestrel & ethinyl estradiol	33			digoxin SOLN PO 0.05 MG/ML	32
				digoxin TABS 62.5 MCG, 125 MCG,	

250 MCG	32	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	18	doxercalciferol CAPS	43
dihydroergotamine mesylate SOLN IJ 1 MG/ML	51	diphenoxylate w/ atropine LIQD ...	16	doxercalciferol SOLN	43
dihydroergotamine mesylate SOLN NA 4 MG/ML	51	diphenoxylate w/ atropine TABS ...	16	doxorubicin hcl SOLR 10 MG, 50 MG	25
DILANTIN (phenytoin sodium extended)	13	dipyridamole	46	doxycycline (monohydrate) CAPS 50 MG, 100 MG	59
DILANTIN	13	disopyramide phosphate CAPS	9	doxycycline (monohydrate) CAPS 75 MG	59
DILANTIN INFATABS CHEW (phenytoin)	13	disulfiram	58	doxycycline (monohydrate) TABS 100 MG	59
DILANTIN SUSP (phenytoin)	13	DIURIL SUSP	42	doxycycline (monohydrate) TABS 50 MG, 75 MG	59
DILANTIN-125 SUSP (phenytoin) .	13	divalproex sodium TB24	13	doxycycline hyclate CAPS	59
diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	31	divalproex sodium TBEC	13	doxycycline hyclate TABS 20 MG, 100 MG	60
diltiazem hcl coated beads CP24 180 MG, 240 MG	31	docetaxel CONC 20 MG/ML	26	doxycycline pyridoxine TBEC	17
diltiazem hcl CP12	31	docusate calcium	48	dronabinol CAPS	17
diltiazem hcl CP24	31	docusate sodium CAPS 100 MG ..	48	drosiprenone-ethinyl estradiol	33
diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	31	docusate sodium CAPS 250 MG ..	48	drosiprenone-ethinyl estradiol- levomefolate calcium	33
diltiazem hcl extended release beads 420 MG	31	dofetilide	9	DROXIA CAPS	47
diltiazem hcl SOLN 50 MG/10ML ..	31	donepezil hydrochloride TABS 10 MG	58	DUAVEE	44
DILTIAZEM HCL SOLR	31	donepezil hydrochloride TABS 5 MG, 23 MG	58	DULERA	10
diltiazem hcl TABS	31	donepezil hydrochloride TBDP 10 MG	58	duloxetine hcl CPEP	14
diltiazem hcl TB24	31	donepezil hydrochloride TBDP 5 MG 58		DUPIXENT SOAJ 200 MG/1.14ML 40	
dimethyl fumarate CDPK	58	dorzolamide hcl	56	DUPIXENT SOAJ 300 MG/2ML ...	40
dimethyl fumarate CPDR	58	dorzolamide hcl-timolol maleate ..	55	DUPIXENT SOSY 100 MG/0.67ML 40	
DIPENTUM	45	DOVATO	29	DUPIXENT SOSY 200 MG/1.14ML 40	
diphenhydramine hcl CAPS 50 MG 18		doxazosin mesylate	20	DUPIXENT SOSY 300 MG/2ML ...	40
diphenhydramine hcl ELIX 12.5 MG/5ML	18	doxepin hcl (antipruritic)	37	DUREX EXTRA SENSITIVE THIN DEVI	48
		doxepin hcl (sleep)	47		
		doxepin hcl CAPS	14		
		doxepin hcl CONC	14		

DUREX EXTRA SENSITIVE THIN MISC	48	EMBECTA AUTOSHIELD DUO ..	50	ENGERIX-B SUSP 20 MCG/ML ...	62
DUREX TROPICAL MISC	48	EMBECTA PEN NEEDLE NANO ..	50	ENGERIX-B SUSY	62
dutasteride	46	EMBECTA PEN NEEDLE NANO 2 GEN	50	enoxaparin sodium SOLN IJ 300 MG/3ML	11
dutasteride-tamsulosin hcl	46	EMBECTA PEN NEEDLE ULTRAFINE	50	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	11
econazole nitrate CREA	37	EMCYT	24	enoxaparin sodium SOSY 30 MG/0.3ML	11
EDARBI	19	EMGALITY (300 MG DOSE) SOSY 50	50	enoxaparin sodium SOSY 40 MG/0.4ML	11
EDURANT	29	EMGALITY SOAJ	50	enoxaparin sodium SOSY 60 MG/0.6ML	11
efavirenz CAPS 200 MG	29	EMGALITY SOSY	50	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	11
efavirenz CAPS 50 MG	29	EMSAM	13	entacapone	27
efavirenz TABS	29	emtricitabine CAPS	29	entecavir TABS	30
efavirenz-emtricitabine-tenofovir disoproxil fumarate	29	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	29	EPIDIOLEX	12
efavirenz-lamivudine-tenofovir disoproxil fumarate	29	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	29	epinastine hcl (ophth)	56
ELAPRASE	43	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	29	epinephrine (anaphylaxis) SOAJ ..	64
electrolyte-148	51	EMTRIVA SOLN	29	eplerenone	21
electrolyte-a	51	EMVERM CHEW	8	epoprostenol sodium	32
ELESTRIN GEL	44	enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20	20	eptifibatide 200 MG/100ML	46
eletriptan hydrobromide	51	enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20	20	EQL PRENATAL FORMULA TABS 53	53
ELIGARD KIT SC 7.5 MG	24	enalapril maleate TABS	19	EQUETRO 100 MG	27
ELIGARD SC 22.5 MG, 30 MG, 45 MG	24	ENBREL MINI SOCT	5	EQUETRO 200 MG	27
ELIQUIS DVT/PE STARTER PACK TBPK	11	ENBREL SOLN	5	EQUETRO 300 MG	27
ELIQUIS TABS	11	ENBREL SOSY 25 MG/0.5ML	5	ERBITUX	24
ELLA	34	ENBREL SOSY 50 MG/ML	5	ergocalciferol CAPS	64
ELMIRON CAPS	46	ENBREL SURECLICK SOAJ	5	ergocalciferol SOLN PO 200 MCG/ML	64
eltrombopag olamine PACK 12.5 MG, 25 MG	47			ergoloid mesylates TABS	59
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	47			ERGOMAR SUBL	51

ergotamine w/ caffeine TABS	50	estradiol PTTW	44	ezetimibe	19
eribulin mesylate	26	estradiol PTWK	44	ezetimibe-simvastatin	18
ERIVEDGE	24	estradiol TABS	44	famciclovir 125 MG, 250 MG	30
ERLEADA 240 MG	24	estradiol vaginal CREA	64	famciclovir 500 MG	30
ERLEADA 60 MG	24	estradiol vaginal TABS	64	famotidine in nacl SOLN	60
erlotinib hcl	24	estradiol valerate	44	famotidine SUSR	60
ERTACZO	37	ESTRING RING 7.5 MCG/24HR	64	famotidine TABS 20 MG, 40 MG	60
ertapenem sodium IJ	21	eszopiclone	47	FANAPT	27
erythromycin (acne aid) PADS	36	ethacrynic acid	42	FANAPT TITRATION PACK A	28
erythromycin (acne aid) SOLN	36	ethambutol hcl TABS	22	FANTASY LUBRICATED MISC	49
erythromycin (ophth)	55	ethosuximide CAPS	13	FANTASY LUBRICATED/SPERMICIDE MISC	49
erythromycin base CPEP	48	ethosuximide SOLN	13		
erythromycin base TABS	48	ethynodiol diacet & eth estrad	33	FASENRA PEN SOAJ	9
erythromycin base TBEC	48	etodolac CAPS	4	FASENRA SOSY 10 MG/0.5ML	9
erythromycin ethylsuccinate SUSR	48	etodolac TABS	4	FASENRA SOSY 30 MG/ML	9
		etonogestrel-ethinyl estradiol	34	FC2 FEMALE CONDOM	49
erythromycin ethylsuccinate TABS	48	ETOPOPHOS	26	febuxostat	46
escitalopram oxalate SOLN	14	etoposide CAPS	26	felbamate SUSP	13
escitalopram oxalate TABS	14	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	26	felbamate TABS 400 MG	13
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	12	etravirine 100 MG	29	felbamate TABS 600 MG	13
esomeprazole magnesium CPDR 20 MG	61	etravirine 200 MG	29	felodipine	31
esomeprazole magnesium CPDR 40 MG	61	EUCRISA	41	FEMCAP DEVI	49
esomeprazole magnesium TBEC	61	EVAMIST SOLN	44	FEMLYV TBDP	33
estazolam	47	everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	53	FEMRING	64
esterified estrogens & methyltestosterone	44	everolimus (immunosuppressant) 1 MG	53	fenofibrate micronized 43 MG, 130 MG	19
estradiol & norethindrone acetate TABS	44	everolimus TABS	25	fenofibrate micronized 67 MG, 134 MG, 200 MG	19
estradiol GEL	44	EVOTAZ	29	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	19
		exemestane	24	fenoprofen calcium TABS	4

FENSOLVI (6 MONTH) SC	43	FLUCELVAX SUSY	62	fluoxetine hcl CAPS	14
fentanyl citrate LPOP	5	fluconazole SUSR	17	fluoxetine hcl CPDR	14
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	5	fluconazole TABS	18	fluoxetine hcl SOLN	14
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	47	flucytosine	17	fluoxetine hcl TABS	14
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	47	fludarabine phosphate SOLN	23	fluphenazine hcl CONC	28
ferrous sulfate TBEC 325 MG	47	fludarabine phosphate SOLR	23	fluphenazine hcl ELIX	28
fesoterodine fumarate	61	fludrocortisone acetate TABS	35	fluphenazine hcl SOLN	28
FETZIMA CP24	14	FLULAVAL QUADRIVALENT SUSY . 62		fluphenazine hcl TABS	28
FETZIMA TITRATION C4PK	14	FLULAVAL SUSY	62	flurandrenolide CREA	40
fidaxomicin TABS 200 MG	48	FLUMIST	62	flurandrenolide LOTN	40
finasteride	46	FLUMIST QUADRIVALENT	62	flurazepam hcl	47
fingolimod hcl	58	flunisolide (nasal)	55	flurbiprofen sodium	56
FIRMAGON (240 MG DOSE)	24	fluocinolone acetonide (otic)	57	flurbiprofen TABS	4
FIRMAGON 80 MG	24	fluocinolone acetonide CREA 0.01 % 39		fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	10
flavoxate hcl	61	fluocinolone acetonide CREA 0.025 %	39	fluticasone furoate-vilanterol	10
flecainide acetate	9	fluocinolone acetonide OIL	39	fluticasone propionate (inhalation) AEPB	10
floxuridine	23	fluocinolone acetonide OINT	39	fluticasone propionate (nasal) SUSP . 55	
FLUAD	62	fluocinolone acetonide SOLN	39	fluticasone propionate CREA 0.05 % 40	
FLUAD QUADRIVALENT	62	fluocinonide CREA 0.05 %	39	fluticasone propionate hfa	10
FLUARIX QUADRIVALENT SUSY	62	fluocinonide CREA 0.1 %	40	fluticasone propionate LOTN	40
FLUARIX SUSY	62	fluocinonide emulsified base	39	fluticasone propionate OINT	40
FLUBLOK QUADRIVALENT	62	fluocinonide GEL	40	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	10
FLUBLOK SOSY	62	fluocinonide OINT	40	fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	10
FLUCELVAX QUADRIVALENT SUSP	62	fluocinonide SOLN	40		
FLUCELVAX QUADRIVALENT SUSY	62	fluorometholone (ophth) SUSP	56		
FLUCELVAX SUSP	62	fluorouracil (topical) CREA 5 %	37		
		fluorouracil (topical) SOLN	37		
		fluorouracil 500 MG/10ML	23		

fluticasone-salmeterol AERO 10	fosphenytoin sodium 13	GARDASIL 9 SUSY 0.5 ML 63
fluvastatin sodium CAPS 20 MG ...19	FRAGMIN SOSY11	gatifloxacin (ophth)55
fluvastatin sodium CAPS 40 MG ...19	FREESTYLE LIBRE 14 DAY READER50	gefitinib 24
fluvoxamine maleate TABS 14	FREESTYLE LIBRE 14 DAY SENSOR50	gemcitabine hcl SOLR 2 GM, 200 MG 23
FLUZONE HIGH-DOSE QUADRIVALENT63	FREESTYLE LIBRE 2 PLUS SENSOR 50	gemfibrozil TABS19
FLUZONE HIGH-DOSE SUSY63	FREESTYLE LIBRE 2 READER ..50	GENOTROPIN CART SC 43
FLUZONE QUADRIVALENT SUSP 63	FREESTYLE LIBRE 2 SENSOR ..50	GENOTROPIN MINIQUICK PRSY 43
FLUZONE QUADRIVALENT SUSY 63	FREESTYLE LIBRE 3 PLUS SENSOR 50	gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %2
FLUZONE SUSP63	FREESTYLE LIBRE 3 READER ..50	gentamicin sulfate (ophth) SOLN ..55
FLUZONE SUSY63	FREESTYLE LIBRE 3 SENSOR ..50	gentamicin sulfate (topical) CREA .36
FML FORTE SUSP56	FREESTYLE LIBRE READER50	gentamicin sulfate (topical) OINT ..36
folic acid TABS47	frovatriptan succinate 51	gentamicin sulfate IJ 40 MG/ML 2
fondaparinux sodium 10 MG/0.8ML 11	FT PRENATAL TABS53	GENVOYA 29
fondaparinux sodium 2.5 MG/0.5ML . 11	fulvestrant SOSY24	GILOTRIF 24
fondaparinux sodium 5 MG/0.4ML .11	furosemide SOLN PO 8 MG/ML, 10 MG/ML 42	glatiramer acetate SOSY 20 MG/ML . 58
fondaparinux sodium 7.5 MG/0.6ML . 11	furosemide TABS42	glatiramer acetate SOSY 40 MG/ML . 58
FORA GTEL BLOOD KETONE TEST41	FUZEON SOLR29	GLEOSTINE 10 MG 23
FORA TEST N'GO ADV-VOICE-6 CON41	gabapentin CAPS12	GLEOSTINE 40 MG, 100 MG 23
formoterol fumarate NEBU10	gabapentin SOLN12	glimepiride 1 MG, 2 MG16
FOSAMAX PLUS D42	gabapentin TABS 600 MG, 800 MG 12	glimepiride 4 MG16
fosamprenavir calcium TABS29	galantamine hydrobromide CP24 ..58	glipizide TABS 5 MG, 10 MG 16
fosfomycin tromethamine 21	galantamine hydrobromide SOLN .58	glipizide TB2416
fosinopril sodium & hydrochlorothiazide 20	galantamine hydrobromide TABS .58	glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG15
fosinopril sodium 19	ganciclovir sodium SOLR30	glipizide-metformin hcl 500 MG-5 MG15
	ganirelix acetate43	GLUCAGEN DIAGNOSTIC41
	GARDASIL 9 SUSP 0.5 ML63	

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

hydrocortisone (intrarectal)	8	hydroxyurea	26	indomethacin CAPS 25 MG, 50 MG	4
hydrocortisone (rectal) EX	8	hydroxyzine hcl SOLN 50 MG/ML ..	8	indomethacin CPR	4
hydrocortisone (topical) CREA 1 %, 2.5 %	40	hydroxyzine hcl SYRP	8	INFANRIX	60
hydrocortisone (topical) LOTN 2.5 % .	40	hydroxyzine hcl TABS	8	INFLECTRA SOLR	45
hydrocortisone (topical) OINT 1 %, 2.5 %	40	hydroxyzine pamoate CAPS	8	INLYTA	23
hydrocortisone acetate (rectal)	8	HYPERSAL NEBU	35	INSULIN ASP PROT & ASP FLEXPEN SUPN	16
hydrocortisone butyrate CREA	40	HYQVIA	57	INSULIN ASPART PROT & ASPART SUSP	16
hydrocortisone butyrate OINT	40	ibandronate sodium SOLN	42	INSULIN GLARGINE-YFGN SOLN	16
hydrocortisone butyrate SOLN	40	ibandronate sodium TABS	42	INSULIN GLARGINE-YFGN SOPN	16
hydrocortisone sod succinate 100 MG	35	IBRANCE CAPS	25	INSULIN LISPRO (1 UNIT DIAL) SOPN	16
hydrocortisone TABS	35	IBRANCE TABS	25	INSULIN LISPRO JUNIOR KWIKPEN SOPN	16
hydrocortisone vaginal	64	ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	4	INSULIN LISPRO PROT & LISPRO SUPN	16
hydrocortisone valerate CREA	40	ibuprofen TABS 400 MG, 600 MG ..	4	INSULIN LISPRO SOLN IJ	16
hydrocortisone valerate OINT	40	ibuprofen TABS 800 MG	4	INTELENCE 25 MG	29
hydrocortisone w/acetic acid	57	icatibant acetate SOSY	46	IONOSOL-MB IN D5W	51
hydromorphone hcl LIQD	6	ICLUSIG	25	IPOSOL-MB IN D5W	51
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML .	6	icosapent ethyl 1 GM	18	IPOL IJ	63
hydromorphone hcl TABS	6	idarubicin hcl 20 MG/20ML	25	ipratropium bromide (nasal) 0.03 %	55
hydromorphone hcl TB24 32 MG ...	6	idarubicin hcl 5 MG/5ML, 10 MG/10ML	25	ipratropium bromide (nasal) 0.06 %	55
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	6	ifosfamide SOLN 1 GM/20ML	23	ipratropium bromide SOLN 0.02 % .	9
hydroxychloroquine sulfate 100 MG	22	ifosfamide SOLR	23	ipratropium-albuterol SOLN	10
hydroxychloroquine sulfate 200 MG	22	imatinib mesylate TABS	25	irbesartan	19
hydroxychloroquine sulfate 400 MG	22	imipramine hcl TABS	14	irbesartan-hydrochlorothiazide	20
		imipramine pamoate	14	irinotecan hcl 40 MG/2ML, 100 MG/5ML	27
		imiquimod 5 %	40		
		INCRELEX	43		
		INCRUSE ELLIPTA	9		
		indapamide TABS 1.25 MG	42		
		indapamide TABS 2.5 MG	42		

irrigation solutions, physiological	53	JULUCA	29	KIMONO SENSATION MISC	49
ISENTRESS CHEW	29	JYNNEOS	63	KIMONO SENSATION PLUS MISC	49
ISENTRESS HD TABS	29	KALETRA SOLN	29	KIMONO SPECIAL DEVI	49
ISENTRESS TABS	29	KALYDECO TABS	59	KINRIX SUSY	60
ISOLYTE-P IN D5W	52	KAMELEON LUBRICATED MISC	49	KISQALI (200 MG DOSE)	25
ISOLYTE-S	52	KANJINTI	24	KISQALI (400 MG DOSE)	25
isoniazid SOLN	22	KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (potassium chloride in dextrose & sodium chloride)	52	KISQALI (600 MG DOSE)	25
isoniazid SYRP	22	KCL-LACTATED RINGERS-D5W	52	KISQALI FEMARA (200 MG DOSE)	25
isoniazid TABS	22	KEPIVANCE 6.25 MG	26	KISQALI FEMARA (400 MG DOSE)	25
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	8	ketoconazole (topical) CREA	37	KISQALI FEMARA (600 MG DOSE)	25
isosorbide dinitrate-hydralazine hcl 32		ketoconazole (topical) SHAM 2 %	37	KP PRENATAL MULTIVITAMINS TABS	53
isosorbide mononitrate TABS	8	ketoconazole	18	KRINTAFEL	22
isosorbide mononitrate TB24	8	KETONE TEST STRP	41	K-Y ME & YOU EXTRA LUBRICATED DEVI	49
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	36	ketoprofen CAPS 50 MG	4	K-Y ME & YOU INTENSE DEVI	49
isradipine CAPS	31	ketorolac tromethamine (ophth)	56	KYLEENA	34
itraconazole CAPS	18	ketorolac tromethamine TABS	4	KYPROLIS	25
itraconazole SOLN	18	KETOSTIX STRP	41	labetalol hcl SOLN	31
ivabradine hcl TABS	33	ketotifen fumarate (ophth) 0.035 % 56		labetalol hcl TABS 100 MG, 200 MG	31
ivermectin (pediculicide)	41	KEVZARA SOAJ	4	labetalol hcl TABS 300 MG	31
ivermectin	8	KEVZARA SOSY	4	lacosamide SOLN IV 200 MG/20ML	12
IXEMPRA KIT 15 MG	26	KIMONO COLORS DEVI	49	lacosamide TABS	12
JAKAFI	25	KIMONO MAXX-LARGE FLARE MISC	49	lactated ringer's (irrigation)	53
JANUMET TABS	15	KIMONO MICRO THIN PLUS MISC	49	lactic acid (ammonium lactate) CREA	40
JANUMET XR TB24 1000 MG-100 MG	15	KIMONO MISC	49	lactic acid (ammonium lactate) LOTN	
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	15	KIMONO PLUS MISC	49		
JANUVIA	15	KIMONO PS MISC	49		
JARDIANCE	16	KIMONO PS PLUS MISC	49		

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

lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	19	lovastatin TABS 10 MG, 20 MG ...	19	MEDROL TABS	35
lithium	27	lovastatin TABS 40 MG	19	medroxyprogesterone acetate (contraceptive) SUSP IM	34
lithium carbonate CAPS	27	loxapine succinate	28	medroxyprogesterone acetate (contraceptive) SUSY IM	34
lithium carbonate TABS	27	lubiprostone	45	medroxyprogesterone acetate 10 MG	57
lithium carbonate TBCR	27	luliconazole	37	medroxyprogesterone acetate 2.5 MG, 5 MG	58
LO LOESTRIN FE TABS	33	LUMAKRAS 120 MG, 240 MG ...	25	mefenamic acid CAPS	4
lofexidine hcl	58	LUMAKRAS 320 MG	25	mefloquine hcl	22
LOKELMA	53	LUPRON DEPOT (1-MONTH) KIT IM	24	megestrol acetate (appetite)	58
loperamide hcl CAPS	16	LUPRON DEPOT (3-MONTH) KIT IM	24	megestrol acetate SUSP	24
lopinavir-ritonavir SOLN	29	LUPRON DEPOT (4-MONTH) IM ..	24	megestrol acetate TABS	24
lopinavir-ritonavir TABS	29	LUPRON DEPOT (6-MONTH) IM ..	24	MEKINIST SOLR	25
LOQTORZI	24	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	27	MEKINIST TABS 0.5 MG	25
loratadine CAPS	18	lurasidone hcl 80 MG	27	MEKINIST TABS 2 MG	25
loratadine CHEW	18	LYNPARZA TABS	25	meloxicam TABS	4
loratadine SOLN	18	LYSODREN	24	melphalan	23
loratadine TABS	18	mafenide acetate PACK	38	melphalan hcl IV	23
loratadine TBDP	18	malathion	41	memantine hcl TABS	58
lorazepam CONC	9	maraviroc TABS 150 MG	29	MENACTRA	61
lorazepam TABS 0.5 MG, 2 MG ...	9	maraviroc TABS 300 MG	29	MENEST 2.5 MG	44
lorazepam TABS 1 MG	9	MARPLAN	13	MENOSTAR PTWK	44
LORBRENA	25	MASONATAL TABS	53	MENQUADFI 0.5 ML	61
losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG	20	MATULANE	26	MENVEO SOLN	61
losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 20		MAXIDEX SUSP OP	56	MENVEO SOLR	61
losartan potassium	19	MAXX MISC	49	meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	6
LOTEMAX OINT	56	MAXX PLUS MISC	49	meperidine hcl SOLN PO 50 MG/5ML	6
loteprednol etabonate GEL	56	meclizine hcl TABS 12.5 MG	17	meperidine hcl TABS 50 MG	6
loteprednol etabonate SUSP	56	meclizine hcl TABS 25 MG	17		
		meclofenamate sodium CAPS	4		

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

MG	64	mometasone furoate (nasal) SUSP 55	mycophenolate sodium	53
midodrine hcl	64	mometasone furoate CREA	MYLERAN TABS	23
miglitol	14	mometasone furoate OINT	nabumetone	4
miglustat	47	mometasone furoate SOLN	nadolol TABS 20 MG	31
minocycline hcl CAPS	60	mometasone furoate SOLN	nadolol TABS 40 MG	31
minocycline hcl TABS	60	montelukast sodium CHEW	nadolol TABS 80 MG	31
minoxidil 2.5 MG, 10 MG	21	montelukast sodium PACK	nafcillin sodium IV 10 GM	57
mirabegron TB24	61	montelukast sodium TABS	naftifine hcl CREA 1 %	37
MIRCERA	47	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	naftifine hcl CREA 2 %	37
MIRENA (52 MG)	34	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML	naloxone hcl LIQD	17
mirtazapine TABS	13	morphine sulfate SOLN PO 10 MG/5ML	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	17
mirtazapine TBDP	13	morphine sulfate SOLN PO 20 MG/5ML	naltrexone hcl	17
misoprostol	61	morphine sulfate TABS	naproxen sodium TABS 550 MG ...	5
mitomycin SOLR IV 20 MG	25	morphine sulfate TBCR	naproxen SUSP	5
mitoxantrone hcl 25 MG/12.5ML ...	25	MOTOFEN	naproxen TABS	5
MIUDELLA INTRAUTERINE COPPER	34	MOVANTIK	naproxen TBEC 500 MG	5
M-M-R II SOLR	63	moxifloxacin hcl (ophth) SOLN OP	naratriptan hcl	51
M-NATAL PLUS TABS	53	44	NATAACYN	56
MNEXSPIKE SUSY 10 MCG/0.2ML . 63		moxifloxacin hcl in sodium chloride	NATAZIA	33
modafinil 100 MG	2	44	nateglinide	16
modafinil 200 MG	2	moxifloxacin hcl TABS	NAYZILAM	12
MODERNA COVID-19 BIVALENT 63		MRESVIA	nebivolol hcl 2.5 MG, 5 MG, 10 MG 31	
MODERNA COVID-19 VAC 6M-11Y SUSP	63	MULTI PRENATAL TABS	nebivolol hcl 20 MG	31
MODERNA COVID-19 VAC 6M-11Y SUSY	63	mupirocin OINT	NEBUSAL NEBU	35
MODERNA COVID-19 VACCINE SUSP	63	MVASI	nefazodone hcl	14
moexipril hcl	19	MYALEPT	nelarabine	23
		mycophenolate mofetil CAPS	neomycin sulfate TABS	2
		mycophenolate mofetil TABS	neomycin-bacitracin zn-polymyxin	56
			neomycin-polymy-dexameth OINT	56

neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	56	nicardipine hcl CAPS	31	NIVA-PLUS TABS	54
neomycin-polymyxin-hc (ophth) ...	56	nicardipine hcl SOLN	31	nizatidine CAPS	60
neomycin-polymyxin-hc (otic) SOLN .	57	NICOTINE KIT	59	NORDITROPIN FLEXPPO SOPN 30 MG/3ML	43
neomycin-polymyxin-hc (otic) SUSP .	57	nicotine polacrilex GUM	59	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	43
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG- 27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	54	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	59	norelgestromin-ethinyl estradiol ...	34
NEONATAL PLUS TABS	54	NICOTROL INHA	59	norethin acet & estrad-fe CAPS ...	33
NEONATAL PRENATAL TABS ...	54	NICOTROL NS SOLN	59	norethin acet & estrad-fe CHEW ..	33
NEONATAL VITAMIN TABS	54	nifedipine CAPS 10 MG	31	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	34
neostigmine methylsulfate SOSY ..	22	nifedipine CAPS 20 MG	31	norethin acet & estrad-fe CHEW ..	33
NEO-SYNALAR	36	nifedipine TB24 30 MG	31	norethindrone & eth estradiol	34
NEUPRO	27	nifedipine TB24 60 MG	31	norethindrone & ethinyl estradiol-fe 34	
NEVANAC	56	nifedipine TB24 90 MG	31	norethindrone (contraceptive)	34
nevirapine SUSP	29	nifedipine TB24	31	norethindrone acet & eth estra TABS 34	
nevirapine TABS	29	nilutamide	24	norethindrone acetate TABS	58
nevirapine TB24 400 MG	29	nimodipine CAPS	31	norethindrone acetate-ethinyl estradiol	44
NEXIUM 24HR TBEC 20 MG	61	NIPENT	26	norethindrone acetate-ethinyl estradiol-fe	34
NEXPLANON	34	nisoldipine	31	norethindrone-eth estradiol (triphasic)	34
NEXTSTELLIS	33	nitazoxanide TABS	21	norgestimate-ethinyl estradiol (triphasic)	34
niacin (antihyperlipidemic) TBCR ..	19	nitisinone CAPS	43	norgestimate-ethinyl estradiol	34
niacin CPCR 250 MG, 500 MG	64	NITRO-BID OINT	8	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	34
NIACIN ER TBCR	64	nitrofurantoin	21	NORMOSOL-M IN D5W	52
niacin TABS	64	nitrofurantoin macrocrystal 50 MG, 100 MG	22	NORMOSOL-R PH 7.4	52
niacin TBCR	64	nitrofurantoin monohyd macro ...	22	nortriptyline hcl CAPS	14
niacinamide TABS 100 MG	64	nitroglycerin (intra-anal)	8		
niacinamide TABS 500 MG	64	nitroglycerin CPCR	8		
		nitroglycerin PT24	8		
		NITROGLYCERIN SOLN IV	8		
		nitroglycerin SUBL	8		

nortriptyline hcl SOLN	14	NYVEPRIA	47	17
NORVIR CAPS	29	octreotide acetate SOLN	44	ondansetron hcl SOLN PO 4 MG/5ML
NORVIR PACK	29	ODEFSEY	29	ondansetron hcl SOSY
NOVA MAX PLUS KETONE TEST 41		ODOMZO	24	ondansetron hcl TABS 24 MG
NOVAREL IM 10000 UNIT	43	OFEV	59	ondansetron hcl TABS 4 MG
NOVAVAX COVID-19 VACCINE SUSP	63	ofloxacin (ophth)	56	ondansetron hcl TABS 8 MG
NOVAVAX COVID-19 VACCINE SUSY	63	ofloxacin (otic)	57	ondansetron TBDP 4 MG
NOVOLIN 70/30 FLEXPEN SUPN	16	ofloxacin 300 MG, 400 MG	44	ondansetron TBDP 8 MG
NOVOLIN 70/30 SUSP	16	OGIVRI	24	ONE VITE WOMENS PLUS TABS 54
NOVOLIN N FLEXPEN SUPN	16	olanzapine SOLR	28	ONE VITE WOMENS TABS
NOVOLIN N SUSP	16	olanzapine TABS 2.5 MG, 5 MG	28	ONETOUCH DELICA SAFETY LANCING
NOVOLIN R FLEXPEN SOPN IJ	16	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	28	OPILL
NOVOLIN R SOLN IJ	16	olanzapine TBDP 20 MG	28	ORENITRAM TBCR
NOVOLOG FLEXPEN SOPN	16	olanzapine TBDP 5 MG, 10 MG, 15 MG	28	ORGOVYX
NOVOLOG PENFILL SOCT	16	olmesartan medoxomil	19	ORLISSA
NOVOLOG SOLN IJ	16	olmesartan medoxomil-amlodipine- hydrochlorothiazide	20	ORKAMBI PACK
NP THYROID TABS	60	olmesartan medoxomil- hydrochlorothiazide	20	ORKAMBI TABS
NUBEQA	24	olopatadine hcl (nasal)	55	ORLADEYO
NUEDEXTA	59	olopatadine hcl 0.1 %	56	orphenadrine citrate TB12
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	63	olopatadine hcl 0.2 %	56	oseltamivir phosphate CAPS
nystatin (mouth-throat)	53	omega-3-acid ethyl esters	18	oseltamivir phosphate SUSR
nystatin (topical) CREA	37	omeprazole CPDR	61	OSPHENA
nystatin (topical) OINT	37	omeprazole magnesium CPDR	61	OTEZLA TABS
nystatin (topical) POWD EX	37	omeprazole TBEC	61	OTEZLA TBPK
nystatin TABS	17	omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	61	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML
nystatin-triamcinolone CREA	37	OMNIFLEX DIAPHRAGM	49	oxacillin sodium IV 10 GM
nystatin-triamcinolone OINT	37	ondansetron hcl SOLN IJ 4 MG/2ML		

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

SUSP	63	PIQRAY (250 MG DAILY DOSE) ..	26	MEQ/L-0.9 %	52
PFIZER-BIONT COVID-19 VAC- TRIS SUSP	63	PIQRAY (300 MG DAILY DOSE) ..	26	potassium chloride in dextrose 20 MEQ/L	52
PFIZER-BIONTECH COVID-19 VACC SUSP	63	pirfenidone CAPS	59	potassium chloride microencapsulated crystals er	52
phenazopyridine hcl TABS 100 MG, 200 MG	46	pirfenidone TABS 267 MG, 801 MG 59		potassium chloride PACK PO 20 MEQ	52
phendimetrazine tartrate TABS	1	pirfenidone TABS 534 MG	59	POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 52	
phenelzine sulfate	13	piroxicam CAPS	5	potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML	52
phenobarbital ELIX	47	PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	52	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	52
phenobarbital TABS	47	PLASMA-LYTE A (electrolyte-a) ..	52	potassium citrate (alkalinizer) TBCR . 45	
phenoxybenzamine hcl	19	PLEGRIDY SOAJ	58	potassium phosphates 45 MMOLE/15ML	52
phentermine hcl CAPS	1	PLEGRIDY SOSY SC	58	PR BENZOYL PEROXIDE WASH LIQD	36
phenytoin CHEW	13	PLEGRIDY STARTER PACK SOAJ . 58		pralatrexate 20 MG/ML	23
phenytoin sodium extended 100 MG, 200 MG, 300 MG	13	PLEGRIDY STARTER PACK SOSY SC	58	pramipexole dihydrochloride TABS 0.125 MG	27
phenytoin sodium SOLN	13	PNEUMOVAX 23 SOLN	61	pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	27
phenytoin SUSP	13	PNEUMOVAX 23 SOSY	61	prasugrel hcl	46
PHEXXI	64	podofilox SOLN	41	pravastatin sodium	19
PHOTOFRIN	26	polymyxin b-trimethoprim	56	praziquantel	8
PIFELTRO	29	POMALYST	25	prazosin hcl CAPS	20
pilocarpine hcl (oral)	53	posaconazole SUSP	18	PRECISION XTRA KETONE	41
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 55		potassium acetate SOLN 2 MEQ/ML . 52		PRED MILD	56
pimecrolimus	41	potassium bicarbonate TBEF	52	prednisolone acetate (ophth)	56
pimozide	59	potassium chloride CPCR	52	PREDNISOLONE SODIUM	
pindolol TABS	31	potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40			
pioglitazone hcl	16				
pioglitazone hcl-glimepiride	15				
pioglitazone hcl-metformin hcl TABS . 15					
PIQRAY (200 MG DAILY DOSE) ..	26				

PHOSPHATE	56	MINERAL TABS	54	PROLASTIN-C SOLN	59
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	35	PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG- 4000 UNIT-30 UNIT	54	PROLASTIN-C SOLR	59
prednisolone sodium phosphate TBDP	35	PRENATAL/IRON TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG- 25 MG-4000 UNIT-30 UNIT	54	PROLEUKIN	26
prednisolone SOLN	35	PRENATRIX TABS	54	PROLIA SOSY	43
prednisolone TABS	35	PRENATRYL TABS	54	promethazine hcl SUPP 12.5 MG, 25 MG	18
prednisone SOLN	35	PREVNAR 13	61	promethazine hcl SUPP 50 MG ...	18
prednisone TABS 1 MG, 5 MG	35	PREVNAR 20	62	promethazine hcl TABS	18
prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	35	PREZCOBIX	29	propafenone hcl CP12	9
prednisone TBPK	35	PREZISTA SUSP	29	propafenone hcl TABS	9
pregabalin (once-daily) 330 MG ...	59	PREZISTA TABS 75 MG, 150 MG	29	proparacaine hcl	56
pregabalin (once-daily) 82.5 MG, 165 MG	59	PRIFTIN	22	propranolol hcl CP24	31
pregabalin CAPS 225 MG, 300 MG 12		primaquine phosphate TABS	22	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	31
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	12	primidone 50 MG, 250 MG	13	propranolol hcl TABS	31
pregabalin SOLN	12	PRIORIX SUSR	63	propylthiouracil	60
PREHEVBRIO	63	PROAIR DIGIHALER	10	PROQUAD SUSR	63
PREMARIN	64	PROAIR RESPICLICK AEPB	10	protriptyline hcl	14
PREMARIN SOLR	44	probenecid	46	PROVISC SOSY	56
PREMARIN TABS	44	procainamide hcl SOLN 500 MG/ML . 9		prucalopride succinate	44
PREMPHASE	44	prochlorperazine	28	PULMICORT FLEXHALER AEPB .10	
PREMPRO	44	prochlorperazine maleate TABS ...	28	PULMOZYME	59
PRENATAL ONE DAILY TABS ...	54	progesterone CAPS	58	PX PRENATAL MULTIVITAMINS TABS	54
PRENATAL PLUS TABS	54	PROGRAF PACK	53	pyrazinamide	22
PRENATAL PLUS VITAMIN/MINERAL TABS	54	PROGRAF SOLN	53	pyridostigmine bromide SOLN PO .22	
PRENATAL TABS	54			pyridostigmine bromide TABS 60 MG	22
PRENATAL VITAMIN AND				pyridostigmine bromide TBCR	22

PYZCHIVA 45 MG/0.5ML	38	MG/0.2ML, 12.5 MG/0.25ML, 15	REZVOGLAR KWIKPEN	16
PYZCHIVA 90 MG/ML	38	MG/0.3ML, 17.5 MG/0.35ML, 20	ribavirin (hepatitis c) CAPS	30
PYZCHIVA SC 45 MG/0.5ML	38	MG/0.4ML, 22.5 MG/0.45ML, 25	ribavirin (hepatitis c) TABS 200 MG	
QC PRENATAL TABS	54	MG/0.5ML, 30 MG/0.6ML	30	
QUADRACEL SUSP	60	REALITY LATEX CONDOMS MISC .	RIDAURA	4
QUADRACEL SUSY	60	49	rifabutin	22
quetiapine fumarate TABS 25 MG, 50		REALITY LATEX/ULTRA	rifampin CAPS	22
MG, 100 MG, 200 MG, 300 MG, 400		TEXTURED DEVI	rifampin SOLR	22
MG	28	49	riluzole TABS	55
quetiapine fumarate TB24	28	REALITY LATEX/ULTRA THIN DEVI	rimantadine hydrochloride TABS ..	30
quinapril hcl 20 MG, 40 MG	19	49	ringer's	52
quinapril hcl 5 MG, 10 MG	19	REBIF REBIDOSE SOAJ	ringer's irrigation	53
quinapril-hydrochlorothiazide 12.5		REBIF REBIDOSE TITRATION	RINVOQ LQ SOLN	2
MG-10 MG	20	PACK SOAJ	RINVOQ TB24	2
quinapril-hydrochlorothiazide 12.5		58	risedronate sodium TABS 150 MG	43
MG-20 MG	20	REBIF SOSY	risedronate sodium TABS 35 MG ..	43
quinapril-hydrochlorothiazide 25 MG-		59	risedronate sodium TABS 5 MG, 30	43
20 MG	20	REBIF TITRATION PACK SOSY ..	MG	43
quinidine sulfate TABS	9	59	risedronate sodium TBEC	43
quinine sulfate CAPS 324 MG	22	RECOMBIVAX HB SUSP	risperidone microspheres	28
QUZYTIR SOLN IV	18	63	risperidone SOLN	28
QVAR REDIHALER	10	RECOMBIVAX HB SUSY	risperidone TABS	28
RA PRENATAL FORMULA TABS ..	54	63	risperidone TBDP	28
RA PRENATAL TABS	54	RELENZA DISKHALER	ritonavir TABS	29
rabeprazole sodium TBEC	61	30	rivaroxaban SUSR 1 MG/ML	11
raloxifene hcl	43	RELION KETONE TEST STRP ...	rivaroxaban TABS 2.5 MG	11
ramelteon	48	41	rivastigmine tartrate CAPS	58
ramipril CAPS	19	RELION LANCET DEVICES 30G	rizatriptan benzoate TABS 10 MG	51
ranolazine TB12 1000 MG	8	50	rizatriptan benzoate TABS 5 MG ..	51
ranolazine TB12 500 MG	8	RELION LANCETS	rizatriptan benzoate TBDP 10 MG	51
rasagiline mesylate	27	50	rizatriptan benzoate TBDP 5 MG ..	51
RASUVO SOAJ 7.5 MG/0.15ML, 10		RELION TRUE METRIX TEST		
		STRIPS STRP		
		41		
		RENFLXIS		
		45		
		repaglinide 0.5 MG, 1 MG		
		16		
		repaglinide 2 MG		
		16		
		REPATHA PUSHTRONEX SYSTEM		
		SOCT		
		19		
		REPATHA SOSY		
		19		
		REPATHA SURECLICK SOAJ		
		19		
		RETACRIT		
		47		
		RETROVIR SOLN		
		29		
		REXULTI		
		28		

roflumilast	9	selenium sulfide LOTN 2.5 %	38	SKYLA	34
romidepsin SOLR	26	SELZENTRY SOLN	29	SKYRIZI PEN SOAJ	38
ropinirole hydrochloride TABS	27	SELZENTRY TABS 25 MG, 75 MG 29		SKYRIZI SOCT	45
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	27	SEMGLEE (YFGN) SOLN	16	SKYRIZI SOLN	45
ropinirole hydrochloride TB24 8 MG, 12 MG	27	SEMGLEE (YFGN) SOPN	16	SKYRIZI SOSY	38
rosuvastatin calcium TABS	19	SEREVENT DISKUS	10	SLYND	34
ROTARIX SUSP	63	sertraline hcl CONC	14	SM PRENATAL VITAMINS TABS .	54
ROTATEQ SOLN	63	sertraline hcl TABS	14	SODIUM ACETATE SOLN (sodium acetate)	51
ROZLYTREK CAPS	26	sevelamer carbonate PACK	45	sodium acetate SOLN	51
RUBRACA	26	sevelamer carbonate TABS	45	sodium chloride (gu irrigant) 0.9 %	46
rufinamide SUSP	13	SHINGRIX	63	sodium chloride (inhalant) NEBU 7 %	35
rufinamide TABS 200 MG	13	SIGNIFOR	44	sodium citrate & citric acid	45
rufinamide TABS 400 MG	13	sildenafil citrate (pulmonary hypertension) SOLN	32	sodium fluoride CHEW	52
RUXIENCE	24	sildenafil citrate (pulmonary hypertension) SUSR	32	sodium phenylbutyrate POWD	43
RYBELSUS TABS	15	sildenafil citrate (pulmonary hypertension) TABS	32	sodium phenylbutyrate TABS	43
salsalate	5	sildenafil citrate	32	sodium polystyrene sulfonate POWD 53	
SANTYL OINT	40	silodosin	46	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	53
SAVELLA TABS	58	silver sulfadiazine	38	sodium sulfate-potassium sulfate- magnesium sulfate	48
SAVELLA TITRATION PACK MISC 58		SIMLANDI (1 PEN) AJKT	3	SOFOSBUVIR-VELPATASVIR TABS	30
saxagliptin hcl	15	SIMLANDI (1 SYRINGE) PSKT	3	solifenacin succinate TABS	61
saxagliptin-metformin hcl 1000 MG- 2.5 MG	15	SIMLANDI (2 PEN) AJKT	3	SOLIQUA	15
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	15	SIMLANDI (2 SYRINGE) PSKT	3	SOLU-CORTEF 250 MG	35
scopolamine	17	SIMPONI ARIA SOLN	3	SOLU-CORTEF 500 MG, 1000 MG 35	
SELECT INSULIN SYRINGES	50	SIMULECT	53	SOLU-MEDROL 2 GM	35
SELECT LANCETS	50	simvastatin TABS	19	sorafenib tosylate	26
selegiline hcl CAPS	27	sirolimus TABS	53		
selegiline hcl TABS	27	SIRTURO	22		

SORBITOL 3 %	46	STRIBILD	29	MG/0.5ML	51
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	46	STRIVERDI RESPIMAT	10	sumatriptan succinate TABS	51
sotalol hcl (afib/af)	31	SUBSYS LIQD 800 MCG	6	sumatriptan-naproxen sodium	51
sotalol hcl TABS 240 MG	31	sucalfate SUSP	60	sunitinib malate 12.5 MG, 25 MG, 50 MG	26
sotalol hcl TABS 80 MG, 120 MG, 160 MG	31	sucalfate TABS	60	sunitinib malate 37.5 MG	26
SOVALDI TABS 200 MG	30	sulconazole nitrate CREA	37	SUNOSI 150 MG	1
SOVALDI TABS 400 MG	30	sulconazole nitrate SOLN	37	SUNOSI 75 MG	1
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	63	sulfacetamide sodium (acne)	36	SYMTUZA	29
SPIKEVAX SUSP	63	sulfacetamide sodium (ophth) SOLN . 56		SYNAREL	43
SPIKEVAX SUSY	63	sulfacetamide sodium w/ sulfur CREA 10 %-5 %	36	SYNERA PTCH	41
spinosad	41	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	36	SYNJARDY TABS	15
SPIRIVA RESPIMAT AERS IN	9	sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	36	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	15
spironolactone & hydrochlorothiazide	42	sulfacetamide sod-prednisolone SOLN	56	SYNJARDY XR TB24 1000 MG-25 MG	15
spironolactone TABS	42	sulfadiazine TABS	59	SYNRIBO	26
SPRAVATO (56 MG DOSE)	14	sulfamethoxazole-trimethoprim SOLN	21	SYNTHROID TABS (levothyroxine sodium)	60
SPRAVATO (84 MG DOSE)	14	sulfamethoxazole-trimethoprim SUSP	21	TABLOID	23
stannous fluoride CONC	53	sulfamethoxazole-trimethoprim TABS	21	tacrolimus (topical) OINT	41
STELARA 130 MG/26ML	45	SULFAMYLON CREA	38	tacrolimus CAPS	53
STELARA SOLN 45 MG/0.5ML ...	38	sulfasalazine TABS	45	tadalafil (pulmonary hypertension) TABS	32
STELARA SOSY 45 MG/0.5ML ...	38	sulfasalazine TBEC	45	tadalafil 5 MG	32
STELARA SOSY 90 MG/ML	38	sulindac TABS	5	TAFINLAR CAPS	26
STEQEYMA	45	sumatriptan	51	TAFINLAR TBSO	26
STEQEYMA 45 MG/0.5ML	38	sumatriptan succinate SOAJ	51	tafluprost	56
STEQEYMA 90 MG/ML	38	sumatriptan succinate SOCT	51	TAGRISSE 40 MG	24
STIOLTO RESPIMAT	10	sumatriptan succinate SOLN 6		TAGRISSE 80 MG	24
STIVARGA	26			TAKHZYRO SOLN	46
streptomycin sulfate SOLR	2				

TAKHZYRO SOSY	46	teriparatide SOPN	43	tizanidine hcl CAPS	54
TALZENNA	26	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	8	tizanidine hcl TABS	54
tamoxifen citrate TABS	24	testosterone cypionate SOLN IM ...	8	tobramycin (ophth) SOLN	56
tamsulosin hcl	46	testosterone enanthate SOLN IM ...	8	tobramycin NEBU	2
tavorole	37	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	60	tobramycin-dexamethasone SUSP	56
tazarotene CREA 0.1 %	38	tetrabenazine	58	TODAY SPONGE MISC	64
TAZVERIK	26	tetracycline hcl CAPS	60	tolcapone	27
TDVAX SUSP	60	THALOMID	52	tolmetin sodium CAPS	5
TEFLARO	33	theophylline ELIX	10	tolmetin sodium TABS 600 MG	5
TEGRETOL SUSP (carbamazepine) . 13		theophylline SOLN	10	TOLSURA CAPS	18
TEGRETOL TABS (carbamazepine) . 13		theophylline TB12	10	tolterodine tartrate CP24	61
telmisartan	19	theophylline TB24	10	tolterodine tartrate TABS	61
telmisartan-amlodipine	20	THERANATAL CORE NUTRITION TABs	54	tolvaptan TABS	44
telmisartan-hydrochlorothiazide ...	20	thioridazine hcl	28	topiramate CPSP 15 MG	13
temazepam 15 MG, 30 MG	47	thiotepa 15 MG	23	topiramate CPSP 25 MG	13
temazepam 7.5 MG, 22.5 MG	47	thiothixene	28	topiramate CS24	13
TEMODAR SOLR	23	THYMOGLOBULIN	53	topiramate TABS 200 MG	13
temozolomide CAPS	23	THYROGEN 0.9 MG	41	topiramate TABS 25 MG, 100 MG .	13
temsirolimus	26	tiagabine hcl	13	topiramate TABS 50 MG	13
TENIVAC SUSP 2 LFU-5 LFU	60	ticagrelor 60 MG, 90 MG	46	topotecan hcl SOLN	27
tenofovir disoproxil fumarate TABS 30		timolol maleate (ophth) SOLG	55	topotecan hcl SOLR	27
terazosin hcl	20	timolol maleate (ophth) SOLN	55	toremifene citrate	24
terbinafine hcl TABS	17	timolol maleate TABS	31	torsemide TABS	42
terbutaline sulfate SOLN	10	tinidazole	21	TRACLEER TBSO 32 MG (bosentan)	32
terbutaline sulfate TABS	10	tiotropium bromide CAPS IN 18 MCG	9	tramadol hcl TABS 50 MG	6
terconazole vaginal CREA	64	TIVICAY PD TBSO	30	tramadol hcl TB24	6
terconazole vaginal SUPP	64	TIVICAY TABS	30	tramadol-acetaminophen	7
teriflunomide	59			trandolapril 1 MG, 2 MG	19
				trandolapril 4 MG	19

trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	20	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	23	12.5 MG, 1000 MG-2.5 MG-5 MG .	15
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	20	triamcinolone acetonide (mouth) ..	53	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	15
tranexamic acid SOLN 1000 MG/10ML	47	triamcinolone acetonide (nasal) AERO	55	TRIKAFTA TBPB	59
tranexamic acid TABS	47	triamcinolone acetonide (topical) CREA 0.025 %	40	trimethobenzamide hcl CAPS	17
tranylcypromine sulfate	13	triamcinolone acetonide (topical) CREA 0.1 %	40	trimethoprim TABS	21
travoprost SOLN	57	triamcinolone acetonide (topical) CREA 0.5 %	40	trimipramine maleate CAPS	14
TRAZIMERA	24	triamcinolone acetonide (topical) LOTN 0.025 %	40	TRINTELLIX	14
trazodone hcl TABS	14	triamcinolone acetonide (topical) LOTN 0.1 %	40	TRIUMEQ PD TBSO	30
TRELEGY ELLIPTA	10	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	40	TRIUMEQ TABS	30
TRELSTAR MIXJECT	24	triamcinolone acetonide (topical) OINT 0.5 %	40	TRIZIVIR	30
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	38	triamcinolone acetonide SUSP 40 MG/ML	35	TROJAN BARESKIN DEVI	49
TREMFYA PEN SOAJ 100 MG/ML 38		triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	42	TROJAN MAGNUM MISC	49
TREMFYA PEN SOAJ SC 200 MG/2ML	45	triamterene & hydrochlorothiazide TABS	42	TROJAN ULTRA THIN MISC	49
TREMFYA SOLN IV	45	triamterene CAPS	42	TROJAN ULTRA THIN/SPERMICIDAL MISC	49
TREMFYA SOSY 100 MG/ML	38	triazolam	47	TROJAN-ENZ LUBRICATED MISC	49
TREMFYA SOSY SC 200 MG/2ML 45		TRICARE TABS	54	TROJAN-ENZ/SPERMICIDAL MISC .	49
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	45	trientine hcl 250 MG	52	tropicamide SOLN 0.5 %	55
treprostinil SOLN IJ	32	trifluoperazine hcl TABS	28	tropicamide SOLN 1 %	55
TRESIBA FLEXTOUCH SOPN	16	trifluridine	56	trospium chloride CP24	61
TRESIBA SOLN	16	trihexyphenidyl hcl SOLN	27	trospium chloride TABS	61
tretinoin (chemotherapy)	26	TRIJARDY XR 1000 MG-2.5 MG-		TRUE COVER DEVI	49
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	36			TRUE METRIX BLOOD GLUCOSE TEST STRP	41
tretinoin GEL 0.01 %, 0.025 %	36			TRUE METRIX LEVEL 3 SOLN ...	50
tretinoin microsphere 0.1 %	36			TRULANCE	44
				TRULICITY	15
				TRUMENBA 0.5 ML	62
				TRUSTEX COLOR CONDOMS +	

LUBE MISC	49	UBRELVY 100 MG	50	vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .	21
TRUSTEX LUB/RIBBED/STUDED MISC	49	UBRELVY 50 MG	50	VAQTA	64
TRUSTEX LUB/SPERMICIDE EX ST MISC	49	UDENYCA ONBODY SOSY	47	VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	64
TRUSTEX LUB/SPERMICIDE XL MISC	49	UDENYCA SOAJ	47	UDENYCA SOSY	47
TRUSTEX LUBRICATED EX LARGE MISC	49	UDENYCA SOSY	47	varenicline tartrate TABS	59
TRUSTEX LUBRICATED EXTRA ST MISC	49	umeclidinium-vilanterol	10	varenicline tartrate TBPK	59
TRUSTEX LUBRICATED MISC ...	49	UPTRAVI TABS 200 MCG	32	VARIVAX SUSR	64
TRUSTEX LUBRICATED/SPERMICIDE MISC 49		UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	32	VARUBI (180 MG DOSE) TBPK ...	17
TRUSTEX NATURAL CONDOMS + LUBE MISC	49	UPTRAVI TITRATION TBPK	32	VAXELIS SUSP	60
TRUSTEX RIA LUB/SPERMICIDE MISC	49	ursodiol CAPS	45	VAXELIS SUSY	60
TRUSTEX RIA LUBRICATED MISC . 49		ursodiol TABS	45	VAXNEUVANCE	62
TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC	49	UVADEX	26	VECAMYL	20
TRUXIMA	24	VABRINTY KIT SC 22.5 MG, 45 MG . 24		VECTIBIX 100 MG/5ML	24
TUKYSA	24	valacyclovir hcl 1 GM	30	VELPHORO	45
TURALIO 125 MG	26	valacyclovir hcl 500 MG	30	venlafaxine hcl CP24	14
TWINRIX SUSY	63	valganciclovir hcl TABS	30	venlafaxine hcl TABS	14
TWIRLA	34	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	13	venlafaxine hcl TB24	14
TYBLUME CHEW	34	valproic acid CAPS	13	verapamil hcl CP24 100 MG, 200 MG, 300 MG	32
TYBOST	30	valrubicin	25	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	31
TYMLOS	43	valsartan	19	verapamil hcl TABS	32
TYVASO REFILL KIT SOLN IN ...	32	valsartan-hydrochlorothiazide	20	verapamil hcl TBCR	32
TYVASO SOLN IN	32	VALTOCO 10 MG DOSE LIQD ...	12	VEREGEN	36
TYVASO STARTER KIT SOLN IN	32	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	12	VERZENIO	26
		VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	12	vigabatrin PACK	13
		VALTOCO 5 MG DOSE LIQD	12	vigabatrin TABS	13
		vancomycin hcl CAPS	21	VIIBRYD STARTER PACK KIT	14
				vilazodone hcl TABS	14
				vincristine sulfate	26

vinorelbine tartrate 10 MG/ML	27	(rivaroxaban)	11	zaleplon 10 MG	47
VIRACEPT TABS 250 MG	30	XARELTO TABS 10 MG, 20 MG ..	11	zaleplon 5 MG	47
VIRACEPT TABS 625 MG	30	XARELTO TABS 15 MG	11	ZALTRAP 100 MG/4ML	23
VIREAD POWD	30	XELJANZ SOLN	2	ZANOSAR	23
VIREAD TABS 150 MG, 200 MG, 250 MG	30	XELJANZ TABS 10 MG	2	ZARONTIN CAPS (ethosuximide) .	13
VISTOGARD	17	XELJANZ TABS 5 MG	2	ZARXIO	47
VITAMIN D2 TABS 400 UNIT	64	XELJANZ XR TB24	2	ZEJULA TABS 100 MG	26
VITATHELY WITH GINGER TABS 54		XEOMIN	55	ZEJULA TABS 200 MG, 300 MG ..	26
VITRAKVI CAPS	26	XHANCE EXHU	55	ZELBORAF	26
VITRAKVI SOLN	26	XIFAXAN 200 MG	21	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT- 15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	42
VIZIMPRO	24	XIFAXAN 550 MG	21	ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT	42
VORAXAZE	26	XOSPATA	26	zidovudine CAPS	30
voriconazole TABS	18	XTANDI CAPS	24	zidovudine SYRP	30
VOSEVI	30	XTANDI TABS 40 MG	25	zidovudine TABS	30
warfarin sodium TABS	11	XTANDI TABS 80 MG	25	zileuton TB12	9
water for irrigation, sterile	53	XULTOPHY	15	ziprasidone hcl	27
WESTAB PLUS TABS	54	YERVOY	24	ZIRABEV	23
WIDE-SEAL DIAPHRAGM 60	49	YESINTEK 130 MG/26ML	45	ZIRGAN GEL	56
WIDE-SEAL DIAPHRAGM 65	50	YESINTEK SOLN 45 MG/0.5ML ..	38	ZOLADEX 10.8 MG	25
WIDE-SEAL DIAPHRAGM 70	50	YESINTEK SOSY 45 MG/0.5ML ..	38	ZOLADEX 3.6 MG	25
WIDE-SEAL DIAPHRAGM 75	50	YESINTEK SOSY 90 MG/ML	38	zoledronic acid SOLN	43
WIDE-SEAL DIAPHRAGM 80	50	YONSA	25	ZOLINZA	26
WIDE-SEAL DIAPHRAGM 85	50	YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	4	zolmitriptan SOLN	51
WIDE-SEAL DIAPHRAGM 90	50	YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	4	zolmitriptan TABS	51
WIDE-SEAL DIAPHRAGM 95	50	YUFLYMA (2 PEN) AJKT	4		
XALKORI CAPS	26	YUFLYMA (2 SYRINGE) PSKT	4		
XARELTO STARTER PACK TBPK 11		YUFLYMA-CD/UC/HS STARTER AJKT	4		
XARELTO SUSR 1 MG/ML		zafirlukast	9		

zolmitriptan TBDP	51
zolpidem tartrate TABS	48
zolpidem tartrate TBCR	48
zonisamide CAPS	13
ZONTIVITY	46
ZORBTIVE SC	43
ZYDELIG	26
ZYLET	56

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