



FROM



2021 Prescription Drug List

Effective March 1, 2021



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Formulary Introduction

FORMULARY

The Ambetter from Absolute Total Care Formulary, or Preferred 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 or gender limits apply.
- Tier 1 - Lowest copayment for those drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC), generic or brand name 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 - Highest copayment covers higher cost brand name drugs. This tier may also cover non-specialty drugs that are not on the Preferred Drug List but approval has been granted for coverage
- Tier 4 - Coverage for this tier is for “specialty” drugs. Specialty drugs are used to treat complex, chronic conditions and may require special handling, storage, or clinical management. Prescription drugs covered under the specialty tier require fulfillment at a pharmacy that participates in Ambetter’s “specialty” or “hemophilia” networks. For additional information on which pharmacies are within our “specialty” or “hemophilia” networks, please consult Ambetter website’s pharmacy information section.

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
PA	Prior Authorization	Your doctor must ask for approval from Ambetter before some drugs will be covered.
ST	Step Therapy	In some cases, you must first try certain drugs before Ambetter covers another drug for your medical condition. For example, if Drug A and Drug B both treat your medical condition, Ambetter may not cover Drug B unless you try Drug A first.
NF	Non-formulary	This product is not covered unless you or your provider request an exception. Alternative medications are listed next to non-covered product
RX/OTC	Prescription and OTC	These drugs are made in both prescription form and Over-the-counter (OTC) form.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG, 1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG, 5 MG-5 MG-5 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	QL(3 ea daily)
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	QL(2 ea daily)
ADDERALL XR CP24 1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	QL(1 ea daily)
ADDERALL XR CP24 3.75 MG-3.75 MG-3.75 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	
ADDERALL XR CP24 5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	QL(2 ea daily)
ADZENYS ER SUER (Use <i>amphetamine</i>)	NF	
<i>amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg</i>	1	QL(1 ea daily)
<i>amphetamine-dextroamphetamine cp24 3.75 mg-3.75 mg-3.75 mg-3.75 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>phentermine hcl caps</i>	1	PA
Anti-Obesity Agents		
BELVIQ TABS	3	PA; QL(2 ea daily)
CONTRACE TB12	3	PA; QL(4 ea daily)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl caps 100 mg, 60 mg, 80 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) tb12</i>	1	
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (<i>Use guanfacine hcl (adhd)</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (<i>Use clonidine hcl (adhd)</i>)	NF	
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (<i>Use atomoxetine hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 100 MG, 60 MG, 80 MG (<i>Use atomoxetine hcl</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake		
SUNOSI TABS	3	PA
Stimulants - Misc.		
<i>armodafinil tabs</i>	1	PA; QL(1 ea daily); AL(At least 17 yrs old)
CONCERTA TBCR 18 MG, 27 MG (<i>Use methylphenidate hcl</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG (<i>Use methylphenidate hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
DAYTRANA PTCH	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cp24 35 mg, 40 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (<i>Use dexmethylphenidate hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	NF	QL(1 ea daily)
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	NF	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 20 mg, 40 mg</i>	1	AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 30 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 10 mg, 20 mg</i>	1	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 5 mg</i>	1	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 18 mg, 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 36 mg, 54 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>modafinil tabs 100 mg</i>	1	PA; QL(1 ea daily); AL(At least 16 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil tabs 200 mg</i>	1	PA; QL(2 ea daily); AL(At least 16 yrs old)
NUVIGIL TABS (<i>Use armodafinil</i>)	NF	PA; QL(1 ea daily); AL(At least 17 yrs old)
PROVIGIL TABS 100 MG (<i>Use modafinil</i>)	NF	PA; QL(1 ea daily); AL(At least 16 yrs old)
PROVIGIL TABS 200 MG (<i>Use modafinil</i>)	NF	PA; QL(2 ea daily); AL(At least 16 yrs old)
RITALIN LA CP24 20 MG, 40 MG (<i>Use methylphenidate hcl</i>)	NF	AL(At least 6 yrs old)
RITALIN LA CP24 30 MG (<i>Use methylphenidate hcl</i>)	NF	QL(3 ea daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NF	QL(5 ea daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NF	QL(6 ea daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
Biologicals Misc		
ADAGEN SOLN	4	PA; SP
AMEBICIDES		
Amebicides		
SOLOSEC PACK	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i>	1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP
Interleukin-1beta Blockers		
ILARIS SOLN	4	PA; QL(0.072 ml daily)
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	NF	
ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	NF	
CELEBREX CAPS (Use celecoxib)	NF	PA
celecoxib caps	1	PA
CHILDRENS ADVIL SUSP (Use ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (Use ibuprofen)	NF	RX/OTC
DAYPRO TABS (Use oxaprozin)	NF	
diclofenac potassium tabs	1	
diclofenac sodium tb24	1	
diclofenac sodium tbec	1	
diclofenac w/ misoprostol tbec	1	
EC-NAPROSYN TBEC 500 MG (Use naproxen)	NF	
etodolac caps 200 mg, 300 mg	1	
etodolac tabs 400 mg, 500 mg	1	
FELDENE CAPS (Use piroxicam)	NF	
fenoprofen calcium tabs 600 mg	1	ST; QL(4 ea daily)
flurbiprofen tabs	1	
ibuprofen susp 100 mg/5ml	1	RX/OTC
ibuprofen tabs 400 mg, 600 mg, 800 mg	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>indomethacin caps 25 mg, 50 mg</i>	1	
<i>indomethacin cpcr 75 mg</i>	1	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(0.667 ea daily)
LODINE TABS (<i>Use etodolac</i>)	NF	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	ST; Must try ibuprofen. ;QL(5 ea daily)
<i>meloxicam tabs 15 mg, 7.5 mg</i>	1	QL(1 ea daily)
MOBIC TABS (<i>Use meloxicam</i>)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NALFON TABS 600 MG (<i>Use fenoprofen calcium</i>)	NF	ST; QL(4 ea daily)
NAPROSYN SUSP 125 MG/5ML (<i>Use naproxen</i>)	NF	PA
NAPROSYN TABS 500 MG (<i>Use naproxen</i>)	NF	
<i>naproxen sodium tabs 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	PA
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
<i>sulindac tabs</i>	1	
<i>tolmetin sodium caps</i>	1	
<i>tolmetin sodium tabs</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		

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

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Drug Name	Drug Tier	Requirements/ Limits
FIORICET CAPS (<i>Use butalbital-acetaminophen-caffeine</i>)	NF	
FIORINAL CAPS (<i>Use butalbital-aspirin-caffeine</i>)	NF	
Salicylates		
<i>aspirin chew</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tabs</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tbec</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal tabs</i>	1	
<i>salsalate tabs</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (<i>Use fentanyl citrate</i>)	NF	PA; QL(4 ea daily)
CODEINE SULFATE TABS 15 MG, 60 MG	1	New starts limited to 7 day supply
<i>codeine sulfate tabs 30 mg</i>	1	New starts limited to 7 day supply
CONZIP CP24 (<i>Use tramadol hcl</i>)	NF	
DEMEROL SOLN 100 MG/ML, 25 MG/ML, 50 MG/ML (<i>Use meperidine hcl</i>)	NF	
DILAUDID LIQD OR 1 MG/ML (<i>Use hydromorphone hcl</i>)	NF	New starts limited to 7 day supply
DILAUDID SOLN IJ 1 MG/ML, 2 MG/ML (<i>Use hydromorphone hcl</i>)	NF	
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (<i>Use hydromorphone hcl</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate soln or 20 mg/5ml</i>	1	New starts limited to 7 day supply;QL(50 ml daily)
<i>morphine sulfate tabs or 15 mg</i>	1	
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>morphine sulfate tbc or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
MS CONTIN TBCR (Use <i>morphine sulfate</i>)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (Use <i>oxymorphone hcl</i>)	NF	PA; QL(12 ea daily)
OXAYDO TABS 5 MG	2	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxycodone hcl t12a 15 mg, 30 mg, 60 mg, 10 mg, 20 mg, 80 mg, 40 mg</i>	3	PA; QL(2 ea daily)
<i>oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
OXYCONTIN T12A	3	PA; QL(2 ea daily)
<i>oxymorphone hcl tabs 10 mg, 5 mg</i>	1	PA; QL(12 ea daily)
<i>oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA; QL(2 ea daily)
<i>oxymorphone hcl tb12 40 mg</i>	1	PA; QL(4 ea daily)
ROXICODONE TABS (Use <i>oxycodone hcl</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
SUBSYS LIQD 100 MCG	3	PA; QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
SUBSYS LIQD 1200 MCG, 1600 MCG, 800 MCG	3	PA; QL(8 ea daily)
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	PA; QL(4 ea daily)
<i>tramadol hcl tabs 50 mg</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	QL(1 ea daily)
ULTRAM TABS (Use <i>tramadol hcl</i>)	NF	New starts limited to 7 day supply;QL(8 ea daily)
XTAMPZA ER C12A	2	PA; QL(2 ea daily)
ZOHYDRO ER CP12 (Use <i>hydrocodone bitartrate</i>)	3	PA; QL(2 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	1	New starts limited to 7 day supply;QL(75 ml daily)
<i>acetaminophen w/ codeine tabs 15 mg-300 mg</i>	1	New starts limited to 7 day supply;QL(13 ea daily)
<i>acetaminophen w/ codeine tabs 30 mg-300 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 300 mg-60 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	1	New starts limited to 7 day supply
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	3	PA; New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-300 mg-40 mg-50 mg</i>	1	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-325 mg-40 mg-50 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
FIORICET/CODEINE CAPS (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NF	New starts limited to 7 day supply
FIORINAL/CODEINE #3 CAPS (Use <i>butalbital-aspirin-caffeine w/cod</i>)	NF	New starts limited to 7 day supply;QL(6 ea daily)
<i>hydrocodone-acetaminophen soln 10 mg/15ml-325 mg/15ml</i>	1	New starts limited to 7 day supply
<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>	1	New starts limited to 7 day supply;QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 300 mg-5 mg, 300 mg-7.5 mg</i>	1	New starts limited to 7 day supply;QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
<i>hydrocodone-ibuprofen tabs 200 mg-5 mg, 10 mg-200 mg</i>	1	PA
<i>hydrocodone-ibuprofen tabs 200 mg-7.5 mg</i>	1	New starts limited to 7 day supply;QL(5 ea daily)
LORTAB ELIX	2	New starts limited to 7 day supply;QL(60 ml daily)
NORCO TABS (Use <i>hydrocodone-acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone-ibuprofen tabs</i>	1	New starts limited to 7 day supply; QL(1 ea daily)
PERCOCET TABS 10 MG-325 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
<i>tramadol-acetaminophen tabs</i>	1	New starts limited to 7 day supply; QL(8 ea daily)
TYLENOL/CODEINE #3 TABS (Use <i>acetaminophen w/ codeine</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (Use <i>acetaminophen w/ codeine</i>)	NF	New starts limited to 7 day supply; QL(6 ea daily)
ULTRACET TABS (Use <i>tramadol-acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
Opioid Partial Agonists		
BUNAVAIL FILM 0.3 MG-2.1 MG	3	PA; QL(4 ea daily)
BUNAVAIL FILM 0.7 MG-4.2 MG	3	PA; QL(2 ea daily)
BUNAVAIL FILM 1 MG-6.3 MG	3	PA; QL(1 ea daily)
BUPRENEX SOLN (Use <i>buprenorphine hcl</i>)	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1	
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg</i>	1	PA; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate film 12 mg-3 mg, 2 mg-8 mg</i>	1	PA; QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg</i>	1	QL(3 ea daily)
<i>buprenorphine ptwk td 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	PA; QL(0.143 ea daily)
<i>butorphanol tartrate soln ij 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	PA
BUTRANS PTWK 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR (Use <i>buprenorphine</i>)	NF	PA; QL(0.143 ea daily)
BUTRANS PTWK 7.5 MCG/HR (Use <i>buprenorphine</i>)	3	PA; QL(0.143 ea daily)
<i>nalbuphine hcl soln</i>	1	QL(8 ml daily)
<i>pentazocine w/ naloxone tabs</i>	1	New starts limited to 7 day supply
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	PA; QL(3 ea daily)
SUBOXONE FILM 12 MG-3 MG, 2 MG-8 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	PA; QL(2 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
<i>oxandrolone tabs</i>	1	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROGEL GEL 25 MG/2.5GM, 50 MG/5GM (Use <i>testosterone</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (<i>Use testosterone cypionate</i>)	NF	
METHITEST TABS	3	
TESTIM GEL (<i>Use testosterone</i>)	NF	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1	
<i>testosterone cypionate soln ij 200 mg/ml</i>	1	
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate soln im</i>	1	
VOGELXO GEL (<i>Use testosterone</i>)	NF	
VOGELXO PUMP GEL (<i>Use testosterone</i>)	NF	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use hydrocortisone (intrarectal)</i>)	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM RE 2 MG/ACT	4	PA; QL(3.2 gm daily)
Rectal Steroids		
ANUSOL-HC CREA (<i>Use hydrocortisone (rectal)</i>)	NF	
<i>hydrocortisone (rectal) crea</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT CREA (<i>Use hydrocortisone (rectal)</i>)	NF	
PROCTOCORT SUPP (<i>Use hydrocortisone acetate (rectal)</i>)	NF	
Vasodilating Agents		

Drug Name	Drug Tier	Requirements/ Limits
RECTIV OINT	3	QL(2 gm daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	1	PA
ALBENZA TABS (<i>Use albendazole</i>)	NF	PA
BILTRICIDE TABS (<i>Use praziquantel</i>)	NF	PA
EMVERM CHEW	2	QL(2 ea daily, 6 ea per fill retail, 6 ea per fill mail) 1 rtl MAX fill, 60 rtl day(s) supply, 1 mail MAX fill, 60 mail day(s) supply,
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	PA
STROMEKTOL TABS (<i>Use ivermectin</i>)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin solr</i>	3	
FLAGYL TABS 500 MG (<i>Use metronidazole</i>)	NF	
IMPAVIDO CAPS	3	PA; QL(3 ea daily)
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
<i>trimethoprim tabs</i>	1	
XIFAXAN TABS	3	PA; AL(At least 12 yrs old)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim soln</i>	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR 100 MG/5ML	2	PA
ALINIA TABS 500 MG (<i>Use nitazoxanide</i>)	2	PA
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>Use atovaquone</i>)	NF	
<i>nitazoxanide tabs</i>	1	PA
Carbapenems		
<i>ertapenem sodium solr</i>	1	
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR (<i>Use ertapenem sodium</i>)	NF	
<i>meropenem solr</i>	1	
MERREM SOLR (<i>Use meropenem</i>)	NF	
PRIMAXIN IV SOLR (<i>Use imipenem-cilastatin</i>)	NF	
Chloramphenicols		
<i>chloramphenicol sodium succinate solr</i>	4	PA; SP
Cyclic Lipopeptides		
CUBICIN RF SOLR (<i>Use daptomycin</i>)	NF	
CUBICIN SOLR (<i>Use daptomycin</i>)	NF	
DAPTOMYCIN SOLR 350 MG (<i>Use daptomycin</i>)	NF	
<i>daptomycin solr 500 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
Antianginals-Other		
RANEXA TB12 1000 MG (Use ranolazine)	NF	QL(2 ea daily)
RANEXA TB12 500 MG (Use ranolazine)	NF	QL(3 ea daily)
<i>ranolazine tb12 1000 mg</i>	1	QL(2 ea daily)
<i>ranolazine tb12 500 mg</i>	1	QL(3 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	NF	
<i>isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg</i>	1	
<i>isosorbide dinitrate tbcr 40 mg</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT	3	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use nitroglycerin)	NF	
<i>nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg</i>	1	QL(4 ea daily)
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
NITROGLYCERIN SOLN IV 5 MG/ML	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (Use nitroglycerin)	NF	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs 10 mg, 7.5 mg, 15 mg, 30 mg</i>	1	
<i>bupirone hcl tabs 5 mg</i>	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl soln im 50 mg/ml</i>	1	
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (Use <i>hydroxyzine pamoate</i>)	NF	
Benzodiazepines		
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
ATIVAN TABS OR 0.5 MG, 2 MG (Use <i>lorazepam</i>)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use <i>lorazepam</i>)	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc or 5 mg/ml</i>	1	
<i>diazepam soln or 5 mg/5ml</i>	1	
<i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>	1	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	1	
<i>lorazepam tabs or 0.5 mg, 2 mg</i>	1	QL(3 ea daily)
<i>lorazepam tabs or 1 mg</i>	1	QL(4 ea daily)
<i>oxazepam caps 30 mg, 10 mg, 15 mg</i>	1	
TRANXENE T TABS (Use <i>clorazepate dipotassium</i>)	NF	
VALIUM TABS (Use <i>diazepam</i>)	NF	QL(4 ea daily)
XANAX TABS (Use <i>alprazolam</i>)	NF	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
XANAX XR TB24 (Use <i>alprazolam</i>)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	NF	
<i>procainamide hcl soln 500 mg/ml</i>	1	
<i>quinidine sulfate tabs</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps 150 mg, 200 mg, 250 mg</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs</i>	1	
RYTHMOL SR CP12 (Use <i>propafenone hcl</i>)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl soln iv 150 mg/3ml, 50 mg/ml</i>	1	
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	
<i>dofetilide caps</i>	1	
MULTAQ TABS	3	
TIKOSYN CAPS (Use <i>dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	PA

Drug Name	Drug Tier	Requirements/ Limits
FASENRA SOSY	4	PA
NUCALA SOAJ	4	PA
NUCALA SOLR	4	PA
NUCALA SOSY	4	PA
XOLAIR SOLR 150 MG	4	PA; SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	QL(0.44 gm daily)
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
Leukotriene Modulators		
ACCOLATE TABS (<i>Use zafirlukast</i>)	NF	QL(2 ea daily)
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium pack 4 mg</i>	1	PA; QL(1 ea daily)
<i>montelukast sodium tabs 10 mg</i>	1	QL(1 ea daily)
SINGULAIR CHEW 4 MG, 5 MG (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK 4 MG (<i>Use montelukast sodium</i>)	NF	PA; QL(1 ea daily)
SINGULAIR TABS 10 MG (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily)
<i>zafirlukast tabs</i>	1	QL(2 ea daily)
<i>zileuton tb12</i>	1	QL(4 ea daily)
ZYFLO CR TB12 (<i>Use zileuton</i>)	NF	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rtl MAX day(s) supply,180 rtl lmt day(s),30 mail MAX day(s) supply,180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	QL(1 ea daily)
Steroid Inhalants		
ARNUIITY ELLIPTA AEPB	2	
<i>budesonide (inhalation) susp</i>	1	PA; QL(4 ml daily)
FLOVENT DISKUS AEPB	2	
FLOVENT HFA AERO	2	
PULMICORT FLEXHALER AEPB	2	
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NF	PA; QL(4 ml daily)
QVAR REDIHALER AERB	2	
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
ADVAIR HFA AERO	2	
AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
<i>albuterol sulfate aers in 108 mcg/act</i>	1	2 rtl pack lmt amt,30 rtl pack lmt day(s),

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
<i>albuterol sulfate nebu in 0.083 %, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL(15 ml daily)
<i>albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	2	
BEVESPI AEROSPHERE AERO	2	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	
BROVANA NEBU	3	PA; QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	1	
<i>fluticasone-salmeterol aepb 50 mcg/dose-500 mcg/dose, 100 mcg/act-50 mcg/act, 100 mcg/dose-50 mcg/dose, 250 mcg/act-50 mcg/act, 250 mcg/dose-50 mcg/dose</i>	1	
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.63 mg/3ml, 1.25 mg/3ml, 0.31 mg/3ml</i>	1	PA; QL(12 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol hcl nebu 1.25 mg/0.5ml</i>	1	PA
<i>levalbuterol tartrate aero</i>	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
<i>metaproterenol sulfate tabs</i>	1	
PROAIR HFA AERS (Use <i>albuterol sulfate</i>)	NF	
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	NF	
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	2	
SYMBICORT AERO (Use <i>budesonide-formoterol fumarate dihydrate</i>)	2	
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB	2	QL(2 ea daily)
UTIBRON NEOHALER CAPS	3	PA; QL(2 ea daily)
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	NF	
XOPENEX CONCENTRATE NEBU (Use <i>levalbuterol hcl</i>)	NF	PA
XOPENEX HFA AERO (Use <i>levalbuterol tartrate</i>)	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
XOPENEX NEBU (Use <i>levalbuterol hcl</i>)	NF	PA; QL(12 ml daily)
Xanthines		
<i>aminophylline soln</i>	1	
ELIXOPHYLLIN ELIX	1	
<i>theophylline soln 80 mg/15ml</i>	1	QL(56 ml daily)
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>theophylline tb24 400 mg, 600 mg</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use warfarin sodium</i>)	2	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail, 42 ea per 42 days mail)
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily)
ELIQUIS TABS	2	QL(2.47 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill, 365 rtl day(s) supply,
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 MG, 2.5 MG	2	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (<i>Use fondaparinux sodium</i>)	NF	QL(7.2 ml per 180 days retail, 7.2 ml per 180 days mail); SP
ARIXTRA SOLN 2.5 MG/0.5ML (<i>Use fondaparinux sodium</i>)	NF	QL(4.5 ml per 180 days retail, 4.5 ml per 180 days mail); SP
ARIXTRA SOLN 5 MG/0.4ML (<i>Use fondaparinux sodium</i>)	NF	QL(3.6 ml per 180 days retail, 3.6 ml per 180 days mail); SP
ARIXTRA SOLN 7.5 MG/0.6ML (<i>Use fondaparinux sodium</i>)	NF	QL(5.4 ml per 180 days retail, 5.4 ml per 180 days mail); SP

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	QL(6 ml daily)
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	4	QL(2 ml daily)
<i>enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	4	QL(0.8 ml daily, 30 day(s) limit); SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	4	QL(1.2 ml daily, 30 day(s) limit); SP
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	QL(7.2 ml per 180 days retail, 7.2 ml per 180 days mail); SP
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	QL(4.5 ml per 180 days retail, 4.5 ml per 180 days mail); SP
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	QL(3.6 ml per 180 days retail, 3.6 ml per 180 days mail); SP
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	QL(5.4 ml per 180 days retail, 5.4 ml per 180 days mail); SP
FRAGMIN SOLN 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	4	PA; SP
HEPARIN LOCK FLUSH SOLN (<i>Use heparin sodium (porcine) lock flush</i>)	NF	
<i>heparin sod (porcine) in d5w soln 40 unit/ml-5 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>heparin sodium (porcine) soln 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
HEPARIN SODIUM/NACL 0.45% SOLN 0.45 %-12500 UNIT/250ML	1	
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IV 0.9 %-1000 UNIT/500ML (Use <i>heparin (porcine)</i> in sodium chloride)	NF	
LOVENOX SOLN IJ 300 MG/3ML (Use <i>enoxaparin sodium</i>)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use <i>enoxaparin sodium</i>)	NF	QL(2 ml daily)
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML (Use <i>enoxaparin sodium</i>)	NF	QL(1.6 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (Use <i>enoxaparin sodium</i>)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (Use <i>enoxaparin sodium</i>)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (Use <i>enoxaparin sodium</i>)	NF	QL(1.2 ml daily,30 day(s) limit); SP
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
Anticonvulsants - Benzodiazepines		
<i>clobazam susp 2.5 mg/ml</i>	1	PA; QL(16 ml daily)
<i>clobazam tabs 10 mg, 20 mg</i>	1	PA; QL(2 ea daily)
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	1	
DIASTAT ACUDIAL GEL (Use <i>diazepam (anticonvulsant)</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
DIASTAT PEDIATRIC GEL (Use <i>diazepam (anticonvulsant)</i>)	3	
<i>diazepam (anticonvulsant) gel</i>	3	
KLONOPIN TABS (Use <i>clonazepam</i>)	NF	
NAYZILAM SOLN	3	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (Use <i>clobazam</i>)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (Use <i>clobazam</i>)	NF	PA; QL(2 ea daily)
VALTOCO LIQD	4	PA; QL(10 ea per 30 days retail)
VALTOCO LQPK	4	PA; QL(10 ea per 30 days retail)
Anticonvulsants - Misc.		
APTIOM TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (Use <i>rufinamide</i>)	2	PA; QL(80 ml daily)
BANZEL TABS 200 MG	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG	2	PA; QL(8 ea daily)
BRIVIACT SOLN OR 10 MG/ML	3	PA
BRIVIACT TABS OR 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg</i>	1	
<i>carbamazepine cp12 200 mg</i>	1	QL(6 ea daily)
<i>carbamazepine cp12 300 mg</i>	1	QL(4 ea daily)
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine tb12 100 mg, 400 mg</i>	1	QL(4 ea daily)
<i>carbamazepine tb12 200 mg</i>	1	QL(6 ea daily)
CARBATROL CP12 100 MG (<i>Use carbamazepine</i>)	NF	
CARBATROL CP12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (<i>Use carbamazepine</i>)	NF	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG	4	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN	3	PA
<i>gabapentin caps 400 mg, 100 mg, 300 mg</i>	1	
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	1	QL(60 ml daily)
<i>gabapentin tabs 600 mg, 800 mg</i>	1	
KEPPRA SOLN IV 500 MG/5ML (<i>Use levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (<i>Use levetiracetam</i>)	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG (<i>Use levetiracetam</i>)	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (<i>Use levetiracetam</i>)	NF	QL(6 ea daily)
KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (<i>Use lamotrigine</i>)	NF	QL(20 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (<i>Use lamotrigine</i>)	NF	QL(100 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine tabs 150 mg, 300 mg</i>	1	QL(3 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1	QL(4 ea daily)
<i>pregabalin caps 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; QL(3 ea daily)
<i>pregabalin caps 225 mg, 300 mg</i>	1	PA; QL(2 ea daily)
<i>pregabalin soln 20 mg/ml</i>	1	PA; QL(30 ml daily)
<i>primidone tabs</i>	1	
<i>QUDEXY XR CS24 (Use topiramate)</i>	NF	
<i>rufinamide susp</i>	1	PA; QL(80 ml daily)
<i>TEGRETOL SUSP (Use carbamazepine)</i>	2	
<i>TEGRETOL TABS (Use carbamazepine)</i>	2	
<i>TEGRETOL-XR TB12 100 MG, 400 MG (Use carbamazepine)</i>	NF	QL(4 ea daily)
<i>TEGRETOL-XR TB12 200 MG (Use carbamazepine)</i>	NF	QL(6 ea daily)
<i>TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)</i>	NF	QL(6 ea daily)
<i>TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)</i>	NF	QL(8 ea daily)
<i>TOPAMAX TABS 100 MG, 25 MG (Use topiramate)</i>	NF	QL(4 ea daily)
<i>TOPAMAX TABS 200 MG (Use topiramate)</i>	NF	QL(2 ea daily)
<i>TOPAMAX TABS 50 MG (Use topiramate)</i>	NF	QL(6 ea daily)
<i>topiramate cpsp 15 mg</i>	1	QL(6 ea daily)
<i>topiramate cpsp 25 mg</i>	1	QL(8 ea daily)
<i>topiramate tabs 100 mg, 25 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tabs 50 mg</i>	1	QL(6 ea daily)
<i>TRILEPTAL SUSP 300 MG/5ML (Use oxcarbazepine)</i>	NF	QL(40 ml daily)
<i>TRILEPTAL TABS 150 MG, 300 MG (Use oxcarbazepine)</i>	NF	QL(3 ea daily)
<i>TRILEPTAL TABS 600 MG (Use oxcarbazepine)</i>	NF	QL(4 ea daily)
<i>VIMPAT SOLN IV 200 MG/20ML</i>	3	QL(40 ml daily)
<i>VIMPAT SOLN OR 10 MG/ML</i>	3	PA; QL(40 ml daily)
<i>VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG</i>	3	PA; QL(2 ea daily)
<i>ZONEGRAN CAPS (Use zonisamide)</i>	NF	QL(6 ea daily)
<i>zonisamide caps</i>	1	QL(6 ea daily)
Carbamates		
<i>felbamate susp 600 mg/5ml</i>	1	QL(30 ml daily)
<i>felbamate tabs 400 mg</i>	1	QL(9 ea daily)
<i>felbamate tabs 600 mg</i>	1	QL(6 ea daily)
<i>FELBATOL SUSP 600 MG/5ML (Use felbamate)</i>	NF	QL(30 ml daily)
<i>FELBATOL TABS 400 MG (Use felbamate)</i>	NF	QL(9 ea daily)
<i>FELBATOL TABS 600 MG (Use felbamate)</i>	NF	QL(6 ea daily)
GABA Modulators		
<i>GABITRIL TABS 2 MG, 4 MG (Use tiagabine hcl)</i>	NF	
<i>SABRIL PACK (Use vigabatrin)</i>	NF	PA; QL(6 ea daily); SP
<i>SABRIL TABS (Use vigabatrin)</i>	NF	PA; QL(6 ea daily); SP
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	1	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP

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Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin tabs</i>	4	PA; QL(6 ea daily); SP
Hydantoins		
CEREBYX SOLN (<i>Use fosphenytoin sodium</i>)	NF	
DILANTIN CAPS 100 MG (<i>Use phenytoin sodium extended</i>)	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	2	
<i>fosphenytoin sodium soln</i>	1	
PEGANONE TABS	3	
PHENYTEK CAPS (<i>Use phenytoin sodium extended</i>)	2	
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin sodium soln</i>	1	
<i>phenytoin susp</i>	1	
Succinimides		
CELONTIN CAPS	3	QL(4 ea daily)
<i>ethosuximide caps 250 mg</i>	1	QL(6 ea daily)
<i>ethosuximide soln 250 mg/5ml</i>	1	QL(30 ml daily)
ZARONTIN CAPS 250 MG (<i>Use ethosuximide</i>)	2	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML (<i>Use ethosuximide</i>)	NF	QL(30 ml daily)
Valproic Acid		
DEPACON SOLN (<i>Use valproate sodium</i>)	NF	
DEPAKENE CAPS (<i>Use valproic acid</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
DEPAKENE SOLN (<i>Use valproate sodium</i>)	NF	
DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NF	
DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	NF	
<i>divalproex sodium tb24 250 mg, 500 mg</i>	1	
<i>divalproex sodium tbec 125 mg, 250 mg, 500 mg</i>	1	
<i>valproate sodium soln</i>	1	
<i>valproic acid caps or</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tabs 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tabs 7.5 mg, 45 mg</i>	1	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 mg</i>	1	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NF	QL(1 ea daily)
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily)
REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tabs 100 mg, 75 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 100 mg</i>	1	QL(4 ea daily)
<i>bupropion hcl tb12 150 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tb12 200 mg</i>	1	QL(2 ea daily)
<i>bupropion hcl tb24 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb24 300 mg</i>	1	QL(1 ea daily)
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NF	
<i>maprotiline hcl tabs</i>	1	
WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (<i>Use bupropion hcl</i>)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)
NARDIL TABS (<i>Use phenelzine sulfate</i>)	NF	
PARNATE TABS (<i>Use tranylcypromine sulfate</i>)	NF	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor		
SPRAVATO 56MG DOSE SOPK	4	PA
SPRAVATO 84MG DOSE SOPK	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(4 ea daily)

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

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Drug Name	Drug Tier	Requirements/Limits
LEXAPRO TABS 5 MG (Use escitalopram oxalate)	NF	QL(4 ea daily)
paroxetine hcl tabs 10 mg	1	QL(6 ea daily)
paroxetine hcl tabs 20 mg	1	QL(3 ea daily)
paroxetine hcl tabs 30 mg	1	QL(2 ea daily)
paroxetine hcl tabs 40 mg	1	QL(1 ea daily)
paroxetine hcl tb24 12.5 mg	1	QL(1 ea daily)
paroxetine hcl tb24 37.5 mg, 25 mg	1	QL(2 ea daily)
PAXIL CR TB24 12.5 MG (Use paroxetine hcl)	NF	QL(1 ea daily)
PAXIL CR TB24 37.5 MG, 25 MG (Use paroxetine hcl)	NF	QL(2 ea daily)
PAXIL SUSP 10 MG/5ML	3	QL(30 ml daily)
PAXIL TABS 10 MG (Use paroxetine hcl)	NF	QL(6 ea daily)
PAXIL TABS 20 MG (Use paroxetine hcl)	NF	QL(3 ea daily)
PAXIL TABS 30 MG (Use paroxetine hcl)	NF	QL(2 ea daily)
PAXIL TABS 40 MG (Use paroxetine hcl)	NF	QL(1 ea daily)
PROZAC CAPS 10 MG (Use fluoxetine hcl)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (Use fluoxetine hcl)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (Use fluoxetine hcl)	NF	QL(2 ea daily)
sertraline hcl conc 20 mg/ml	1	QL(10 ml daily)
sertraline hcl tabs 100 mg	1	QL(2 ea daily)
sertraline hcl tabs 25 mg, 50 mg	1	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (Use sertraline hcl)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use sertraline hcl)	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Serotonin Modulators		
nefazodone hcl tabs	1	
trazodone hcl tabs	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s),
VIIBRYD TABS	3	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Use duloxetine hcl)	NF	QL(2 ea daily)
desvenlafaxine succinate tb24 100 mg	1	QL(4 ea daily)
desvenlafaxine succinate tb24 25 mg, 50 mg	1	QL(1 ea daily)
duloxetine hcl cpep or 20 mg, 60 mg, 30 mg	1	QL(2 ea daily)
duloxetine hcl cpep or 40 mg	1	
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
KHEDEZLA TB24 (Use desvenlafaxine)	NF	
PRISTIQ TB24 100 MG (Use desvenlafaxine succinate)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use desvenlafaxine succinate)	NF	QL(1 ea daily)
venlafaxine hcl cp24 150 mg	1	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	1	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cp24 75 mg</i>	1	QL(5 ea daily)
<i>venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily)
<i>venlafaxine hcl tb24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl tb24 225 mg</i>	1	ST; QL(1 ea daily)
<i>venlafaxine hcl tb24 37.5 mg, 75 mg</i>	1	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
<i>amoxapine tabs</i>	3	
ANAFRANIL CAPS (<i>Use clomipramine hcl</i>)	NF	
<i>clomipramine hcl caps</i>	1	
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps</i>	1	
<i>doxepin hcl conc</i>	1	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (<i>Use desipramine hcl</i>)	NF	
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	1	
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NF	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (<i>Use trimipramine maleate</i>)	NF	
TOFRANIL TABS (<i>Use imipramine hcl</i>)	NF	
<i>trimipramine maleate caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1	QL(3 ea daily)
GLYSET TABS (<i>Use miglitol</i>)	NF	
<i>miglitol tabs</i>	1	
PRECOSE TABS (<i>Use acarbose</i>)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use pioglitazone hcl-metformin hcl</i>)	NF	QL(2 ea daily)
DUETACT TABS (<i>Use pioglitazone hcl-glimepiride</i>)	NF	QL(1 ea daily)
<i>glipizide-metformin hcl tabs 2.5 mg-250 mg, 2.5 mg-500 mg</i>	1	QL(2 ea daily)
<i>glipizide-metformin hcl tabs 5 mg-500 mg</i>	1	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25 mg-250 mg</i>	1	QL(2 ea daily)
<i>glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg</i>	1	QL(4 ea daily)
GLYXAMBI TABS	2	
JANUMET TABS	2	QL(2 ea daily)
JANUMET XR TB24	2	QL(1 ea daily)
KAZANO TABS (<i>Use alogliptin-metformin hcl</i>)	NF	
OSENI TABS (<i>Use alogliptin-pioglitazone</i>)	NF	
<i>pioglitazone hcl-glimepiride tabs</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
<i>repaglinide-metformin hcl tabs</i>	1	QL(2 ea daily)
SEGLUROMET TABS	2	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
SYNJARDY XR TB24 10 MG-1000 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
TRIJARDY XR TB24	2	
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG, 5 MG-500 MG	3	PA; QL(1 ea daily)
XIGDUO XR TB24 1000 MG-2.5 MG	3	QL(2 ea daily)
XIGDUO XR TB24 1000 MG-5 MG	3	PA; QL(2 ea daily)
XULTOPHY 100/3.6 SOPN	3	PA; QL(0.5 ml daily)
Biguanides		
<i>metformin hcl tabs 1000 mg</i>	1	QL(2.5 ea daily)
<i>metformin hcl tabs 500 mg</i>	1	QL(5 ea daily)
<i>metformin hcl tabs 850 mg</i>	1	QL(3 ea daily)
<i>metformin hcl tb24 500 mg</i>	1	QL(4 ea daily)
<i>metformin hcl tb24 750 mg</i>	1	QL(3 ea daily)
Diabetic Other		
BAQSIMI ONE PACK POWD	3	QL(0.069 ea daily)
BAQSIMI TWO PACK POWD	3	QL(0.069 ea daily)
<i>diazoxide susp</i>	1	
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
<i>glucagon (rdna) kit</i>	1	QL(0.035 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY KIT KIT	3	QL(0.035 ea daily)
GVOKE PFS SOSY	3	QL(0.02 ml daily)
PROGLYCEM SUSP (<i>Use diazoxide</i>)	NF	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs</i>	1	QL(1 ea daily)
JANUVIA TABS	2	QL(1 ea daily)
NESINA TABS (<i>Use alogliptin benzoate</i>)	NF	
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor)		
OZEMPIC SOPN 2 MG/1.5ML	2	PA; QL(0.054 ml daily)
OZEMPIC SOPN 2 MG/1.5ML	2	PA; QL(0.108 ml daily)
TRULICITY SOPN	2	PA; QL(0.143 ml daily)
VICTOZA SOPN	2	PA; QL(0.3 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (<i>Use pioglitazone hcl</i>)	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
Insulin		
BASAGLAR KWIKPEN SOPN	2	
FIASP FLEXTOUCH SOPN	2	
FIASP PENFILL SOCT	2	
FIASP SOLN	2	
HUMULIN R U-500 (<i>CONCENTRATED</i>) SOLN	3	
HUMULIN R U-500 KWIKPEN SOPN	3	

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 RELION SUSP	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N RELION SUSP	2	
NOVOLIN N SUSP	2	
NOVOLIN R RELION SOLN	2	
NOVOLIN R SOLN	2	
NOVOLOG FLEXPEN SOPN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	
NOVOLOG MIX 70/30 SUSP	2	
NOVOLOG PENFILL SOCT	2	
NOVOLOG SOLN	2	
TRESIBA FLEXTOUCH SOPN	3	PA
TRESIBA SOLN	3	PA
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily)
PRANDIN TABS 1 MG (Use <i>repaglinide</i>)	NF	QL(4 ea daily)
PRANDIN TABS 2 MG (Use <i>repaglinide</i>)	NF	QL(8 ea daily)
<i>repaglinide tabs 0.5 mg, 1 mg</i>	1	QL(4 ea daily)
<i>repaglinide tabs 2 mg</i>	1	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
STARLIX TABS (Use <i>nateglinide</i>)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	PA; QL(1 ea daily)
JARDIANCE TABS	2	QL(1 ea daily)
STEGLATRO TABS	2	QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (Use <i>glimepiride</i>)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (Use <i>glimepiride</i>)	NF	QL(2 ea daily)
<i>chlorpropamide tabs 100 mg</i>	1	QL(3 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	1	QL(2 ea daily)
<i>glipizide tabs 10 mg, 5 mg</i>	1	QL(4 ea daily)
<i>glipizide tb24 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily)
GLUCOTROL TABS (Use <i>glipizide</i>)	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (Use <i>glipizide</i>)	NF	QL(2 ea daily)
<i>glyburide micronized tabs</i>	1	QL(4 ea daily)
<i>glyburide tabs</i>	1	QL(4 ea daily)
GLYNASE TABS (Use <i>glyburide micronized</i>)	NF	QL(4 ea daily)
<i>tolazamide tabs</i>	1	QL(4 ea daily)
<i>tolbutamide tabs</i>	1	QL(6 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
IMODIUM A-D CAPS (<i>Use loperamide hcl</i>)	NF	RX/OTC
LOMOTIL TABS (<i>Use diphenoxyllate w/ atropine</i>)	NF	
<i>loperamide hcl caps</i>	1	RX/OTC
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	
<i>deferasirox pack 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox tabs 180 mg, 360 mg, 90 mg</i>	4	PA; SP
<i>deferasirox tbso 125 mg, 250 mg, 500 mg</i>	4	PA; SP
<i>deferiprone tabs</i>	1	
EXJADE TBSO (<i>Use deferasirox</i>)	NF	PA; SP
FERRIPROX TABS 500 MG (<i>Use deferiprone</i>)	3	
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	NF	PA
JADENU TABS (<i>Use deferasirox</i>)	NF	PA; SP
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	PA
Opioid Antagonists		
<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naltrexone hcl tabs</i>	1	
NARCAN LIQD	3	QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply,
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ALOXI SOLN (<i>Use palonosetron hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
ANZEMET TABS	3	PA; QL(0.167 ea daily)
<i>granisetron hcl soln iv 1 mg/ml</i>	1	
<i>granisetron hcl tabs or 1 mg</i>	1	QL(0.34 ea daily)
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(3.34 ml daily)
<i>ondansetron hcl tabs or 24 mg</i>	1	QL(0.143 ea daily)
<i>ondansetron hcl tabs or 4 mg</i>	1	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
<i>ondansetron hcl tabs or 8 mg</i>	1	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
<i>ondansetron tbdp 4 mg</i>	1	QL(1 ea daily)
<i>ondansetron tbdp 8 mg</i>	1	
<i>palonosetron hcl soln</i>	1	
ZOFRAN SOLN 4 MG/5ML (<i>Use ondansetron hcl</i>)	NF	QL(3.34 ml daily)
ZOFRAN TABS 4 MG (<i>Use ondansetron hcl</i>)	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG (<i>Use ondansetron hcl</i>)	NF	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs</i>	1	RX/OTC
<i>scopolamine pt72</i>	1	QL(0.34 ea daily)
TIGAN CAPS OR 300 MG (<i>Use trimethobenzamide hcl</i>)	NF	
TRANSDERM SCOP PT72 (<i>Use scopolamine</i>)	2	QL(0.34 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP PT72 (Use scopolamine)	2	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 0.5 MG-300 MG	3	PA
CESAMET CAPS	3	
DICLEGIS TBEC (Use doxylamine-pyridoxine)	NF	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>doxylamine-pyridoxine tbec</i>	1	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>dronabinol caps</i>	1	
MARINOL CAPS (Use dronabinol)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	1	PA
<i>aprepitant caps 125 mg, 40 mg</i>	1	PA; QL(0.067 ea daily)
<i>aprepitant caps 80 mg</i>	1	PA; QL(0.134 ea daily)
<i>aprepitant misc</i>	1	PA
EMEND CAPS OR 125 MG, 40 MG (Use <i>aprepitant</i>)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (Use <i>aprepitant</i>)	NF	PA; QL(0.134 ea daily)
EMEND SOLR IV 150 MG (Use <i>fosaprepitant dimeglumine</i>)	NF	
EMEND TRIPACK CAPS (Use <i>aprepitant</i>)	NF	PA

Drug Name	Drug Tier	Requirements/Limits
VARUBI TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (Use <i>caspofungin acetate</i>)	NF	
<i>caspofungin acetate solr 50 mg, 70 mg</i>	1	
ERAXIS SOLR	3	
<i>micafungin sodium solr 100 mg, 50 mg</i>	1	
MYCAMINE SOLR	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
<i>amphotericin b solr</i>	3	
ANCOBON CAPS (Use <i>flucytosine</i>)	NF	
<i>flucytosine caps</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	AL(At least 2 yrs old)
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR (Use <i>fluconazole</i>)	NF	
DIFLUCAN TABS (Use <i>fluconazole</i>)	NF	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>itraconazole caps 100 mg</i>	1	PA; QL(4 ea daily)
<i>itraconazole soln 10 mg/ml</i>	1	PA; QL(20 ml daily)
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP OR 40 MG/ML	3	QL(20 ml daily)
SPORANOX CAPS 100 MG (Use <i>itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (Use <i>itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (Use <i>itraconazole</i>)	NF	PA; QL(20 ml daily)
TOLSURA CAPS	4	PA
VFEND TABS 200 MG, 50 MG (Use <i>voriconazole</i>)	NF	QL(4 ea daily)
<i>voriconazole tabs or 200 mg, 50 mg</i>	1	QL(4 ea daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate soln</i>	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
<i>clemastine fumarate tabs</i>	1	
<i>diphenhydramine hcl caps or 50 mg</i>	1	
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	1	RX/OTC
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (Use <i>fexofenadine hcl</i>)	1	QL(30 ml daily)
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ALLEGRA ALLERGY TABS 180 MG (Use <i>fexofenadine hcl</i>)	1	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (Use <i>fexofenadine hcl</i>)	1	QL(2 ea daily)
<i>cetirizine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl chew 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl syrp 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
CLARINEX TABS 5 MG (Use <i>desloratadine</i>)	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (Use <i>loratadine</i>)	1	
CLARITIN CAPS (Use <i>loratadine</i>)	1	
CLARITIN CHEW (Use <i>loratadine</i>)	1	
CLARITIN CHILDRENS CHEW (Use <i>loratadine</i>)	1	
CLARITIN REDITABS TBDP 10 MG (Use <i>loratadine</i>)	1	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP (Use <i>loratadine</i>)	1	
CLARITIN TABS (Use <i>loratadine</i>)	1	
<i>desloratadine tabs 5 mg</i>	1	QL(1 ea daily)
<i>desloratadine tbdp 2.5 mg</i>	1	QL(1 ea daily)
<i>fexofenadine hcl susp 30 mg/5ml</i>	1	QL(30 ml daily)
<i>fexofenadine hcl tabs 180 mg</i>	1	QL(1 ea daily)
<i>fexofenadine hcl tabs 60 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	QL(1 ea daily); RX/OTC
<i>loratadine caps</i>	1	
<i>loratadine chew</i>	1	
<i>loratadine soln</i>	1	
<i>loratadine syrp</i>	1	
<i>loratadine tabs</i>	1	
<i>loratadine tbdp</i>	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use <i>levocetirizine dihydrochloride</i>)	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS (Use <i>levocetirizine dihydrochloride</i>)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (Use <i>cetirizine hcl</i>)	1	QL(1 ea daily)
ZYRTEC ALLERGY TABS (Use <i>cetirizine hcl</i>)	1	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (Use <i>cetirizine hcl</i>)	1	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use <i>promethazine hcl</i>)	NF	
<i>promethazine hcl soln</i>	1	
<i>promethazine hcl supp</i>	1	
<i>promethazine hcl syrp</i>	1	
<i>promethazine hcl tabs</i>	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	QL(1 ea daily)
VYTORIN TABS (Use <i>ezetimibe-simvastatin</i>)	NF	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl caps</i>	1	PA; QL(4 ea daily)
LOVAZA CAPS (Use <i>omega-3-acid ethyl esters</i>)	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	QL(4 ea daily)
VASCEPA CAPS 0.5 GM	3	PA
VASCEPA CAPS 1 GM	3	PA; QL(4 ea daily)
Bile Acid Sequestrants		
<i>cholestyramine light pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine light powd 4 gm/dose</i>	1	QL(24 gm daily)
<i>cholestyramine pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine powd 4 gm/dose</i>	1	QL(25.2 gm daily)
<i>colesevelam hcl pack 3.75 gm</i>	1	PA; QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1	QL(7 ea daily)
COLESTID FLAVORED GRAN 5 GM (Use <i>colestipol hcl</i>)	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (Use <i>colestipol hcl</i>)	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (Use <i>colestipol hcl</i>)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (Use <i>colestipol hcl</i>)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (Use <i>colestipol hcl</i>)	NF	QL(16 ea daily)
<i>colestipol hcl gran 5 gm</i>	1	QL(6 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl pack 5 gm</i>	1	QL(6 ea daily)
<i>colestipol hcl tabs 1 gm</i>	1	QL(16 ea daily)
QUESTRAN LIGHT POWD (Use <i>cholestyramine light</i>)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (Use <i>cholestyramine</i>)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (Use <i>cholestyramine</i>)	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (Use <i>colesevelam hcl</i>)	NF	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (Use <i>colesevelam hcl</i>)	NF	QL(7 ea daily)
Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134 mg, 67 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs 145 mg, 48 mg, 54 mg, 160 mg</i>	1	QL(1 ea daily)
FIBRICOR TABS 105 MG, 35 MG (Use <i>fenofibric acid</i>)	NF	
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LIPOFEN CAPS (Use <i>fenofibrate</i>)	NF	
LOPID TABS (Use <i>gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (Use <i>fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (Use <i>rosuvastatin calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	1	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	1	QL(2 ea daily)
LIPITOR TABS (Use <i>atorvastatin calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tabs 10 mg, 20 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin tabs 40 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
PRAVACHOL TABS (Use <i>pravastatin sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	3	QL(1 ea daily)
<i>simvastatin tabs 80 mg, 10 mg, 20 mg, 5 mg, 40 mg</i>	1	QL(1 ea daily)
ZOCOR TABS (Use <i>simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	QL(1 ea daily)
ZETIA TABS (Use <i>ezetimibe</i>)	NF	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc 750 mg, 1000 mg, 500 mg</i>	1	QL(2 ea daily)
NIASPAN TBCR (Use <i>niacin (antihyperlipidemic)</i>)	NF	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9		
REPATHA SOSY	4	PA; QL(0.0714 ml daily)
REPATHA SURECLICK SOAJ	4	PA; QL(0.0714 ml daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (Use <i>quinapril hcl</i>)	NF	
ALTACE CAPS (Use <i>ramipril</i>)	NF	
<i>benazepril hcl tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>eprosartan mesylate tabs</i>	1	QL(1 ea daily)
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(1 ea daily)
MICARDIS TABS (Use <i>telmisartan</i>)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	1	QL(1 ea daily)
<i>telmisartan tabs</i>	1	QL(1 ea daily)
<i>valsartan tabs</i>	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (Use <i>doxazosin mesylate</i>)	NF	
CATAPRES TABS (Use <i>clonidine hcl</i>)	NF	QL(8 ea daily)
CATAPRES-TTS-1 PTWK (Use <i>clonidine</i>)	NF	QL(0.15 ea daily)
CATAPRES-TTS-2 PTWK (Use <i>clonidine</i>)	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 PTWK (Use <i>clonidine</i>)	NF	QL(0.15 ea daily)
<i>clonidine hcl tabs</i>	1	QL(8 ea daily)
<i>clonidine ptwk</i>	3	QL(0.15 ea daily)
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	QL(6 ea daily)
MINIPRESS CAPS (Use <i>prazosin hcl</i>)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
ACCURETIC TABS 10 MG-12.5 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NF	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
ACCURETIC TABS 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	NF	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG (Use quinapril-hydrochlorothiazide)	NF	QL(2 ea daily)
amlodipine besylate-benazepril hcl caps	1	
amlodipine besylate-olmesartan medoxomil tabs	1	ST
amlodipine besylate-valsartan tabs	1	
amlodipine-valsartan-hydrochlorothiazide tabs	1	
ATACAND HCT TABS (Use candesartan cilexetil-hydrochlorothiazide)	NF	
atenolol & chlorthalidone tabs	1	
AVALIDE TABS (Use irbesartan-hydrochlorothiazide)	NF	
AZOR TABS (Use amlodipine besylate-olmesartan medoxomil)	NF	ST
benazepril & hydrochlorothiazide tabs	1	
BENICAR HCT TABS (Use olmesartan medoxomil-hydrochlorothiazide)	NF	
bisoprolol & hydrochlorothiazide tabs	1	QL(2 ea daily)
candesartan cilexetil-hydrochlorothiazide tabs	1	
CORZIDE TABS 40 MG-5 MG (Use nadolol & bendroflumethiazide)	NF	
DIOVAN HCT TABS (Use valsartan-hydrochlorothiazide)	NF	
enalapril maleate & hydrochlorothiazide tabs	1	
EXFORGE HCT TABS (Use amlodipine-valsartan-hydrochlorothiazide)	NF	

Drug Name	Drug Tier	Requirements/ Limits
EXFORGE TABS (Use amlodipine besylate-valsartan)	NF	
fosinopril sodium & hydrochlorothiazide tabs	1	
HYZAAR TABS 100 MG-12.5 MG, 100 MG-25 MG (Use losartan potassium & hydrochlorothiazide)	NF	QL(1 ea daily)
HYZAAR TABS 12.5 MG-50 MG (Use losartan potassium & hydrochlorothiazide)	NF	QL(2 ea daily)
irbesartan-hydrochlorothiazide tabs	1	
lisinopril & hydrochlorothiazide tabs	1	
LOPRESSOR HCT TABS (Use metoprolol & hydrochlorothiazide)	NF	
losartan potassium & hydrochlorothiazide tabs 100 mg-12.5 mg, 100 mg-25 mg	1	QL(1 ea daily)
losartan potassium & hydrochlorothiazide tabs 12.5 mg-50 mg	1	QL(2 ea daily)
LOTENSIN HCT TABS (Use benazepril & hydrochlorothiazide)	NF	
LOTREL CAPS (Use amlodipine besylate-benazepril hcl)	NF	
metoprolol & hydrochlorothiazide tabs	1	
MICARDIS HCT TABS (Use telmisartan-hydrochlorothiazide)	NF	
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	1	ST
olmesartan medoxomil-hydrochlorothiazide tabs	1	
quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20 mg-25 mg</i>	1	QL(2 ea daily)
TARKA TBCR (<i>Use trandolapril-verapamil hcl</i>)	NF	
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
TENORETIC 100 TABS (<i>Use atenolol & chlorthalidone</i>)	NF	
TENORETIC 50 TABS (<i>Use atenolol & chlorthalidone</i>)	NF	
<i>trandolapril-verapamil hcl tbc</i>	1	
TRIBENZOR TABS (<i>Use olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	ST
TWYNSTA TABS (<i>Use telmisartan-amlodipine</i>)	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1	
VASERETIC TABS (<i>Use enalapril maleate & hydrochlorothiazide</i>)	NF	
ZESTORETIC TABS (<i>Use lisinopril & hydrochlorothiazide</i>)	NF	
ZIAC TABS (<i>Use bisoprolol & hydrochlorothiazide</i>)	NF	QL(2 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate tabs</i>	1	QL(1 ea daily)
TEKTURNA TABS (<i>Use aliskiren fumarate</i>)	NF	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
<i>eplerenone tabs</i>	1	
INSPIRA TABS (<i>Use eplerenone</i>)	NF	
Vasodilators		
<i>hydralazine hcl soln</i>	1	
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
COARTEM TABS	2	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(24 ea per fill retail,24 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

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Drug Name	Drug Tier	Requirements/ Limits
MALARONE TABS (<i>Use atovaquone-proguanil hcl</i>)	NF	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail, 12 ea per fill mail) 1 rti MAX fill, 180 rti day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
Antimalarials		
<i>chloroquine phosphate tabs</i>	1	
DARAPRIM TABS	3	PA; QL(3 ea daily)
<i>hydroxychloroquine sulfate tabs</i>	1	
KRINTAFEL TABS	3	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily) 1 rti MAX fill, 180 rti day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
PLAQUENIL TABS (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NF	
<i>pyrimethamine tabs</i>	1	PA; QL(3 ea daily)
QUALAQUIN CAPS (<i>Use quinine sulfate</i>)	NF	PA;
<i>quinine sulfate caps</i>	1	PA;

ANTIMYASTHENIC/CHOLINERGIC AGENTS

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Drug Name	Drug Tier	Requirements/ Limits
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	4	PA
GUANIDINE HCL TABS	2	
MESTINON SOLN (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NF	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbcr 180 mg</i>	1	
RUZURGI TABS	4	PA; QL(10 ea daily)
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	3	
RIFATER TABS	3	QL(6 ea daily)
Antimycobacterial Agents		
CAPASTAT SULFATE SOLR	3	
<i>cycloserine caps</i>	1	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid soln</i>	1	
<i>isoniazid syrp</i>	1	
<i>isoniazid tabs</i>	1	
MYAMBUTOL TABS (<i>Use ethambutol hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
MYCOBUTIN CAPS (<i>Use rifabutin</i>)	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	PA
RIFADIN CAPS (<i>Use rifampin</i>)	NF	
RIFADIN SOLR (<i>Use rifampin</i>)	NF	
<i>rifampin caps</i>	1	
<i>rifampin solr</i>	1	
SIRTURO TABS 100 MG	3	PA
TRECTOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR (<i>Use melphalan hcl</i>)	NF	
ALKERAN TABS (<i>Use melphalan</i>)	NF	
BICNU SOLR (<i>Use carmustine</i>)	NF	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN (<i>Use busulfan</i>)	NF	PA; SP
<i>carboplatin soln 50 mg/5ml</i>	4	PA; SP
<i>carmustine solr</i>	4	PA; SP
<i>cisplatin soln 100 mg/100ml</i>	4	PA; SP
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	1	PA
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	PA; SP
GLEOSTINE CAPS 10 MG	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAPS 100 MG, 40 MG	4	PA
IFEX SOLR 1 GM (<i>Use ifosfamide</i>)	NF	PA; SP
<i>ifosfamide soln 1 gm/20ml</i>	4	PA; SP
<i>ifosfamide solr 1 gm</i>	4	PA; SP
LEUKERAN TABS	4	PA; SP
<i>melphalan hcl solr</i>	1	
<i>melphalan tabs</i>	1	
MYLERAN TABS	4	PA; SP
<i>oxaliplatin soln 100 mg/20ml, 50 mg/10ml</i>	4	PA; SP
TEMODAR CAPS OR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>Use temozolomide</i>)	NF	PA; SP
TEMODAR SOLR IV 100 MG	4	PA; SP
<i>temozolomide caps</i>	4	PA; SP
TEPADINA SOLR 100 MG (<i>Use thiotepa</i>)	NF	
TEPADINA SOLR 15 MG (<i>Use thiotepa</i>)	NF	PA; SP
<i>thiotepa solr 15 mg</i>	4	PA; SP
TREANDA SOLR	4	PA; SP
ZANOSAR SOLR	4	PA; SP
Antimetabolites		
ALIMTA SOLR 500 MG	4	PA; SP
ARRANON SOLN	4	PA; SP
<i>azacitidine susr</i>	4	PA; SP
<i>capecitabine tabs</i>	4	PA; SP
<i>clofarabine soln</i>	4	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
CLOLAR SOLN (<i>Use clofarabine</i>)	NF	PA; SP
<i>cytarabine soln 100 mg/ml, 20 mg/ml</i>	4	PA; SP
DACOGEN SOLR (<i>Use decitabine</i>)	NF	PA; SP
<i>decitabine solr</i>	4	PA; SP
<i>floxuridine solr</i>	4	PA; SP
<i>fludarabine phosphate soln</i>	4	PA; SP
<i>fludarabine phosphate solr</i>	4	PA; SP
<i>fluorouracil soln 500 mg/10ml</i>	4	PA; SP
FOLOTYN SOLN 20 MG/ML	4	PA; SP
<i>gemcitabine hcl solr 2 gm, 200 mg</i>	4	PA; SP
GEMCITABINE HYDROCHLORIDE SOLN 1 GM/10ML, 2 GM/20ML, 200 MG/2ML (<i>Use gemcitabine hcl</i>)	NF	
<i>mercaptopurine tabs</i>	1	
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium solr ij 1 gm</i>	1	SP
<i>methotrexate sodium tabs or 2.5 mg</i>	1	SP
TABLOID TABS	4	PA; SP
TREXALL TABS	4	PA; SP
VIDAZA SUSR (<i>Use azacitidine</i>)	NF	PA; SP
XELODA TABS (<i>Use capecitabine</i>)	NF	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
MVASI SOLN	4	PA
ZALTRAP SOLN 100 MG/4ML	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ZIRABEV SOLN	4	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
CAMPATH SOLN	4	PA
ERBITUX SOLN	4	PA; SP
HERCEPTIN SOLR	4	PA; SP
PERJETA SOLN	4	PA; SP
RITUXAN SOLN	4	PA; SP
RUXIENCE SOLN	4	PA
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
YERVOY SOLN	4	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	4	PA
ERIVEDGE CAPS	4	PA; QL(1 ea daily); SP
ODOMZO CAPS	4	PA; QL(1 ea daily)
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs 250 mg</i>	4	PA; QL(4 ea daily); SP
<i>abiraterone acetate tabs 500 mg</i>	4	PA; QL(2 ea daily)
<i>anastrozole tabs</i>	1	QL(1 ea daily)
ARIMIDEX TABS (<i>Use anastrozole</i>)	NF	QL(1 ea daily)
AROMASIN TABS (<i>Use exemestane</i>)	NF	QL(1 ea daily); SP
<i>bicalutamide tabs</i>	4	PA; QL(1 ea daily); SP
CASODEX TABS (<i>Use bicalutamide</i>)	NF	PA; QL(1 ea daily); SP
ELIGARD KIT 22.5 MG	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ELIGARD KIT 30 MG	4	PA; SP
ELIGARD KIT 45 MG	4	PA; SP
ELIGARD KIT 7.5 MG	4	PA; QL(0.0089 ea daily); SP
EMCYT CAPS	4	PA; SP
<i>exemestane tabs</i>	4	QL(1 ea daily); SP
FARESTON TABS (<i>Use toremifene citrate</i>)	NF	
FASLODEX SOLN (<i>Use fulvestrant</i>)	NF	PA; QL(0.357 ml daily); SP
FEMARA TABS (<i>Use letrozole</i>)	NF	
FIRMAGON SOLR	4	PA; QL(0.143 ea daily); SP
<i>flutamide caps</i>	4	PA; QL(6 ea daily); SP
<i>fulvestrant soln</i>	4	PA; QL(0.357 ml daily); SP
<i>letrozole tabs</i>	1	
<i>leuprolide acetate kit</i>	4	PA; SP
LUPRON DEPOT (1-MONTH) KIT	4	PA; QL(0.0357 ea daily); SP
LUPRON DEPOT (3-MONTH) KIT	4	PA; SP
LUPRON DEPOT (4-MONTH) KIT	4	PA; QL(0.1339 ea daily); SP
LUPRON DEPOT (6-MONTH) KIT	4	PA; QL(0.0089 ea daily); SP
LYSODREN TABS	4	PA; SP
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
NILANDRON TABS (<i>Use nilutamide</i>)	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	1	QL(2 ea daily)
NUBEQA TABS	4	PA
<i>tamoxifen citrate tabs</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>toremifene citrate tabs</i>	1	
TRELSTAR MIXJECT SUSR	4	PA; SP
XTANDI CAPS	4	PA; QL(4 ea daily); SP
YONSA TABS	4	PA
ZOLADEX IMPL 10.8 MG	4	PA; QL(0.0119 ea daily); SP
ZOLADEX IMPL 3.6 MG	4	PA; QL(0.0357 ea daily); SP
ZYTIGA TABS 250 MG (<i>Use abiraterone acetate</i>)	NF	PA; QL(4 ea daily); SP
ZYTIGA TABS 500 MG (<i>Use abiraterone acetate</i>)	4	PA; QL(2 ea daily)
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	PA; QL(1 ea daily)
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPK	4	PA
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr 15 unit</i>	4	PA; SP
COSMEGEN SOLR (<i>Use dactinomycin</i>)	NF	PA; SP
<i>dactinomycin solr</i>	4	PA; SP
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (<i>Use daunorubicin hcl</i>)	NF	
DOXIL INJ (<i>Use doxorubicin hcl liposomal</i>)	NF	PA; SP
<i>doxorubicin hcl liposomal inj</i>	4	PA; SP
<i>doxorubicin hcl soln</i>	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxorubicin hcl solr</i>	4	PA; SP
ELLENCE SOLN 50 MG/25ML (<i>Use epirubicin hcl</i>)	NF	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 10 MG/10ML, 5 MG/5ML (<i>Use idarubicin hcl</i>)	NF	PA; SP
IDAMYCIN PFS SOLN 20 MG/20ML (<i>Use idarubicin hcl</i>)	NF	PA
<i>idarubicin hcl soln 10 mg/10ml, 5 mg/5ml</i>	4	PA; SP
<i>idarubicin hcl soln 20 mg/20ml</i>	4	PA
<i>mitomycin solr iv 20 mg</i>	4	PA; SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
<i>valrubicin soln</i>	4	PA; SP
VALSTAR SOLN (<i>Use valrubicin</i>)	NF	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS 5 MG, 7.5 MG, 2.5 MG (<i>Use everolimus</i>)	NF	PA; QL(1 ea daily); SP
AYVAKIT TABS	4	PA; SL(1 ea daily)
BALVERSA TABS	4	PA
BORTEZOMIB SOLR	4	PA;
BOSULIF TABS 100 MG, 500 MG	4	PA; QL(1 ea daily); SP
BOSULIF TABS 400 MG	4	PA;
BRAFTOVI CAPS	4	PA; SP
BRUKINSA CAPS	4	PA
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COPIKTRA CAPS	4	PA
<i>erlotinib hcl tabs</i>	4	PA; QL(1 ea daily); SP
<i>everolimus tabs</i>	4	PA; QL(1 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)
GLEEVEC TABS (<i>Use imatinib mesylate</i>)	NF	PA; QL(2 ea daily); SP
IBRANCE TABS 100 MG, 125 MG, 75 MG	4	PA; AC
ICLUSIG TABS 15 MG	4	PA; QL(2 ea daily)
ICLUSIG TABS 45 MG	4	PA; QL(1 ea daily)
<i>imatinib mesylate tabs</i>	4	PA; QL(2 ea daily); SP
IMBRUVICA CAPS 140 MG	4	PA; QL(3 ea daily)
IMBRUVICA CAPS 70 MG	4	PA; QL(1 ea daily)
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL(1 ea daily)
INLYTA TABS	4	PA; QL(2 ea daily); SP
INREBIC CAPS	4	PA
ISTODAX (<i>OVERFILL</i>) SOLR	4	PA; SP
JAKAFI TABS 10 MG, 20 MG	4	PA; SP
JAKAFI TABS 15 MG, 25 MG, 5 MG	4	PA; QL(2 ea daily); SP
KOSELUGO CAPS	4	PA
KYPROLIS SOLR	4	PA
<i>lapatinib ditosylate tabs</i>	4	PA; QL(6 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 12MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 18 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 20 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 4 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 8 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LORBRENA TABS	4	PA
LYNPARZA TABS	4	PA; QL(16 ea daily)
MEKINIST TABS 0.5 MG	4	PA; QL(3 ea daily)
MEKINIST TABS 2 MG	4	PA; QL(1 ea daily)
MEKTOVI TABS	4	PA; SP
NEXAVAR TABS	4	PA; QL(4 ea daily); SP
NINLARO CAPS	4	PA; QL(0.143 ea daily)
PEMAZYRE TABS	4	PA; QL(1 ea daily)
PIQRAY 200MG DAILY DOSE TBPK	4	PA
PIQRAY 250MG DAILY DOSE TBPK	4	PA
PIQRAY 300MG DAILY DOSE TBPK	4	PA
QINLOCK TABS	4	PA
RETEVMO CAPS	4	PA
ROMIDEPSIN SOLR 10 MG	4	PA; SP
ROZLYTREK CAPS	4	PA

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
APOKYN SOCT	4	PA;
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbc</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
<i>carbidopa-levodopa-entacapone tabs</i>	1	
MIRAPEX TABS 0.125 MG (Use <i>pramipexole dihydrochloride</i>)	NF	QL(4 ea daily)
MIRAPEX TABS 0.5 MG, 0.75 MG, 1 MG, 0.25 MG, 1.5 MG (Use <i>pramipexole dihydrochloride</i>)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (Use <i>bromocriptine mesylate</i>)	NF	
PARLODEL TABS (Use <i>bromocriptine mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.5 mg, 0.75 mg, 1 mg, 0.25 mg, 1.5 mg</i>	1	
REQUIP TABS (Use <i>ropinirole hydrochloride</i>)	NF	
REQUIP XL TB24 12 MG, 8 MG (Use <i>ropinirole hydrochloride</i>)	NF	ST; QL(2 ea daily)
REQUIP XL TB24 4 MG, 6 MG, 2 MG (Use <i>ropinirole hydrochloride</i>)	NF	ST; QL(1 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg, 5 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>ropinirole hydrochloride tb24 12 mg, 8 mg</i>	1	ST; QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tb24 4 mg, 6 mg, 2 mg</i>	1	ST; QL(1 ea daily)
SINEMET CR TBCR (<i>Use carbidopa-levodopa</i>)	NF	
SINEMET TABS (<i>Use carbidopa-levodopa</i>)	NF	
STALEVO 100 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 100 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 125 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 125 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 150 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 200 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 50 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 75 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 75 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Use rasagiline mesylate</i>)	NF	PA; QL(1 ea daily)
<i>rasagiline mesylate tabs</i>	1	PA; QL(1 ea daily)
<i>selegiline hcl caps</i>	1	
<i>selegiline hcl tabs</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		

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

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

Drug Name	Drug Tier	Requirements/Limits
FAZACLO TBDP 100 MG (Use clozapine)	NF	QL(9 ea daily)
FAZACLO TBDP 12.5 MG (Use clozapine)	NF	QL(6 ea daily)
FAZACLO TBDP 150 MG (Use clozapine)	1	QL(6 ea daily)
FAZACLO TBDP 200 MG (Use clozapine)	1	QL(4 ea daily)
FAZACLO TBDP 25 MG (Use clozapine)	NF	QL(3 ea daily)
<i>loxapine succinate caps</i>	1	
<i>olanzapine solr im 10 mg</i>	1	QL(0.215 ea daily)
<i>olanzapine tabs or 10 mg, 15 mg, 20 mg, 7.5 mg</i>	1	QL(2 ea daily)
<i>olanzapine tabs or 2.5 mg, 5 mg</i>	1	QL(4 ea daily)
<i>olanzapine tbdp or 10 mg, 15 mg, 5 mg</i>	1	QL(2 ea daily)
<i>olanzapine tbdp or 20 mg</i>	1	QL(1 ea daily)
<i>quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tb24 150 mg, 200 mg, 50 mg</i>	1	PA; QL(1 ea daily)
<i>quetiapine fumarate tb24 300 mg, 400 mg</i>	1	PA; QL(2 ea daily)
SAPHRIS SUBL 10 MG, 5 MG (Use asenapine maleate)	3	PA; QL(2 ea daily)
SAPHRIS SUBL 2.5 MG (Use asenapine maleate)	3	PA; QL(4 ea daily)
SAPHRIS SUBL 5 MG	3	PA; QL(2 ea daily)
SEROQUEL TABS 100 MG, 200 MG, 25 MG, 50 MG (Use quetiapine fumarate)	NF	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)	NF	QL(2 ea daily); AL(At least 10 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR TB24 150 MG, 200 MG, 50 MG (<i>Use quetiapine fumarate</i>)	NF	PA; QL(1 ea daily)
SEROQUEL XR TB24 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NF	PA; QL(2 ea daily)
ZYPREXA SOLR IM 10 MG (<i>Use olanzapine</i>)	NF	QL(0.215 ea daily)
ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG (<i>Use olanzapine</i>)	NF	QL(2 ea daily)
ZYPREXA TABS OR 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 5 MG (<i>Use olanzapine</i>)	NF	QL(2 ea daily)
ZYPREXA ZYDIS TBDP 20 MG (<i>Use olanzapine</i>)	NF	QL(1 ea daily)
Phenothiazines		
<i>chlorpromazine hcl soln ij 25 mg/ml, 50 mg/2ml</i>	3	
<i>chlorpromazine hcl tabs or 200 mg, 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>fluphenazine hcl conc or 5 mg/ml</i>	1	
<i>fluphenazine hcl elix or 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl soln ij 2.5 mg/ml</i>	1	
<i>fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		
ABILIFY TABS (<i>Use aripiprazole</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole soln 1 mg/ml</i>	3	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI TABS	3	PA
Thioxanthenes		
<i>thiothixene caps</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln 20 mg/ml</i>	1	QL(32 ml daily)
<i>abacavir sulfate tabs 300 mg</i>	1	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs</i>	1	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	QL(2 ea daily)
APTIVUS CAPS 250 MG	2	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	2	QL(10 ml daily)
<i>atazanavir sulfate caps 150 mg, 300 mg</i>	1	QL(1 ea daily)
<i>atazanavir sulfate caps 200 mg</i>	1	QL(2 ea daily)
ATRIPLA TABS (<i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	3	QL(1 ea daily)
BIKTARVY TABS	3	QL(1 ea daily)
CIMDUO TABS	2	ST; QL(1 ea daily)
COMBIVIR TABS (<i>Use lamivudine-zidovudine</i>)	NF	QL(2 ea daily)
COMPLERA TABS	3	ST; QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
DELSTRIGO TABS	3	ST; QL(1 ea daily)
DESCOVY TABS	2	PA; QL(1 ea daily)
<i>didanosine cpdr 200 mg</i>	1	QL(2 ea daily)
<i>didanosine cpdr 250 mg, 400 mg</i>	1	QL(1 ea daily)
DOVATO TABS	2	QL(1 ea daily)
EDURANT TABS	2	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	1	QL(2 ea daily)
<i>efavirenz caps 50 mg</i>	1	QL(3 ea daily)
<i>efavirenz tabs 600 mg</i>	1	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
<i>emtricitabine caps</i>	1	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 100 mg-150 mg, 133 mg-200 mg, 167 mg-250 mg</i>	1	QL(1 ea daily,30 day(s) limit)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg</i>	0	QL(1 ea daily,30 day(s) limit)
EMTRIVA CAPS 200 MG (Use <i>emtricitabine</i>)	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (Use <i>lamivudine</i>)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	NF	QL(1 ea daily)
EPZICOM TABS (Use <i>abacavir sulfate-lamivudine</i>)	NF	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
NORVIR PACK 100 MG	2	QL(12 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG (Use ritonavir)	NF	QL(12 ea daily)
ODEFSEY TABS	3	ST; QL(1 ea daily)
PIFELTRO TABS	2	QL(1 ea daily)
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 150 MG, 600 MG, 75 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS	2	QL(6 ea daily)
RETROVIR CAPS 100 MG (Use zidovudine)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP 50 MG/5ML (Use zidovudine)	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 300 MG (Use atazanavir sulfate)	NF	QL(1 ea daily)
REYATAZ CAPS 200 MG (Use atazanavir sulfate)	NF	QL(2 ea daily)
<i>ritonavir tabs</i>	1	QL(12 ea daily)
RUKOBIA TB12	4	PA
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG, 25 MG, 75 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
<i>stavudine caps</i>	1	QL(2 ea daily)
STRIBILD TABS	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SUSTIVA CAPS 200 MG (Use efavirenz)	NF	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use efavirenz)	NF	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use efavirenz)	NF	QL(1 ea daily)
SYMFI LO TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	2	QL(1 ea daily)
SYMFI TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	2	QL(1 ea daily)
SYMPTUZA TABS	3	ST; QL(1 ea daily)
TEMIXYS TABS	2	ST; QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR TABS (Use abacavir sulfate-lamivudine-zidovudine)	NF	QL(2 ea daily)
TRUVADA TABS (Use emtricitabine-tenofovir disoproxil fumarate)	2	QL(1 ea daily,30 day(s) limit)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG	2	QL(2 ea daily)
VIDEX EC CPDR 200 MG (Use didanosine)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG, 400 MG (Use didanosine)	NF	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (Use nevirapine)	NF	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use nevirapine)	NF	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE XR TB24 (<i>Use nevirapine</i>)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG (<i>Use tenofovir disoproxil fumarate</i>)	NF	
ZIAGEN SOLN 20 MG/ML (<i>Use abacavir sulfate</i>)	NF	QL(32 ml daily)
ZIAGEN TABS 300 MG (<i>Use abacavir sulfate</i>)	NF	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	1	QL(6 ea daily)
<i>zidovudine syrp 50 mg/5ml</i>	1	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	1	QL(2 ea daily)
CMV Agents		
<i>cidofovir soln</i>	3	
CYTOVENE SOLR (<i>Use ganciclovir sodium</i>)	NF	
<i>ganciclovir sodium solr</i>	1	
VALCYTE TABS 450 MG (<i>Use valganciclovir hcl</i>)	NF	PA; QL(4 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	PA; QL(4 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	4	PA; QL(1 ea daily); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (<i>Use entecavir</i>)	NF	PA; QL(1 ea daily); SP
<i>entecavir tabs</i>	4	PA; QL(1 ea daily); SP
EPCLUSA TABS 100 MG-400 MG	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (<i>Use lamivudine (hbv)</i>)	NF	QL(3 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
HEPSERA TABS (<i>Use adefovir dipivoxil</i>)	NF	PA; QL(1 ea daily); SP
<i>lamivudine (hbv) tabs</i>	1	QL(3 ea daily); SP
MAVYRET TABS	4	PA; QL(3 ea daily)
MODERIBA 1200 DOSE PACK TBPK	4	PA
PEGASYS PROCLICK SOLN	4	PA; QL(0.0714 ml daily); SP
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
REBETOL SOLN	4	PA; QL(35 ml daily); SP
RIBASPHERE RIBAPAK TBPK 400 MG, 600 MG	4	PA
RIBASPHERE TABS	4	PA
<i>ribavirin (hepatitis c) caps 200 mg</i>	1	QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 200 mg</i>	1	PA; QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 600 mg</i>	4	PA
SOFOSBUVIR/VELPATAS VIR TABS	4	PA; QL(1 ea daily)
VEMLIDY TABS	4	PA; QL(1 ea daily); SP
VOSEVI TABS	4	PA; QL(1 ea daily)
ZEPATIER TABS	4	PA
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	QL(5 ea daily, 50 ea per fill retail, 50 ea per fill mail)
<i>acyclovir susp 200 mg/5ml</i>	1	QL(13.34 ml daily)
<i>acyclovir tabs 800 mg, 400 mg</i>	1	QL(5 ea daily)
<i>famciclovir tabs 125 mg, 250 mg</i>	1	QL(3 ea daily)

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
PROCARDIA XL TB24 (Use nifedipine)	NF	
SULAR TB24 (Use nisoldipine)	NF	
TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (Use diltiazem hcl extended release beads)	NF	
verapamil hcl cp24	1	
verapamil hcl soln	1	
verapamil hcl tabs	1	
verapamil hcl tbc	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (Use verapamil hcl)	NF	
VERELAN CP24 360 MG (Use verapamil hcl)	1	
VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	NF	
VERELAN PM CP24 300 MG (Use verapamil hcl)	1	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin soln	1	
digoxin tabs	1	
LANOXIN SOLN IJ 0.25 MG/ML (Use digoxin)	2	
LANOXIN TABS OR 250 MCG, 125 MCG (Use digoxin)	2	
LANOXIN TABS OR 62.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardioplegic Solutions		
PLEGISOL SOLN (Use cardioplegic soln)	NF	
Cardiovascular Agents Misc. - Combinations		

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

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

Drug Name	Drug Tier	Requirements/Limits
VYNDAQEL CAPS	4	PA; QL(4 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	1	
cefadroxil susr	1	
cefadroxil tabs	1	
cefazolin sodium solr ij 20 gm, 500 mg, 1 gm, 10 gm	1	
cephalexin caps	1	
cephalexin susr	1	
cephalexin tabs	1	
KEFLEX CAPS (Use cephalexin)	NF	
Cephalosporins - 2nd Generation		
cefaclor caps	1	
cefaclor susr	1	
CEFOTAN SOLR (Use cefotetan disodium)	NF	
cefotetan disodium solr 1 gm, 2 gm	1	
cefotetan disodium solr 10 gm	3	
cefoxitin sodium solr ij 10 gm	1	
cefoxitin sodium solr iv 1 gm, 2 gm	1	
cefprozil susr	1	
cefprozil tabs	1	
cefuroxime axetil tabs	1	
cefuroxime sodium solr ij 7.5 gm, 750 mg	1	
Cephalosporins - 3rd Generation		
cefdinir caps	1	

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acet & eth estra tabs</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	0	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol tabs</i>	0	
<i>norgestrel & ethinyl estradiol tabs</i>	0	
ORTHO TRI-CYCLEN LO TABS (<i>Use norgestimate-ethinyl estradiol (triphasic)</i>)	NF	
ORTHO TRI-CYCLEN TABS (<i>Use norgestimate-ethinyl estradiol (triphasic)</i>)	NF	
ORTHO-CYCLEN TABS (<i>Use norgestimate-ethinyl estradiol</i>)	NF	
ORTHO-NOVUM 1/35 TABS (<i>Use norethindrone & eth estradiol</i>)	NF	
ORTHO-NOVUM 7/7/7 TABS (<i>Use norethindrone-eth estradiol (triphasic)</i>)	NF	
QUARTETTE TABS (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
SAFYRAL TABS (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	
SEASONIQUE TABS (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
TAYTULLA CAPS (<i>Use norethin acet & estrad-fe</i>)	0	
TRI-NORINYL 28 TABS (<i>Use norethindrone-eth estradiol (triphasic)</i>)	NF	
TYBLUME TABS	0	
YASMIN 28 TABS (<i>Use drospirenone-ethinyl estradiol</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
YAZ TABS (<i>Use drospirenone-ethinyl estradiol</i>)	NF	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol ptwk</i>	0	
TWIRLA PTWK	0	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
ANNOVERA RING	0	PA
<i>etonogestrel-ethinyl estradiol ring</i>	0	
NUVARING RING (<i>Use etonogestrel-ethinyl estradiol</i>)	NF	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
Emergency Contraceptives		
ELLA TABS	0	
<i>levonorgestrel (emergency oc) tabs</i>	0	
PLAN B ONE-STEP TABS (<i>Use levonorgestrel (emergency oc)</i>)	NF	
Progestin Contraceptives - IUD		
KYLEENA IUD	0	
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		

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Drug Name	Drug Tier	Requirements/ Limits
DEPO-PROVERA CONTRACEPTIVE SUSP (Use medroxyprogesterone acetate (contraceptive))	NF	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use medroxyprogesterone acetate (contraceptive))	NF	QL(90 day(s) limit, 1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	
medroxyprogesterone acetate (contraceptive) susp	0	QL(1 ml per 90 days retail)
medroxyprogesterone acetate (contraceptive) susy	0	QL(90 day(s) limit, 1 ml per 90 days retail)
Progestin Contraceptives - Oral		
norethindrone (contraceptive) tabs	0	
ORTHO MICRONOR TABS (Use norethindrone (contraceptive))	NF	
SLYND TABS	0	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide cpep 3 mg	1	QL(3 ea daily)
CELESTONE-SOLUSPAN SUSP (Use betamethasone sod phosphate & acetate)	NF	
CORTEF TABS (Use hydrocortisone)	NF	
cortisone acetate tabs	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 80 MG/ML, 40 MG/ML (Use methylprednisolone acetate)	NF	
dexamethasone elix 0.5 mg/5ml	1	
DEXAMETHASONE INTENSOL CONC	1	

Drug Name	Drug Tier	Requirements/ Limits
dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 4 mg, 0.5 mg, 0.75 mg, 6 mg	1	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP (Use budesonide)	NF	QL(3 ea daily)
hydrocortisone tabs	1	
KENALOG-40 SUSP (Use triamcinolone acetonide)	NF	
MEDROL DOSEPAK TBPK (Use methylprednisolone)	NF	
MEDROL TABS 16 MG, 32 MG, 8 MG, 4 MG (Use methylprednisolone)	NF	
MEDROL TABS 2 MG	3	
methylprednisolone acetate susp 80 mg/ml, 40 mg/ml	1	
methylprednisolone sod succ solr	1	
methylprednisolone tabs	1	
methylprednisolone tbpk	1	
MILLIPRED DP TBPK	3	
MILLIPRED SOLN 10 MG/5ML (Use prednisolone sodium phosphate)	NF	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBDP (Use prednisolone sodium phosphate)	NF	
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisone soln</i>	1	
<i>prednisone tabs</i>	1	
<i>prednisone tbpk</i>	1	
SOLU-CORTEF SOLR 100 MG, 1000 MG, 500 MG	3	2 rtl MAX fill,30 rtl day(s) supply,
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG, 125 MG, 40 MG, 1000 MG (Use <i>methylprednisolone sod succ</i>)	NF	
<i>triamcinolone acetonide susp 40 mg/ml</i>	1	
VERIPRED 20 SOLN (Use <i>prednisolone sodium phosphate</i>)	NF	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1	QL(3 ea daily)
TESSALON PERLES CAPS (Use <i>benzonatate</i>)	NF	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Cough/Cold/Allergy Combinations		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use <i>fexofenadine-pseudoephedrine</i>)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use <i>fexofenadine-pseudoephedrine</i>)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (Use <i>loratadine & pseudoephedrine</i>)	1	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use <i>loratadine & pseudoephedrine</i>)	1	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 120 mg-60 mg</i>	1	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180 mg-240 mg</i>	1	QL(1 ea daily)
HYDROCODONE BITARTRATE/GUAIFENES IN SOLN	2	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	
<i>loratadine & pseudoephedrine tb12 120 mg-5 mg</i>	1	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg</i>	1	QL(1 ea daily)
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER (Use <i>hydrocodone polistirex-chlorpheniramine polistirex</i>)	NF	
TUZISTRA XR SUER	2	PA

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Drug Name	Drug Tier	Requirements/Limits
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use cetirizine-pseudoephedrine)	1	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (Use sodium chloride (inhalant))	NF	
HYPERSAL NEBU 3.5 %	1	
HYPERSAL NEBU 7 % (Use sodium chloride (inhalant))	NF	
NEBUSAL NEBU	1	
sodium chloride (inhalant) nebu 7 %	1	
Mucolytics		
acetylcysteine soln	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
adapalene crea 0.1 %	1	PA; AL(At least 12 yrs old)
adapalene gel 0.1 %	1	PA; AL(At least 12 yrs old); RX/OTC
adapalene gel 0.3 %	1	ST; AL(At least 12 yrs old)
adapalene lotn 0.1 %	1	ST; AL(At least 12 yrs old)
adapalene-benzoyl peroxide gel	1	ST; AL(At least 12 yrs old)
AZELEX CREA	3	ST; AL(At least 12 yrs old)
BENZAACLIN GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAACLIN WITH PUMP GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	NF	PA; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
BENZEFOAM FOAM (Use benzoyl peroxide)	NF	AL(At least 12 yrs old); RX/OTC
BENZEFOAM ULTRA FOAM (Use benzoyl peroxide)	NF	AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	2	AL(At least 12 yrs old)
benzoyl peroxide foam 5.3 %	1	AL(At least 12 yrs old); RX/OTC
benzoyl peroxide foam 9.8 %	1	AL(At least 12 yrs old)
benzoyl peroxide gel 5 %, 10 %	1	AL(At least 12 yrs old)
benzoyl peroxide liqd 4 %, 7 %, 10 %	1	AL(At least 12 yrs old)
benzoyl peroxide-erythromycin gel	1	PA; AL(At least 12 yrs old)
CLEOCIN-T GEL (Use clindamycin phosphate (topical))	NF	AL(At least 12 yrs old)
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NF	AL(At least 12 yrs old)
CLEOCIN-T SOLN (Use clindamycin phosphate (topical))	NF	QL(4 ml daily); AL(At least 12 yrs old)
CLEOCIN-T SWAB (Use clindamycin phosphate (topical))	NF	AL(At least 12 yrs old)
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NF	AL(At least 12 yrs old)
clindamycin phosphate (topical) foam	1	PA; AL(At least 12 yrs old)
clindamycin phosphate (topical) gel	1	AL(At least 12 yrs old)
clindamycin phosphate (topical) lotn	1	AL(At least 12 yrs old)
clindamycin phosphate (topical) soln	1	QL(4 ml daily); AL(At least 12 yrs old)
clindamycin phosphate (topical) swab	1	AL(At least 12 yrs old)

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene crea</i>	1	PA; QL(4 gm daily)
<i>calcipotriene oint</i>	1	PA; QL(4 gm daily)
<i>calcipotriene soln</i>	1	PA; QL(4 ml daily)
<i>calcitriol (topical) oint</i>	1	QL(3.34 gm daily)
COSENTYX SENSOREADY PEN SOAJ	4	PA; QL(0.072 ml daily)
COSENTYX SOSY	4	PA; QL(0.072 ml daily)
COSENTYX SOSY	4	PA; QL(0.036 ml daily)
DOVONEX CREA (<i>Use calcipotriene</i>)	NF	PA; QL(4 gm daily)
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (<i>Use methoxsalen rapid</i>)	NF	QL(4 ea daily)
SKYRIZI PSKT	4	PA; QL(0.025 ea daily)
SORIATANE CAPS 10 MG (<i>Use acitretin</i>)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (<i>Use acitretin</i>)	NF	QL(2 ea daily)
STELARA SOLN SC 45 MG/0.5ML	4	PA; QL(0.012 ml daily)
STELARA SOSY SC 45 MG/0.5ML	4	PA; QL(0.012 ml daily)
STELARA SOSY SC 90 MG/ML	4	PA; QL(0.018 ml daily); SP
<i>tazarotene crea</i>	1	PA
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (<i>Use tazarotene</i>)	NF	PA
TAZORAC GEL 0.05 %, 0.1 %	2	
TREMFYA SOPN	4	PA; QL(0.018 ml daily)
TREMFYA SOSY	4	PA; QL(0.018 ml daily)

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
HYDROCORTISONE ACETATE/LIDOCAINE HYDROCHLORIDE CREA (Use lidocaine-hydrocortisone acetate)	NF	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
LOCOID CREA (Use hydrocortisone butyrate)	NF	
LOCOID SOLN (Use hydrocortisone butyrate)	NF	
LUXIQ FOAM (Use betamethasone valerate)	NF	QL(1.67 gm daily)
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use hydrocortisone (topical))	NF	RX/OTC
OLUX FOAM (Use clobetasol propionate)	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1	
<i>prednicarbate oint</i>	1	
PSORCON CREA	2	PA
SYNALAR CREA (Use fluocinolone acetonide)	NF	
SYNALAR OINT (Use fluocinolone acetonide)	NF	
SYNALAR SOLN (Use fluocinolone acetonide)	NF	

Drug Name	Drug Tier	Requirements/Limits
TACLONEX OINT (Use calcipotriene-betamethasone dipropionate)	NF	ST
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	3	ST
TEMOVATE CREA (Use clobetasol propionate)	NF	PA; QL(3 gm daily)
TEMOVATE OINT (Use clobetasol propionate)	NF	PA; QL(1 gm daily)
TOPICORT CREA 0.25 % (Use desoximetasone)	NF	
TOPICORT GEL 0.05 % (Use desoximetasone)	NF	
TOPICORT OINT 0.25 % (Use desoximetasone)	NF	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) crea 0.1 %</i>	1	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide-dimethicone-silicone kit</i>	1	PA
TRIDESILON CREA (Use desonide)	NF	QL(4 gm daily)
ULTRAVATE CREA (Use halobetasol propionate)	NF	
ULTRAVATE OINT (Use halobetasol propionate)	NF	
Eczema Agents		
DUPIXENT SOPN	4	PA
DUPIXENT SOSY	4	PA
Emollient/Keratolytic Agents		
HYDRO 35 FOAM (Use urea in lactic acid vehicle)	NF	
Emollients		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine ptch ex 5 %</i>	1	PA
<i>lidocaine-prilocaine crea</i>	1	QL(1 gm daily)
LIDODERM PTCH (<i>Use lidocaine</i>)	NF	PA
SYNERA PTCH	3	QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT	3	PA; QL(2 gm daily)
Rosacea Agents		
<i>azelaic acid gel</i>	1	PA
FINACEA GEL (<i>Use azelaic acid</i>)	NF	PA
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NF	
METROGEL GEL (<i>Use metronidazole (topical)</i>)	NF	
METROLOTION LOTN (<i>Use metronidazole (topical)</i>)	NF	
<i>metronidazole (topical) crea</i>	1	
<i>metronidazole (topical) gel</i>	1	
<i>metronidazole (topical) lotn</i>	1	
MIRVASO GEL	3	PA; QL(1 gm daily)
ORACEA CPDR (<i>Use doxycycline (rosacea)</i>)	NF	
SOOLANTRA CREA (<i>Use ivermectin (rosacea)</i>)	NF	
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	PA
ELIMITE CREA (<i>Use permethrin</i>)	NF	

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

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

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Drug Name	Drug Tier	Requirements/ Limits
KEVEYIS TABS	4	PA; QL(4 ea daily)
<i>methazolamide tabs</i>	1	QL(6 ea daily)
Diuretic Combinations		
ALDACTAZIDE TABS 25 MG-25 MG (Use <i>spironolactone & hydrochlorothiazide</i>)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use <i>triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE-25 TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NF	
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
Loop Diuretics		
<i>bumetanide soln ij 0.25 mg/ml</i>	1	
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS (Use <i>bumetanide</i>)	NF	QL(5 ea daily)
DEMADEX TABS (Use <i>torseamide</i>)	NF	
EDECIN TABS (Use <i>ethacrynic acid</i>)	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	1	QL(16 ea daily)
<i>furosemide soln</i>	1	
<i>furosemide tabs</i>	1	
LASIX TABS (Use <i>furosemide</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>torseamide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (Use <i>spironolactone</i>)	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS (Use <i>triamterene</i>)	NF	QL(3 ea daily)
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	QL(3 ea daily)
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide tabs</i>	1	
<i>chlorthalidone tabs</i>	1	
DIURIL SUSP	2	QL(20 ml daily)
<i>hydrochlorothiazide caps</i>	1	QL(2 ea daily)
<i>hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>indapamide tabs 1.25 mg</i>	1	QL(1 ea daily)
<i>indapamide tabs 2.5 mg</i>	1	QL(2 ea daily)
<i>methyclothiazide tabs</i>	1	
<i>metolazone tabs</i>	1	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (Use <i>risedronate sodium</i>)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (Use <i>risedronate sodium</i>)	NF	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG (Use <i>risedronate sodium</i>)	NF	PA; QL(1 ea daily)
<i>alendronate sodium tabs 40 mg, 10 mg, 5 mg</i>	1	QL(1 ea daily)
<i>alendronate sodium tabs 70 mg, 35 mg</i>	1	QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ATELVIA TBEC (<i>Use risedronate sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (<i>Use ibandronate sodium</i>)	NF	PA; SP
BONIVA TABS OR 150 MG (<i>Use ibandronate sodium</i>)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln</i>	1	
<i>etidronate disodium tabs</i>	1	
FORTEO SOPN	4	PA; QL(0.09 ml daily); SP
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (<i>Use alendronate sodium</i>)	NF	QL(0.143 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	PA; SP
<i>ibandronate sodium tabs or 150 mg</i>	1	QL(0.036 ea daily)
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
<i>pamidronate disodium solr 30 mg, 90 mg</i>	4	PA; SP
PROLIA SOSY	4	PA; 1 rtl MAX fill, 180 rtl day(s) supply,; SP
RECLAST SOLN (<i>Use zoledronic acid</i>)	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1	PA; QL(1 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1	PA; QL(0.143 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1	PA
TYMLOS SOPN	4	PA;
XGEVA SOLN	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid conc 4 mg/5ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLN 4 MG/100ML	4	PA; SP
<i>zoledronic acid soln 4 mg/100ml, 5 mg/100ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLR 4 MG	4	PA; SP
Corticotropin		
ACTHAR GEL	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA
<i>ganirelix acetate sosy</i>	4	PA
GANIRELIX ACETATE SOSY (<i>Use ganirelix acetate</i>)	NF	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	4	PA
EGRIFTA SV SOLR	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.2 MG	4	PA; SP
GENOTROPIN SOLR 5 MG	4	PA; SP
HUMATROPE COMBO PACK SOLR	4	PA; SP
HUMATROPE SOLR	4	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXP SOPN 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
NORDITROPIN FLEXP SOPN 30 MG/3ML	4	PA
NUTROPIN AQ NUSPIN 10 SOPN	4	PA; SP
OMNITROPE SOCT 10 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
SAIZEN SOLR	4	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP
ZORBTIVE SOLR	4	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use raloxifene hcl</i>)	NF	QL(1 ea daily)
OSPHENA TABS	3	PA
<i>raloxifene hcl tabs</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	PA; SP
LHRH/GnRH Agonist Analog Pituitary		
FENSOLVI KIT	4	PA; SP
LUPANETA PACK KIT	4	PA
LUPRON DEPOT-PED (1- MONTH) KIT	4	PA; SP
LUPRON DEPOT-PED (3- MONTH) KIT 30 MG	4	PA; SP
SYNAREL SOLN	4	PA; SP
Metabolic Modifiers		
ALDURAZYME SOLN	4	PA; SP
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NF	PA

Drug Name	Drug Tier	Requirements/Limits
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NF	PA
<i>calcitriol caps</i>	1	
<i>calcitriol soln</i>	1	
CARBAGLU TABS	4	PA; SP
<i>cinacalcet hcl tabs</i>	4	PA; QL(4 ea daily); SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1	
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
GALAFOLD CAPS	4	PA; QL(0.5 ea daily)
HECTOROL SOLN 4 MCG/2ML (<i>Use doxercalciferol</i>)	NF	
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NF	PA
KUVAN TBSO (<i>Use sapropterin dihydrochloride</i>)	NF	PA
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP
<i>nitisinone caps</i>	4	PA; SP
ORFADIN CAPS 10 MG, 2 MG, 5 MG (<i>Use nitisinone</i>)	NF	PA; SP
PALYNZIQ SOSY	4	PA
<i>paricalcitol caps</i>	1	
<i>paricalcitol soln</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN SOLN (<i>Use octreotide acetate</i>)	NF	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN 120 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SOMATULINE DEPOT SOLN 60 MG/0.2ML	4	PA; QL(0.0075 ml daily); SP
SOMATULINE DEPOT SOLN 90 MG/0.3ML	4	PA; QL(0.011 ml daily); SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG	4	PA; QL(2 ea daily); SP
JYNARQUE TBPK	4	PA; SP
SAMSCA TABS (<i>Use tolvaptan</i>)	4	PA; QL(2 ea daily); SP
<i>tolvaptan tabs</i>	4	PA; QL(2 ea daily); SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA
FEMHRT LOW DOSE TABS (<i>Use norethindrone acetate-ethinyl estradiol</i>)	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
CLIMARA PTWK (<i>Use estradiol</i>)	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (<i>Use estradiol valerate</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	
ESTRACE TABS (<i>Use estradiol</i>)	NF	
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL(0.286 ea daily)
<i>estradiol ptwk td 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.025 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr</i>	1	
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol valerate oil</i>	1	
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW (<i>Use estradiol</i>)	NF	QL(0.286 ea daily)
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	QL(0.286 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX SOLN IV 0.8 %-400 MG/250ML (<i>Use moxifloxacin hcl in sodium chloride</i>)	1	
AVELOX TABS OR 400 MG (<i>Use moxifloxacin hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	2	2 rtl MAX fill,30 rtl day(s) supply,
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NF	
<i>ciprofloxacin hcl tabs</i>	1	
<i>ciprofloxacin in d5w soln 200 mg/100ml-5 %</i>	3	
<i>ciprofloxacin susr</i>	1	2 rtl MAX fill,30 rtl day(s) supply,
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	1	
LEVAQUIN TABS (<i>Use levofloxacin</i>)	NF	
<i>levofloxacin in d5w soln 5 %-500 mg/100ml</i>	1	
<i>levofloxacin soln</i>	1	
<i>levofloxacin tabs</i>	1	
<i>moxifloxacin hcl in sodium chloride soln</i>	1	
<i>moxifloxacin hcl tabs</i>	1	
<i>ofloxacin tabs</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use ursodiol</i>)	NF	
URSO 250 TABS (<i>Use ursodiol</i>)	NF	
URSO FORTE TABS (<i>Use ursodiol</i>)	NF	
<i>ursodiol caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ursodiol tabs</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS (<i>Use lubiprostone</i>)	2	PA; QL(2 ea daily)
<i>lubiprostone caps</i>	1	PA; QL(2 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	1	
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	1	QL(60 ml daily)
<i>metoclopramide hcl tabs or 10 mg, 5 mg</i>	1	QL(6 ea daily)
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NF	
ASACOL HD TBEC (<i>Use mesalamine</i>)	NF	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NF	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP (<i>Use mesalamine</i>)	NF	
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NF	
DELZICOL CPDR (<i>Use mesalamine</i>)	NF	
DIPENTUM CAPS	2	
INFLECTRA SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
LIALDA TBEC (<i>Use mesalamine</i>)	NF	
<i>mesalamine cp24 or 0.375 gm</i>	1	
<i>mesalamine cpdr or 400 mg</i>	1	
<i>mesalamine enem re 4 gm</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine supp re 1000 mg</i>	1	
<i>mesalamine tbec or 1.2 gm</i>	1	
<i>mesalamine tbec or 800 mg</i>	1	QL(6 ea daily)
RENFLXIS SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
STELARA SOLN IV 130 MG/26ML	4	PA
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl tabs</i>	1	QL(2 ea daily)
LINZESS CAPS	3	PA; QL(1 ea daily)
LOTROXON TABS (<i>Use alosetron hcl</i>)	NF	QL(2 ea daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan caps</i>	1	
ENTEREG CAPS (<i>Use alvimopan</i>)	3	
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML	3	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
FOSRENOL CHEW 1000 MG, 500 MG, 750 MG (<i>Use lanthanum carbonate</i>)	NF	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	2	
RENVELA PACK (<i>Use sevelamer carbonate</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
RENVELA TABS (<i>Use sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate pack</i>	1	
<i>sevelamer carbonate tabs</i>	1	
VELPHORO CHEW	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 1080 mg</i>	1	
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROKIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	
<i>glycine (gu irrigant) soln</i>	1	
RESECTISOL SOLN	1	
<i>sodium chloride (gu irrigant) soln</i>	1	
SORBITOL SOLN	1	
SORBITOL-MANNITOL SOLN	1	
SORBITOL/MANNITOL IRRIGATION SOLN	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS (<i>Use dutasteride</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride caps</i>	1	QL(1 ea daily)
<i>finasteride tabs</i>	1	5 mg only
FLOMAX CAPS (<i>Use tamsulosin hcl</i>)	NF	
PROSCAR TABS (<i>Use finasteride</i>)	NF	5 mg only
RAPAFLO CAPS (<i>Use silodosin</i>)	NF	
<i>silodosin caps 8 mg, 4 mg</i>	1	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (<i>Use alfuzosin hcl</i>)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i>	1	
PYRIDIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
Gout Agents		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	1	QL(1 ea daily)
COLCRYS TABS (<i>Use colchicine</i>)	NF	QL(1 ea daily)
<i>febuxostat tabs</i>	1	PA; QL(1 ea daily)
KRYSTEXXA SOLN	4	PA
MITIGARE CAPS (<i>Use colchicine</i>)	NF	
ULORIC TABS (<i>Use febuxostat</i>)	NF	PA; QL(1 ea daily)
ZYLOPRIM TABS (<i>Use allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (<i>Use icatibant acetate</i>)	NF	PA; QL(9 ml daily)
<i>icatibant acetate soln</i>	4	PA; QL(9 ml daily)
Complement Inhibitors		
CINRYZE SOLR	4	PA
HAEGARDA SOLR	4	PA
RUCONEST SOLR	4	PA; QL(0.143 ea daily)
SOLIRIS SOLN	4	PA
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	1	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
TAKHZYRO SOLN	4	PA;
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use aspirin-dipyridamole</i>)	NF	PA; QL(2 ea daily)
AGRYLIN CAPS (<i>Use anagrelide hcl</i>)	NF	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	PA; QL(2 ea daily)
BRILINTA TABS	2	
CABLIVI KIT	4	PA
<i>cilostazol tabs</i>	1	
<i>clopidogrel bisulfate tabs 300 mg</i>	1	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	QL(1 ea daily)
<i>dipyridamole tabs</i>	1	
EFFIENT TABS (<i>Use prasugrel hcl</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PLAVIX TABS (<i>Use clopidogrel bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
REOPRO SOLN	3	
ZONTIVITY TABS	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	4	PA; QL(2 ea daily)
CEREZYME SOLR	4	PA; SP
ELELYSO SOLR	4	PA; SP
<i>miglustat caps</i>	4	PA; QL(3 ea daily); SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS (<i>Use miglustat</i>)	NF	PA; QL(3 ea daily); SP
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS	4	PA
Cobalamins		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	1	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	0	RX/OTC
<i>folic acid tabs or 400 mcg</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP

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Drug Name	Drug Tier	Requirements/ Limits
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; SP
DOPTELET TABS	4	PA
EPOGEN SOLN	3	PA; SP
FULPHILA SOSY	4	PA;
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA
MULPLETA TABS	4	PA
NEULASTA ONPRO KIT PSKT	4	PA; SP
NEULASTA SOSY	4	PA; SP
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	4	PA
NPLATE SOLR 250 MCG, 500 MCG	4	PA; SP
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; SP
PROCRIT SOLN 40000 UNIT/ML	4	PA; SP
PROMACTA PACK 12.5 MG	4	PA; QL(1 ea daily)
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
UDENYCA SOSY	4	PA

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tbcr or 12.5 mg, 6.25 mg</i>	1	ST; Must try immediate release zolpidem.;QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA; QL(1 ea daily)
<i>ramelteon tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
ROZEREM TABS (<i>Use ramelteon</i>)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	1	
FIBERCON TABS (<i>Use calcium polycarbophil</i>)	NF	
Laxative Combinations		
CLENPIQ SOLN	3	PA
COLYTE-FLAVOR PACKS SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NF	
GOLYTELY SOLR 2.97 GM-22.74 GM-236 GM-5.86 GM-6.74 GM (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	0	
MOVIPREP SOLR (<i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	2	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i>	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 2.97 gm-22.74 gm-236 gm-5.86 gm-6.74 gm</i>	0	
PREPOPIK PACK	3	PA
SUPREP BOWEL PREP KIT SOLN	0	
Laxatives - Miscellaneous		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
Saline Laxatives		
OSMOPREP TABS	3	PA
Stimulant Laxatives		
<i>bisacodyl tbec</i>	1	
DULCOLAX TBEC (<i>Use bisacodyl</i>)	NF	
Surfactant Laxatives		
COLACE CAPS (<i>Use docusate sodium</i>)	NF	
<i>docusate calcium caps</i>	1	
<i>docusate sodium caps</i>	1	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln 0.5 %, 1 %, 2 %</i>	1	
MARCAINE SOLN 0.5 % (<i>Use bupivacaine hcl</i>)	NF	
NAROPIN SOLN 5 MG/ML, 2 MG/ML (<i>Use ropivacaine hcl</i>)	NF	
XYLOCAINE SOLN 0.5 %, 1 % (<i>Use lidocaine hcl (local anesth.)</i>)	NF	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % (<i>Use lidocaine hcl (local anesth.)</i>)	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		

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

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Drug Name	Drug Tier	Requirements/ Limits
ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	3	
<i>erythromycin base cpep 250 mg</i>	3	
<i>erythromycin base tabs 250 mg, 500 mg</i>	3	
<i>erythromycin base tbec 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	3	
Fidaxomicin		
DIFICID TABS 200 MG	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
CAYA DPRH	0	
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)
FANTASY LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
FC FEMALE CONDOM MISC	0	QL(1 ea daily)
FEMCAP DEVI	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)
K-Y ME & YOU INTENSE DEVI	0	QL(2 ea daily)
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SPECIAL DEVI	0	QL(2 ea daily)
MAXX LUBRICATED MISC	0	QL(2 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
OMNIFLEX DIAPHRAGM DPRH	0	
PREMIUM CONDOMS LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX CONDOMS/LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 ea daily)
REALITY LATEX/ULTRA THIN DEVI	0	QL(2 ea daily)
TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED MISC	0	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED/RIBBED/STUDED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	

Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	1	QL(6.6667 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1	QL(6.6667 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ADJUSTABLE LANCING DEVICE MISC	1	
ADVANCED MOBILE LANCET 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCETS 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCETS MISC	1	QL(6.6667 ea daily)

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

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

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Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH SAFETY LANCETS/26G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/28G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 28G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 21G MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 23G MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 28G MISC	1	QL(6.6667 ea daily)
COAGUCHEK LANCETS MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
CVS LANCETS 21G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ORIGINAL MISC	1	QL(6.6667 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
E-Z JECT LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS 30G/PULL TOP MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS 30G/THIN TOP MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
EASY MINI EJECT LANCING DEVICE MISC	1	
EASY MINI LANCING DEVICE MISC	1	
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 30G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	1	
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TWIST & CAP LANCETS MISC	1	QL(6.6667 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
EMBRACE LANCING DEVICE WITH EJECTOR MISC	1	
EQL COLOR LANCETS 21G MISC	1	QL(6.6667 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
EQL SUPER THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
EQL THIN LANCETS 26G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
EZ-LETS LANCETS 21G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 32G MISC	1	QL(6.6667 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
FINE 30 MISC	1	QL(6.6667 ea daily)
FINGERSTIX LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCING DEVICE MISC	1	
FORA LANCING DEVICE/CLEARCAP MISC	1	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
FREESTYLE LANCETS MISC	1	QL(6.6667 ea daily)
FREESTYLE UNISTICK II LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL BUTTERFLY TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	1	
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
GENTEEL LANCING DEVICE/STATELY SILVER MISC	1	
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	1	
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	1	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	1	
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	1	
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	1	
GENTLE-LET GP LANCETS MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GLOBAL INJECT EASE LANCETS 28G MISC	1	QL(6.6667 ea daily)
GLOBAL INJECT EASE LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLOBAL LANCING DEVICE MISC	1	
GLUCOCOM LANCETS 28G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS 21G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
GNP LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MISC	1	QL(6.6667 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN MISC	1	QL(6.6667 ea daily)
GNP MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP SUPER THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	
GOJJI STERILE LANCETS 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCING DEVICE MISC	1	
H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	1	
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	1	QL(6.6667 ea daily)
HEALTH CARE LANCING DEVICE MISC	1	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1	
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
HY-VEE LANCETS MISC	1	QL(6.6667 ea daily)
HY-VEE THIN LANCETS MISC	1	QL(6.6667 ea daily)
IN TOUCH LANCING DEVICE MISC	1	
IN TOUCH STERILE LANCETS 30G MISC	1	QL(6.6667 ea daily)
KINNEY LANCETS MISC	1	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1	QL(6.6667 ea daily)
KROGER AUTOLET LANCING DEVICE MISC	1	
KROGER HEALTHPRO TWIST LANCETS/26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS 21G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS MISC	1	QL(6.6667 ea daily)
KROGER LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	1	QL(6.6667 ea daily)
KROGER LANCING DEVICE MISC	1	
LANCET DEVICE ADJUSTABLE MISC	1	
LANCET DEVICE WITH EJECTOR MISC	1	
LANCETS 26G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 28G MISC	1	QL(6.6667 ea daily)
LANCETS 30G MISC	1	QL(6.6667 ea daily)
LANCETS 30G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 30G/TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 31G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 33G EXTRA FINE MISC	1	QL(6.6667 ea daily)
LANCETS 33G UNIVERSAL DESIGN MISC	1	QL(6.6667 ea daily)
LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LANCETS MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 21G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 26G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 28G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
LANCETS THIN MISC	1	QL(6.6667 ea daily)
LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA FINE MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
LANCETSBULLSEYE SAFETY MISC	1	QL(6.6667 ea daily)
LANCING DEVICE ADJUSTABLE MISC	1	
LANCING DEVICE MISC	1	
LANZO MISC	1	
LEADER ADVANCED LANCING DEVICE MISC	1	
LIBERTY MEDICAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
LIBERTY MINI LANCING DEVICE MISC	1	
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	1	QL(6.6667 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCING PEN MISC	1	
LITETOUCH LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LIVE BETTER ADVANCED LANCING DEVICE MISC	1	
LIVE BETTER LANCET SUPERTHIN 30G MISC	1	QL(6.6667 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	1	QL(6.6667 ea daily)
LONGS LANCETS STANDARD MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LONGS LANCETS THIN MISC	1	QL(6.6667 ea daily)
LONGS LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETEXTRA MISC	1	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	1	QL(6.6667 ea daily)
MEDISENSE THIN LANCETS MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS LITE 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LITE LANCETS 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS/LITE 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE/EXTRA MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE/LITE MISC	1	QL(6.6667 ea daily)
MEDLANCE/UNIVERSAL MISC	1	QL(6.6667 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS THIN MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	1	QL(6.6667 ea daily)
MEIJER SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET NEXT MISC	1	
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE MISC	1	QL(6.6667 ea daily)
MINI LANCING DEVICE MISC	1	
MM LANCING DEVICE MISC	1	
MM TWIST LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET OPD LANCETS MISC	1	QL(6.6667 ea daily)
MONOLETTOR SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 21G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 28G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 30G/1.8MM MISC	1	QL(6.6667 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
PC LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PERFECT LANCETS 30G MISC	1	QL(6.6667 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
PHARMACY COUNTER LANCETS MISC	1	QL(6.6667 ea daily)
PIP LANCETS/28G MISC	1	QL(6.6667 ea daily)
PIP LANCETS/30G MISC	1	QL(6.6667 ea daily)
PRECISION THINS GP LANCET MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	1	QL(6.6667 ea daily)
PRO COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)
PRO COMFORT LANCETS 31G MISC	1	QL(6.6667 ea daily)
PRODIGY LANCING DEVICE MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY TWIST TOP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT GP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PX ADVANCED LANCING DEVICE MISC	1	
PX LANCET AUTO INJECTOR MISC	1	
PX LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
PX LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC ADVANCED LANCING DEVICE MISC	1	
QC LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
QC LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	1	QL(6.6667 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
RA LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
READYLANCE SAFETY LANCETS/21G/2.2MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/23G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC	1	QL(6.6667 ea daily)
REALITY LANCETS MISC	1	QL(6.6667 ea daily)
REALITY TRIGGER LANCETS MISC	1	QL(6.6667 ea daily)
RELION 2-IN-1 LANCET DEVICES 30G MISC	1	
RELION 2-IN-1 LANCING DEVICE 25G MISC	1	
RELION 2-IN-1 LANCING DEVICE 30G MISC	1	
RELION LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
RELION LANCETS STANDARD 21G MISC	1	QL(6.6667 ea daily)
RELION LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	1	QL(6.6667 ea daily)
RELION LANCING DEVICE MISC	1	
RELION ULTRA THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN LANCETS30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
REXALL LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST GD500 LANCING DEVICE MISC	1	
RIGHTEST GL300 LANCETS MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 30G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
SAFETY LET LANCETS MISC	1	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
SAPS HEALTH CARE TWIST TOP LANCETS MISC	1	QL(6.6667 ea daily)
SAPS HEALTH TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SAPSCARE TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
SB LANCETS THIN MISC	1	QL(6.6667 ea daily)
SB LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
SELECT-LITE LANCING DEVICE MISC	1	
SHOPKO AUTOLET LANCING DEVICE MISC	1	
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC	1	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
SIDE BUTTON SAFETY LANCET21G MISC	1	QL(6.6667 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	1	
SINGLE-LET MISC	1	QL(6.6667 ea daily)
SM MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
SM TRUEDRAW LANCING DEVICE MISC	1	
SMART DIABETES VANTAGE LANCING DEVICE MISC	1	
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	1	QL(6.6667 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	1	QL(6.6667 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	1	QL(6.6667 ea daily)
SMARTEST LANCETS 28G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 LANCING DEVICE MISC	1	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SOLUS V2 TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
STERILANCE TL MISC	1	QL(6.6667 ea daily)
SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 18G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 21G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 23G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCING PEN MISC	1	
SURE-LANCE FLAT LANCETS MISC	1	QL(6.6667 ea daily)
SURE-LANCE LANCETS 26G MISC	1	QL(6.6667 ea daily)
SURE-LANCE THIN LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE-PEN MISC	1	
SURE-TOUCH LANCETS UNIVERSAL MISC	1	QL(6.6667 ea daily)
SURELITE LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE AST LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS 30G MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS MISC	1	QL(6.6667 ea daily)
TGT LANCET MICRO THIN 33G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TGT LANCET THIN 26G MISC	1	QL(6.6667 ea daily)
TGT LANCET ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
TGT LANCING DEVICE MISC	1	
THINLETS GP LANCETS MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1	
TODAYS HEALTH SUPER THINLANCETS 30G MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	1	QL(6.6667 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	1	QL(6.6667 ea daily)
TRUE COMFORT TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	
TRUEDRAW LANCING DEVICE MISC	1	
TRUEPLUS LANCETS 26G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
ULTILET CLASSIC LANCETS MISC	1	QL(6.6667 ea daily)
ULTILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
ULTILET LANCETS MISC	1	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	1	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ULTRA THIN LANCETS 31G MISC	1	QL(6.6667 ea daily)
ULTRA-CARE LANCETS 30G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II AUTO LANCET MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNILET COMFORTOUCH LANCET MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE II MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE MISC	1	QL(6.6667 ea daily)
UNILET G.P. LANCET MISC	1	QL(6.6667 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNILET GP 28 ULTRA THIN MISC	1	QL(6.6667 ea daily)
UNILET LANCET MISC	1	QL(6.6667 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	1	QL(6.6667 ea daily)
UNILET SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNISTIK 3 GENTLE MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK PRO SAFETY LANCET 21G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 25G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCING DEVICE MISC	1	
VALUMARK LANCET SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	1	
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VITALET PRO LANCETS MISC	1	QL(6.6667 ea daily)
VITALET PRO PLUS LANCETS MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCETS MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCING DEVICE MISC	1	
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	1	QL(6.6667 ea daily)
WALGREENS LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS THIN LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	1	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM MISC	1	QL(5 ea daily)
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily)
ABOUTTIME PEN NEEDLE 32GX 5/32" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)
AURORA PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD AUTOSHIELD 29G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	1	QL(5 ea daily)

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

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

Drug Name	Drug Tier	Requirements/Limits
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC	1	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
CAREFINE PEN NEEDLE 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CAREFINE PEN NEEDLES 32GX6MM MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	1	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC	1	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	1	QL(5 ea daily)
CARETOUCH PEN NEEDLES 31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC	1	QL(5 ea daily)
CLICKFINE PEN NEEDLE 32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC	1	QL(5 ea daily)
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily)
CLICKFINE PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	1	QL(5 ea daily)
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT EZ MICRO/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
COMFORT EZ SHORT/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DIATHRIVE PEN NEEDLE/31 G X 6MM MISC	1	QL(5 ea daily)
DIATHRIVE PEN NEEDLE/31 GX 8MM MISC	1	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 29G X1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31G X3/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31G X5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC	1	QL(5 ea daily)
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	1	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT PEN NEEDLES31GX1/4" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX6MM MISC	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC	1	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 32GX3/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM MISC	1	QL(5 ea daily)
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM) MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31G X5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP ULTICARE PEN NEEDLES/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4" MISC	1	QL(5 ea daily)
GNP ULTICARE PEN NEEDLES31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
HEALTHWISE PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16") MISC	1	QL(5 ea daily); RX/OTC
HM ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16" MISC	1	QL(5 ea daily)
INSUPEN 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN PEN NEEDLES 32G X4MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	1	QL(5 ea daily)
INSUPEN ULTRAFIN 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX6MM MISC	1	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX8MM MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
KROGER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
KROGER PEN NEEDLES/31G X1/4" MISC	1	QL(5 ea daily)
KROGER PEN NEEDLES/31G X3/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/32G X5/32" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT MISC	1	QL(5 ea daily); RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16" MISC	1	QL(5 ea daily)
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)
MEIJER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM MISC	1	QL(5 ea daily)
MICRODOT PEN NEEDLE/32G X 4 MM MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily)
MM PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
NOVOFINE 32GX6MM MISC	1	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
NOVOFINE PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
NOVOTWIST 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 1/4" SHORT MISC	1	QL(5 ea daily)
PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC	1	QL(5 ea daily)
PEN NEEDLES 31GX8MM (5/16") MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31GX6MM MISC	1	QL(5 ea daily)
PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC	1	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	1	QL(5 ea daily)
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
PREVENT SAFETY PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRO COMFORT PEN NEEDLES/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT PEN NEEDLE 32G X6MM MISC	1	QL(5 ea daily)
PURE COMFORT PEN NEEDLE/32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM MISC	1	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
QC PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC	1	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X4MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X5/32" MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES/31G X1/4" MISC	1	QL(5 ea daily)
RELION SHORT PEN NEEDLES31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	1	QL(5 ea daily)
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SECURES SAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SECURES SAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SECURES SAFE SAFETY PEN NEEDLES/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16 MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM MISC	1	QL(5 ea daily)
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM) MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT PEN NEEDLES32GX6MM MISC	1	QL(5 ea daily)
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC	1	QL(5 ea daily)
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC	1	QL(5 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE PEN NEEDLES 29GX 12 MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM MISC	1	QL(5 ea daily)
TECHLITE PEN NEEDLES/31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM MISC	1	QL(5 ea daily)
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily)
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4" MISC	1	QL(5 ea daily)
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM MISC	1	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT PRO INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PRO PEN NEEDLES 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM MISC	1	QL(5 ea daily)
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUEPLUS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
TRUEPLUS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/32G X 1/4" MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES31GX6MM MISC	1	QL(5 ea daily)
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	1	QL(5 ea daily)
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	1	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	1	QL(5 ea daily)
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	1	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTILET PEN NEEDLE 29GX12.7MM MISC	1	QL(5 ea daily)
ULTILET PEN NEEDLE 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	1	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLES MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/32G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS 32GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC	1	QL(5 ea daily)
VALUMARK PEN NEEDLES 31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	1	QL(5 ea daily)
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSSHORT 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ	2	PA; QL(0.04 ml daily)
EMGALITY SOAJ 120 MG/ML	2	PA; QL(0.07 ml daily)
EMGALITY SOSY 100 MG/ML	3	PA; QL(0.07 ml daily)
EMGALITY SOSY 120 MG/ML	2	PA; QL(0.07 ml daily)
Migraine Combinations		
CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs or 1 mg-100 mg</i>	1	
<i>sumatriptan-naproxen sodium tabs</i>	3	QL(10 ea per 30 days retail, 10 ea per 30 days mail)

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>sumatriptan soln</i>	1	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate tabs or 50 mg, 100 mg, 25 mg</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>zolmitriptan soln na 2.5 mg, 5 mg</i>	1	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tabs or 2.5 mg, 5 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tbdp or 2.5 mg, 5 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG SOLN NA 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	3	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZOMIG ZMT TBDP (<i>Use zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
MINERALS & ELECTROLYTES		
Bicarbonates		
SODIUM ACETATE SOLN 2 MEQ/ML	1	
<i>sodium acetate soln 4 meq/ml</i>	1	
Calcium		
<i>calcium chloride (dihydrate) soln</i>	1	
CALCIUM GLUCONATE SOLN	1	
<i>calcium gluconate soln</i>	1	
Electrolyte Mixtures		
<i>dextrose in lactated ringers soln</i>	1	
IONOSOL-MB/DEXTROSE 5% SOLN 20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L-3 MEQ/L-5 %, 20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L-3 MMOLE/L-5 %	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
<i>lactated ringer's soln 109 meq/l-130 meq/l-28 meq/l-3 meq/l-4 meq/l, 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml</i>	1	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-R SOLN	1	
<i>parenteral electrolytes conc</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
<i>potassium chloride in dextrose & sodium chloride soln</i>	1	
<i>potassium chloride in dextrose soln</i>	1	
<i>potassium chloride in nacl soln 0.15 %-0.9 %, 0.45 %-20 meq/l, 0.9 %-40 meq/l</i>	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 129 MEQ/L-130 MEQ/L-2.7 MEQ/L-24 MEQ/L-28 MEQ/L-5 %, 130 MEQ/L-149 MEQ/L-24 MEQ/L-28 MEQ/L-3 MEQ/L-5 %	1	
<i>ringer's soln</i>	1	
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1	
Phosphate		
<i>potassium phosphates soln 224 mg/ml-236 mg/ml</i>	1	
Potassium		
K-TAB TBCR 10 MEQ (<i>Use potassium chloride</i>)	NF	
K-TAB TBCR 8 MEQ (<i>Use potassium chloride</i>)	1	
<i>potassium acetate soln</i>	1	
<i>potassium bicarbonate tbcf</i>	1	
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbcf</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML	1	
<i>potassium chloride soln iv 2 meq/ml</i>	1	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbcf or 10 meq, 8 meq</i>	1	
Sodium		
<i>sodium chloride soln ij 2.5 meq/ml</i>	1	
<i>sodium chloride soln iv 3 %, 5 %, 23.4 %, 4 meq/ml, 0.45 %, 0.9 %</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (<i>Use penicillamine</i>)	NF	PA
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	NF	QL(8 ea daily)
<i>penicillamine caps</i>	1	PA
<i>penicillamine tabs</i>	1	QL(8 ea daily)
SYPRINE CAPS (<i>Use trientine hcl</i>)	NF	PA; QL(8 ea daily); SP
<i>trientine hcl caps</i>	4	PA; QL(8 ea daily); SP
Immunomodulators		
REVLIMID CAPS 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	4	PA; QL(1 ea daily); SP
REVLIMID CAPS 20 MG	4	PA;
THALOMID CAPS	4	PA; QL(3 ea daily); SP
Immunosuppressive Agents		
ATGAM INJ	4	PA; SP
AZASAN TABS	3	
AZATHIOPRINE SOLR IJ 100 MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine tabs or 50 mg</i>	1	
CELLCEPT CAPS 250 MG (Use <i>mycophenolate mofetil</i>)	NF	
CELLCEPT TABS 500 MG (Use <i>mycophenolate mofetil</i>)	NF	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
<i>cyclosporine soln</i>	1	
<i>everolimus (immunosuppressant) tabs</i>	4	PA; QL(20 ea daily); SP
IMURAN TABS (Use <i>azathioprine</i>)	NF	
<i>mycophenolate mofetil caps or 250 mg</i>	1	
<i>mycophenolate mofetil tabs or 500 mg</i>	1	
<i>mycophenolate sodium tbec</i>	1	
MYFORTIC TBEC (Use <i>mycophenolate sodium</i>)	NF	
NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i>)	NF	
NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i>)	NF	
NULOJIX SOLR	4	PA; SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use <i>tacrolimus</i>)	NF	
PROGRAF PACK OR 0.2 MG, 1 MG	2	PA
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (Use <i>sirolimus</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE CAPS OR 100 MG, 25 MG (Use <i>cyclosporine</i>)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (Use <i>cyclosporine</i>)	NF	
SIMULECT SOLR	3	
<i>sirolimus tabs 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG (Use <i>everolimus (immunosuppressant)</i>)	NF	PA; QL(20 ea daily); SP
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1	
<i>lactated ringer's (irrigation) soln</i>	1	
<i>ringer's irrigation soln</i>	1	
<i>water for irrigation, sterile soln</i>	1	
Potassium Removing Agents		
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) soln 4 %</i>	1	
Anti-infectives - Throat		
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	
Antiseptics - Mouth/Throat		

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
DEBACTEROL SOLN	2	
PERIDEX SOLN (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF	
Dental Products		
<i>stannous fluoride conc</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	
EVOXAC CAPS (<i>Use cevimeline hcl</i>)	NF	
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (<i>Use pilocarpine hcl (oral)</i>)	NF	
MULTIVITAMINS		
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
CVS PRENATAL TABS	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS	2	QL(1 ea daily)
HM PRENATAL TABS	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NEONATAL COMPLETE TABS 0.2 MG-1.84 MG-10 MCG-10 MG-1000 MCG-12 MCG-120 MG-1200 MCG-2 MG-2 MG-20 MG-200 MG-25 MG-27 MG-3 MG-5 MG-9.2 MG	2	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL VITAMIN TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
O-CAL FA TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
PRENATAL LOW IRON TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL TABS 0.8 MG-1.5 MG-1.7 MG-100 MG-11 UNIT-18 MG-2.6 MG-25 MG-263 MG-27 MG-4 MCG-400 UNIT-4000 UNIT, 0.8 MG-1.7 MG-1.8 MG-120 MG-2.6 MG-20 MG-200 MG-25 MG-28 MG-30 UNIT-400 UNIT-4000 UNIT-8 MCG, 1.7 MG-1.8 MG-120 MG-2.6 MG-20 MG-200 MG-25 MG-28 MG-30 UNIT-400 UNIT-4000 UNIT-8 MCG-800 MCG, 1.7 MG-1.84 MG-100 MG-11 UNIT-160 MG-18 MG-2.6 MG-200 MG-25 MG-27 MG-4 MCG-400 UNIT-4000 UNIT-800 MCG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 1 MG-1.84 MG-10 MG-12 MCG-120 MG-2 MG-20 MG-200 MG-22 MG-25 MG-27 MG-3 MG-400 UNIT-4000 UNIT	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
PREPLUS TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
RIGHT STEP PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
VOL-PLUS TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		

Drug Name	Drug Tier	Requirements/ Limits
Central Muscle Relaxants		
<i>baclofen tabs or 10 mg, 20 mg</i>	1	
<i>carisoprodol tabs</i>	1	
<i>chlorzoxazone tabs 500 mg</i>	1	QL(6 ea daily)
<i>cyclobenzaprine hcl tabs 10 mg, 5 mg</i>	1	QL(3 ea daily)
<i>metaxalone tabs 800 mg</i>	1	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tb12 or 100 mg</i>	1	QL(2 ea daily)
ROBAXIN TABS OR 500 MG (Use <i>methocarbamol</i>)	NF	
ROBAXIN-750 TABS (Use <i>methocarbamol</i>)	NF	
SKELAXIN TABS (Use <i>metaxalone</i>)	NF	QL(4 ea daily)
SOMA TABS (Use <i>carisoprodol</i>)	NF	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS (Use <i>tizanidine hcl</i>)	NF	
ZANAFLEX TABS (Use <i>tizanidine hcl</i>)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use <i>dantrolene sodium</i>)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 100 mg, 50 mg, 25 mg</i>	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (Use <i>olopatadine hcl (nasal)</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1	
Nasal Steroids		
<i>budesonide (nasal) susp</i>	1	
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use <i>fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
<i>flunisolide (nasal) soln</i>	1	1 rtl pack lmt per fill,
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	PA; QL(1.14 gm daily)
NASACORT ALLERGY 24HR AERO (Use <i>triamcinolone acetonide (nasal)</i>)	NF	
NASACORT ALLERGY 24HR CHILDRENS AERO (Use <i>triamcinolone acetonide (nasal)</i>)	NF	
NASONEX SUSP (Use <i>mometasone furoate (nasal)</i>)	NF	PA; QL(1.14 gm daily)
<i>triamcinolone acetonide (nasal) aero</i>	1	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use <i>riluzole</i>)	NF	
<i>riluzole tabs</i>	3	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
TIMOPTIC SOLN (Use <i>timolol maleate (ophth)</i>)	NF	
TIMOPTIC-XE SOLG (Use <i>timolol maleate (ophth)</i>)	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (Use <i>tropicamide</i>)	NF	
<i>tropicamide soln</i>	1	
Miotics		
ISOPTO CARPINE SOLN (Use <i>pilocarpine hcl</i>)	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln</i>	1	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.15 % (Use <i>brimonidine tartrate</i>)	NF	
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 0.5 % (Use <i>apraclonidine hcl</i>)	NF	
IOPIDINE SOLN 1 %	3	
SIMBRINZA SUSP	3	PA
Ophthalmic Anti-infectives		
AZASITE SOLN	3	
<i>bacitracin (ophthalmic) oint</i>	3	
BLEPH-10 SOLN (Use <i>sulfacetamide sodium (ophth)</i>)	NF	
CILOXAN SOLN (Use <i>ciprofloxacin hcl (ophth)</i>)	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gatifloxacin (ophth) soln</i>	1	
<i>gentamicin sulfate (ophth) oint</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	
KLARITY-A SOLN	3	
<i>levofloxacin (ophth) soln</i>	1	
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
OCUFLOX SOLN (Use <i>ofloxacin (ophth)</i>)	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (Use <i>polymyxin b-trimethoprim</i>)	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	
TOBREX SOLN (Use <i>tobramycin (ophth)</i>)	NF	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN (Use <i>moxifloxacin hcl (ophth)</i>)	NF	
VIROPTIC SOLN (Use <i>trifluridine</i>)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (Use <i>gatifloxacin (ophth)</i>)	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		

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Drug Name	Drug Tier	Requirements/Limits
ALCAINE SOLN (<i>Use proparacaine hcl</i>)	NF	
<i>proparacaine hcl soln</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	4	PA
Ophthalmic Steroids		
ALREX SUSP	3	PA
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	
DUREZOL EMUL	3	PA
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	NF	
FML OINT	3	PA
LOTEMAX GEL (<i>Use loteprednol etabonate</i>)	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (<i>Use loteprednol etabonate</i>)	NF	PA
<i>loteprednol etabonate gel</i>	1	PA
<i>loteprednol etabonate susp</i>	1	PA
MAXIDEX SUSP	3	PA
MAXITROL OINT (<i>Use neomycin-polymyxin-dexameth</i>)	NF	
MAXITROL SUSP (<i>Use neomycin-polymyxin-dexameth</i>)	NF	
<i>neomycin-polymyxin-dexameth oint</i>	1	
<i>neomycin-polymyxin-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OMNIPRED SUSP (<i>Use prednisolone acetate (ophth)</i>)	NF	
PRED FORTE SUSP (<i>Use prednisolone acetate (ophth)</i>)	NF	
PRED MILD SUSP	3	PA
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE ACETATE P-F SUSP	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone susp</i>	1	
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use ketorolac tromethamine (ophth)</i>)	NF	
ACULAR SOLN (<i>Use ketorolac tromethamine (ophth)</i>)	NF	
ALOCRIOL SOLN	3	PA
ALOMIDE SOLN	3	PA
<i>azelastine hcl (ophth) soln</i>	1	
BEPREVE SOLN	3	PA
<i>bromfenac sodium (ophth) soln</i>	1	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	2	PA; QL(2.143 ml daily)
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	
ELESTAT SOLN (<i>Use epinastine hcl (ophth)</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	
<i>flurbiprofen sodium soln</i>	1	
ILEVRO SUSP	3	ST; QL(0.2 ml daily)
<i>ketorolac tromethamine (ophth) soln</i>	1	
<i>ketotifen fumarate (ophth) soln</i>	1	
LASTACAFT SOLN	3	PA
NEVANAC SUSP	3	ST; QL(0.2 ml daily)
<i>olopatadine hcl soln</i>	1	RX/OTC
PATADAY SOLN (<i>Use olopatadine hcl</i>)	NF	RX/OTC
PATANOL SOLN (<i>Use olopatadine hcl</i>)	NF	RX/OTC
TRUSOPT SOLN (<i>Use dorzolamide hcl</i>)	NF	
ZADITOR SOLN (<i>Use ketotifen fumarate (ophth)</i>)	NF	
ZERVIAE SOLN	3	PA
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1	
LUMIGAN SOLN	3	ST
TRAVATAN Z SOLN (<i>Use travoprost</i>)	NF	
<i>travoprost soln</i>	1	
XALATAN SOLN (<i>Use latanoprost</i>)	NF	
ZIOPTAN SOLN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		

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

Drug Name	Drug Tier	Requirements/ Limits
CUVITRU SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	4	PA; SP
GAMMAGARD LIQUID SOLN 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN	4	PA; SP
GAMUNEX-C SOLN	4	PA; SP
HIZENTRA SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
Passive Immunizing Agents - Combinations		
HYQVIA KIT	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	1	
<i>ampicillin caps</i>	1	
<i>ampicillin sodium solr ij 1 gm</i>	1	
<i>ampicillin sodium solr iv 10 gm</i>	1	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000 UNIT/ML, 60000 UNIT/ML	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PENICILLIN G PROCAINE SUSP	3	
<i>penicillin g sodium solr</i>	3	
<i>penicillin v potassium solr</i>	1	
<i>penicillin v potassium tabs</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew</i>	1	
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
<i>ampicillin & sulbactam sodium solr ij 0.5 gm-1 gm, 1 gm-2 gm</i>	1	
<i>ampicillin & sulbactam sodium solr iv 10 gm-5 gm</i>	1	
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NF	
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (Use <i>amoxicillin & pot clavulanate</i>)	NF	
AUGMENTIN TABS 125 MG-875 MG, 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
UNASYN BULK PACK SOLR (Use <i>ampicillin & sulbactam sodium</i>)	NF	
UNASYN SOLR (Use <i>ampicillin & sulbactam sodium</i>)	NF	
ZOSYN SOLR 0.25 GM-2 GM, 0.375 GM-3 GM, 0.5 GM-4 GM, 36 GM-4.5 GM (Use <i>piperacillin sodium-tazobactam sodium</i>)	NF	
Penicillinase-Resistant Penicillins		

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Drug Name	Drug Tier	Requirements/ Limits
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	1	
<i>oxacillin sodium solr ij 1 gm</i>	1	
<i>oxacillin sodium solr iv 10 gm</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>Use norethindrone acetate</i>)	NF	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (<i>Use megestrol acetate (appetite)</i>)	NF	PA
<i>megestrol acetate (appetite) susp</i>	1	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone micronized caps</i>	1	
PROMETRIUM CAPS (<i>Use progesterone micronized</i>)	NF	
PROVERA TABS (<i>Use medroxyprogesterone acetate</i>)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (<i>Use disulfiram</i>)	NF	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
Anti-Cataplectic Agents		
XYREM SOLN	4	PA; QL(18 ml daily); SP

Drug Name	Drug Tier	Requirements/ Limits
Antidementia Agents		
ARICEPT TABS 10 MG (<i>Use donepezil hydrochloride</i>)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (<i>Use donepezil hydrochloride</i>)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide soln 4 mg/ml</i>	1	QL(6 ml daily)
<i>galantamine hydrobromide tabs 12 mg, 8 mg, 4 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(1 ea daily)
NAMENDA TABS 10 MG (<i>Use memantine hcl</i>)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (<i>Use memantine hcl</i>)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NF	
RAZADYNE ER CP24 (<i>Use galantamine hydrobromide</i>)	NF	QL(1 ea daily)
RAZADYNE TABS (<i>Use galantamine hydrobromide</i>)	NF	QL(2 ea daily)
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
<i>perphenazine-amitriptyline tabs</i>	1	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	PA; QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK MISC	2	PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	4	PA; QL(4 ea daily)
<i>tetrabenazine tabs</i>	4	PA; QL(3 ea daily); SP
XENAZINE TABS (<i>Use tetrabenazine</i>)	NF	PA; QL(3 ea daily); SP
Multiple Sclerosis Agents		
AMPYRA TB12 (<i>Use dalfampridine</i>)	NF	PA; QL(2 ea daily); SP
AUBAGIO TABS	4	PA
AVONEX PEN AJKT	4	PA; QL(0.0714 ea daily); SP
AVONEX PSKT	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.5 ea daily); SP
COPAXONE SOSY 20 MG/ML (<i>Use glatiramer acetate</i>)	3	PA; QL(1 ml daily); SP
COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	3	PA; QL(0.429 ml daily); SP
<i>dalfampridine tb12</i>	4	PA; QL(2 ea daily); SP
<i>dimethyl fumarate cpdr</i>	4	PA
<i>dimethyl fumarate misc</i>	4	PA
EXTAVIA KIT	4	PA; QL(0.5 ea daily); SP
GILENYA CAPS	4	PA
<i>glatiramer acetate sosal 20 mg/ml</i>	3	PA; QL(1 ml daily); SP
<i>glatiramer acetate sosal 40 mg/ml</i>	3	PA; QL(0.429 ml daily); SP
MAVENCLAD TBPK	4	PA
MAYZENT STARTER PACK TBPK	4	PA
MAYZENT TABS	4	PA

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

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Drug Name	Drug Tier	Requirements/Limits
HORIZANT TBCR	3	PA; QL(2 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	0	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)
NICODERM CQ PT24 (<i>Use nicotine</i>)	NF	QL(1 ea daily)
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	NF	
<i>nicotine polacrilex gum</i>	0	
<i>nicotine polacrilex lozg</i>	0	
<i>nicotine pt24</i>	0	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
ZYBAN TB12 (<i>Use bupropion hcl (smoking deterrent)</i>)	NF	QL(2 ea daily)
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ARALAST NP SOLR 500 MG	4	PA
PROLASTIN-C SOLN 1000 MG/20ML	4	PA;
PROLASTIN-C SOLR 1000 MG	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
Cystic Fibrosis Agents		
KALYDECO TABS 150 MG	4	PA; QL(2 ea daily); SP
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	PA; QL(2 ea daily)
ORKAMBI TABS 100 MG-125 MG, 125 MG-200 MG	4	PA; QL(4 ea daily)
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP
TRIKAFTA TBPK	4	PA; QL(3 ea daily)
Pulmonary Fibrosis Agents		
OFEV CAPS	4	PA; QL(2 ea daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Glycylcyclines		
<i>tigecycline solr</i>	1	
TYGACIL SOLR (<i>Use tigecycline</i>)	NF	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) caps 75 mg</i>	1	
<i>doxycycline (monohydrate) tabs 100 mg</i>	1	QL(2 ea daily)

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

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

Drug Name	Drug Tier	Requirements/Limits
TENIVAC INJ	0	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate soln ij 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine sulfate sosy ij 0.25 mg/5ml</i>	1	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
<i>dicyclomine hcl caps or 10 mg</i>	1	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	1	
<i>dicyclomine hcl tabs or 20 mg</i>	1	
<i>glycopyrrolate soln ij 4 mg/20ml</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
LIBRAX CAPS (<i>Use chlordiazepoxide hcl-clidinium bromide</i>)	NF	
<i>methscopolamine bromide tabs</i>	1	
H-2 Antagonists		
<i>cimetidine hcl soln</i>	1	QL(20 ml daily)
<i>cimetidine tabs 200 mg</i>	1	RX/OTC
<i>cimetidine tabs 300 mg, 800 mg, 400 mg</i>	1	
<i>famotidine in nacl soln</i>	1	
<i>famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	1	
<i>famotidine susr or 40 mg/5ml</i>	1	QL(10 ml daily)
<i>famotidine tabs or 20 mg</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine tabs or 40 mg</i>	1	
<i>nizatidine caps 150 mg, 300 mg</i>	1	
<i>nizatidine soln 15 mg/ml</i>	1	QL(20 ml daily)
PEPCID AC MAXIMUM STRENGTH TABS (<i>Use famotidine</i>)	NF	RX/OTC
PEPCID TABS 20 MG (<i>Use famotidine</i>)	NF	RX/OTC
PEPCID TABS 40 MG (<i>Use famotidine</i>)	NF	
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1	
<i>ranitidine hcl soln ij 150 mg/6ml</i>	1	
<i>ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	1	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs or 300 mg</i>	1	
TAGAMET HB TABS (<i>Use cimetidine</i>)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (<i>Use ranitidine hcl</i>)	NF	RX/OTC
ZANTAC SOLN 25 MG/ML (<i>Use ranitidine hcl</i>)	NF	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML (<i>Use sucralfate</i>)	NF	QL(40 ml daily)
CARAFATE TABS 1 GM (<i>Use sucralfate</i>)	NF	QL(4 ea daily)
<i>sucralfate susp 1 gm/10ml</i>	1	QL(40 ml daily)
<i>sucralfate tabs 1 gm</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	NF	QL(1 ea daily)
DEXILANT CPDR	3	PA; QL(1 ea daily)

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

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

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Drug Name	Drug Tier	Requirements/ Limits
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs 10 mg, 5 mg, 50 mg</i>	1	QL(4 ea daily)
<i>bethanechol chloride tabs 25 mg</i>	1	
URECHOLINE TABS 10 MG, 5 MG, 50 MG (<i>Use bethanechol chloride</i>)	NF	QL(4 ea daily)
URECHOLINE TABS 25 MG (<i>Use bethanechol chloride</i>)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	0	
BEXSERO SUSY	0	
HIBERIX SOLR	0	
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
TRUMENBA SUSY	0	
Viral Vaccines		
AFLURIA 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
AFLURIA PF 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
ENGERIX-B INJ	0	
ENGERIX-B SUSP	0	
FLUAD 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY	0	1 rtl MAX fill,180 rtl day(s) supply,

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Drug Name	Drug Tier	Requirements/ Limits
FLUARIX QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2018-2019 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2019-2020 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2020-2021 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUMIST QUADRIVALENT SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
GARDASIL 9 SUSP	0	3 rtl MAX fill,365 rtl day(s) supply,
GARDASIL 9 SUSY	0	3 rtl MAX fill,365 rtl day(s) supply,
HAVRIX SUSP	0	
HEPLISAV-B SOLN	0	
HEPLISAV-B SOSY	0	
IPOL INACTIVATED IPV INJ	0	
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply,
RECOMBIVAX HB SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	
SHINGRIX SUSR	0	2 rtl pack lmt amt,999 rtl pack lmt day(s);; AL(At least 50 yrs old)
TWINRIX SUSY	0	
VAQTA SUSP	0	
VARIVAX INJ	0	2 rtl MAX fill,365 rtl day(s) supply,

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

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

Drug Name	Drug Tier	Requirements/Limits
cholecalciferol caps 1.25 mg, 50000 unit	1	
cholecalciferol tabs 400 unit	0	
DRISDOL CAPS (Use ergocalciferol)	0	
ergocalciferol caps or 1.25 mg, 50000 unit	0	
ergocalciferol soln or 8000 unit/ml	1	
VITAMIN D2 TABS	0	AL (At least 65 yrs old)
Water Soluble Vitamins		
niacin cpcr or 250 mg, 500 mg	1	
niacin tabs or 50 mg, 250 mg, 100 mg, 500 mg	1	
niacin tbcrc or 750 mg, 500 mg, 250 mg	1	
NIACIN TR TBCRC	1	
niacinamide tabs or 100 mg, 500 mg	1	
SLO-NIACIN TBCRC (Use niacin)	1	

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CAYSTON	12	CHEMSTRIP-K	65	citalopram hydrobromide	21
cefaclor	51	CHILDRENS ADVIL	4	CLARINEX	28
cefadroxil	51	CHILDRENS MOTRIN	4	clarithromycin	76
cefazolin sodium	51	chloramphenicol sodium succinate	11	CLARITIN	28
cefdinir	51	chlordiazepoxide hcl	13	CLARITIN ALLERGY CHILDRENS	28
cefditoren pivoxil	52	chlordiazepoxide hcl-clidinium bromide	139	CLARITIN CHILDRENS	28
cefepime hcl	52	chlorhexidine gluconate (mouth-throat)	128	CLARITIN REDITABS	28
cefixime	52	chloroquine phosphate	34	CLARITIN-D 12 HOUR	55
CEFOTAN	51	chlorothiazide	66	CLARITIN-D 24 HOUR	55
cefotaxime sodium	52	chlorpromazine hcl	44	CLASSIC PRENATAL	128
cefotetan disodium	51	chlorpropamide	25	CLEANLET LANCETS 28G	80
cefoxitin sodium	51	chlorthalidone	66	clemastine fumarate	28
cefpodoxime proxetil	52	chlorzoxazone	129	CLENPIQ	75
		CHOLBAM	70	CLEOCIN	11,143
		cholecalciferol	144	CLEOCIN PEDIATRIC GRANULES	11
		cholestyramine	29	CLEOCIN PHOSPHATE	11
		cholestyramine light	29	CLEOCIN-T	56

CLEVER CHEK LANCETS ULTRATHIN.....	80	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM.....	95	CLINIMIX 4.25%/DEXTROSE 10%.....	130
CLEVER CHEK LANCETS ULTRATHIN 30G.....	80	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM.....	95	CLINIMIX 4.25%/DEXTROSE 25%.....	130
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	95	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM.....	95	CLINIMIX 4.25%/DEXTROSE 5%.....	130
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2".....	95	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM.....	96	CLINIMIX 5%/DEXTROSE 25%.....	130
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	95	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM.....	96	CLINIMIX E 5%/DEXTROSE 20%.....	130
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16".....	95	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM.....	96	clobazam.....	17
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16".....	95	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	96	clobetasol propionate.....	61
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2".....	95	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	96	clobetasol propionate emollient base.....	61
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2".....	95	CLICKFINE PEN NEEDLE 32GX5/32".....	96	clocortolone pivalate.....	61
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2".....	95	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4".....	96	CLODERM.....	61
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	95	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16".....	96	CLODERM PUMP.....	61
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	95	CLICKFINE PEN NEEDLES 31G X 1/4".....	96	clofarabine.....	35
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	95	CLICKFINE PEN NEEDLES 31G X 3/16".....	96	CLOLAR.....	36
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	95	CLICKFINE PEN NEEDLES 31G X 5/16".....	96	clomipramine hcl.....	23
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	95	CLICKFINE PEN NEEDLES 31G X 8MM.....	96	clonazepam.....	17
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	95	CLICKFINE PEN NEEDLES 32G X 5/32".....	96	clonidine.....	31
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2".....	95	CLICKFINE PEN NEEDLES/31GX1/4".....	96	clonidine hcl.....	31
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2".....	95	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	96	clonidine hcl (adhd).....	2
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	CLIMARA.....	69	clopidogrel bisulfate.....	73
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16".....	95	CLIMARA PRO.....	69	clorazepate dipotassium.....	13
CLEVER CHOICE COMFORT EZLANCETS 21G.....	80	CLINDAGEL.....	56	clotrimazole.....	127
CLEVER CHOICE COMFORT EZLANCETS 23G.....	80	clindamycin hcl.....	11	clotrimazole (topical).....	58
CLEVER CHOICE COMFORT EZLANCETS 28G.....	80	clindamycin palmitate hydrochloride.....	11	clotrimazole vaginal.....	143
		clindamycin phosphate.....	11	clotrimazole w/ betamethasone.....	58
		clindamycin phosphate (topical).....	56	clozapine.....	43
		clindamycin phosphate vaginal.....	143	CLOZARIL.....	43
		clindamycin phosphate-benzoyl peroxide.....	57	COAGUCHEK LANCETS.....	80
		clindamycin phosphate-benzoyl peroxide (refrigerate).....	57	COARTEM.....	33
		clindamycin phosphate- tretinoin.....	57	CODEINE SULFATE.....	6
				codeine sulfate.....	6
				COGENTIN.....	41
				COLACE.....	76
				COLAZAL.....	71
				colchicine.....	72
				colchicine w/ probenecid.....	72
				COLCRYS.....	72
				colesevelam hcl.....	29
				COLESTID.....	29
				COLESTID FLAVORED.....	29
				colestipol hcl.....	29,30
				COLY-MYCIN S.....	133
				COLYTE-FLAVOR PACKS.....	75

COMBIGAN.....	130	CORLANOR.....	51	CYKLOKAPRON.....	74
COMBIVIR.....	44	CORTEF.....	54	CYMBALTA.....	22
COMETRIQ.....	38	CORTENEMA.....	10	cyproheptadine hcl.....	29
COMFORT ASSIST INSULIN		cortisone acetate.....	54	CYSTADANE.....	68
SYRINGE 0.3ML/29G X 1/2"	96	CORTISPORIN.....	58	CYSTAGON.....	72
COMFORT ASSIST INSULIN		CORTISPORIN-TC.....	133	CYSTARAN.....	132
SYRINGE/0.3ML/30G X		CORZIDE.....	32	cytarabine.....	36
5/16"	96	COSENTYX.....	60	CYTOMEL.....	138
COMFORT ASSIST INSULIN		COSENTYX SENSOREADY		CYTOTEC.....	140
SYRINGE/0.3ML/31G X		PEN.....	60	CYTOVENE.....	47
5/16"	96	COSMEGEN.....	37	D.H.E. 45.....	124
COMFORT ASSIST INSULIN		COSOFT.....	130	dacarbazine.....	40
SYRINGE/0.5ML/29G X 1/2"	96	COUMADIN.....	16	DACOGEN.....	36
COMFORT ASSIST INSULIN		COZAAR.....	31	dactinomycin.....	37
SYRINGE/0.5ML/30G X		CREON.....	65	dalfampridine.....	136
5/16"	96	CRESEMBA.....	27	DALIRESP.....	14
COMFORT ASSIST INSULIN		CRESTOR.....	30	danazol.....	10
SYRINGE/1ML/29G X 1/2"	96	CRIVIVAN.....	44	DANTRIUM.....	129
COMFORT ASSIST INSULIN		cromolyn sodium.....	13	dantrolene sodium.....	129
SYRINGE/1ML/30G X 5/16"	96	cromolyn sodium (ophth).	132	dapsone.....	11
COMFORT ASSIST INSULIN		crotamiton.....	64	DAPTACEL.....	138
SYRINGE/1ML/31G X 5/16"	96	CUBICIN.....	11	DAPTOMYCIN.....	11
COMFORT ASSURED		CUBICIN RF.....	11	daptomycin.....	11
LANCETS MICRO THIN		CUPRIMINE.....	126	DARAPRIM.....	34
33G.....	80	CUTIVATE.....	62	darifenacin hydrobromide..	140
COMFORT ASSURED		CUVITRU.....	134	DAUNORUBICIN	
LANCETS SUPER THIN		CVS LANCETS 21G.....	80	HYDROCHLORIDE.....	37
28G.....	80	CVS LANCETS MICRO THIN		DAURISMO.....	36
COMFORT EZ INSULIN		33G.....	80	DAYPRO.....	4
SYRINGE/U-100/0.5ML/31G X		CVS LANCETS MICRO-THIN		DAYTRANA.....	2
5/16"	96	33G.....	80	DDAVP.....	69
COMFORT EZ INSULIN		CVS LANCETS ORIGINAL	80	DEBACTEROL.....	128
SYRINGE/U-100/1ML/31G X		CVS LANCETS THIN 26G.....	80	decitabine.....	36
5/16"	96	30G.....	80	deferasirox.....	26
COMFORT EZ MICRO/32G X		CVS LANCETS ULTRA-THIN		deferiprone.....	26
4MM.....	96	30G.....	80	DELESTROGEN.....	69
COMFORT EZ SHORT/31G X		CVS LANCING DEVICE.....	80	DELSTRIGO.....	45
8MM.....	96	CVS PRENATAL.....	128	DELZICOL.....	71
COMFORT EZ/31G X 5MM.....	96	CVS ULTRA THIN		DEMADEX.....	66
COMFORT EZ/31G X 6MM.....	96	LANCETS.....	80	demeclocycline hcl.....	137
COMFORT LANCETS.....	80	cyanocobalamin.....	73	DEMEROL.....	6
COMPLERA.....	44	cyclobenzaprine hcl.....	129	DENAVIR.....	61
COMTAN.....	41	cyclophosphamide.....	35	DEPACON.....	20
CONCERTA.....	2	cycloserine.....	34	DEPAKENE.....	20
CONTRAVE.....	2	CYCLOSET.....	24	DEPAKOTE.....	20
CONZIP.....	6	cyclosporine.....	127	DEPAKOTE ER.....	20
COPAXONE.....	136	cyclosporine modified (for			
COPIKTRA.....	38	microemulsion).....	127		
CORDRAN.....	62				
COREG.....	48				
CORGARD.....	49				

DEPEN TITRATABS.....	126	DIATHRIVE LANCETS ULTRA THIN 30G.....	80	diphenhydramine hcl.....	28
DEPO-ESTRADIOL.....	70	DIATHRIVE LANCING DEVICE.....	80	diphenoxylate w/ atropine...	25
DEPO-MEDROL.....	54	DIATHRIVE PEN NEEDLE/31 G X 6MM.....	97	DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	138
DEPO-PROVERA CONTRACEPTIVE.....	54	DIATHRIVE PEN NEEDLE/31 GX 8MM.....	97	DIPROLENE.....	62
DEPO-SUBQ PROVERA 104.....	54	DIATHRIVE PEN NEEDLE/31GX 5MM.....	97	DIPROLENE AF.....	62
DEPO-TESTOSTERONE.....	10	DIATHRIVE PEN NEEDLE/32GX 4MM.....	97	dipyridamole.....	73
DERMA-SMOOTH/FS BODY.....	62	diazepam.....	13	disopyramide phosphate....	13
DERMA-SMOOTH/FS SCALP.....	62	diazepam (anticonvulsant).	17	disulfiram.....	135
DERMOTIC.....	133	diazoxide.....	24	DITROPAN XL.....	140
DESCOVY.....	45	DIBENZYLINE.....	31	DIURIL.....	66
desipramine hcl.....	23	DICLEGIS.....	27	divalproex sodium.....	20
desloratadine.....	28	diclofenac epolamine.....	57	DIVIGEL.....	70
desmopressin acetate.....	69	diclofenac potassium.....	4	docetaxel.....	40
desmopressin acetate spray	69	diclofenac sodium.....	4	DOCETAXEL.....	40
desmopressin acetate spray refrigerated.....	69	diclofenac sodium (actinic keratoses).....	59	docetaxel.....	40
desogestrel & ethinyl estradiol.....	52	diclofenac sodium (ophth)	132	docusate calcium.....	76
desogestrel-ethinyl estradiol (biphasic).....	52	diclofenac sodium (topical)	57	docusate sodium.....	76
desogestrel-ethinyl estradiol (triphasic).....	52	diclofenac w/ misoprostol...	4	dofetilide.....	13
desonide.....	62	dicloxacillin sodium.....	135	DOLOPHINE.....	6
DESOWEN.....	62	dicyclomine hcl.....	139	donepezil hydrochloride....	135
desoximetasone.....	62	didanosine.....	45	DOPTLET.....	74
DESOXYN.....	1	DIFFERIN.....	57	DORAL.....	75
desvenlafaxine succinate...	22	DIFICID.....	77	dorzolamide hcl.....	132
DETROL.....	140	diflorasone diacetate.....	62	dorzolamide hcl-timolol maleate.....	130
DETROL LA.....	140	DIFLUCAN.....	27	DOVATO.....	45
dexamethasone.....	54	diflunisal.....	6	DOVONEX.....	60
DEXAMETHASONE INTENSOL.....	54	digoxin.....	50	doxazosin mesylate.....	31
dexamethasone sodium phosphate.....	54	dihydroergotamine mesylate.....	124	doxepin hcl.....	23
dexamethasone sodium phosphate (ophth).....	132	DILANTIN.....	20	doxepin hcl (antipruritic)...	60
dexchlorpheniramine maleate.....	28	DILANTIN INFATABS.....	20	doxepin hcl (sleep).....	75
DEXEDRINE.....	1	DILANTIN-125.....	20	doxercalciferol.....	68
DEXILANT.....	139	DILAUDID.....	6	DOXIL.....	37
dexmethylphenidate hcl....	2	diltiazem hcl.....	49	doxorubicin hcl.....	37
dextroamphetamine sulfate...	1	DILTIAZEM HCL.....	49	doxorubicin hcl liposomal...	37
dextrose in lactated ringers	125	diltiazem hcl.....	49	doxycycline (monohydrate).....	137,138
DIACOMIT.....	18	diltiazem hcl coated beads	49	doxycycline hyclate.....	138
DIASTAT ACUDIAL.....	17	diltiazem hcl extended release beads.....	49	doxylamine-pyridoxine....	27
DIASTAT PEDIATRIC.....	17	dimethyl fumarate.....	136	DRISDOL.....	144
DIATHRIVE LANCETS.....	80	DIOVAN.....	31	dronabinol.....	27
		DIOVAN HCT.....	32	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2".....	97
		DIPENTUM.....	71	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2".....	97
				DROPLET INSULIN SYRINGE 1ML/29G X 1/2".....	97

DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16".....	97	DROPLET PEN NEEDLES 32G X 1/4".....	97	DUREX EXTRA SENSITIVE.....	77
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2".....	97	DROPLET PEN NEEDLES 32G X 3/16".....	97	DUREZOL.....	132
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16".....	97	DROPLET PEN NEEDLES 32G X 5/32".....	98	dutasteride.....	72
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2".....	97	DROPLET PEN NEEDLES 32GX4MM.....	98	DYAZIDE.....	66
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16".....	97	DROPLET PEN NEEDLES 32GX5MM.....	98	DYRENIUM.....	66
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16".....	97	DROPLET PEN NEEDLES 32GX6MM.....	98	DYSPORT.....	130
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2".....	97	DROPLET PERSONAL LANCETS30G.....	80	E-Z JECT LANCETS.....	80
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16".....	97	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16".....	98	E-Z JECT LANCETS 21G.....	80
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64".....	97	DROPSAFE SAFETY PEN NEEDLES/31G X 1/4".....	98	E-Z JECT LANCETS COLOR.....	80
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	97	drosiprenone-ethinyl estradiol.....	52	E-Z JECT LANCETS SUPER THIN 30G.....	81
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	97	drosiprenone-ethinyl estradiol- levomefolate calcium.....	52	E-Z JECT LANCETS THIN 26G.....	81
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	97	DROXIA.....	73	E-ZJECT LANCETS MICRO- THIN 33G.....	81
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	97	DRUG MART ADJUSTABLE LANCING DEVICE.....	80	E.E.S. GRANULES.....	76
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	97	DRUG MART LANCETS THIN.....	80	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	98
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	97	DRUG MART ON-THE-GO LANCETS GENTLE 30G.....	80	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	98
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	97	DRUG MART UNIFINE PENTIPS 31GX5MM.....	98	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	98
DROPLET LANCETS ULTRA THIN 30G.....	80	DRUG MART UNIFINE PENTIPS29G X 12MM.....	98	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	98
DROPLET LANCING DEVICE.....	80	DRUG MART UNIFINE PENTIPS31GX6MM.....	98	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	98
DROPLET PEN NEEDLES 29G X1/2".....	97	DRUG MART UNIFINE PENTIPS31GX8MM.....	98	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	98
DROPLET PEN NEEDLES 29GX12MM.....	97	DRUG MART UNIFINE PENTIPS32GX4MM.....	98	EASY COMFORT LANCETS81 EASY COMFORT LANCETS 30G/PULL TOP.....	81
DROPLET PEN NEEDLES 30G X 5/16".....	97	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM.....	98	EASY COMFORT LANCETS 30G/THIN TOP.....	81
DROPLET PEN NEEDLES 31G X3/16".....	97	DRUG MART UNILET LANCETSSUPER THIN 30G.....	80	EASY COMFORT LANCETS TWIST TOP.....	81
DROPLET PEN NEEDLES 31G X5/16".....	97	DRUG MART UNILET LANCETSULTRA THIN 28G.....	80	EASY COMFORT PEN NEEDLES31GX1/4".....	98
DROPLET PEN NEEDLES 31GX5MM.....	97	DRUG MART UNILET MICRO THIN LANCETS 33G.....	80	EASY COMFORT PEN NEEDLES31GX3/16".....	98
DROPLET PEN NEEDLES 31GX6MM.....	97	DUAC.....	57	EASY COMFORT PEN NEEDLES31GX5/16".....	98
DROPLET PEN NEEDLES 31GX8MM.....	97	DUAVEE.....	69	EASY COMFORT PEN NEEDLES32GX5/32".....	98
		DUETACT.....	23	EASY MINI EJECT LANCING DEVICE.....	81
		DULCOLAX.....	76	EASY MINI LANCING DEVICE.....	81
		duloxetine hcl.....	22	EASY TOUCH 32GX5MM.....	98
		DUPIXENT.....	63	EASY TOUCH 32GX6MM.....	98
		DURAGESIC.....	6		

EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	98	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	99	EASY TOUCH PEN NEEDLES 32GX3/16".....	99
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	98	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	99	EASY TOUCH PEN NEEDLES 32GX5/32".....	99
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	98	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	99	EASY TOUCH PEN NEEDLES/31G X 3/16".....	99
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	98	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	81	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	81
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	98	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	81	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	81
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	98	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	81	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	81
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	98	EASY TOUCH LANCETS 26G/PULL-TOP.....	81	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	81
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	98	EASY TOUCH LANCETS 28G/PULL-TOP.....	81	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	81
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2".....	98	EASY TOUCH LANCETS 28G/TWIST.....	81	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	81
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16".....	99	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	81	EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM.....	99
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2".....	99	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	81	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16".....	99
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	99	EASY TOUCH LANCETS 30G/PULL-TOP.....	81	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	99
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	99	EASY TOUCH LANCETS 30G/TWIST.....	81	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	99
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	99	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	81	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	99
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	99	EASY TOUCH LANCETS 32G/PULL-TOP.....	81	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	99
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	99	EASY TOUCH LANCETS 32G/TWIST.....	81	EASY TWIST & CAP LANCETS.....	81
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	99	EASY TOUCH LANCETS 33G/TWIST.....	81	EC-NAPROSYN.....	4
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	99	EASY TOUCH LANCING DEVICE/EJECTOR.....	81	econazole nitrate.....	58
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	99	EASY TOUCH PEN NEEDLE 30G X 5/16".....	99	EDARBI.....	31
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	99	EASY TOUCH PEN NEEDLES 29GX1/2".....	99	EDECIN.....	66
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	99	EASY TOUCH PEN NEEDLES 31GX1/4".....	99	EDURANT.....	45
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	99	EASY TOUCH PEN NEEDLES 31GX5/16".....	99	efavirenz.....	45
		EASY TOUCH PEN NEEDLES 32GX1/4".....	99	efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	45
				efavirenz-lamivudine-tenofovir disoproxil fumarate.....	45
				EFFEXOR XR.....	22
				EFFIENT.....	73
				EFUDEX.....	59
				EGRIFTA.....	67

EGRIFTA SV	67	EMSAM	21	EQL INSULIN	
ELAPRASE	68	emtricitabine	45	SYRINGE/0.5ML/29G X	
ELELYSO	73	emtricitabine-tenofovir		1/2"	100
ELESTAT	132	disoproxil fumarate	45	EQL INSULIN	
ELESTRIN	70	EMTRIVA	45	SYRINGE/0.5ML/30G X	
eletriptan hydrobromide	124	EMVERM	10	5/16"	100
ELIDEL	64	ENABLEX	140	EQL INSULIN	
ELIGARD	36,37	enalapril maleate	31	SYRINGE/0.5ML/31G X	
ELIMITE	64	enalapril maleate &		5/16"	100
ELIQUIS	16	hydrochlorothiazide	32	EQL INSULIN	
ELIQUIS STARTER PACK	16	ENBREL	5	SYRINGE/1ML/29G X 1/2"	100
ELITE-THIN INSULIN		ENBREL MINI	5	EQL INSULIN	
SYRINGE/0.3ML/31G X		ENBREL SURECLICK	5	SYRINGE/1ML/30G X	
5/16"	99	ENGERIX-B	141	5/16"	100
ELITE-THIN INSULIN		enoxaparin sodium	16	EQL INSULIN	
SYRINGE/0.5ML/29G X 1/2"	99	entacapone	41	FORMULA	128
ELITE-THIN INSULIN		entecavir	47	EQL SUPER THIN LANCETS	
SYRINGE/0.5ML/30G X		ENTEREG	71	30G	81
5/16"	100	ENTOCORT EC	54	EQL THIN LANCETS 26G	81
ELITE-THIN INSULIN		ENTRESTO	50	EQUETRO	42
SYRINGE/1ML/30G X		EPCLUSA	47	ERAXIS	27
5/16"	100	EPIDIOLEX	18	ERBITUX	36
ELITE-THIN INSULIN		EPIDUO	57	ergocalciferol	144
SYRINGE/U-100/0.5ML/28G X		epinastine hcl (ophth)	133	ergoloid mesylates	136
1/2"	100	epinephrine (anaphylaxis)	144	ERGOMAR	124
ELITE-THIN INSULIN		EPIPEN 2-PAK	144	ergotamine w/ caffeine	123
SYRINGE/U-100/0.5ML/31G X		EPIPEN-JR 2-PAK	144	ERIVEDGE	36
5/16"	100	epirubicin hcl	38	erlotinib hcl	38
ELITE-THIN INSULIN		EPIVIR	45	ERTACZO	58
SYRINGE/U-100/1ML/28G X		EPIVIR HBV	47	ertapenem sodium	11
1/2"	100	eplerenone	33	ERWINAZE	40
ELITE-THIN INSULIN		EPOGEN	74	ERYPED 200	77
SYRINGE/U-100/1ML/29G X		epoprostenol sodium	50	ERYPED 400	77
1/2"	100	eprosartan mesylate	31	erythromycin (acne aid)	57
ELITE-THIN INSULIN		EPZICOM	45	erythromycin (ophth)	131
SYRINGE/U-100/1ML/31G X		EQL COLOR LANCETS		erythromycin base	77
5/16"	100	21G	81	erythromycin ethylsuccinate	77
ELIXOPHYLLIN	15	EQL COLOR LANCETS		escitalopram oxalate	21
ELLA	53	MICRO THIN 33G	81	ESGIC	5
ELLECE	38	EQL INSULIN		esomeprazole magnesium	140
ELMIRON	72	SYRINGE/0.3ML/29G X		estazolam	75
ELOCON	62	1/2"	100	ESTRACE	70
EMADINE	133	EQL INSULIN		estradiol	70
EMBEDA	6	SYRINGE/0.3ML/30G X		estradiol vaginal	143
EMBRACE LANCETS ULTRA		5/16"	100	estradiol valerate	70
THIN 30G	81	EQL INSULIN		ESTROGEL	70
EMBRACE LANCING DEVICE		SYRINGE/0.3ML/31G X		ESTROSTEP FE	52
WITH EJECTOR	81	5/16"	100	eszopiclone	75
EMCYT	37				
EMEND	27				
EMEND TRIPACK	27				
EMFLAZA	54				
EMGALITY	123				

ethacrynic acid	66	EXFORGE	32	FERRIPROX	26
ethambutol hcl	34	EXFORGE HCT	32	ferrous fumarate-folic acid	74
ethosuximide	20	EXJADE	26	ferrous sulfate	74
ethynodiol diacet & eth estrad	52	EXTAVIA	136	FETZIMA	22
etidronate disodium	67	EZ-LETS LANCETS 21G	82	FETZIMA TITRATION PACK	22
etodolac	4	EZ-LETS LANCETS 26G SUPER-SOFT	82	fexofenadine hcl	28
etonogestrel-ethinyl estradiol	53	EZ-LETS LANCETS 28G ULTRA-SOFT	82	fexofenadine-pseudoephedrine	55
ETOPOPHOS	40	EZ-LETS LANCETS 30G	82	FIASP	24
etoposide	40	ezetimibe	30	FIASP FLEXTOUCH	24
EUCRISA	64	ezetimibe-simvastatin	29	FIASP PENFILL	24
EURAX	65	FABRAZYME	68	FIBERCON	75
EVAMIST	70	FALESSA	52	FIBRICOR	30
everolimus	38	famciclovir	47,48	FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	100
everolimus (immunosuppressant)	127	famotidine	139	FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	100
EVISTA	68	famotidine in nacl	139	FIFTY50 PEN NEEDLES 31GX5MM	101
EVOCLIN	57	FANAPT	42	FIFTY50 PEN NEEDLES/31GX8MM	101
EVOXAC	128	FANAPT TITRATION PACK	42	FIFTY50 PEN NEEDLES/32GX4MM	101
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	100	FANTASY LUBRICATED	77	FIFTY50 PEN NEEDLES/32GX6MM	101
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	100	FANTASY LUBRICATED/SPERMICIDE	77	FIFTY50 SAFETY SEAL LANCETS 30G	82
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	100	FARESTON	37	FIFTY50 SAFETY SEAL LANCETS 32G	82
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	100	FARXIGA	25	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	101
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	100	FASENRA	14	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	101
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	100	FASENRA PEN	13	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	101
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	100	FASLODEX	37	FIFTY50 UNILET LANCETS 33G	82
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	100	FAZACLO	43	FINACEA	64
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	100	FC FEMALE CONDOM	77	finasteride	72
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	100	febuxostat	72	FINE 30	82
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	100	felbamate	19	FINGERSTIX LANCETS	82
EXELDERM	58	FELBATOL	19	FIORICET	6
exemestane	37	FELDENE	4	FIORICET/CODEINE	8
		felodipine	49	FIORINAL	6
		FEMARA	37	FIORINAL/CODEINE #3	8
		FEMCAP	77	FIRAZYR	73
		FEMHRT LOW DOSE	69	FIRDAPSE	34
		FEMRING	144		
		fenofibrate	30		
		fenofibrate micronized	30		
		fenopropfen calcium	4		
		FENSOLVI	68		
		fentanyl	6		
		fentanyl citrate	6		
		FENTORA	6		
		FER-IN-SOL	74		

FIRMAGON.....	37	fluocinolone acetonide.....	62	FORTAZ.....	52
FIRVANQ.....	11	fluocinolone acetonide		FORTEO.....	67
FLAGYL.....	10	(otic).....	133	FOSAMAX.....	67
flavoxate hcl.....	141	fluocinonide.....	62	FOSAMAX PLUS D.....	67
flecainide acetate.....	13	fluocinonide emulsified		fosamprenavir calcium.....	45
FLECTOR.....	57	base.....	62	fosfomycin tromethamine.....	12
FLOLAN.....	50	fluorometholone (ophth).....	132	fosinopril sodium.....	31
FLOMAX.....	72	flurouracil.....	36	fosinopril sodium &	
FLOMASE ALLERGY		flurouracil (topical).....	59	hydrochlorothiazide.....	32
RELIEF.....	130	fluoxetine hcl.....	21	fosphenytoin sodium.....	20
FLOMASE ALLERGY RELIEF		fluoxetine hcl (pmdd).....	136	FOSRENOL.....	71
CHILDRENS.....	130	FLUOXETINE		FRAGMIN.....	16
FLOVENT DISKUS.....	14	HYDROCHLORIDE.....	21	FREDS PHARMACY AUTOLET	
FLOVENT HFA.....	14	fluphenazine hcl.....	44	LANCING DEVICE.....	82
FLOXIN OTIC.....	133	flurandrenolide.....	62	FREDS PHARMACY UNIFINE	
floxuridine.....	36	flurbiprofen.....	4	PENTIPS PEN NEEDLES	
FLUAD 2018-2019.....	141	flurbiprofen sodium.....	133	32GX4MM.....	101
FLUAD 2019-2020.....	141	flutamide.....	37	FREDS PHARMACY UNIFINE	
FLUAD 2020-2021.....	141	fluticasone propionate.....	62	PENTIPS PLUS 31GX5MM 101	
FLUAD QUADRIVALENT		fluticasone propionate		FREDS PHARMACY UNIFINE	
INFLUENZA VACCINE FOR		(nasal).....	130	PENTIPS PLUS 31GX8MM 101	
ADULTS.....	141	fluticasone-salmeterol.....	15	FREDS PHARMACY UNILET	
FLUARIX QUADRIVALENT		fluvastatin sodium.....	30	LANCETS SUPER THIN	
2018-2019.....	142	fluvoxamine maleate.....	21	30G.....	82
FLUARIX QUADRIVALENT		FLUZONE HIGH-DOSE PF		FREDS PHARMACY UNILET	
2019-2020.....	142	2018-2019.....	142	LANCETS ULTRA THIN	
FLUARIX QUADRIVALENT		FLUZONE HIGH-DOSE PF		28G.....	82
2020-2021.....	142	2019-2020.....	142	FREESTYLE LANCETS.....	82
FLUBLOK QUADRIVALENT		FLUZONE HIGH-DOSE PF		FREESTYLE PRECISION	
2018-2019.....	142	2020-2021.....	142	INSULIN SYRINGE/U-	
FLUBLOK QUADRIVALENT		FLUZONE QUADRIVALENT		100/0.5ML/30G X 5/16".....	101
2019-2020.....	142	2018-2019.....	142	FREESTYLE PRECISION	
FLUBLOK QUADRIVALENT		FLUZONE QUADRIVALENT		INSULIN SYRINGE/U-	
2020-2021.....	142	2019-2020.....	142	100/0.5ML/31G X 5/16".....	101
FLUCELVAX QUADRIVALENT		FLUZONE QUADRIVALENT		FREESTYLE PRECISION	
2018-2019.....	142	2020-2021.....	143	INSULIN SYRINGE/U-	
FLUCELVAX QUADRIVALENT		FML.....	132	100/1ML/31G X 5/16".....	101
2019-2020.....	142	FML FORTE.....	132	FREESTYLE PRECISION	
FLUCELVAX QUADRIVALENT		FML LIQUIFILM.....	132	INSULIN SYRINGES/U-	
2020-2021.....	142	FOCALIN.....	2	100/1ML/30G X 5/16".....	101
fluconazole.....	27	FOCALIN XR.....	2	FREESTYLE UNISTICK II	
flucytosine.....	27	folic acid.....	73	LANCETS.....	82
fludarabine phosphate.....	36	FOLOTYN.....	36	FROVA.....	124
fludrocortisone acetate.....	55	fondaparinux sodium.....	16	frovatriptan succinate.....	124
FLULAVAL QUADRIVALENT		FORA GTEL BLOOD KETONE		FULPHILA.....	74
2018-2019.....	142	TEST STRIPS.....	65	fulvestrant.....	37
FLULAVAL QUADRIVALENT		FORA LANCETS.....	82	FURADANTIN.....	12
2019-2020.....	142	FORA LANCING DEVICE.....	82	furosemide.....	66
FLULAVAL QUADRIVALENT		FORA LANCING		FUZEON.....	45
2020-2021.....	142	DEVICE/CLEARCAP.....	82	FYCOMPA.....	17
FLUMADINE.....	48	FORFIVO XL.....	21	gabapentin.....	18
FLUMIST QUADRIVALENT.....	142			GABITRIL.....	19
flunisolide (nasal).....	130			GALAFOLD.....	68

galantamine hydrobromide	135	GENVOYA	45	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	102
GAMMAGARD LIQUID	134	GEODON	42	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	102
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	134	GILENYA	136	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	102
GAMMAKED	134	GILOTRIF	38	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	102
GAMUNEX-C	134	glatiramer acetate	136	GLOBAL INJECT EASE LANCETS 28G	82
ganciclovir sodium	47	GLEEVEC	38	GLOBAL INJECT EASE LANCETS 30G	82
ganirelix acetate	67	GLEOSTINE	35	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	102
GANIRELIX ACETATE	67	glimepiride	25	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	102
GARDASIL 9	143	glipizide	25	GLOBAL LANCING DEVICE	82
gatifloxacin (ophth)	131	glipizide-metformin hcl	23	GLUCAGEN DIAGNOSTIC	65
gemcitabine hcl	36	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	101	GLUCAGEN HYPOKIT	24
GEMCITABINE HYDROCHLORIDE	36	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	101	glucagon (rdna)	24
gemfibrozil	30	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	101	GLUCAGON EMERGENCY KIT	24
GENERESS FE	52	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	101	GLUCOCOM LANCETS 28G	82
GENOTROPIN	67	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	101	GLUCOCOM LANCETS 30G	82
GENOTROPIN MINIQUICK	67	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	101	GLUCOCOM LANCETS 33G	82
gentamicin in saline	3	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	101	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	102
gentamicin sulfate	3	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	101	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	102
gentamicin sulfate (ophth)	131	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	101	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	102
gentamicin sulfate (topical)	58	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	101	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	102
GENTEEL BUTTERFLY TOUCH LANCETS	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	101	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	102
GENTEEL LANCING DEVICE/GLORIOUS GOLD	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	102	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	102
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	102	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	102
GENTEEL LANCING DEVICE/STATELY SILVER	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	102	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	102
GENTEEL PLUS LANCING DEVICE/BUFF BLACK	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	102	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	102
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	101		
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	102		
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	102		
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	102		
GENTLE-LET GP LANCETS	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	102		
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	102		
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	102		
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	82				
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	82				

GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	102	GNP LANCETS SUPER THIN 30G.....	83	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16".....	103
GLUCOTROL.....	25	GNP LANCETS THIN.....	83	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....	83
GLUCOTROL XL.....	25	GNP LANCETS THIN 26G.....	83	GOODSENSE LANCETS MICRO-THIN 33G.....	83
glyburide.....	25	GNP MICRO THIN LANCETS 33G.....	83	GOODSENSE LANCETS MICRO-THIN 33G.....	83
glyburide micronized.....	25	GNP PRENATAL.....	128	GOODSENSE LANCETS MICRO-THIN 33G.....	83
glyburide-metformin.....	23	GNP SUPER THIN LANCETS/30G.....	83	GOODSENSE LANCETS MICRO-THIN 33G.....	83
glycine (gu irrigant).....	72	GNP ULTICARE PEN NEEDLES/31GX5/16".....	103	GOODSENSE LANCETS ULTRA-THIN 26G.....	83
glycopyrrolate.....	139	GNP ULTICARE PEN NEEDLES/32GX 5/32".....	103	GOODSENSE LANCETS ULTRA-THIN 30G.....	83
GLYNASE.....	25	GNP ULTICARE PEN NEEDLES/32GX1/4".....	103	GOODSENSE LANCETS ULTRA-THIN 30G.....	83
GLYSET.....	23	GNP ULTICARE PEN NEEDLES31G X 5MM.....	103	GOODSENSE LANCING DEVICE.....	83
GLYXAMBI.....	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	103	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16".....	103
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16".....	102	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	103	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16".....	103
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4".....	102	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT.....	103	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4".....	103
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	102	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	103	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32".....	104
GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....	102	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	103	GOODSENSE PRENATAL VITAMINS.....	128
GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	102	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	103	granisetron hcl.....	26
GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	102	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	103	GRASTEK.....	3
GNP INSULIN SYRINGE/0.5ML/28G X 1/2".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	103	griseofulvin microsize.....	27
GNP INSULIN SYRINGE/0.5ML/29G X 1/2".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	103	griseofulvin ultramicrosize.....	27
GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	103	guanfacine hcl.....	31
GNP INSULIN SYRINGE/0.5ML/31G X 5/16".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	103	guanfacine hcl (adhd).....	2
GNP INSULIN SYRINGE/1ML/28G X 1/2".....	103	GOJJI BLOOD KETONE TEST STRIPS.....	65	GUANIDINE HCL.....	34
GNP INSULIN SYRINGE/1ML/29G X 1/2".....	103	GOJJI LANCING DEVICE/CLEAR CAP.....	83	GVOKE PFS.....	24
GNP INSULIN SYRINGE/1ML/30G X 5/16".....	103	GOJJI STERILE LANCETS 30G.....	83	GYNAZOLE-1.....	143
GNP INSULIN SYRINGE/1ML/31G X 5/16".....	103	GOLYTELY.....	75	GYNE-LOTRIMIN.....	143
GNP LANCETS.....	83			H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	104
GNP LANCETS 21G.....	82			H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....	104
GNP LANCETS MICRO THIN 33G.....	83			H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	104
				H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	104

H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	104	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	104	HERCEPTIN	36
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	104	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	104	HETLIOZ	75
H-E-B INCONTROL ADVANCEDLANCING DEVICE	83	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	104	HIBERIX	141
H-E-B INCONTROL LANCETS MICRO THIN 33G	83	HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	104	HIPREX	12
H-E-B INCONTROL LANCETS SUPER THIN 30G	83	HEALTHWISE MINI PEN NEEDLES 31GX6MM	104	HIZENTRA	134
H-E-B INCONTROL LANCETS ULTRA THIN 28G	83	HEALTHWISE PEN NEEDLES 29GX12MM	104	HM PRENATAL	128
H-E-B INCONTROL PEN NEEDLES 29GX12MM	104	HEALTHWISE SHORT PEN NEEDLES 31GX8MM	104	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	104
HAEGARDA	73	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	104	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	104
HAEMOLANCE	83	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	104	HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	105
HAEMOLANCE LOW FLOW LANCETS	83	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	104	HM ULTICARE SHORT PEN NEEDLES 31GX8MM	105
HAEMOLANCE PLUS	83	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	83	HORIZANT	137
HAEMOLANCE PLUS HIGH FLOW	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	104	HUMATROPE	67
HAEMOLANCE PLUS LOW FLOW	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	104	HUMATROPE COMBO PACK	67
HAEMOLANCE PLUS MAX FLOW	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	104	HUMIRA	4
HAEMOLANCE PLUS PEDIATRIC FLOW	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	104	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	3
HALAVEN	40	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	104	HUMIRA PEN	3,4
halcinonide	62	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	104	HUMIRA PEN-CD/UC/HS STARTER	4
HALCION	75	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	104	HUMIRA PEN-PS/UV STARTER	4
HALDOL	43	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	104	HUMULIN R U-500 (CONCENTRATED)	24
HALDOL DECANOATE 100	43	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	83	HUMULIN R U-500 KWIKPEN	24
HALDOL DECANOATE 50	43	HECTOROL	68	HY-VEE LANCETS	83
halobetasol propionate	62	HEMANGEOL	49	HY-VEE THIN LANCETS	83
HALOG	62	HEPARIN LOCK FLUSH	16	HYCANTIN	41
haloperidol	43	heparin sod (porcine) in d5w	16	hydralazine hcl	33
haloperidol decanoate	43	heparin sodium (porcine)	17	HYDREA	40
haloperidol lactate	43	HEPARIN SODIUM/NACL 0.45%	17	HYDRO 35	63
HAVRIX	143	HEPARIN SODIUM/SODIUM CHLORIDE 0.9%	17	hydrochlorothiazide	66
HEALTH CARE LANCING DEVICE	83	HEPLISAV-B	143	hydrocodone bitartrate	6
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	104	HEPSERA	47	HYDROCODONE BITARTRATE/GUAIFENESIN	55
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	104			hydrocodone polistirex-chlorpheniramine polistirex	55
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	104			hydrocodone-acetaminophen	8
				hydrocodone-ibuprofen	8
				hydrocortisone	54
				hydrocortisone (intrarectal)	10
				hydrocortisone (rectal)	10
				hydrocortisone (topical)	62

hydrocortisone acetate (rectal).....	10	INCRELEX.....	68	INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	105
HYDROCORTISONE ACETATE/LIDOCAINE HYDROCHLORIDE.....	63	INCRUSE ELLIPTA.....	14	INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	105
hydrocortisone butyrate.....	63	indapamide.....	66	INSULIN SYRINGES/0.5ML/27GX1/2".....	105
hydrocortisone valerate.....	63	INDERAL LA.....	49	INSULIN SYRINGES/0.5ML/28GX1/2".....	105
hydrocortisone w/acetic acid.....	133	indomethacin.....	5	INSULIN SYRINGES/0.5ML/29GX1/2".....	105
hydromorphone hcl.....	6	INFANRIX.....	138	INSULIN SYRINGES/0.5ML/30GX5/16".....	105
HYDROMORPHONE HYDROCHLORIDE.....	6	INFLECTRA.....	71	INSULIN SYRINGES/0.5ML/31GX5/16".....	106
hydroxychloroquine sulfate.....	34	INLYTA.....	38	INSULIN SYRINGES/0.5ML/31GX5/16".....	106
hydroxyurea.....	40	INREBIC.....	38	INSULIN SYRINGES/1ML/27GX1/2".....	106
hydroxyzine hcl.....	13	INSPRA.....	33	INSULIN SYRINGES/1ML/27GX1/2".....	106
hydroxyzine pamoate.....	13	INSULIN SYRINGE/0.3ML/29G X 1".....	105	INSULIN SYRINGES/1ML/28GX1/2".....	106
HYPER-SAL.....	56	INSULIN SYRINGE/0.3ML/29G X 1/2".....	105	INSULIN SYRINGES/1ML/29GX1/2".....	106
HYPERSAL.....	56	INSULIN SYRINGE/0.3ML/30G X 5/16".....	105	INSULIN SYRINGES/1ML/30GX1/2".....	106
HYQVIA.....	134	INSULIN SYRINGE/0.3ML/31G X 5/16".....	105	INSULIN SYRINGES/1ML/31GX5/16".....	106
HYZAAR.....	32	INSULIN SYRINGE/0.5ML/27G X 1/2".....	105	INSUPEN 29G X 12MM.....	106
ibandronate sodium.....	67	INSULIN SYRINGE/0.5ML/28G X 1/2".....	105	INSUPEN 31G X 5MM.....	106
IBRANCE.....	38	INSULIN SYRINGE/0.5ML/30G X 1/2".....	105	INSUPEN 31G X 8MM.....	106
ibuprofen.....	4	INSULIN SYRINGE/0.5ML/30G X 5/16".....	105	INSUPEN 32G X 4MM.....	106
icatibant acetate.....	73	INSULIN SYRINGE/0.5ML/31G X 5/16".....	105	INSUPEN PEN NEEDLES 32G X4MM.....	106
ICLUSIG.....	38	INSULIN SYRINGE/1ML/28G X 1/2".....	105	INSUPEN SENSITIVE 32GX6MM.....	106
icosapent ethyl.....	29	INSULIN SYRINGE/1ML/29G X 1/2".....	105	INSUPEN ULTRAFIN 29GX12MM.....	106
IDAMYCIN PFS.....	38	INSULIN SYRINGE/1ML/30G X 5/16".....	105	INSUPEN ULTRAFIN 30GX8MM.....	106
idarubicin hcl.....	38	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	105	INSUPEN ULTRAFIN 31GX6MM.....	106
IFEX.....	35	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	105	INSUPEN ULTRAFIN 31GX8MM.....	106
ifosfamide.....	35	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	105	INTELENCE.....	45
ILARIS.....	4	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	105	INTRAROSA.....	143
ILEVRO.....	133	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	105	INTRON A.....	40
imatinib mesylate.....	38	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	105	INTUNIV.....	2
IMBRUVICA.....	38	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	105	INVANZ.....	11
imipenem-cilastatin.....	11	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	105		
imipramine hcl.....	23	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	105		
imipramine pamoate.....	23	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	105		
imiquimod.....	64	INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	105		
IMITREX.....	124				
IMITREX STATDOSE REFILL.....	124				
IMITREX STATDOSE SYSTEM.....	124				
IMODIUM A-D.....	26				
IMPAVIDO.....	10				
IMURAN.....	127				
IN TOUCH LANCING DEVICE.....	83				
IN TOUCH STERILE LANCETS30G.....	83				

INVEGA.....	42	KALETRA.....	45	KINRAY INSULIN SYRINGE	
INVIRASE.....	45	KALYDECO.....	137	PREFERRED PLUS/0.5ML/31G	
IONOSOL-MB/DEXTROSE		KAMELEON.....		X 5/16".....	106
5%.....	125	LUBRICATED.....	77	KINRAY INSULIN SYRINGE	
IOPIDINE.....	131	KAPVAY.....	2	PREFERRED PLUS/1ML/31G X	
IPOL INACTIVATED IPV... 143		KAZANO.....	23	5/16".....	106
ipratropium bromide.....	14	KCL 0.3%/D5W/NACL		KINRAY INSULIN	
ipratropium bromide (nasal) 130		0.9%.....	125	SYRINGE/0.5ML/29G X	
ipratropium-albuterol.....	15	KEFLEX.....	51	1/2".....	106
irbesartan.....	31	KENALOG-40.....	54	KINRIX.....	138
irbesartan-hydrochlorothiazide		KEPIVANCE.....	40	KITABIS PAK.....	3
.....	32	KEPPRA.....	18	KLARITY-A.....	131
irinotecan hcl.....	41	KEPPRA XR.....	18	KLARON.....	57
irrigation solutions,		KERYDIN.....	58	KLONOPIN.....	17
physiological.....	127	ketoconazole.....	28	KMART VALU PLUS INSULIN	
ISENTRESS.....	45	ketoconazole (topical).....	58	SYRINGE/1ML/29G.....	106
ISENTRESS HD.....	45	KETONE.....	65	KMART VALU PLUS INSULIN	
ISOLYTE-P/DEXTROSE		KETONE TEST STRIPS... 65		SYRINGE/1ML/30G.....	106
5%.....	125	ketoprofen.....	5	KOSELUGO.....	38
ISOLYTE-S.....	125	ketorolac tromethamine.....	5	KP PRENATAL	
isoniazid.....	34	ketorolac tromethamine		MULTIVITAMINS.....	128
ISOPTO CARPINE.....	131	(ophth).....	133	KRINTAFEL.....	34
ISORDIL TITRADOSE.....	12	KETOSTIX.....	65	KROGER AUTOLET LANCING	
isosorbide dinitrate.....	12	ketotifen fumarate (ophth) 133		DEVICE.....	83
isosorbide mononitrate.....	12	KEVEYIS.....	66	KROGER HEALTHPRO TWIST	
isotretinoin.....	57	KHEDEZLA.....	22	LANCETS/26G.....	83
isradipine.....	49	KIMONO COLORS.....	77	KROGER INSULIN	
ISTODAX (OVERFILL).....	38	KIMONO LUBRICATED... 77		SYRINGE/0.3ML/29G X	
itraconazole.....	28	KIMONO MICRO THIN PLUS		1/2".....	106
ivermectin.....	10	SPERMICIDE		KROGER INSULIN	
ivermectin (pediculicide).....	65	LUBRICATED.....	77	SYRINGE/0.3ML/31G X	
IXEMPRA KIT.....	40	KIMONO PLUS SPERMICIDE		5/16".....	106
JADENU.....	26	LUBRICATED.....	77	KROGER INSULIN	
JADENU SPRINKLE.....	26	KIMONO PLUS		SYRINGE/0.5ML/29G X	
JAKAFI.....	38	SPERMICIDE/LUBRICATED		1/2".....	106
JANUMET.....	23	77	KROGER INSULIN	
JANUMET XR.....	23	KIMONO PS		SYRINGE/0.5ML/30G X	
JANUVIA.....	24	LUBRICATED.....	77	5/16".....	106
JARDIANCE.....	25	KIMONO PS PLUS		KROGER INSULIN	
JEVTANA.....	40	SPERMICIDE/LUBRICATED		SYRINGE/0.5ML/31G X	
JUBLIA.....	58	77	5/16".....	106
JULUCA.....	45	KIMONO SENSATION		KROGER INSULIN	
JYNARQUE.....	69	LUBRICATED.....	77	SYRINGE/1ML/29G X 1/2".....	106
K-TAB.....	126	KIMONO SENSATION PLUS		KROGER INSULIN	
K-Y ME & YOU EXTRA		SPERMICIDE		SYRINGE/1ML/30G X	
LUBRICATED.....	77	LUBRICATED.....	77	5/16".....	106
K-Y ME & YOU INTENSE... 77		KIMONO SPECIAL.....	77	KROGER INSULIN	
KADIAN.....	6	KINNEY LANCETS.....	83	SYRINGE/1ML/31G X	
		KINNEY THIN LANCETS... 83		5/16".....	106
		KINRAY INSULIN SYRINGE		KROGER LANCETS.....	84
		PREFERRED		KROGER LANCETS 21G... 83	
		PLUS/0.3ML/31G X 5/16" 106		KROGER LANCETS MICRO	
				THIN33G.....	83

KROGER LANCETS SUPER THIN.....	84	LANCETS 30G TWIST TOP.....	84	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2".....	107
KROGER LANCETS THIN.....	84	LANCETS 30G/TWIST TOP.....	84	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2".....	107
KROGER LANCETS THIN 26G.....	84	LANCETS 31G TWIST TOP.....	84	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16".....	107
KROGER LANCETS ULTRATHIN30G.....	84	LANCETS 33G EXTRA FINE.....	84	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16".....	107
KROGER LANCING DEVICE.....	84	LANCETS 33G UNIVERSAL DESIGN.....	84	LEADER INSULIN SYRINGE/1ML/28G X 1/2".....	107
KROGER PEN NEEDLES 29G X12MM.....	107	LANCETS MICRO THIN 33G.....	84	LEADER INSULIN SYRINGE/1ML/29G X 1/2".....	107
KROGER PEN NEEDLES 31G X8MM.....	107	LANCETS SAFETY SEAL 21G.....	84	LEADER INSULIN SYRINGE/1ML/30G X 5/16".....	107
KROGER PEN NEEDLES 31GX1/4".....	107	LANCETS SAFETY SEAL 26G.....	84	LEADER INSULIN SYRINGE/1ML/31G X 5/16".....	107
KROGER PEN NEEDLES/31G X1/4".....	107	LANCETS SAFETY SEAL 28G.....	84	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16".....	107
KROGER PEN NEEDLES/31G X3/16".....	107	LANCETS SAFETY SEAL 30G.....	84	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16".....	107
KROGER PEN NEEDLES/31G X5/16".....	107	LANCETS SUPER THIN 28G.....	84	LEADER UNIFINE PENTIPS/MINI/31GX3/16".....	107
KROGER PEN NEEDLES/32G X5/32".....	107	LANCETS THIN.....	84	LEADER UNIFINE PENTIPS/NANO/32GX5/32".....	107
KRYSTEXXA.....	72	LANCETS TWIST TOP.....	84	LEADER UNIFINE PENTIPS/PLUS/32GX5/32".....	107
KUVAN.....	68	LANCETS ULTRA FINE.....	84	leflunomide.....	5
KYLEENA.....	53	LANCETS ULTRA THIN.....	84	LENVIMA 10 MG DAILY DOSE.....	39
KYPROLIS.....	38	LANCETS ULTRA THIN 30G.....	84	LENVIMA 12MG DAILY DOSE.....	39
labetalol hcl.....	48	LANCETSBULLSEYE SAFETY.....	84	LENVIMA 14 MG DAILY DOSE.....	39
LAC-HYDRIN.....	64	LANCING DEVICE.....	84	LENVIMA 18 MG DAILY DOSE.....	39
LAC-HYDRIN TWELVE.....	64	LANCING DEVICE ADJUSTABLE.....	84	LENVIMA 20 MG DAILY DOSE.....	39
LACRISERT.....	130	LANOXIN.....	50	LENVIMA 24 MG DAILY DOSE.....	39
lactated ringer's.....	125	lansoprazole.....	140	LENVIMA 4 MG DAILY DOSE.....	39
lactated ringer's (irrigation).....	127	lanthanum carbonate.....	71	LENVIMA 8 MG DAILY DOSE.....	39
lactic acid (ammonium lactate).....	64	LANZO.....	84	LETAIRIS.....	50
lactulose.....	76	lapatinib ditosylate.....	38	letrozole.....	37
lactulose (encephalopathy).....	71	LASIX.....	66	leucovorin calcium.....	40
LAMICTAL.....	18	LASTACAPT.....	133	LEUKERAN.....	35
LAMICTAL CHEWABLE DISPERSIBLE.....	18	latanoprost.....	133	LEUKINE.....	74
LAMICTAL ODT.....	18	LATUDA.....	42	leuprolide acetate.....	37
lamivudine.....	45	LEADER ADVANCED LANCING DEVICE.....	84		
lamivudine (hbv).....	47	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2".....	107		
lamivudine-zidovudine.....	45	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16".....	107		
lamotrigine.....	18	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16".....	107		
LANCET DEVICE ADJUSTABLE.....	84				
LANCET DEVICE WITH EJECTOR.....	84				
LANCETS.....	84				
LANCETS 26G TWIST TOP.....	84				
LANCETS 28G.....	84				
LANCETS 30G.....	84				

levalbuterol hcl	15	lisinopril	31	LITETOUCH LANCETS MICRO THIN 33G	84
levalbuterol tartrate	15	lisinopril & hydrochlorothiazide	32	LITETOUCH PEN NEEDLES 29GX12.7MM	108
LEVAQUIN	70	LITE TOUCH LANCETS	84	LITETOUCH PEN NEEDLES 31G X 6MM	108
LEVEMIR	25	LITE TOUCH LANCING PEN	84	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	108
LEVEMIR FLEXTOUCH	25	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	107	LITETOUCH PEN NEEDLES 31GX8MM SHORT	108
levetiracetam	18	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	107	LITETOUCH PEN NEEDLES/31G X 3/16"	108
levobunolol hcl	130	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	107	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	108
levocetirizine dihydrochloride	29	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	107	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	108
levofloxacin	70	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	107	LITHIUM	42
levofloxacin (ophth)	131	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	107	lithium carbonate	42
levofloxacin in d5w	70	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	107	LITHOBID	42
levonorgestrel & eth estradiol	52	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	107	LIVALO	30
levonorgestrel (emergency oc)	53	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	108	LIVE BETTER ADVANCED LANCING DEVICE	84
levonorgestrel-eth estradiol (triphasic)	52	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	108	LIVE BETTER LANCET SUPERTHIN 30G	84
levonorgestrel-ethinyl estradiol (91-day)	52	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	108	LIVE BETTER LANCET ULTRATHIN 28G	84
levonorgestrel-ethinyl estradiol (continuous)	52	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	108	LO LOESTRIN FE	52
levorphanol tartrate	6	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	108	LOCOID	63
levothyroxine sodium	138	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	108	LODINE	5
LEXAPRO	21,22	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	108	LODOSYN	41
LEXIVA	45	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	108	LOMOTIL	26
LIALDA	71	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	108	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	108
LIBERTY MEDICAL LANCETS 30G	84	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	108	LONGS LANCETS STANDARD	84
LIBERTY MINI LANCING DEVICE	84	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	108	LONGS LANCETS THIN	85
LIBRAX	139	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	108	LONGS LANCETS ULTRA THIN	85
lidocaine	64	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	108	loperamide hcl	26
lidocaine hcl	64	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	108	LOPID	30
lidocaine hcl (local anesth.)	76	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	108	lopinavir-ritonavir	45
lidocaine hcl (mouth-throat)	127	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	108	LOPRESSOR	48
lidocaine-prilocaine	64	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	108	LOPRESSOR HCT	32
LIDODERM	64	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	108	LOPROX	58
LIFESCAN UNISTIK 2 DEEP PENETRATION	84	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	108	LOPROX SHAMPOO	58
LIFESCAN UNISTIK II LANCETS	84	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	108	loratadine	29
LILETTA	53	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	108	loratadine & pseudoephedrine	55
LINCOCIN	11	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	108	lorazepam	13
lincomycin hcl	11	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	108	LORBRENA	39
lindane	65	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	108		
linezolid	12				
LINZESS	71				
liothyronine sodium	138				
LIPITOR	30				
LIPOFEN	30				

LORTAB.....	8	mafenide acetate.....	61	MAXX LUBRICATED.....	77
losartan potassium.....	31	MAGELLAN INSULIN SAFETY		MAXX PLUS SPERMICIDE	
losartan potassium &		SYRINGE/U-100/0.3ML/29G X		LUBRICATED.....	77
hydrochlorothiazide.....	32	1/2".....	108	MAXZIDE.....	66
LOSEASONIQUE.....	52	MAGELLAN INSULIN SAFETY		MAXZIDE-25.....	66
LOTEMAX.....	132	SYRINGE/U-100/0.3ML/30G X		MAYZENT.....	136
LOTENSIN.....	31	5/16".....	108	MAYZENT STARTER	
LOTENSIN HCT.....	32	MAGELLAN INSULIN SAFETY		PACK.....	136
loteprednol etabonate.....	132	SYRINGE/U-100/0.5ML/29G X		meclizine hcl.....	26
LOTREL.....	32	1/2".....	108	meclofenamate sodium.....	5
LOTRIMIN AF.....	58	MAGELLAN INSULIN SAFETY		MEDIC INSULIN	
LOTRIMIN AF JOCK ITCH.....	58	SYRINGE/U-100/0.5ML/30G X		SYRINGE/0.3ML/30G X	
LOTRIMIN ULTRA.....	58	5/16".....	108	5/16".....	109
LOTRISONE.....	58	MAGELLAN INSULIN SAFETY		MEDIC INSULIN	
LOTRONEX.....	71	SYRINGE/U-100/1ML/29G X		SYRINGE/0.5ML/30G X	
lovastatin.....	30	1/2".....	108	5/16".....	109
LOVAZA.....	29	MAGELLAN INSULIN SAFETY		MEDICHOICE PRE-SET	
LOVENOX.....	17	SYRINGE/U-100/1ML/30G X		SAFETY LANCET DUAL	
loxapine succinate.....	43	5/16".....	108	USE.....	85
lubiprostone.....	71	magnesium sulfate.....	126	MEDICHOICE PRE-SET	
LUCEMYRA.....	135	MALARONE.....	34	SAFETY LANCET LOW	
luliconazole.....	58	malathion.....	65	FLOW.....	85
LUMIGAN.....	133	maprotiline hcl.....	21	MEDICHOICE PRE-SET	
LUMIZYME.....	68	MARATHON MEDICAL		SAFETY LANCET MEDIUM	
LUNESTA.....	75	PENTIPS29GX12MM.....	108	FLOW.....	85
LUPANETA PACK.....	68	MARATHON MEDICAL		MEDICHOICE PRE-SET	
LUPRON DEPOT (1-		PENTIPS31GX5MM.....	108	SAFETY LANCET MODERATE	
MONTH).....	37	MARATHON MEDICAL		FLOW.....	85
LUPRON DEPOT (3-		PENTIPS31GX8MM.....	108	MEDICHOICE SAFETY	
MONTH).....	37	MARATHON MEDICAL		LANCETEXTRA.....	85
LUPRON DEPOT (4-		PENTIPS32GX4MM.....	108	MEDICHOICE SAFETY	
MONTH).....	37	MARCAINE.....	76	LANCETNORMAL.....	85
LUPRON DEPOT (6-		MARINOL.....	27	MEDICINE SHOPPE PEN	
MONTH).....	37	MARPLAN.....	21	NEEDLES 29G X 12MM.....	109
LUPRON DEPOT-PED (1-		MATULANE.....	40	MEDICINE SHOPPE PEN	
MONTH).....	68	MAVENCLAD.....	136	NEEDLES 31G X 6MM.....	109
LUPRON DEPOT-PED (3-		MAVYRET.....	47	MEDICINE SHOPPE PEN	
MONTH).....	68	MAXALT.....	124	NEEDLES 31G X 8MM.....	109
LUXIQ.....	63	MAXALT-MLT.....	124	MEDISENSE THIN	
LUZU.....	58	MAXI-COMFORT INSULIN		LANCETS.....	85
LYNPARZA.....	39	SYRINGE/U-		MEDLANCE PLUS EXTRA	
LYRICA.....	18	100/0.5ML/28GX1/2".....	108	LANCETS 21G.....	85
LYRICA CR.....	136	MAXI-COMFORT INSULIN		MEDLANCE PLUS	
LYSODREN.....	37	SYRINGE/U-		LANCETS.....	85
LYSTEDA.....	74	100/1ML/28GX1/2".....	108	MEDLANCE PLUS LANCETS	
M-M-R II.....	143	MAXI-COMFORT SAFETY		LITE 25G.....	85
M-NATAL PLUS.....	128	PEN NEEDLE/29G X		MEDLANCE PLUS LITE	
MACROBID.....	12	5/16".....	109	LANCETS 25G.....	85
MACRODANTIN.....	12	MAXICOMFORT II PEN		MEDLANCE PLUS SPECIAL	
		NEEDLES/31G X 1/4".....	109	LANCETS 0.8MM.....	85
		MAXICOMFORT INSULIN		MEDLANCE PLUS SUPERLITE	
		SYRINGES 27G X 1/2".....	109	30G.....	85
		MAXIDEX.....	132	MEDLANCE PLUS SUPERLITE	
		MAXIPIME.....	52	30G/COMFORT MAX.....	85
		MAXITROL.....	132	MEDLANCE PLUS UNIVERSAL	
				LANCETS 21G.....	85

MEDLANCE PLUS/LITE 25G.....	85	MERREM.....	11	MICARDIS.....	31
MEDLANCE/EXTRA.....	85	mesalamine.....	71	MICARDIS HCT.....	32
MEDLANCE/LITE.....	85	MESTINON.....	34	miconazole nitrate vaginal.....	143
MEDLANCE/UNIVERSAL.....	85	MESTINON TIMESPAN.....	34	MICRODOT PEN NEEDLE/31G X 6 MM.....	109
MEDROL.....	54	metaproterenol sulfate.....	15	MICRODOT PEN NEEDLE/32G X 4 MM.....	109
MEDROL DOSEPAK.....	54	metaxalone.....	129	MICROLET LANCETS.....	85
medroxyprogesterone acetate.....	135	metformin hcl.....	24	MICROLET NEXT.....	85
medroxyprogesterone acetate (contraceptive).....	54	methadone hcl.....	7	MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE	85
mefenamic acid.....	5	METHADONE HCL.....	7	midodrine hcl.....	144
mefloquine hcl.....	34	methadone hcl.....	7	miglitol.....	23
MEGACE ES.....	135	METHADOSE.....	7	miglustat.....	73
megestrol acetate.....	37	METHADOSE SUGAR- FREE.....	7	MIGRANAL.....	124
megestrol acetate (appetite).....	135	methamphetamine hcl.....	1	MILLIPRED.....	54
MEIJER COLOR LANCETS UNIVERSAL 33G.....	85	methazolamide.....	66	MILLIPRED DP.....	54
MEIJER LANCETS.....	85	methenamine hippurate.....	12	MINASTRIN 24 FE.....	52
MEIJER LANCETS THIN.....	85	methimazole.....	138	MINI LANCING DEVICE.....	85
MEIJER LANCETS UNIVERSAL21G.....	85	METHITEST.....	10	MINIPRESS.....	31
MEIJER LANCETS UNIVERSAL30G.....	85	methocarbamol.....	129	MINIVELLE.....	70
MEIJER LANCETS UNIVERSAL33G.....	85	METHOTREXATE.....	4	MINOCIN.....	138
MEIJER PEN NEEDLES 29G X12MM.....	109	methotrexate sodium.....	36	minocycline hcl.....	138
MEIJER PEN NEEDLES 31G X6MM.....	109	methoxsalen rapid.....	60	minoxidil.....	33
MEIJER PEN NEEDLES 31G X8MM.....	109	methscopolamine bromide.....	139	MIRAPEX.....	41
MEIJER SUPER THIN LANCETS.....	85	methyclothiazide.....	66	MIRCERA.....	74
MEKINIST.....	39	methyldopa.....	31	MIRCETTE.....	52
MEKTOVI.....	39	METHYLIN.....	2	MIRENA.....	53
meloxicam.....	5	methylphenidate hcl.....	2	mirtazapine.....	20
melphalan.....	35	methylprednisolone.....	54	MIRVASO.....	64
melphalan hcl.....	35	methylprednisolone acetate.....	54	misoprostol.....	140
memantine hcl.....	135	methylprednisolone sod succ.....	54	MITIGARE.....	72
MENACTRA.....	141	metoclopramide hcl.....	71	mitomycin.....	38
MENEST.....	70	metolazone.....	66	mitoxantrone hcl.....	38
MENOSTAR.....	70	metoprolol & hydrochlorothiazide.....	32	MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16".....	109
MENQUADFI.....	141	metoprolol succinate.....	48	MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	109
MENVEO.....	141	metoprolol tartrate.....	48,49	MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16".....	109
mepерidine hcl.....	6,7	METROCREAM.....	64	MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16".....	109
meprobamate.....	13	METROGEL.....	64	MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	109
MEPRON.....	11	METROGEL-VAGINAL.....	143	MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	109
mercaptopurine.....	36	METROLOTION.....	64	MM LANCING DEVICE.....	85
meropenem.....	11	metronidazole.....	10	MM PEN NEEDLES 31G X 1/4".....	109
		metronidazole (topical).....	64		
		metronidazole vaginal.....	143		
		mexiletine hcl.....	13		
		micalofungin sodium.....	27		

MM PEN NEEDLES 31G X 3/16".....	109	MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	110	MOTOFEN.....	26
MM PEN NEEDLES 31G X 5/16".....	109	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	110	MOVIPREP.....	75
MM PEN NEEDLES 32G X 5/32".....	109	MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML.....	110	moxifloxacin hcl.....	70
MM TWIST LANCETS.....	85	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	110	moxifloxacin hcl (ophth)....	131
MOBIC.....	5	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	110	moxifloxacin hcl in sodium chloride.....	70
modafinil.....	2,3	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	110	MOZOBIL.....	74
MODERIBA 1200 DOSE PACK.....	47	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	110	MPD SAFETY LANCET 21G/1.8MM.....	85
moexipril hcl.....	31	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	110	MPD SAFETY LANCET 28G/1.8MM.....	85
mometasone furoate.....	63	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	110	MPD SAFETY LANCET 30G/1.8MM.....	85
mometasone furoate (nasal).....	130	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	110	MPD SAFETY LANCETS 23G/1.8MM.....	86
MONISTAT SOOTHING CARE ITCH RELIEF.....	63	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	110	MS CONTIN.....	7
MONOJECT INSULIN SYRINGE/1ML.....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	110	MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	110
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	110	MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	110
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	110	MS INSULIN SYRINGE/1ML/31G X 5/16".....	110
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	110	MULPLETA.....	74
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	110	MULTAQ.....	13
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/27G X 1/2".....	110	MULTI PRENATAL.....	128
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/27G X 1/2".....	110	MULTI-LANCET DEVICE.....	86
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2".....	110	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/27G X 1/2".....	110	mupirocin.....	58
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/27G X 1/2".....	110	MVASI.....	36
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	110	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/27G X 1/2".....	110	MYALEPT.....	68
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2".....	110	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/27G X 1/2".....	110	MYAMBUTOL.....	34
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2".....	110	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/27G X 1/2".....	110	MYCAMINE.....	27
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	110	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/27G X 1/2".....	110	MYCOBUTIN.....	35
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	110	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/27G X 1/2".....	110	mycophenolate mofetil.....	127
		MONOLET LANCETS.....	85	mycophenolate sodium.....	127
		MONOLET OPD LANCETS.....	85	MYDRIACYL.....	131
		MONOLETTOR SAFETY LANCETS.....	85	MYFORTIC.....	127
		montelukast sodium.....	14	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G.....	86
		MONUROL.....	12	MYLERAN.....	35
		MORPHABOND ER.....	7	MYRBETRIQ.....	141
		morphine sulfate.....	7	MYSOLINE.....	18
		MORPHINE SULFATE.....	7	nabumetone.....	5
		morphine sulfate.....	7	nadolol.....	49
				naftifine hcl.....	58
				NAFTIFINE HYDROCHLORIDE.....	59
				NAFTIN.....	59

NAGLAZYME	68	NEUPRO	41	nizatidine	139
nalbuphine hcl	9	NEURONTIN	18	NIZORAL	59
NALFON	5	NEVANAC	133	NORCO	8
naloxone hcl	26	nevirapine	45	NORDITROPIN FLEXPRO	68
naltrexone hcl	26	NEXAVAR	39	norelgestromin-ethinyl estradiol	53
NAMENDA	135	NEXIUM	140	norethin acet & estrad-fe	52
NAMENDA TITRATION PAK	135	NEXIUM 24HR	140	norethindrone & eth estradiol	52
NAPROSYN	5	NEXPLANON	53	norethindrone & ethinyl estradiol- fe	52
naproxen	5	niacin	144	norethindrone (contraceptive)	54
naproxen sodium	5	niacin (antihyperlipidemic)	30	norethindrone acet & eth estra	53
naratriptan hcl	124	NIACIN TR	144	norethindrone acetate	135
NARCAN	26	niacinamide	144	norethindrone acetate-ethinyl estradiol	69
NARDIL	21	NIASPAN	30	norethindrone acetate-ethinyl estradiol-fe	53
NAROPIN	76	nicardipine hcl	49	norethindrone-eth estradiol (triphasic)	53
NASACORT ALLERGY 24HR	130	NICODERM CQ	137	norgestimate-ethinyl estradiol	53
NASACORT ALLERGY 24HR CHILDRENS	130	NICORETTE	137	norgestimate-ethinyl estradiol (triphasic)	53
NASONEX	130	NICORETTE MINI	137	norgestrel & ethinyl estradiol	53
NATACYN	131	NICORETTE STARTER KIT	137	NORMOSOL-M IN D5W	125
NATAZIA	52	nicotine	137	NORMOSOL-R	125
nateglinide	25	nicotine polacrilex	137	NORPACE	13
NATROBA	65	NICOTINE TRANSDERMAL SYSTEM	137	NORPRAMIN	23
NATURE-THROID	138	NICOTROL INHALER	137	nortriptyline hcl	23
NATURE-THROID NT-2.5	138	NICOTROL NS	137	NORVASC	49
NAVELBINE	40	nifedipine	49	NORVIR	46
NAYZILAM	17	NILANDRON	37	NOVA MAX PLUS KETONE TESTSTRIPS	65
NEBUSAL	56	nilutamide	37	NOVA SAFETY LANCETS 23G	86
nefazodone hcl	22	nimodipine	49	NOVA SAFETY LANCETS 28G	86
NEO-SYNALAR	58	NINLARO	39	NOVA SUREFLEX LANCETS	86
neomycin sulfate	3	NIPENT	40	NOVA SUREFLEX LANCING DEVICE	86
neomycin-bacitracin zn- polymyxin	131	nisoldipine	49	NOVAREL	67
neomycin-polymy- dexameth	132	nitazoxanide	11	NOVOFINE 32GX6MM	110
neomycin-polymyxin-hc (ophth)	132	nitisinone	68	NOVOFINE AUTOCOVER 30GX8MM	110
neomycin-polymyxin-hc (otic)	133	NITRO-BID	12	NOVOFINE PLUS 32GX4MM	110
NEONATAL COMPLETE	128	NITRO-DUR	12	NOVOLIN 70/30	25
NEONATAL PLUS	128	nitrofurantoin	12	NOVOLIN 70/30 FLEXPEN	25
NEONATAL VITAMIN	128	nitrofurantoin macrocrystal	12	NOVOLIN 70/30 FLEXPEN RELION	25
NEORAL	127	nitrofurantoin monohyd macro	12	NOVOLIN 70/30 RELION	25
NEOSTIGMINE		nitroglycerin	12		
METHYLSULFATE	34	NITROGLYCERIN	12		
NESINA	24	nitroglycerin	12		
NEULASTA	74	NITROSTAT	12		
NEULASTA ONPRO KIT	74	NIVA-PLUS	128		
NEUPOGEN	74	NIVESTYM	74		
		NIX CREME RINSE	65		

NOVOLIN N.....	25	omeprazole magnesium..	140	ORTHO-NOVUM 1/35.....	53
NOVOLIN N RELION.....	25	omeprazole-sodium		ORTHO-NOVUM 7/7/7.....	53
NOVOLIN R.....	25	bicarbonate.....	140	oseltamivir phosphate.....	48
NOVOLIN R RELION.....	25	OMNIFLEX DIAPHRAGM.	77	OSENI.....	23
NOVOLOG.....	25	OMNIPRED.....	132	OSMOPREP.....	76
NOVOLOG FLEXPEN.....	25	OMNITROPE.....	68	OSPHENA.....	68
NOVOLOG MIX 70/30.....	25	ON CALL LANCETS.....	86	OTEZLA.....	5
NOVOLOG MIX 70/30		ON CALL LANCING		OTOVEL.....	133
PREFILLED FLEXPEN.....	25	DEVICE.....	86	OVIDE.....	65
NOVOLOG PENFILL.....	25	ON CALL PLUS LANCETS	86	oxacillin sodium.....	135
NOVOTWIST 32GX5MM.....	110	ON CALL PLUS LANCING		oxaliplatin.....	35
NOXAFIL.....	28	DEVICE.....	86	oxandrolone.....	9
NPLATE.....	74	ONCASPAR.....	40	oxaprozin.....	5
NUBEQA.....	37	ondansetron.....	26	OXAYDO.....	7
NUCALA.....	14	ondansetron hcl.....	26	oxazepam.....	13
NUCYNTA.....	7	ONE VITE WOMENS		OXBRYTA.....	73
NUCYNTA ER.....	7	PRENATALVITAMIN.....	128	oxcarbazepine.....	18,19
NUDEXTA.....	136	ONE VITE WOMENS		OXERVATE.....	132
NULOJIX.....	127	PRENATALVITAMIN		oxiconazole nitrate.....	59
NUTROPIN AQ NUSPIN 10.	68	PLUS.....	128	OXISTAT.....	59
NUVARING.....	53	ONETOUCH CLUB LANCETS		OXSORALEN ULTRA.....	60
NUVIGIL.....	3	FINE POINT.....	86	oxybutynin chloride.....	140
nystatin.....	27	ONETOUCH DELICA		oxycodone hcl.....	7
nystatin (mouth-throat).....	127	LANCETS EXTRA FINE		oxycodone w/ acetaminophen	9
nystatin (topical).....	59	33G.....	86	oxycodone-ibuprofen.....	9
nystatin-triamcinolone.....	59	ONETOUCH DELICA		OXYCONTIN.....	7
O-CAL FA.....	128	LANCETS FINE 30G.....	86	oxymorphone hcl.....	7
OCREVUS.....	136	ONETOUCH DELICA		OZEMPIC.....	24
octreotide acetate.....	69	LANCING DEVICE.....	86	paclitaxel.....	40
OCUFLOX.....	131	ONETOUCH DELICA PLUS		paliperidone.....	42
ODEFSEY.....	46	LANCETS EXTRA FINE		palonosetron hcl.....	26
ODOMZO.....	36	33G.....	86	PALYNZIQ.....	68
OFEV.....	137	ONETOUCH DELICA PLUS		PAMELOR.....	23
ofloxacin.....	70	LANCETS FINE 30G.....	86	pamidronate disodium.....	67
ofloxacin (ophth).....	131	ONETOUCH DELICA PLUS		PAMIDRONATE DISODIUM	67
ofloxacin (otic).....	133	LANCING DEVICE.....	86	pamidronate disodium.....	67
olanzapine.....	43	ONETOUCH FINEPOINT		PANRETIN.....	59
olmesartan medoxomil.....	31	LANCETS.....	86	pantoprazole sodium.....	140
olmesartan medoxomil-		ONETOUCH ULTRASOFT		PARAGARD INTRAUTERINE	
amlodipine-hydrochlorothiazide		LANCETS.....	86	COPPER CONTRACEPTIVE	
.....	32	ONFI.....	17	T380A.....	53
olmesartan medoxomil-		OPANA.....	7	parenteral electrolytes.....	125
hydrochlorothiazide.....	32	OPSUMIT.....	51	paricalcitol.....	68
olopatadine hcl.....	133	ORACEA.....	64	PARLODEL.....	41
olopatadine hcl (nasal).....	129	ORAPRED ODT.....	54	PARNATE.....	21
OLUX.....	63	ORENITRAM.....	50	paramomycin sulfate.....	3
omega-3-acid ethyl esters.....	29	ORFADIN.....	68	paroxetine hcl.....	22
omeprazole.....	140	ORKAMBI.....	137		
		orphenadrine citrate.....	129		
		ORTHO MICRONOR.....	54		
		ORTHO TRI-CYCLEN.....	53		
		ORTHO TRI-CYCLEN LO.	53		
		ORTHO-CYCLEN.....	53		

PASER.....	35	PEN NEEDLES 32G X		perphenazine.....	44
PATADAY.....	133	5MM.....	111	perphenazine-amitriptyline	135
PATANASE.....	129	PEN NEEDLES 32G X		PERSERIS.....	42
PATANOL.....	133	6MM.....	111	PHARMACIST CHOICE ULTRA	
PAXIL.....	22	PEN NEEDLES		THIN LANCETS.....	86
PAXIL CR.....	22	32GX4MM.....	111	PHARMACIST CHOICE ULTRA	
PC LANCETS SUPER THIN		PEN NEEDLES/29G X		THIN LANCETS 28G.....	86
30G.....	86	1/2".....	111	PHARMACIST CHOICE ULTRA	
PC UNIFINE PENTIPS 29G		PEN NEEDLES/31G X		THIN LANCETS 30G.....	86
X1/2".....	110	1/4".....	111	PHARMACIST CHOICE ULTRA	
PC UNIFINE PENTIPS 31G		PEN NEEDLES/31G X		THIN LANCETS 31G.....	86
X5MM MINI.....	110	3/16".....	111	PHARMACIST CHOICE ULTRA	
PC UNIFINE PENTIPS 31G		PEN NEEDLES/31G X		THIN LANCETS 33G.....	86
X6MM ULTRA SHORT.....	110	5/16".....	111	PHARMACY COUNTER	
PC UNIFINE PENTIPS 31G		PEN NEEDLES/31G X		LANCETS.....	86
X8MM SHORT.....	111	6MM.....	111	phenazopyridine hcl.....	72
PEDIAPRED.....	54	PEN NEEDLES/32G X		phendimetrazine tartrate.....	1
PEDIARIX.....	138	5/32".....	111	phenelzine sulfate.....	21
PEDVAX HIB.....	141	penicillamine.....	126	PHENERGAN.....	29
peg 3350-kcl-nacl-na sulfate-na		penicillin g potassium.....	134	phenobarbital.....	74,75
ascorbate-ascorbic acid.....	75	PENICILLIN G POTASSIUM IN		phenoxybenzamine hcl.....	31
peg 3350-kcl-sod bicarb-sod		ISO-OSMOTIC		phentermine hcl.....	2
chloride-sod sulfate.....	76	DEXTROSE.....	134	PHENYTEK.....	20
PEGANONE.....	20	PENICILLIN G		phenytoin.....	20
PEGASYS.....	47	PROCAINE.....	134	phenytoin sodium.....	20
PEGASYS PROCLICK.....	47	penicillin g sodium.....	134	phenytoin sodium extended.....	20
PEGINTRON.....	47	penicillin v potassium.....	134	PHOSLYRA.....	71
PEMAZYRE.....	39	PENLAC NAIL LACQUER.....	59	PHOSPHOLINE IODIDE.....	131
PEN NEEDLES 29G X		PENTACEL.....	138	PHOTOFRIN.....	40
12MM.....	111	pentazocine w/ naloxone.....	9	PICATO.....	59,60
PEN NEEDLES 29GX1/2".....	111	PENTIPS 29G X 12MM.....	111	PIFELTRO.....	46
PEN NEEDLES		PENTIPS 29GX12MM.....	111	pilocarpine hcl.....	131
29GX12MM.....	111	PENTIPS 31G X 5MM.....	111	pilocarpine hcl (oral).....	128
PEN NEEDLES 30GX5/16".....	111	PENTIPS 31G X 8MM.....	111	pimecrolimus.....	64
PEN NEEDLES 30GX8MM.....	111	PENTIPS 31GX5MM.....	111	pimozide.....	136
PEN NEEDLES 31G X 1/4"		PENTIPS 31GX6MM.....	111	pindolol.....	49
SHORT.....	111	PENTIPS 31GX8MM.....	111	pioglitazone hcl.....	24
PEN NEEDLES 31G X		PENTIPS 32G X 4MM.....	111	pioglitazone hcl-glimepiride.....	23
3/16".....	111	PENTIPS 32GX4MM.....	111	pioglitazone hcl-metformin	
PEN NEEDLES 31G X		pentoxifylline.....	73	hcl.....	24
5MM.....	111	PEPCID.....	139	PIP LANCETS/28G.....	86
PEN NEEDLES 31G X		PEPCID AC MAXIMUM		PIP LANCETS/30G.....	86
6MM.....	111	STRENGTH.....	139	piperacillin sodium-tazobactam	
PEN NEEDLES 31G X		PERCOCET.....	9	sodium.....	134
8MM.....	111	PERFECT LANCETS 30G.....	86	PIQRAY 200MG DAILY	
PEN NEEDLES 31GX5/16".....	111	PERFECT PRESSURE		DOSE.....	39
PEN NEEDLES 31GX6MM		ACTIVATED SAFETY		PIQRAY 250MG DAILY	
(1/4").....	111	LANCETS 28G.....	86	DOSE.....	39
PEN NEEDLES 31GX8MM.....	111	PERIDEX.....	128	PIQRAY 300MG DAILY	
PEN NEEDLES 31GX8MM		perindopril erbumine.....	31	DOSE.....	39
(5/16").....	111	PERJETA.....	36	piroxicam.....	5
PEN NEEDLES 32G X		permethrin.....	65		
4MM.....	111				

PLAN B ONE-STEP.....	53	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8".....	111	PREFERRED PLUS LANCETS SUPER THIN 30G.....	86
PLAQUENIL.....	34	PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2".....	111	PREFERRED PLUS LANCETS THIN 26G.....	86
PLASMA-LYTE A.....	126	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".....	111	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM....	112
PLASMA-LYTE-148.....	126	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2".....	112	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT.....	112
PLAVIX.....	73	PRECISION THINS GP LANCET.....	86	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT.....	112
PLEGISOL.....	50	PRECISION XTRA.....	65	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM.....	112
PLEGRIDY.....	136	PRECOSE.....	23	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	112
PLEGRIDY STARTER PACK.....	136	PRED FORTE.....	132	pregabalin.....	19
PNEUMOVAX 23.....	141	PRED MILD.....	132	PREGNYL W/DILUENT BENZYLALCOHOL/NACL... 67	
PNEUMOVAX 23/1 DOSE	141	prednicarbate.....	63	PREMARIN.....	70
podofilox.....	64	prednisolone.....	55	PREMIUM CONDOMS LUBRICATED.....	77
polymyxin b sulfate.....	12	prednisolone acetate (ophth).....	132	PREMPHASE.....	69
polymyxin b-trimethoprim	131	PREDNISOLONE ACETATE P- F.....	132	PREMPRO.....	69
POLYTRIM.....	131	prednisolone sodium phosphate.....	55	PRENATAL.....	128,129
POMALYST.....	37	PREDNISOLONE SODIUM PHOSPHATE.....	132	PRENATAL LOW IRON....	128
potassium acetate.....	126	prednisone.....	55	PRENATAL MULTIVITAMIN.....	128
potassium bicarbonate....	126	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	112	PRENATAL ONE DAILY... 128	
potassium chloride.....	126	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	112	PRENATAL VITAMIN..... 129	
POTASSIUM CHLORIDE..	126	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	112	PRENATAL VITAMIN & MINERAL.....	129
potassium chloride.....	126	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	112	PRENATAL VITAMIN/IRON.....	129
potassium chloride in dextrose.....	126	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	112	PRENATAL VITAMINS.... 129	
potassium chloride in dextrose & sodium chloride.....	126	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	112	PRENATAL VITAMINS PLUS LOW IRON.....	129
potassium chloride in nacl..	126	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	112	PRENATRIX.....	129
potassium chloride microencapsulated crystals er.....	126	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	112	PRENATRYL.....	129
POTASSIUM CHLORIDE/DEXTROSE/LACTA TED RINGERS.....	126	PREFERRED PLUS LANCETS COLORED 21G.....	86	PREPLUS.....	129
potassium citrate (alkalinizer).....	72			PREPOPIK.....	76
potassium phosphates.....	126			PRESSURE ACTIVATED SAFETYLANCET 21G.....	86
pramipexole dihydrochloride	41			PREVACID.....	140
PRANDIN.....	25			PREVACID 24HR.....	140
prasugrel hcl.....	73			PREVENT SAFETY PEN NEEDLES 31GX1/4".....	112
PRAVACHOL.....	30			PREVENT SAFETY PEN NEEDLES 31GX5/16"....	112
pravastatin sodium.....	30			PREVNAR 13.....	141
praziquantel.....	10			PREZCOBIX.....	46
prazosin hcl.....	31			PREZISTA.....	46
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16".....	111			PRIFTIN.....	35
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2".....	111			PRILOSEC OTC.....	140
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2".....	111				

primaquine phosphate.....	34	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS.....	87	PX EXTRA SHORT PEN NEEDLES 31GX6MM.....	113
PRIMAQUINE PHOSPHATE	34	PRODIGY SAFETY LANCETS.....	87	PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	113
PRIMAXIN IV.....	11	PRODIGY TWIST TOP LANCETS.....	87	PX LANCET AUTO INJECTOR.....	87
primidone.....	19	progesterone micronized.	135	PX LANCETS ULTRA THIN.	87
PRINIVIL.....	31	PROGLYCEM.....	24	PX LANCETS ULTRA THIN 28G.....	87
PRISTIQ.....	22	PROGRAF.....	127	PX MINI PEN NEEDLES 31GX5MM.....	113
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2".....	112	PROLASTIN-C.....	137	PX PEN NEEDLE 29GX12MM.....	113
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16".....	112	PROLEUKIN.....	40	PX PEN NEEDLE 31GX8MM.....	113
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16".....	112	PROLIA.....	67	PX PRENATAL MULTIVITAMINS.....	129
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2".....	112	PROMACTA.....	74	PX SHORTLENGTH PEN NEEDLES/31GX8MM.....	113
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16".....	112	promethazine hcl.....	29	pyrazinamide.....	35
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16".....	112	PROMETRIUM.....	135	PYRIDIDIUM.....	72
PRO COMFORT LANCETS 30G.....	86	propafenone hcl.....	13	pyridostigmine bromide.....	34
PRO COMFORT LANCETS 31G.....	86	proparacaine hcl.....	132	pyrimethamine.....	34
PRO COMFORT PEN NEEDLES/31G X 8MM.....	112	propranolol hcl.....	49	QC ADVANCED LANCING DEVICE.....	87
PRO COMFORT PEN NEEDLES/32G X 4MM.....	112	propylthiouracil.....	138	QC LANCETS SUPER THIN	87
PRO COMFORT PEN NEEDLES/32G X 5MM.....	112	PROSCAR.....	72	QC LANCETS ULTRA THIN	87
PRO COMFORT PEN NEEDLES/32G X 6MM.....	112	PROTONIX.....	140	QC PEN NEEDLES 29G X 12MM.....	113
PROAIR HFA.....	15	PROTOPIC.....	64	QC PEN NEEDLES 31G X 6MM.....	113
probenecid.....	72	protriptyline hcl.....	23	QC PEN NEEDLES 31G X 8MM.....	113
procainamide hcl.....	13	PROVENTIL HFA.....	15	QC PRENATAL.....	129
PROCARDIA.....	49	PROVERA.....	135	QC UNIFINE PENTIPS 32GX4MM.....	113
PROCARDIA XL.....	50	PROVIGIL.....	3	QC UNILET LANCETS 28G/ULTRA THIN.....	87
prochlorperazine.....	44	PROZAC.....	22	QC UNILET LANCETS 33G/MICRO THIN.....	87
prochlorperazine maleate.....	44	PRUDOXIN.....	60	QINLOCK.....	39
PROCRIT.....	74	PSORCON.....	63	QUADRACEL.....	138
PROCTOCORT.....	10	PSS SELECT GP LANCETS.....	87	QUALAQUIN.....	34
PRODIGY INSULIN SYRING/U- 100/0.3ML/31G X 5/16".....	112	PSS SELECT SAFETY LANCETS.....	87	QUARTETTE.....	53
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16".....	112	PTS PANELS KETONE TEST.....	65	QUDEXY XR.....	19
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2".....	112	PULMICORT.....	14	QUESTRAN.....	30
PRODIGY LANCING DEVICE.....	86	PULMICORT FLEXHALER	14	QUESTRAN LIGHT.....	30
		PULMOZYME.....	137	quetiapine fumarate.....	43
		PURE COMFORT PEN NEEDLE 32G X6MM.....	113	quinapril hcl.....	31
		PURE COMFORT PEN NEEDLE/32G X 5MM.....	113	quinapril-hydrochlorothiazide	32,33
		PURE COMFORT PEN NEEDLE/32G X4MM.....	113	quinidine sulfate.....	13
		PUSH BUTTON SAFETY LANCETS 21G.....	87	quinine sulfate.....	34
		PUSH BUTTON SAFETY LANCETS 28G.....	87	QVAR REDIHALER.....	14
		PX ADVANCED LANCING DEVICE.....	87		

RA E-ZJECT COLOR LANCETSMICRO-THIN 33G	87	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	113	RELION LANCETS MICRO- THIN33G	87
RA E-ZJECT LANCETS 28G	87	REALITY LANCETS	87	RELION LANCETS STANDARD 21G	87
RA E-ZJECT LANCETS THIN 26G	87	REALITY LATEX CONDOMS/LUBRICATED	77	RELION LANCETS THIN 26G	87
RA E-ZJECT LANCETS THIN 28G	87	REALITY LATEX/ULTRA TEXTURED	77	RELION LANCETS ULTRA- THIN30G	87
RA E-ZJECT LANCETS ULTRATHIN 30G	87	REALITY LATEX/ULTRA THIN	77	RELION LANCING DEVICE	87
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	113	REALITY TRIGGER LANCETS	87	RELION MINI PEN NEEDLES 31GX6MM	114
RA INSULIN SYRINGE/1ML/29G X 1/2"	113	REBETOL	47	RELION PEN NEEDLES 29GX12MM	114
RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	113	REBIF	136	RELION PEN NEEDLES 31G X6MM	114
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	113	REBIF REBIDOSE	136	RELION PEN NEEDLES 31G X8MM	114
RA LANCING DEVICE	87	REBIF REBIDOSE TITRATIONPACK	136	RELION PEN NEEDLES 31GX5/16"	114
RA PEN NEEDLES 31G X 5MM3/16"	113	REBIF TITRATION PACK	136	RELION PEN NEEDLES 31GX6MM	114
RA PEN NEEDLES 31G X 8MM5/16"	113	RECLAST	67	RELION PEN NEEDLES 31GX8MM	114
RA PRENATAL	129	RECOMBIVAX HB	143	RELION PEN NEEDLES 32G X4MM	114
RA PRENATAL FORMULA/FOLICACID	129	RECTIV	10	RELION PEN NEEDLES 32G X5/32"	114
rabeprazole sodium	140	REGLAN	71	RELION PEN NEEDLES 32GX4MM	114
raloxifene hcl	68	REGRANEX	65	RELION PEN NEEDLES/31G X1/4"	114
ramelteon	75	RELENZA DISKHALER	48	RELION SHORT PEN NEEDLES31GX8MM	114
ramipril	31	RELION 2-IN-1 LANCET DEVICES 30G	87	RELION ULTRA THIN LANCETS/30G	87
RANEXA	12	RELION 2-IN-1 LANCING DEVICE 25G	87	RELION ULTRA THIN LANCETS30G	87
ranitidine hcl	139	RELION 2-IN-1 LANCING DEVICE 30G	87	RELION ULTRA THIN PLUS LANCETS 32G	87
ranolazine	12	RELION INSULIN SYRINGE 1ML/31GX15/64"	113	RELION ULTRA THIN PLUS LANCETS 33G	87
RAPAFLO	72	RELION INSULIN SYRINGE/U- 00/1ML/29G X 1/2"	113	RELISTOR	71
RAPAMUNE	127	RELION INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	113	RELPAK	124
rasagiline mesylate	42	RELION INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	113	REMERON	20
RAZADYNE	135	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	113	REMERON SOLTAB	20
RAZADYNE ER	135	RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	113	RENFLEXIS	71
READYLANCE SAFETY LANCETS/21G/2.2MM	87	RELION INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	113	RENVELA	71
READYLANCE SAFETY LANCETS/23G/1.8MM	87	RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	113	REOPRO	73
READYLANCE SAFETY LANCETS/26G/1.8MM	87	RELION INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	113	repaglinide	25
READYLANCE SAFETY LANCETS/28G/1.8MM	87	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	114	repaglinide-metformin hcl	24
READYLANCE SAFETY LANCETS/30G/1.6MM	87	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	114	REPATHA	30
REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	113	RELION KETONE	65	REPATHA SURECLICK	30
REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	113	RELION KETONE TEST STRIPS	65	REQUIP	41
REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	113			REQUIP XL	41
				RESCRIPTOR	46

RESECTISOL.....	72	ROBAXIN.....	129	SAFETY INSULIN SYRINGES	
RESTASIS.....	131	ROBAXIN-750.....	129	1ML/30GX1/2".....	114
RESTASIS MULTIDOSE... 131		ROCALTROL.....	69	SAFETY LANCET	
RESTORIL.....	75	ROMIDEPSIN.....	39	21G/PRESSURE	
RETACRIT.....	74	ropinirole hydrochloride 41,42		ACTIVATED.....	88
RETEVMO.....	39	rosuvastatin calcium.....	30	SAFETY LANCET	
RETIN-A.....	57	ROTARIX.....	143	23G/PRESSURE	
RETIN-A MICRO.....	57	ROTATEQ.....	143	ACTIVATED.....	88
RETIN-A MICRO PUMP... 57		ROXICODONE.....	7	SAFETY LANCET	
RETROVIR.....	46	ROZEREM.....	75	28G/PRESSURE	
RETROVIR IV INFUSION... 46		ROZLYTREK.....	39	ACTIVATED.....	88
REVATIO.....	51	RUCONEST.....	73	SAFETY LANCET	
REVLIMID.....	126	rufinamide.....	19	30G/PRESSURE	
REXALL LANCETS ULTRA		RUKOBIA.....	46	ACTIVATED.....	88
THIN.....	87	RUXIENCE.....	36	SAFETY LANCETS.....	88
REXULTI.....	44	RUZURGI.....	34	SAFETY LANCETS 21G... 88	
REYATAZ.....	46	RYTHMOL SR.....	13	SAFETY LANCETS 28G... 88	
RIBASPHERE.....	47	SABRIL.....	19	SAFETY LET LANCETS... 88	
RIBASPHERE RIBAPAK... 47		SAFE-T-LANCE LOW FLOW		SAFETY SEAL LANCETS	
ribavirin (hepatitis c)..... 47		25G.....	88	28G.....	88
RIDAURA.....	4	SAFE-T-LANCE NORMAL		SAFETY SEAL LANCETS	
rifabutin.....	35	FLOW21G.....	88	30G.....	88
RIFADIN.....	35	SAFE-T-LANCE PLUS		SAFYRAL.....	53
RIFAMATE.....	34	SAFETYLANCET HIGH		SAIZEN.....	68
rifampin.....	35	FLOW.....	88	SAIZENPREP	
RIFATER.....	34	SAFE-T-LANCE PLUS		RECONSTITUTIONKIT... 68	
RIGHT STEP PRENATAL... 129		SAFETYLANCET LOW		SALAGEN.....	128
RIGHTEST GD500 LANCING		FLOW.....	88	salsalate.....	6
DEVICE.....	88	SAFE-T-LANCE PLUS		SAMSCA.....	69
RIGHTEST GL300		SAFETYLANCET LOW		SANDIMMUNE.....	127
LANCETS.....	88	FLOW.....	88	SANDOSTATIN.....	69
RILUTEK.....	130	SAFE-T-LANCE PLUS		SANTYL.....	64
riluzole.....	130	SAFETYLANCET NORMAL		SAPHRIS.....	43
rimantadine hydrochloride... 48		FLOW.....	88	sapropterin dihydrochloride... 69	
ringer's.....	126	SAFESNAP INSULIN		SAPS HEALTH CARE TWIST	
ringer's irrigation.....	127	SYRINGE/0.3ML/30G X		TOP LANCETS.....	88
RINVOQ.....	4	5/16".....	114	SAPS HEALTH TWIST TOP	
risedronate sodium.....	67	SAFESNAP INSULIN		LANCETS 30G.....	88
RISPERDAL.....	42,43	SYRINGE/0.5ML/29G X		SAPSCARE TWIST TOP	
RISPERDAL CONSTA... 42		1/2".....	114	LANCETS 30G.....	88
risperidone.....	43	SAFESNAP INSULIN		SAVELLA.....	135
RITALIN.....	3	SYRINGE/0.5ML/30G X		SAVELLA TITRATION	
RITALIN LA.....	3	5/16".....	114	PACK.....	136
ritonavir.....	46	SAFESNAP INSULIN		SB INSULIN SYRINGE/U-	
RITUXAN.....	36	SYRINGE/1ML/29G X		100/0.5ML/29G X 1/2"..... 114	
rivastigmine tartrate..... 135		1/2".....	114	SB INSULIN SYRINGE/U-	
rizatriptan benzoate..... 124		SAFETY INSULIN SYRINGES		100/0.5ML/30G X 5/16"..... 114	
		0.5ML/29GX1/2".....	114	SB INSULIN SYRINGE/U-	
		SAFETY INSULIN SYRINGES		100/1ML/29G X 1/2"..... 114	
		0.5ML/30GX5/16".....	114	SB INSULIN SYRINGE/U-	
		SAFETY INSULIN SYRINGES		100/0.5ML/30G X 5/16"..... 114	
		1ML/27GX1/2".....	114	SB INSULIN SYRINGE/U-	
		SAFETY INSULIN SYRINGES		100/1ML/31G X 5/16"..... 114	
		1ML/29GX1/2".....	114	SB LANCETS THIN.....	88

SB LANCETS ULTRA THIN	88	SHOPKO UNIFINE PENTIPS PLUS PEN		SMART SENSE STANDARD LANCETS UNIVERSAL 21G	88
scopolamine	26	NEEDLES/REMOVER/29GX12MM	115	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	88
SEASONIQUE	53	SHOPKO UNIFINE PENTIPS PLUS PEN		SMART SENSE THIN LANCETS UNIVERSAL 26G	88
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	114	NEEDLES/SHORT/REMOVR/31GX8MM	115	SMARTEST LANCETS	88
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	114	SHOPKO UNILET LANCETS SUPER THIN 30G	88	SODIUM ACETATE	125
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	114	SHOPKO UNILET LANCETS ULTRA THIN 28G	88	sodium acetate	125
SEGLUROMET	24	SHUR-SEAL	143	sodium chloride	126
SELECT-LITE LANCING DEVICE	88	SIDE BUTTON SAFETY LANCET 21G	88	sodium chloride (gu irrigant)	72
selegiline hcl	42	SIGNIFOR	69	sodium chloride (inhalant)	56
selenium sulfide	61	sildenafil citrate	50	sodium citrate & citric acid	72
SELZENTRY	46	sildenafil citrate (pulmonary hypertension)	51	sodium phenylbutyrate	69
SENSIPAR	69	SILENOR	75	sodium polystyrene sulfonate	127
SEREVENT DISKUS	15	silodosin	72	SOFOSBUVIR/VELPATASVIR	47
SEROQUEL	43	SILVADENE	61	solifenacin succinate	140
SEROQUEL XR	44	silver sulfadiazine	61	SOLIRIS	73
SEROSTIM	68	SIMBRINZA	131	SOLOSEC	3
sertraline hcl	22	SIMPLE DIAGNOSTICS LANCING DEVICE	88	SOLU-CORTEF	55
sevelamer carbonate	72	SIMULECT	127	SOLU-MEDROL	55
SHINGRIX	143	simvastatin	30	SOLUS V2 LANCING DEVICE	89
SHOPKO AUTOLET LANCING DEVICE	88	SINEMET	42	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	89
SHOPKO ON-THE-GO COMFORT LANCETS 30G	88	SINEMET CR	42	SOLUS V2 TWIST LANCETS 30G	89
SHOPKO UNIFINE PENTIPS PEN		SINGLE-LET	88	SOMA	129
NEEDLES/MICRO/32GX4MM	114	SINGULAIR	14	SOMATULINE DEPOT	69
SHOPKO UNIFINE PENTIPS PEN		sirolimus	127	SOMAVERT	67
NEEDLES/MINI/31GX5MM	114	SIRTURO	35	SOOLANTRA	64
SHOPKO UNIFINE PENTIPS PEN		SIVEXTRO	12	SORBITOL	72
NEEDLES/ORIGINAL/29GX12MM	115	SKELAXIN	129	SORBITOL-MANNITOL	72
SHOPKO UNIFINE PENTIPS PLUS PEN		SKLICE	65	SORBITOL/MANNITOL IRRIGATION	72
NEEDLES/MICRO/REMOVR/32GX4MM	115	SKYLA	53	SORIATANE	60
SHOPKO UNIFINE PENTIPS PLUS PEN		SKYRIZI	60	sotalol hcl	49
NEEDLES/MINI/REMOVER/31GX5MM	115	SLO-NIACIN	144	sotalol hcl (afib/af)	49
		SLYND	54	spinosad	65
		SM MICRO THIN LANCETS 33G	88	SPIRIVA HANDIHALER	14
		SM PRENATAL VITAMINS	129	SPIRIVA RESPIMAT	14
		SM TRUEDRAW LANCING DEVICE	88	spironolactone	66
		SMART DIABETES VANTAGE LANCING DEVICE	88	spironolactone & hydrochlorothiazide	66
		SMART SENSE COLOR LANCETS UNIVERSAL 33G	88	SPORANOX	28
				SPORANOX PULSEPAK	28
				SPRAVATO 56MG DOSE	21
				SPRAVATO 84MG DOSE	21

SPRYCEL.....	39	SUPREP BOWEL PREP KIT.....	76	SURE COMFORT PEN NEEDLES29GX1/2"	115
STALEVO 100.....	42	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	115	SURE COMFORT PEN NEEDLES30GX5/16"	115
STALEVO 125.....	42	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	115	SHORT.....	115
STALEVO 150.....	42	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	115	SURE COMFORT PEN NEEDLES31GX3/16"	115
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ULTICARE INSULIN SAFETY		SYRINGE/U-100/0.3ML/31G X		PEN NEEDLES 30G X	
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SYRINGE/0.3ML/30G X		SYRINGE/U-100/1ML/31G X		ULTIGUARD SAFEPACK/MINI	
5/16".....	119	5/16".....	119	PEN NEEDLE/32G X	
ULTICARE INSULIN		ULTICARE INSULIN		1/4"/SHARPS CONTAIN... ..	120
SYRINGE/0.5ML/28G X		SYRINGEULTRAFINE U-		ULTIGUARD	
1/2".....	119	100/0.3ML/31G X 5/16".....	119	SAFEPACK/SHORTPEN	
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SYRINGE/1ML/29G X 1/2".....	119	ULTICARE MICRO PEN		8MM.....	120
ULTICARE INSULIN		NEEDLES/31G X 5/16".....	120	ULTILET INSULIN	
SYRINGE/1ML/30G X 1/2".....	119	ULTICARE MICRO PEN		SYRINGE/1ML/30G X 8MM120	
ULTICARE INSULIN		NEEDLES/32G X 4MM... ..	120	ULTILET INSULIN	
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SYRINGE/SHORT/0.3ML/30G X		NEEDLES 31GX6MM... ..	120	12.7MM.....	120
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ULTICARE INSULIN		ULTICARE MINI PEN		SYRINGE/SHORT/0.3ML/31G X	
SYRINGE/SHORT/0.5ML/30G X		NEEDLES/32G X 1/4".....	120	5/16".....	121
5/16".....	119	ULTICARE MINI PEN		ULTILET INSULIN	
ULTICARE INSULIN		NEEDLES31GX6MM... ..	120	SYRINGE/SHORT/0.5ML/30G X	
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5/16".....	119	NEEDLES ULTI-FINE... ..	120	ULTILET INSULIN	
ULTICARE INSULIN		ULTICARE PEN NEEDLES		SYRINGE/SHORT/0.5ML/31G X	
SYRINGE/SHORT/1ML/30G X		31GX 5MM/MINI.....	120	5/16".....	121
5/16".....	119	ULTICARE PEN		ULTILET INSULIN	
		NEEDLES/29GX 12.7MM 120		SYRINGE/SHORT/1ML/30G X	
				5/16".....	121

UNIFINE PENTIPS PLUS			
32GX4MM	123		
UNIFINE SAFECONTROL PEN			
NEEDLE/30G X 5/16"	123		
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LANCET	90		
UNILET EXCELITE	90		
UNILET EXCELITE II	90		
UNILET G.P. LANCET	90		
UNILET G.P. SUPERLITE			
LANCET	90		
UNILET GP 28 ULTRA THIN	90		
UNILET LANCET	90		
UNILET LANCETS MICRO-			
THIN33G	90		
UNILET LANCETS SUPER-			
THIN30G	90		
UNILET LANCETS ULTRA-THIN			
28G	90		
UNILET SUPERLITE			
LANCET	90		
UNISTIK 3 GENTLE	90		
UNISTIK PRO SAFETY LANCET			
21G	90		
UNISTIK PRO SAFETY LANCET			
25G	90		
UNISTIK PRO SAFETY LANCET			
28G	90		
UNISTIK SAFETY LANCETS			
28G	90		
UNISTIK SAFETY LANCETS			
30G	90		
UNISTIK TOUCH SAFETY			
LANCETS 21G	90		
UNISTIK TOUCH SAFETY			
LANCETS 23G	90		
UNISTIK TOUCH SAFETY			
LANCETS 28G	90		
UNISTIK TOUCH SAFETY			
LANCETS 30G	90		
UNIVERSAL 1 LANCETS			
THIN26G	90		
UNIVERSAL 1 LANCETS ULTRA			
THIN 30G	90		
UNIVERSAL 1			
LANCETS/33G/MICRO-THIN	90		
URECHOLINE	141		
UROCIT-K 10	72		
UROXATRAL	72		
URSO 250	70		
URSO FORTE	70		
ursodiol	70		
UTIBRON NEOHALER	15		
VAGIFEM	144		
valacyclovir hcl	48		
VALCYTE	47		
valganciclovir hcl	47		
VALIUM	13		
valproate sodium	20		
valproic acid	20		
valrubicin	38		
valsartan	31		
valsartan-hydrochlorothiazide			
	33		
VALSTAR	38		
VALTOCO	17		
VALTREX	48		
VALUE HEALTH INSULIN			
SYRINGE/U-100/0.5ML/29G X			
1/2"	123		
VALUE HEALTH INSULIN			
SYRINGE/U-100/1ML/29G X			
1/2"	123		
VALUE PLUS LANCETS			
STANDARD 21G	90		
VALUE PLUS LANCETS			
SUPERTHIN 30G	90		
VALUE PLUS LANCETS THIN			
26G	90		
VALUE PLUS LANCING			
DEVICE	90		
VALUMARK LANCET SUPER			
THIN 30G	90		
VALUMARK LANCET ULTRA			
THIN 28G	90		
VALUMARK PEN NEEDLES			
29GX12MM	123		
VALUMARK PEN NEEDLES			
31GX 6MM	123		
VALUMARK PEN NEEDLES			
31GX 8MM	123		
VANCOCIN	11		
VANCOCIN HCL	11		
vancomycin hcl	11		
VANCOMYCIN			
HYDROCHLORIDE	11		
VANISHPOINT INSULIN			
SYRINGE/0.5ML/30G X			
1/2"	123		
VANISHPOINT INSULIN			
SYRINGE/0.5ML/30G X			
5/16"	123		
VANISHPOINT INSULIN			
SYRINGE/1ML/29G X			
1/2"	123		
VANISHPOINT INSULIN			
SYRINGE/1ML/30G X			
5/16"	123		
VAQTA	143		
VARIVAX	143		
VARUBI	27		
VASCEPA	29		
VASERETIC	33		
VASOTEC	31		
VECAMYL	33		
VECTIBIX	36		
VECTICAL	61		
VELCADE	39		
VELETRI	50		
VELPHORO	72		
VELTIN	57		
VEMLIDY	47		
venlafaxine hcl	22,23		
VENTAVIS	50		
VENTOLIN HFA	15		
verapamil hcl	50		
VEREGEN	57		
VERELAN	50		
VERELAN PM	50		
VERIPRED 20	55		
VESICARE	140		
VFEND	28		
VIAGRA	50		
VIBRAMYCIN	138		
VICTOZA	24		
VIDA MIA AUTOLET			
LANCINGDEVICE	90		
VIDA MIA UNIFINE			
PENTIPS32GX4MM	123		
VIDA MIA UNIFINE			
PENTIPSMINI 31GX6MM	123		
VIDA MIA UNIFINE			
PENTIPSORIGINAL			
29GX12MM	123		
VIDA MIA UNILET LANCETS			
SUPER THIN 30G	90		
VIDA MIA UNILET LANCETS			
ULTRA THIN 28G	90		
VIDA MIA UNIPFINE			
PENTIPSSHORT			
31GX8MM	123		
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VIDEX EC	46		
VIDEXPEDIATRIC	46		
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VIGAMOX	131		
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VIIBRYD STARTER PACK	22		
VIMPAT	19		

vincristine sulfate	40	water for irrigation, sterile	127	XOPENEX HFA	15
vinorelbine tartrate	40	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	123	XOSPATA	39
VIRACEPT	46	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	123	XPOVIO 100 MG ONCE WEEKLY	37
VIRAMUNE	46	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	123	XPOVIO 60 MG ONCE WEEKLY	37
VIRAMUNE XR	47	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	123	XPOVIO 80 MG ONCE WEEKLY	37
VIREAD	47	WELCHOL	30	XPOVIO 80 MG TWICE WEEKLY	37
VIROPTIC	131	WELLBUTRIN SR	21	XTAMPZA ER	8
VISTARIL	13	WELLBUTRIN XL	21	XTANDI	37
VISTOGARD	26	WESTAB PLUS	129	XULTOPHY 100/3.6	24
VITALET PRO LANCETS	91	WESTHROID	138	XYLOCAINE	76
VITALET PRO PLUS LANCETS	91	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	78	XYLOCAINE-MPF	76
VITAMIN D2	144	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	78	XYREM	135
VITATHELY/GINGER	129	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	78	XYZAL ALLERGY 24HR	29
VITRAKVI	39	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	78	XYZAL ALLERGY 24HR CHILDRENS	29
VIVAGUARD LANCETS	91	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	78	YASMIN 28	53
VIVAGUARD LANCING DEVICE	91	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	78	YAZ	53
VIVELLE-DOT	70	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	78	YERVOY	36
VIZIMPRO	39	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	78	YONSA	37
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VOGELXO PUMP	10	XALATAN	133	zafirlukast	14
VOL-PLUS	129	XALKORI	39	zaleplon	75
VOLTAREN	57	XANAX	13	ZALTRAP	36
VORAXAZE	40	XANAX XR	13	ZANAFLEX	129
voriconazole	28	XARELTO	16	ZANOSAR	35
VOSEVI	47	XARELTO STARTER PACK	16	ZANTAC	139
VOTRIENT	39	XELJANZ	4	ZANTAC 150 MAXIMUM STRENGTH	139
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VPRIV	73	XELODA	36	ZARXIO	74
VUSION	59	XENAZINE	136	ZAVESCA	73
VYNDAMAX	51	XEOMIN	130	ZEGERID	140
VYNDAQEL	51	XGEVA	67	ZELBORAF	39
VYTORIN	29	XIFAXAN	10	ZEMAIRA	137
VYVANSE	1	XIGDUO XR	24	ZEMPLAR	69
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WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	91	XOLAIR	14	ZEPATIER	47
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	91	XOPENEX	15	ZERVIAE	133
WALGREENS LANCETS	91	XOPENEX CONCENTRATE	15	ZESTORETIC	33
WALGREENS THIN LANCETS	91			ZESTRIL	31
WALGREENS ULTRA THIN LANCETS	91			ZETIA	30
warfarin sodium	16			ZIAC	33
				ZIAGEN	47
				ZIANA	57
				zidovudine	47

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ZIRABEV.....	36		
ZIRGAN.....	131		
ZITHROMAX.....	76		
ZITHROMAX TRI-PAK.....	76		
ZITHROMAX Z-PAK.....	76		
ZOCOR.....	30		
ZOFRAN.....	26		
ZOHYDRO ER.....	8		
ZOLADEX.....	37		
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ZOLEDRONIC ACID.....	67		
zoledronic acid.....	67		
ZOLEDRONIC ACID.....	67		
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ZOLOFT.....	22		
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ZOMACTON.....	68		
ZOMIG.....	125		
ZOMIG ZMT.....	125		
ZONALON.....	60		
ZONEGRAN.....	19		
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ZONTIVITY.....	73		
ZORBTIVE.....	68		
ZORTRESS.....	127		
ZOSTAVAX.....	143		
ZOSYN.....	134		
ZOVIRAX.....	48,61		
ZYBAN.....	137		
ZYCLARA.....	64		
ZYCLARA PUMP.....	64		
ZYDELIG.....	40		
ZYFLO CR.....	14		
ZYKADIA.....	40		
ZYLOPRIM.....	72		
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Statement of Non-Discrimination

Ambetter from Absolute Total Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter from Absolute Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter from Absolute Total Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Ambetter from Absolute Total Care at 1-833-270-5443 (Relay 711).

If you believe that Ambetter from Absolute Total Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Ambetter from Absolute Total Care, ATTN: Ambetter Grievances and Appeals Department, 12515-8 Research Blvd, Suite 400, Austin, TX 78759, 1-833-270-5443 (Relay 711), Fax: 1-833-886-7956. You can file a grievance by mail or fax. If you need help filing a grievance, Ambetter from Absolute Total Care is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



FROM



Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter from Absolute Total Care, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-833-270-5443 (Relay 711).
Chinese:	如果您，或是您正在協助的對象，有關於Ambetter from Absolute Total Care,方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話1-833-270-5443 (Relay 711)。
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Absolute Total Care, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-833-270-5443 (Relay 711).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Absolute Total Care,에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 [1-833-270-5443 (Relay 711)]. 로 전화하십시오.
French:	Si vous-même ou une personne que vous aidez avez des questions à propos Ambetter from Absolute Total Care, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-833-270-5443 (Relay 711).
Tagalog:	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Ambetter from Absolute Total Care, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag 1-833-270-5443 (Relay 711).
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Absolute Total Care, вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-833-270-5443 (Relay 711).
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Absolute Total Care, hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-833-270-5443 (Relay 711) an.
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from Absolute Total Care, વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-833-270-5443 (Relay 711). ઉપર કોલ કરો.
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Absolute Total Care، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-833-270-5443 (Relay 711).
Portuguese:	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from Absolute Total Care, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-833-270-5443 (Relay 711).
Japanese:	Ambetter from Absolute Total Care, について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-833-270-5443 (Relay 711)。までお電話ください。
Ukrainian:	В разі виникнення у вас або особи, якій ви допомагаєте, будь-яких запитань щодо програми страхування Ambetter from Absolute Total Care ви маєте право отримати безкоштовну допомогу та інформацію на своїй рідній мові. Щоб поговорити з перекладачем, зателефонуйте за номером 1-833-270-5443 (Relay 711).
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from Absolute Total Care, के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-833-270-5443 (Relay 711) पर कॉल करें।
Mon-Khmer, Cambodian:	ប្រសិនបើលោកអ្នកឬ នរណាម្នាក់ដែលអ្នកកំពុងតែជួយមានបញ្ហាអំពី Ambetter from Absolute Total Care អ្នកមានសិទ្ធិទទួលបានជំនួយសិន ព័ត៌មានជាភាសាខ្មែរដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅកាន់អ្នកបកប្រែភាសាខ្មែរ 1-833-270-5443 (Relay 711)។