



FROM



2021 Prescription Drug List

Effective February 1, 2021



[Ambetter.BuckeyeHealthPlan.com](https://www.Ambetter.BuckeyeHealthPlan.com)

Formulary Introduction

FORMULARY

The Ambetter from Buckeye Health Plan 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. Enolve 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, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG, 1.25 MG-1.25 MG-1.25 MG (Use amphetamine-dextroamphetamine)	NF	QL(3 ea daily)
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
ADDERALL XR CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(1 ea daily)
ADDERALL XR CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG (Use amphetamine-dextroamphetamine)	NF	
ADDERALL XR CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
ADZENYS ER SUER (Use amphetamine)	NF	
amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg	1	QL(1 ea daily)
amphetamine-dextroamphetamine cp24 3.75 mg-3.75 mg-3.75 mg-3.75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cp24 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1	QL(2 ea daily)
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, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg, 1.25 mg-1.25 mg-1.25 mg-1.25 mg	1	QL(3 ea daily)
amphetamine-dextroamphetamine tabs 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1	QL(2 ea daily)
DESOXYN TABS (Use methamphetamine hcl)	NF	QL(5 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NF	QL(4 ea daily)
DEXEDRINE CP24 5 MG (Use dextroamphetamine sulfate)	NF	
dextroamphetamine sulfate cp24 10 mg, 15 mg	1	QL(4 ea daily)
dextroamphetamine sulfate cp24 5 mg	1	
dextroamphetamine sulfate tabs 10 mg, 5 mg	1	QL(4 ea daily)
methamphetamine hcl tabs	3	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST; QL(1 ea daily)
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (Use phentermine hcl)	NF	PA
phendimetrazine tartrate tabs	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 cpcr 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 20 mg, 10 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 (Use <i>armodafinil</i>)	NF	PA; QL(1 ea daily); AL(At least 17 yrs old)
PROVIGIL TABS 100 MG (Use <i>modafinil</i>)	NF	PA; QL(1 ea daily); AL(At least 16 yrs old)
PROVIGIL TABS 200 MG (Use <i>modafinil</i>)	NF	PA; QL(2 ea daily); AL(At least 16 yrs old)
RITALIN LA CP24 20 MG, 40 MG (Use <i>methylphenidate hcl</i>)	NF	AL(At least 6 yrs old)
RITALIN LA CP24 30 MG (Use <i>methylphenidate hcl</i>)	NF	QL(3 ea daily); AL(At least 6 yrs old)
RITALIN TABS 20 MG, 10 MG (Use <i>methylphenidate hcl</i>)	NF	QL(5 ea daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG (Use <i>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 (Use <i>tobramycin</i>)	NF	PA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
<i>streptomycin sulfate solr</i>	3	
TOBI NEBU (Use <i>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	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 PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PEN PNKT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL(0.143 ea daily, 30 ea per fill retail, 30 ea per fill mail)

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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, 30 ea per fill retail, 30 ea per fill mail)
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, 30 ea per fill retail, 30 ea per fill mail)
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		

Drug Name	Drug Tier	Requirements/ Limits
RIDAURA CAPS	3	QL(3 ea daily)
Interleukin-1 Blockers		
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
<i>celecoxib caps</i>	1	PA
CHILDRENS ADVIL SUSP (Use ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (Use ibuprofen)	NF	RX/OTC
DAYPRO TABS (Use oxaprozin)	NF	
<i>diclofenac potassium tabs</i>	1	
<i>diclofenac sodium tb24</i>	1	
<i>diclofenac sodium tbec</i>	1	
<i>diclofenac w/ misoprostol tbec</i>	1	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	
FELDENE CAPS (Use piroxicam)	NF	
<i>fenoprofen calcium tabs 600 mg</i>	1	ST; QL(4 ea daily)
<i>flurbiprofen tabs</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	
<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 (Use <i>etodolac</i>)	NF	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	ST; Must try <i>ibuprofen</i> . ;QL(5 ea daily)
<i>meloxicam tabs 15 mg, 7.5 mg</i>	1	QL(1 ea daily)
MOBIC TABS (Use <i>meloxicam</i>)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NALFON TABS 600 MG (Use <i>fenoprofen calcium</i>)	NF	ST; QL(4 ea daily)
NAPROSYN SUSP (Use <i>naproxen</i>)	NF	PA
<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 (Use <i>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 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 (Use <i>butalbital-acetaminophen</i>)	NF	
ESGIC TABS (Use <i>butalbital-acetaminophen-caffeine</i>)	NF	
FIORICET CAPS (Use <i>butalbital-acetaminophen-caffeine</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
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)
DOLOPHINE TABS 10 MG (<i>Use methadone hcl</i>)	NF	QL(10 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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 CPCR	3	PA; QL(2 ea daily)
EXALGO TB24 12 MG, 16 MG, 8 MG (<i>Use hydromorphone hcl</i>)	NF	PA; QL(2 ea daily)
EXALGO TB24 32 MG (<i>Use hydromorphone hcl</i>)	NF	PA; QL(1 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 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

Drug Name	Drug Tier	Requirements/ Limits
<i>meperidine hcl soln ij 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	
<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	

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate soln or 10 mg/5ml</i>	1	New starts limited to 7 day supply;QL(100 ml daily)
<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 tbcrr 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, 20 mg, 15 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)

Drug Name	Drug Tier	Requirements/ Limits
ROXICODONE TABS (<i>Use oxycodone hcl</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
SUBSYS LIQD 100 MCG	3	PA; QL(3 ea daily)
SUBSYS LIQD 1200 MCG, 1600 MCG, 800 MCG	3	PA; QL(8 ea daily)
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	PA; QL(4 ea daily)
<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 (<i>Use tramadol hcl</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
XTAMPZA ER C12A	2	PA; QL(2 ea daily)
ZOHYDRO ER CP12 (<i>Use 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

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-300 mg-40 mg-50 mg</i>	1	New starts limited to 7 day supply
<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 (<i>Use butalbital-acetaminophen-caffeine w/ codeine</i>)	NF	New starts limited to 7 day supply
FIORINAL/CODEINE #3 CAPS (<i>Use butalbital-aspirin-caffeine w/cod</i>)	NF	New starts limited to 7 day supply; QL(6 ea daily)
<i>hydrocodone-acetaminophen soln 10 mg/15ml-325 mg/15ml</i>	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 10 mg-200 mg, 200 mg-5 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)

Drug Name	Drug Tier	Requirements/Limits
NORCO TABS (Use hydrocodone-acetaminophen)	NF	New starts limited to 7 day supply; QL(12 ea daily)
oxycodone w/ acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg	1	New starts limited to 7 day supply; QL(12 ea daily)
oxycodone-ibuprofen tabs	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 oxycodone w/ acetaminophen)	NF	New starts limited to 7 day supply; QL(12 ea daily)
tramadol-acetaminophen tabs	1	New starts limited to 7 day supply; QL(8 ea daily)
TYLENOL/CODEINE #3 TABS (Use acetaminophen w/ codeine)	NF	New starts limited to 7 day supply; QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (Use acetaminophen w/ codeine)	NF	New starts limited to 7 day supply; QL(6 ea daily)
ULTRACET TABS (Use tramadol-acetaminophen)	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 buprenorphine hcl)	NF	
buprenorphine hcl soln ij 0.3 mg/ml	1	
buprenorphine hcl subl sl 2 mg, 8 mg	1	QL(3 ea daily)

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

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Drug Name	Drug Tier	Requirements/Limits
ANDROGEL GEL 25 MG/2.5GM, 50 MG/5GM (Use testosterone)	NF	
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (Use testosterone cypionate)	NF	
METHITEST TABS	3	
TESTIM GEL (Use testosterone)	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 (Use testosterone)	NF	
VOGELXO PUMP GEL (Use testosterone)	NF	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (Use hydrocortisone (intrarectal))	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 (Use hydrocortisone (rectal))	NF	
<i>hydrocortisone (rectal) crea</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT CREA (Use hydrocortisone (rectal))	NF	

Drug Name	Drug Tier	Requirements/Limits
PROCTOCORT SUPP (Use hydrocortisone acetate (rectal))	NF	
Vasodilating Agents		
RECTIV OINT	3	QL(2 gm daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	1	PA
ALBENZA TABS (Use albendazole)	NF	PA
BILTRICIDE TABS (Use praziquantel)	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 (Use ivermectin)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin solr</i>	3	
FLAGYL TABS 500 MG (Use metronidazole)	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		

Drug Name	Drug Tier	Requirements/Limits
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
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	

Drug Name	Drug Tier	Requirements/Limits
DAPTOMYCIN SOLR 350 MG (<i>Use daptomycin</i>)	NF	
<i>daptomycin solr 500 mg</i>	1	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>lincomycin hcl soln</i>	1	
Monobactams		
AZACTAM SOLR (Use <i>aztreonam</i>)	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 <i>linezolid</i>)	NF	
ZYVOX TABS OR 600 MG (Use <i>linezolid</i>)	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 <i>nitrofurantoin</i>)	NF	
HIPREX TABS (Use <i>methenamine hippurate</i>)	NF	
MACROBID CAPS (Use <i>nitrofurantoin monohyd macro</i>)	NF	
MACRODANTIN CAPS 100 MG, 50 MG (Use <i>nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine hippurate tabs</i>	1	
MONUROL PACK (Use <i>fosfomycin tromethamine</i>)	3	
<i>nitrofurantoin macrocrystal caps 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin susp</i>	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (Use <i>ranolazine</i>)	NF	QL(2 ea daily)
RANEXA TB12 500 MG (Use <i>ranolazine</i>)	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 <i>isosorbide dinitrate</i>)	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 <i>nitroglycerin</i>)	NF	
<i>nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 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 <i>nitroglycerin</i>)	NF	
ANTIANSXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		

Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl tabs 10 mg, 15 mg, 30 mg, 7.5 mg</i>	1	
<i>bupirone hcl tabs 5 mg</i>	1	QL(6 ea daily)
<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	

Drug Name	Drug Tier	Requirements/Limits
VALIUM TABS (Use <i>diazepam</i>)	NF	QL(4 ea daily)
XANAX TABS (Use <i>alprazolam</i>)	NF	QL(4 ea daily)
XANAX XR TB24 (Use <i>alprazolam</i>)	NF	
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)

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Drug Name	Drug Tier	Requirements/ Limits
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	PA
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)

Drug Name	Drug Tier	Requirements/ Limits
ZYFLO CR TB12 (<i>Use zileuton</i>)	NF	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
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),

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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 (<i>Use albuterol sulfate</i>)	NF	
PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	NF	
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	2	
SYMBICORT AERO (<i>Use budesonide-formoterol fumarate dihydrate</i>)	2	
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB 100 MCG/INH-25 MCG/INH-62.5 MCG/INH	2	QL(2 ea daily)
UTIBRON NEOHALER CAPS	3	PA; QL(2 ea daily)
VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	NF	
XOPENEX CONCENTRATE NEBU (<i>Use levalbuterol hcl</i>)	NF	PA
XOPENEX HFA AERO (<i>Use levalbuterol tartrate</i>)	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
XOPENEX NEBU (<i>Use 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<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

Drug Name	Drug Tier	Requirements/Limits
ARIXTRA SOLN 7.5 MG/0.6ML (<i>Use fondaparinux sodium</i>)	NF	QL(5.4 ml per 180 days retail, 5.4 ml per 180 days mail); SP
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	QL(6 ml daily)
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	4	QL(2 ml daily)
<i>enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL(1.6 ml daily)
<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

Drug Name	Drug Tier	Requirements/ Limits
HEPARIN LOCK FLUSH SOLN (Use heparin sodium (porcine) lock flush)	NF	
heparin sod (porcine) in d5w soln 40 unit/ml-5 %	1	
heparin sodium (porcine) soln 20000 unit/ml, 10000 unit/ml, 5000 unit/ml	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 heparin (porcine) in sodium chloride)	NF	
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	NF	QL(2 ml daily)
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML (Use enoxaparin sodium)	NF	QL(1.6 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (Use enoxaparin sodium)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (Use enoxaparin sodium)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (Use enoxaparin sodium)	NF	QL(1.2 ml daily,30 day(s) limit); SP
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		
clobazam susp 2.5 mg/ml	1	PA; QL(16 ml daily)
clobazam tabs 10 mg, 20 mg	1	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
clonazepam tabs 0.5 mg, 1 mg, 2 mg	1	
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	3	
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	3	
diazepam (anticonvulsant) gel	3	
KLONOPIN TABS (Use clonazepam)	NF	
NAYZILAM SOLN	3	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (Use clobazam)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (Use clobazam)	NF	PA; QL(2 ea daily)
VALTOCO LIQD	4	PA; QL(10 ea per 30 days retail)
VALTOCO LQPK	4	PA; QL(10 ea per 30 days retail)
Anticonvulsants - Misc.		
APTIOM TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (Use rufinamide)	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
carbamazepine chew 100 mg	1	
carbamazepine cp12 100 mg	1	
carbamazepine cp12 200 mg	1	QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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 100 mg, 300 mg, 400 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)

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (<i>Use lamotrigine</i>)	NF	QL(20 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (<i>Use lamotrigine</i>)	NF	QL(100 ea daily)
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (<i>Use lamotrigine</i>)	NF	QL(1 ea daily)
LAMICTAL TABS (<i>Use lamotrigine</i>)	NF	
<i>lamotrigine chew 25 mg</i>	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 100 MG, 300 MG, 400 MG (<i>Use gabapentin</i>)	NF	
NEURONTIN SOLN 250 MG/5ML (<i>Use gabapentin</i>)	NF	QL(60 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
<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	
QUDEXY XR CS24 (<i>Use topiramate</i>)	NF	
<i>rufinamide susp</i>	1	PA; QL(80 ml daily)
TEGRETOL SUSP (<i>Use carbamazepine</i>)	2	
TEGRETOL TABS (<i>Use carbamazepine</i>)	2	
TEGRETOL-XR TB12 100 MG, 400 MG (<i>Use carbamazepine</i>)	NF	QL(4 ea daily)
TEGRETOL-XR TB12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG, 25 MG (<i>Use topiramate</i>)	NF	QL(4 ea daily)
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NF	QL(2 ea daily)
TOPAMAX TABS 50 MG (<i>Use topiramate</i>)	NF	QL(6 ea daily)
<i>topiramate cpsp 15 mg</i>	1	QL(6 ea daily)
<i>topiramate cpsp 25 mg</i>	1	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate tabs 100 mg, 25 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 50 mg</i>	1	QL(6 ea daily)
TRILEPTAL SUSP 300 MG/5ML (<i>Use oxcarbazepine</i>)	NF	QL(40 ml daily)
TRILEPTAL TABS 150 MG, 300 MG (<i>Use oxcarbazepine</i>)	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG (<i>Use oxcarbazepine</i>)	NF	QL(4 ea daily)
VIMPAT SOLN IV 200 MG/20ML	3	QL(40 ml daily)
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL(2 ea daily)
ZONEGRAN CAPS (<i>Use zonisamide</i>)	NF	QL(6 ea daily)
<i>zonisamide caps</i>	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)
FELBATOL SUSP 600 MG/5ML (<i>Use felbamate</i>)	NF	QL(30 ml daily)
FELBATOL TABS 400 MG (<i>Use felbamate</i>)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (<i>Use felbamate</i>)	NF	QL(6 ea daily)
GABA Modulators		
GABITRIL TABS 2 MG, 4 MG (<i>Use tiagabine hcl</i>)	NF	
SABRIL PACK (<i>Use vigabatrin</i>)	NF	PA; QL(6 ea daily); SP
SABRIL TABS (<i>Use vigabatrin</i>)	NF	PA; QL(6 ea daily); SP

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Drug Name	Drug Tier	Requirements/ Limits
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	1	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP
<i>vigabatrin tabs</i>	4	PA; QL(6 ea daily); SP
Hydantoins		
CEREBYX SOLN (<i>Use fosphenytoin sodium</i>)	NF	
DILANTIN CAPS 100 MG (<i>Use phenytoin sodium extended</i>)	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	2	
<i>fosphenytoin sodium soln</i>	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		

Drug Name	Drug Tier	Requirements/ Limits
DEPACON SOLN (<i>Use valproate sodium</i>)	NF	
DEPAKENE CAPS (<i>Use valproic acid</i>)	NF	
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)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tb12 100 mg</i>	1	QL(4 ea daily)
<i>bupropion hcl tb12 150 mg</i>	1	QL(3 ea daily)
<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

Drug Name	Drug Tier	Requirements/Limits
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(4 ea daily)
CELEXA TABS 20 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(2 ea daily)
CELEXA TABS 40 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	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)

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Drug Name	Drug Tier	Requirements/Limits
LEXAPRO TABS 10 MG (Use escitalopram oxalate)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (Use escitalopram oxalate)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use escitalopram oxalate)	NF	QL(4 ea daily)
paroxetine hcl tabs 10 mg	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)

Drug Name	Drug Tier	Requirements/Limits
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)
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, 30 mg, 60 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 mg</i>	1	QL(4 ea daily)
<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	

Drug Name	Drug Tier	Requirements/Limits
TOFRANIL TABS (<i>Use imipramine hcl</i>)	NF	
<i>trimipramine maleate caps</i>	1	
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	

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Drug Name	Drug Tier	Requirements/Limits
OSENI TABS (<i>Use alogliptin-pioglitazone</i>)	NF	
<i>pioglitazone hcl-glimepiride tabs</i>	1	QL(1 ea daily)
<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	

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
<i>glucagon (rdna) kit</i>	1	QL(0.035 ea daily)
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	PA; QL(0.054 ml daily)
OZEMPIC SOPN	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	

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED) SOLN	3	
HUMULIN R U-500 KWIKPEN SOPN	3	
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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		

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
IMODIUM A-D CAPS (Use <i>loperamide hcl</i>)	NF	RX/OTC
LOMOTIL TABS (Use <i>diphenoxylate w/ atropine</i>)	NF	
<i>loperamide hcl caps</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 (Use <i>deferasirox</i>)	NF	PA; SP
FERRIPROX TABS 500 MG (Use <i>deferiprone</i>)	3	
JADENU SPRINKLE PACK (Use <i>deferasirox</i>)	NF	PA
JADENU TABS (Use <i>deferasirox</i>)	NF	PA; SP
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	PA
Opioid Antagonists		
<i>naloxone hcl 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,

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ALOXI SOLN (Use <i>palonosetron hcl</i>)	NF	
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 (Use <i>ondansetron hcl</i>)	NF	QL(3.34 ml daily)
ZOFRAN TABS 4 MG (Use <i>ondansetron hcl</i>)	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG (Use <i>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)

Drug Name	Drug Tier	Requirements/Limits
TIGAN CAPS OR 300 MG (Use trimethobenzamide hcl)	NF	
TRANSDERM SCOP PT72 (Use scopolamine)	2	QL(0.34 ea daily)
TRANSDERM-SCOP PT72 (Use scopolamine)	2	QL(0.34 ea daily)
trimethobenzamide hcl caps	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,
doxylamine-pyridoxine tbec	1	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
dronabinol caps	1	
MARINOL CAPS (Use dronabinol)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
aprepitant caps	1	PA
aprepitant caps 125 mg, 40 mg	1	PA; QL(0.067 ea daily)
aprepitant caps 80 mg	1	PA; QL(0.134 ea daily)
aprepitant misc	1	PA
EMEND CAPS OR 125 MG, 40 MG (Use aprepitant)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (Use aprepitant)	NF	PA; QL(0.134 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EMEND SOLR IV 150 MG (Use fosaprepitant dimeglumine)	NF	
EMEND TRIPACK CAPS (Use aprepitant)	NF	PA
VARUBI TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (Use caspofungin acetate)	NF	
caspofungin acetate solr 50 mg, 70 mg	1	
ERAXIS SOLR	3	
micafungin sodium solr 100 mg, 50 mg	1	
MYCAMINE SOLR	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
amphotericin b solr	3	
ANCOBON CAPS (Use flucytosine)	NF	
flucytosine caps	1	
griseofulvin microsize susp 125 mg/5ml	1	AL(At least 2 yrs old)
griseofulvin microsize tabs 500 mg	1	
griseofulvin ultramicrosize tabs	1	
nystatin tabs	1	
terbinafine hcl tabs	1	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR (Use fluconazole)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
DIFLUCAN TABS (<i>Use fluconazole</i>)	NF	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<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 (<i>Use itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (<i>Use itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (<i>Use itraconazole</i>)	NF	PA; QL(20 ml daily)
TOLSURA CAPS	4	PA
VFEND TABS 200 MG, 50 MG (<i>Use voriconazole</i>)	NF	QL(4 ea daily)
<i>voriconazole tabs or 200 mg, 50 mg</i>	1	QL(4 ea daily)
ANTIHISTAMINES - 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		

Drug Name	Drug Tier	Requirements/ Limits
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (<i>Use fexofenadine hcl</i>)	1	QL(30 ml daily)
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	1	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (<i>Use 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 (<i>Use desloratadine</i>)	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (<i>Use loratadine</i>)	1	
CLARITIN CAPS (<i>Use loratadine</i>)	1	
CLARITIN CHEW (<i>Use loratadine</i>)	1	
CLARITIN CHILDRENS CHEW (<i>Use loratadine</i>)	1	
CLARITIN REDITABS TBDP 10 MG (<i>Use loratadine</i>)	1	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP (<i>Use loratadine</i>)	1	
CLARITIN TABS (<i>Use 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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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 (<i>Use levocetirizine dihydrochloride</i>)	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS (<i>Use levocetirizine dihydrochloride</i>)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (<i>Use cetirizine hcl</i>)	1	QL(1 ea daily)
ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	1	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (<i>Use cetirizine hcl</i>)	1	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (<i>Use 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	

Drug Name	Drug Tier	Requirements/Limits
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	QL(1 ea daily)
VYTORIN TABS (<i>Use ezetimibe-simvastatin</i>)	NF	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl caps</i>	1	PA; QL(4 ea daily)
LOVAZA CAPS (<i>Use 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 (<i>Use colestipol hcl</i>)	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (<i>Use colestipol hcl</i>)	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (<i>Use colestipol hcl</i>)	NF	QL(6 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
COLESTID PACK 5 GM (Use colestipol hcl)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (Use colestipol hcl)	NF	QL(16 ea daily)
<i>colestipol hcl gran 5 gm</i>	1	QL(6 gm daily)
<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 cholestyramine light)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (Use cholestyramine)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (Use cholestyramine)	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (Use colesevelam hcl)	NF	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (Use colesevelam hcl)	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 fenofibric acid)	NF	
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LIPOFEN CAPS (Use fenofibrate)	NF	
LOPID TABS (Use gemfibrozil)	NF	QL(2 ea daily)
TRICOR TABS (Use fenofibrate)	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 rosuvastatin calcium)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium caps 40 mg</i>	1	QL(2 ea daily)
LIPITOR TABS (Use atorvastatin calcium)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<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 pravastatin sodium)	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, 40 mg, 5 mg</i>	1	QL(1 ea daily)
ZOCOR TABS (Use simvastatin)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	QL(1 ea daily)
ZETIA TABS (Use ezetimibe)	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 niacin (antihyperlipidemic))	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		

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

Drug Name	Drug Tier	Requirements/Limits
COZAAR TABS (<i>Use losartan potassium</i>)	NF	QL(1 ea daily)
DIOVAN TABS (<i>Use valsartan</i>)	NF	QL(1 ea daily)
EDARBI TABS	3	ST; QL(1 ea daily)
<i>eprosartan mesylate tabs</i>	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 (<i>Use 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 (<i>Use doxazosin mesylate</i>)	NF	
CATAPRES TABS (<i>Use clonidine hcl</i>)	NF	QL(8 ea daily)
CATAPRES-TTS-1 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)
CATAPRES-TTS-2 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)
<i>clonidine hcl tabs</i>	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 (<i>Use prazosin hcl</i>)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
<i>terazosin hcl caps</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
Antihypertensive Combinations		
ACCURETIC TABS 10 MG-12.5 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NF	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NF	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	ST
<i>amlodipine besylate-valsartan tabs</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS (Use <i>candesartan cilexetil-hydrochlorothiazide</i>)	NF	
<i>atenolol & chlorthalidone tabs</i>	1	
AVALIDE TABS (Use <i>irbesartan-hydrochlorothiazide</i>)	NF	
AZOR TABS (Use <i>amlodipine besylate-olmesartan medoxomil</i>)	NF	ST
<i>benazepril & hydrochlorothiazide tabs</i>	1	
BENICAR HCT TABS (Use <i>olmesartan medoxomil-hydrochlorothiazide</i>)	NF	
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
CORZIDE TABS 40 MG-5 MG (Use <i>nadolol & bendroflumethiazide</i>)	NF	
DIOVAN HCT TABS (Use <i>valsartan-hydrochlorothiazide</i>)	NF	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg</i>	1	QL(3 ea daily)
<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)

Drug Name	Drug Tier	Requirements/Limits
Selective Aldosterone Receptor Antagonists		
<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)
CYCLOSERINE CAPS	3	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	

Drug Name	Drug Tier	Requirements/Limits
MYAMBUTOL TABS (<i>Use ethambutol hcl</i>)	NF	
MYCOBUTIN CAPS (<i>Use rifabutin</i>)	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	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; SP
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAPS 10 MG	4	PA; SP
GLEOSTINE CAPS 100 MG, 40 MG	4	PA
IFEX SOLR 1 GM (<i>Use ifosfamide</i>)	NF	PA; SP
<i>ifosfamide soln 1 gm/20ml</i>	4	PA; SP
<i>ifosfamide solr 1 gm</i>	4	PA; SP
LEUKERAN TABS	4	PA; SP
<i>melphalan hcl solr</i>	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

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Drug Name	Drug Tier	Requirements/Limits
<i>clofarabine soln</i>	4	PA; SP
CLOLAR SOLN (Use <i>clofarabine</i>)	NF	PA; SP
<i>cytarabine soln 100 mg/ml, 20 mg/ml</i>	4	PA; SP
DACOGEN SOLR (Use <i>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 (Use <i>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 (Use <i>azacitidine</i>)	NF	PA; SP
XELODA TABS (Use <i>capecitabine</i>)	NF	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
MVASI SOLN	4	PA

Drug Name	Drug Tier	Requirements/Limits
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
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 (Use <i>anastrozole</i>)	NF	QL(1 ea daily)
AROMASIN TABS (Use <i>exemestane</i>)	NF	QL(1 ea daily); SP
<i>bicalutamide tabs</i>	4	PA; QL(1 ea daily); SP
CASODEX TABS (Use <i>bicalutamide</i>)	NF	PA; QL(1 ea daily); SP

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Drug Name	Drug Tier	Requirements/ Limits
ELIGARD KIT 22.5 MG	4	PA; SP
ELIGARD KIT 30 MG	4	PA; SP
ELIGARD KIT 45 MG	4	PA; SP
ELIGARD KIT 7.5 MG	4	PA; QL(0.0089 ea daily); SP
EMCYT CAPS	4	PA; SP
<i>exemestane tabs</i>	4	QL(1 ea daily); SP
FARESTON TABS (<i>Use toremifene citrate</i>)	NF	
FASLODEX SOLN (<i>Use fulvestrant</i>)	NF	PA; QL(0.357 ml daily); SP
FEMARA TABS (<i>Use letrozole</i>)	NF	
FIRMAGON SOLR	4	PA; QL(0.143 ea daily); SP
<i>flutamide caps</i>	4	PA; QL(6 ea daily); SP
<i>fulvestrant soln</i>	4	PA; QL(0.357 ml daily); SP
<i>letrozole tabs</i>	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

Drug Name	Drug Tier	Requirements/ Limits
<i>tamoxifen citrate tabs</i>	0	
<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

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxorubicin hcl soln</i>	4	PA; SP
<i>doxorubicin hcl solr</i>	4	PA; SP
ELLENCESOLN 50 MG/25ML (Use <i>epirubicin hcl</i>)	NF	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 10 MG/10ML, 5 MG/5ML (Use <i>idarubicin hcl</i>)	NF	PA; SP
IDAMYCIN PFS SOLN 20 MG/20ML (Use <i>idarubicin hcl</i>)	NF	PA
<i>idarubicin hcl soln 10 mg/10ml, 5 mg/5ml</i>	4	PA; SP
<i>idarubicin hcl soln 20 mg/20ml</i>	4	PA
<i>mitomycin solr iv 20 mg</i>	4	PA; SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
<i>valrubicin soln</i>	4	PA; SP
VALSTAR SOLN (Use <i>valrubicin</i>)	NF	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS 2.5 MG, 5 MG, 7.5 MG (Use <i>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

Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP
COMETRIQ KIT	4	PA; QL(4 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 (Use <i>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 (OVERFILL) 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

Drug Name	Drug Tier	Requirements/ Limits
<i>lapatinib ditosylate tabs</i>	4	PA; QL(6 ea daily); SP
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 12MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 18 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 20 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 4 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 8 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
ROZLYTREK CAPS	4	PA
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

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Drug Name	Drug Tier	Requirements/Limits
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; QL(4 ea daily); SP
ZYDELIG TABS	4	PA; QL(2 ea daily)
ZYKADIA CAPS	4	PA; QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/Limits
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium solr ij 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium tabs or 25 mg, 15 mg, 5 mg, 10 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

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Drug Name	Drug Tier	Requirements/Limits
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Use irinotecan hcl)	NF	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCAMTIN SOLR IV 4 MG (Use topotecan hcl)	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 syrp</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 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (Use <i>pramipexole dihydrochloride</i>)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (Use <i>bromocriptine mesylate</i>)	NF	
PARLODEL TABS (Use <i>bromocriptine mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
REQUIP TABS (Use <i>ropinirole hydrochloride</i>)	NF	
REQUIP XL TB24 4 MG, 2 MG, 6 MG (Use <i>ropinirole hydrochloride</i>)	NF	ST; QL(1 ea daily)
REQUIP XL TB24 8 MG, 12 MG (Use <i>ropinirole hydrochloride</i>)	NF	ST; QL(2 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 4 mg, 2 mg, 6 mg</i>	1	ST; QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>ropinirole hydrochloride tb24 8 mg, 12 mg</i>	1	ST; QL(2 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, 25 mg, 10 mg, 100 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</i>	0	QL(1 ea daily,30 day(s) limit)
<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	1	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 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	2	QL(1 ea daily,30 day(s) limit)
TRUVADA TABS 200 MG-300 MG (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)

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Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE SUSP 50 MG/5ML (<i>Use nevirapine</i>)	NF	QL(40 ml daily)
VIRAMUNE TABS 200 MG (<i>Use nevirapine</i>)	NF	QL(2 ea daily)
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)

Drug Name	Drug Tier	Requirements/Limits
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
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)

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

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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/af)</i>)	NF	
BETAPACE TABS (<i>Use sotalol hcl</i>)	NF	QL(2 ea daily)
CORGARD TABS (<i>Use nadolol</i>)	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NF	
<i>nadolol tabs</i>	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/af) 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, 300 MG, 180 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, 60 mg, 30 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 20 mg, 30 mg, 40 mg, 17 mg, 34 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>ketoconazole (topical) crea 2 %</i>	1	
<i>ketoconazole (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,
NAFTIN CREA 2 % (<i>Use naftifine hcl</i>)	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN GEL 1 % (<i>Use 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 (<i>Use 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,
OXISTAT CREA (<i>Use oxiconazole nitrate</i>)	NF	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

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

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Drug Name	Drug Tier	Requirements/Limits
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,
<i>PRUDOXIN CREA (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,
<i>ZONALON CREA (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)
<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)

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SOAJ	4	PA; QL(0.036 ml daily)
COSENTYX SENSOREADY PEN SOAJ	4	PA; QL(0.072 ml daily)
COSENTYX SOSY	4	PA; QL(0.036 ml daily)
COSENTYX SOSY	4	PA; QL(0.072 ml daily)
DOVONEX CREA (Use calcipotriene)	NF	PA; QL(4 gm daily)
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (Use methoxsalen rapid)	NF	QL(4 ea daily)
SKYRIZI PSKT	4	PA; QL(0.012 ea daily)
SORIATANE CAPS 10 MG (Use acitretin)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (Use acitretin)	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 % (Use tazarotene)	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)
VECTICAL OINT (Use calcitriol (topical))	1	QL(3.34 gm daily)
Antiseborrheic Products		
<i>selenium sulfide lotn</i>	1	
Antivirals - Topical		

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Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir topical crea</i>	1	
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	3	QL(0.18 gm daily)
ZOVIRAX CREA EX 5 % (Use <i>acyclovir topical</i>)	NF	
ZOVIRAX OINT EX 5 % (Use <i>acyclovir topical</i>)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (Use <i>silver sulfadiazine</i>)	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use <i>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	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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 (Use <i>clocortolone pivalate</i>)	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (Use <i>flurandrenolide</i>)	NF	
CORDRAN LOTN 0.05 % (Use <i>flurandrenolide</i>)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	

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Drug Name	Drug Tier	Requirements/ Limits
CUTIVATE LOTN (<i>Use fluticasone propionate</i>)	NF	QL(6 ml daily)
DERMA-SMOOTH/FS BODY OIL (<i>Use fluocinolone acetonide</i>)	NF	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
DERMA-SMOOTH/FS SCALP OIL (<i>Use fluocinolone acetonide</i>)	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 (<i>Use desonide</i>)	NF	QL(4 gm daily)
DESOWEN LOTN (<i>Use desonide</i>)	NF	QL(4 ml 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 (<i>Use betamethasone dipropionate augmented</i>)	NF	
DIPROLENE OINT (<i>Use betamethasone dipropionate augmented</i>)	NF	
ELOCON CREA (<i>Use 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,
<i>fluocinolone acetonide oil 0.01 %</i>	1	
<i>fluocinolone acetonide oint 0.025 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use 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	
HYDROCORTISONE ACETATE/LIDOCAINE HYDROCHLORIDE CREA (<i>Use lidocaine-hydrocortisone acetate</i>)	NF	

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

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

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Drug Name	Drug Tier	Requirements/ Limits
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	
<i>lidocaine ptch 5 %</i>	1	PA
<i>lidocaine-prilocaine crea</i>	1	QL(1 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
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	
EURAX CREA	3	
EURAX LOTN (<i>Use crotamiton</i>)	NF	PA

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Drug Name	Drug Tier	Requirements/ Limits
<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	
GOJJI BLOOD KETONE TEST STRIPS STRP	1	
KETONE STRP	1	

Drug Name	Drug Tier	Requirements/ Limits
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 GLUCOSE TEST 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)
KEVEYIS TABS	4	PA; QL(4 ea daily)
<i>methazolamide tabs</i>	1	QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
Diuretic Combinations		
ALDACTAZIDE TABS 25 MG-25 MG (<i>Use spironolactone & hydrochlorothiazide</i>)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE-25 TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	
<i>spironolactone & hydrochlorothiazide tabs</i>	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 (<i>Use bumetanide</i>)	NF	QL(5 ea daily)
DEMADEX TABS (<i>Use torsemide</i>)	NF	
EDECIN TABS (<i>Use 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 (<i>Use furosemide</i>)	NF	
<i>torsemide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use spironolactone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS (<i>Use 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 (<i>Use risedronate sodium</i>)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (<i>Use risedronate sodium</i>)	NF	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG (<i>Use risedronate sodium</i>)	NF	PA; QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.143 ea daily)
<i>alendronate sodium tabs 40 mg, 10 mg, 5 mg</i>	1	QL(1 ea daily)
AELVIA TBEC (<i>Use risedronate sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (<i>Use ibandronate sodium</i>)	NF	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
BONIVA TABS OR 150 MG (Use <i>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 (Use <i>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 (Use <i>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
<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

Drug Name	Drug Tier	Requirements/ Limits
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 (Use <i>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
NORDITROPIN FLEXPRO SOPN 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NUTROPIN AQ NUSPIN 10 SOPN	4	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
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
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NF	PA
<i>calcitriol caps</i>	1	
<i>calcitriol soln</i>	1	
CARBAGLU TABS	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hcl tabs</i>	4	PA; QL(4 ea daily); SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps or 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
<i>doxercalciferol soln iv 4 mcg/2ml</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	
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

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Drug Name	Drug Tier	Requirements/Limits
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	
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN SOLN (<i>Use octreotide acetate</i>)	NF	PA; SP
SIGNIFOR SOLN	4	PA

Drug Name	Drug Tier	Requirements/Limits
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	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
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,

Drug Name	Drug Tier	Requirements/Limits
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	
<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)

Drug Name	Drug Tier	Requirements/Limits
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 5 mg, 10 mg</i>	1	QL(6 ea daily)
REGLAN TABS (Use <i>metoclopramide hcl</i>)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24 (Use <i>mesalamine</i>)	NF	
ASACOL HD TBEC (Use <i>mesalamine</i>)	NF	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC (Use <i>sulfasalazine</i>)	NF	
AZULFIDINE TABS (Use <i>sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP (Use <i>mesalamine</i>)	NF	
COLAZAL CAPS (Use <i>balsalazide disodium</i>)	NF	
DELZICOL CPDR (Use <i>mesalamine</i>)	NF	
DIPENTUM CAPS	2	
INFLECTRA SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
LIALDA TBEC (Use <i>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	
<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)

Drug Name	Drug Tier	Requirements/Limits
RENFLEXIS SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
STELARA SOLN IV 130 MG/26ML	4	PA
<i>sulfasalazine tabs</i>	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)
LOTRONEX TABS (Use <i>alose tron hcl</i>)	NF	QL(2 ea daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan caps</i>	1	
ENTEREG CAPS (Use <i>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 (Use <i>lanthanum carbonate</i>)	NF	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	2	
RENVELA PACK (Use <i>sevelamer carbonate</i>)	NF	
RENVELA TABS (Use <i>sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate pack</i>	1	
<i>sevelamer carbonate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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)
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
DUZALLO TABS	3	PA
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)
ZURAMPIC TABS	3	PA
ZYLOPRIM TABS (<i>Use allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		

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Drug Name	Drug Tier	Requirements/Limits
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)
PLAVIX TABS (<i>Use clopidogrel bisulfate</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
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
ZARXIO SOSY	4	PA; 30 rtl lmt day(s), 30 mail lmt day(s),
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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	
<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		

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Drug Name	Drug Tier	Requirements/Limits
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)
<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		

Drug Name	Drug Tier	Requirements/Limits
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
<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	

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Drug Name	Drug Tier	Requirements/Limits
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		
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)

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<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)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
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	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	

Drug Name	Drug Tier	Requirements/ Limits
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	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 SAFETYLANCETS 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)
ADVOCATE LANCING DEVICE MISC	1	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1	
ADVOCATE SAFETY LANCETS 26G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
EZ SMART BLOOD GLUCOSE LANCETS MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 21G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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	
GENTEEL LANCING DEVICE/STATELY SILVER MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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)
GNP LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
KROGER LANCETS MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
LONGS LANCETS THIN MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
MEDLANCE/LITE MISC	1	QL(6.6667 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
SMARTTEST 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

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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/ULTRA- FINE/32G X 6MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA- FINE/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/ULTRA- FINE/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTR A-FINE/29G X 12.7MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC

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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)

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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)
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 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 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)
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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)
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
HM ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

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Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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/1ML/31G 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
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16" MISC	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
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
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/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)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
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
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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
PURE COMFORT PEN NEEDLE 32G X6MM MISC	1	QL(5 ea daily)

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

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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 NEEDLES31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES32G X 4MM MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT PEN NEEDLES32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES32G 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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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 MISC	1	QL(5 ea daily); RX/OTC
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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)		
AIMOVIK 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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT (<i>Use sumatriptan</i>)	NF	QL(0.2 ea daily); AL(At least 18 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE REFILL SOCT (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS OR 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)
RELPAK 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)
<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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
ZOLMITRIPTAN SOLN NA 2.5 MG, 5 MG	3	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	3	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG, 5 MG (Use <i>zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG ZMT TBDP (Use <i>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	

Drug Name	Drug Tier	Requirements/ Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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 (Use <i>potassium chloride</i>)	NF	
K-TAB TBCR 8 MEQ (Use <i>potassium chloride</i>)	1	
<i>potassium acetate soln</i>	1	
<i>potassium bicarb & chloride tbf</i>	1	
<i>potassium bicarbonate tbf</i>	1	
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbc</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	PA
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 tbc or 10 meq, 8 meq</i>	1	
Sodium		

Drug Name	Drug Tier	Requirements/Limits
<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 (Use <i>penicillamine</i>)	NF	PA
DEPEN TITRATABS TABS (Use <i>penicillamine</i>)	NF	QL(8 ea daily)
<i>penicillamine caps</i>	1	PA
<i>penicillamine tabs</i>	1	QL(8 ea daily)
SYPRINE CAPS (Use <i>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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG (Use <i>everolimus (immunosuppressant)</i>)	NF	PA; QL(20 ea daily); SP
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	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 or</i>	1	
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</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		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
DEBACTEROL SOLN	2	
PERIDEX SOLN (Use <i>chlorhexidine gluconate (mouth-throat)</i>)	NF	
Dental Products		
<i>stannous fluoride conc</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		

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Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (mouth) pste</i>	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)
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

Drug Name	Drug Tier	Requirements/ Limits
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
PRENATAL LOW IRON TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
PRENATAL 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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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		
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)

Drug Name	Drug Tier	Requirements/Limits
ROBAXIN TABS OR 500 MG (<i>Use methocarbamol</i>)	NF	
ROBAXIN-750 TABS (<i>Use methocarbamol</i>)	NF	
SKELAXIN TABS (<i>Use metaxalone</i>)	NF	QL(4 ea daily)
SOMA TABS (<i>Use carisoprodol</i>)	NF	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS (<i>Use tizanidine hcl</i>)	NF	
ZANAFLEX TABS (<i>Use tizanidine hcl</i>)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (<i>Use dantrolene sodium</i>)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 100 mg, 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 (<i>Use olopatadine hcl (nasal)</i>)	NF	
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	
FLOXONASE ALLERGY RELIEF CHILDRENS SUSP (<i>Use fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
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		
BETAGAN SOLN (Use levobunolol hcl)	NF	
betaxolol hcl (ophth) soln	1	
carteolol hcl (ophth) soln	1	
COMBIGAN SOLN	2	
COSOPT SOLN (Use dorzolamide hcl-timolol maleate)	NF	
dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml	1	
levobunolol hcl soln	1	
timolol maleate (ophth) solg 0.25 %, 0.5 %	1	
timolol maleate (ophth) soln 0.25 %, 0.5 %	1	
TIMOPTIC SOLN (Use timolol maleate (ophth))	NF	
TIMOPTIC-XE SOLG (Use timolol maleate (ophth))	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (Use tropicamide)	NF	
tropicamide soln	1	

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Drug Name	Drug Tier	Requirements/ Limits
Miotics		
ISOPTO CARPINE SOLN (Use pilocarpine hcl)	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln</i>	1	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.15 % (Use brimonidine tartrate)	NF	
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 0.5 % (Use apraclonidine hcl)	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 sulfacetamide sodium (ophth))	NF	
CILOXAN SOLN (Use ciprofloxacin hcl (ophth))	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<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	

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

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Drug Name	Drug Tier	Requirements/Limits
DUREZOL EMUL	3	PA
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i>)	NF	
FML OINT	3	PA
LOTEMAX GEL	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (Use <i>loteprednol etabonate</i>)	NF	PA
<i>loteprednol etabonate susp</i>	1	PA
MAXIDEX SUSP	3	PA
MAXITROL OINT (Use <i>neomycin-polymyx-dexameth</i>)	NF	
MAXITROL SUSP (Use <i>neomycin-polymyx-dexameth</i>)	NF	
<i>neomycin-polymyx-dexameth oint</i>	1	
<i>neomycin-polymyx-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
OMNIPRED SUSP (Use <i>prednisolone acetate (ophth)</i>)	NF	
PRED FORTE SUSP (Use <i>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	

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX SUSP (Use <i>tobramycin-dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone susp</i>	1	
Ophthalmics - Misc.		
ACULAR LS SOLN (Use <i>ketorolac tromethamine (ophth)</i>)	NF	
ACULAR SOLN (Use <i>ketorolac tromethamine (ophth)</i>)	NF	
ALOCRIAL 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 (Use <i>epinastine hcl (ophth)</i>)	NF	
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	
LASTACFT SOLN	3	PA

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Drug Name	Drug Tier	Requirements/Limits
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		
<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	

Drug Name	Drug Tier	Requirements/Limits
CIPRODEX SUSP (<i>Use ciprofloxacin-dexamethasone</i>)	NF	PA
<i>ciprofloxacin-dexamethasone susp</i>	1	PA
<i>ciprofloxacin-fluocinolone acetone 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 acetone</i>)	3	PA; QL(0.5 ea daily)
Otic Steroids		
DERMOTIC OIL (<i>Use fluocinolone acetone (otic)</i>)	NF	
<i>fluocinolone acetone (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		
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

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Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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 amoxicillin & pot clavulanate)	NF	
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN TABS 125 MG-500 MG, 125 MG-875 MG (Use amoxicillin & pot clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
UNASYN BULK PACK SOLR (Use ampicillin & sulbactam sodium)	NF	
UNASYN SOLR (Use ampicillin & sulbactam sodium)	NF	
ZOSYN SOLR 0.25 GM-2 GM, 0.375 GM-3 GM, 0.5 GM-4 GM, 36 GM-4.5 GM (Use piperacillin sodium-tazobactam sodium)	NF	
Penicillinase-Resistant Penicillins		
<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 (Use norethindrone acetate)	NF	
<i>medroxyprogesterone acetate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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-Cataleptic Agents		
XYREM SOLN	4	PA; QL(18 ml daily); SP
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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

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Drug Name	Drug Tier	Requirements/Limits
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>)	NF	PA; QL(1 ml daily); SP
COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	NF	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 sosy 20 mg/ml</i>	3	PA; QL(1 ml daily); SP
<i>glatiramer acetate sosy 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
OCREVUS SOLN	4	PA
PLEGRIDY SOPN	4	PA; QL(0.0357 ml daily)
PLEGRIDY SOSY	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

Drug Name	Drug Tier	Requirements/Limits
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		
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	

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Drug Name	Drug Tier	Requirements/Limits
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
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)

Drug Name	Drug Tier	Requirements/Limits
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)
<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 (<i>Use minocycline hcl</i>)	NF	QL(3 ea daily)
<i>minocycline hcl caps 50 mg, 100 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 (<i>Use doxycycline hyclate</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hcl caps</i>	1	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (<i>Use doxycycline hyclate</i>)	NF	QL(2 ea daily)
XIMINO CP24 135 MG, 45 MG, 90 MG (<i>Use minocycline hcl</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
TAPAZOLE TABS (<i>Use methimazole</i>)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>Use thyroid</i>)	2	QL(1 ea daily)
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NF	
<i>levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	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 (<i>Use levothyroxine sodium</i>)	2	
<i>thyroid tabs</i>	1	QL(1 ea daily)
TRIOSTAT SOLN (<i>Use liothyronine sodium</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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 (<i>Use esomeprazole magnesium</i>)	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (<i>Use esomeprazole magnesium</i>)	NF	QL(1 ea daily)
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	QL(2 ea daily)
<i>omeprazole cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
<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)
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 ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
<i>nitrofurantoin monohydr macro caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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 syrup</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)
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 (Use <i>bethanechol chloride</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
URECHOLINE TABS 25 MG (Use bethanechol chloride)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	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,
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,

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

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Drug Name	Drug Tier	Requirements/ Limits
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,
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,

Drug Name	Drug Tier	Requirements/ Limits
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,
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	

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Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 SUSY	0	
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	1 rtl MAX fill,365 rtl day(s) supply,
ZOSTAVAX SUSR	0	1 rtl pack lmt amt,999 rtl pack lmt day(s),; AL(At least 50 yrs old)
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA INST	3	PA
Spermicides		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml</i>	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,
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	2	QL(2 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply,
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	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 <i>epinephrine (anaphylaxis)</i>)	NF	
EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	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		
<i>midodrine hcl tabs</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol caps 1.25 mg, 50000 unit</i>	1	
<i>cholecalciferol tabs 400 unit</i>	0	
DRISDOL CAPS (Use <i>ergocalciferol</i>)	0	
<i>ergocalciferol caps or 1.25 mg, 50000 unit</i>	0	
<i>ergocalciferol soln or 8000 unit/ml</i>	1	
VITAMIN D2 TABS	0	AL(At least 65 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Water Soluble Vitamins		
<i>niacin cpcr or 250 mg, 500 mg</i>	1	
<i>niacin tabs or 50 mg, 250 mg, 100 mg, 500 mg</i>	1	
<i>niacin tbcr or 750 mg, 250 mg, 500 mg</i>	1	
NIACIN TR TBCR	1	
<i>niacinamide tabs or 100 mg, 500 mg</i>	1	
SLO-NIACIN TBCR (Use <i>niacin</i>)	1	

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1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	91	ACCU-CHEK SAFE-T-PRO PLUSLANCETS	78	ADEMPAS	51
1ST TIER UNIFINE PENTIPS29GX12MM	91	ACCU-CHEK SOFTCLIX LANCETS	78	ADIPEX-P	1
1ST TIER UNIFINE PENTIPS31GX6MM	91	ACCUPRIL	31	ADJUSTABLE LANCING DEVICE	78
1ST TIER UNIFINE PENTIPS31GX8MM	91	ACCURETIC	32	ADRENALIN	143
1ST TIER UNIFINE PENTIPS32GX4MM	91	acebutolol hcl	48	ADVAIR DISKUS	14
1ST TIER UNIFINE PENTIPS32GX6MM	91	acetaminophen w/ codeine	8	ADVAIR HFA	14
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	91	acetaminophen-caff- dihydrocod	8	ADVANCED MOBILE LANCET 30G	78
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	91	acetazolamide	65	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	91
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	91	acetazolamide sodium	65	ADVOCATE INSULIN PEN NEEDLES 31GX5MM	91
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX 12MM	91	acetic acid	72	ADVOCATE INSULIN PEN NEEDLES 31GX8MM	91
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	91	acetic acid (otic)	133	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2"	91
1ST TIER UNILET COMFORTOUCH LANCETS 28G	78	acetylcysteine	56	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16"	91
1ST TIER UNILET COMFORTOUCH LANCETS 30G	78	ACIPHEX	139	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16"	91
abacavir sulfate	44	acitretin	60	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2"	91
abacavir sulfate-lamivudine	44	ACTHAR	67	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16"	91
abacavir sulfate-lamivudine- zidovudine	44	ACTHIB	141	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16"	92
ABELCET	27	ACTI-LANCE LANCETS 28G	78	ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	92
ABILIFY	44	ACTI-LANCE LITE SAFETY LANCETS 28G	78	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	92
abiraterone acetate	36	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	78	ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	92
ABOUTTIME PEN NEEDLE 32GX 5/32"	91	ACTI-LANCE SPECIAL SAFETYLANCETS 17G	78	ADVOCATE LANCETS	78
ABOUTTIME PEN NEEDLES 30GX 5/16"	91	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	78	ADVOCATE LANCETS 30G	78
ABOUTTIME PEN NEEDLES 31G X 3/16"	91	ACTIGALL	70	ADVOCATE LANCING DEVICE	78
ABOUTTIME PEN NEEDLES 31G X 5/16"	91	ACTIMMUNE	40	ADVOCATE RAPID-SAFE LANCING DEVICE	78
ABRAXANE	40	ACTIQ	6	ADVOCATE SAFETY LANCETS	79
acamprosate calcium	135	ACTONEL	66	ADVOCATE SAFETY LANCETS 26G	78
acarbose	23	ACTOPLUS MET	23	ADZENYS ER	1
ACCOLATE	14	ACTOS	24	AFINITOR	38
ACCU-CHEK FASTCLIX LANCETS	78	ACULAR	132	AFLURIA 2018-2019	141
ACCU-CHEK MULTICLIX LANCETS	78	ACULAR LS	132	AFLURIA PF 2018-2019	141
ACCU-CHEK SAFE-T-PRO LANCETS	78	acyclovir	47,48		
		acyclovir topical	61		
		ADACEL	138		
		ADAGEN	3		
		ADALAT CC	49		
		adapalene	56		
		adapalene-benzoyl peroxide	56		
		ADCETRIS	36		
		ADCIRCA	51		
		ADDERALL	1		
		ADDERALL XR	1		
		adefovir dipivoxil	47		

AFLURIA QUADRIVALENT 2018-2019	141	ALPHAGAN P	131	AMPYRA	135
AFLURIA QUADRIVALENT 2019-2020	141	alprazolam	13	ANADROL-50	9
AFLURIA QUADRIVALENT 2020-2021	141	ALREX	131	ANAFRANIL	23
AGAMATRIX ULTRA-THIN LANCETS 33G	79	ALTABAX	57	anagrelide hcl	73
AGGRENOLX	73	ALTACE	31	anastrozole	36
AGRYLIN	73	ALTERNATE SITE LANCING DEVICE	79	ANCOBON	27
AIMOVIG	123	ALTOPREV	30	ANDRODERM	9
AIMSCO LUBRICATED	77	alvimopan	71	ANDROGEL	10
AIMSCO TWIST LANCETS 32G	79	amantadine hcl	41	ANNOVERA	53
AIMSCO TWIST LANCETS 33G	79	AMARYL	25	ANORO ELLIPTA	15
AIRDUO RESPICLICK 113/14	14	AMBIEN	75	ANTABUSE	135
AIRDUO RESPICLICK 232/14	14	AMBIEN CR	75	ANUSOL-HC	10
AIRDUO RESPICLICK 55/1414		AMBISOME	27	ANZEMET	26
AKYNZEO	27	ambrisentan	50	APOKYN	41
albendazole	10	amcinonide	61	apraclonidine hcl	131
ALBENZA	10	AMCINONIDE	61	aprepitant	27
albuterol sulfate	14,15	AMERGE	124	APRISO	71
ALCAINE	131	AMICAR	74	APTIOM	17
alclometasone dipropionate	61	amikacin sulfate	3	APTIVUS	44
ALDACTAZIDE	66	amiloride & hydrochlorothiazide	66	AQUA LANCE ADJUSTABLE LANCING DEVICE	79
ALDACTONE	66	amiloride hcl	66	AQUALANCE LANCETS ULTRA THIN 30G	79
ALDARA	64	aminocaproic acid	74	ARALAST NP	137
ALDURAZYME	68	aminophylline	15	ARANESP ALBUMIN FREE	73
alendronate sodium	66	amiodarone hcl	13	ARAVA	5
alfuzosin hcl	72	AMITIZA	70	ARCALYST	4
ALIMTA	35	amitriptyline hcl	23	ARCAPTA NEOHALER	15
ALINIA	11	amlodipine besylate	49	ARICEPT	135
aliskiren fumarate	33	amlodipine besylate- atorvastatin calcium	50	ARIKAYCE	3
ALKERAN	35	amlodipine besylate-benazepril hcl	32	ARIMIDEX	36
ALLEGRA ALLERGY	28	amlodipine besylate-olmesartan medoxomil	32	aripiprazole	44
ALLEGRA ALLERGY CHILDRENS	28	amlodipine besylate- valsartan	32	ARIXTRA	16
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	55	amlodipine-valsartan- hydrochlorothiazide	32	armodafinil	2
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	55	amoxapine	23	ARMOUR THYROID	138
allopurinol	72	amoxicillin	134	ARNUITY ELLIPTA	14
almotriptan malate	124	amoxicillin & pot clavulanate	134	AROMASIN	36
ALOCRIAL	132	amphetamine- dextroamphetamine	1	ARRANON	35
alogliptin benzoate	24	amphotericin b	27	arsenic trioxide	40
ALOMIDE	132	ampicillin	134	ARTHROTEC 50	4
alosectron hcl	71	ampicillin & sulbactam sodium	134	ARTHROTEC 75	4
ALOXI	26	ampicillin sodium	134	ARZERRA	36
				ASACOL HD	71
				asenapine maleate	43
				aspirin	6
				aspirin-dipyridamole	73

ASSURE COMFORT LANCETS ULTRA THIN 28G.....	79	AURORA PEN NEEDLES 29GX12MM.....	92	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16".....	92
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G.....	79	AURORA PEN NEEDLES 31G X6MM.....	92	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	92
ASSURE HAEMOLANCE PLUS LOW FLOW 25G.....	79	AURORA PEN NEEDLES 31G X8MM.....	92	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	92
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G.....	79	AURORA UNIFINE PENTIPS/32GX5/32".....	92	bacitracin.....	10
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G.....	79	AURORA UNIFINE PENTIPS/MINI/31GX3/16"	92	bacitracin (ophthalmic).....	131
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE.....	79	AUSTEDO.....	135	baclofen.....	129
ASSURE ID INSULIN SAFETYSYRINGE/U- 100/0.5ML/29G X 1/2".....	92	AUTO-LANCET.....	79	BACTRIM.....	11
ASSURE ID INSULIN SAFETYSYRINGE/U- 100/1ML/29G X 1/2".....	92	AUTO-LANCET MINI.....	79	BACTRIM DS.....	11
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16".....	92	AUTOLET IMPRESSION LANCING DEVICE.....	79	BALCOLTRA.....	52
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16".....	92	AUTOLET LANCING DEVICE.....	79	balsalazide disodium.....	71
ASSURE LANCE LANCETS 21G.....	79	AUTOLET MINI.....	79	BALVERSA.....	38
ASSURE LANCE PLUS SAFETYLANCETS 25G.....	79	AUTOLET PLUS.....	79	BANZEL.....	17
ASSURE LANCE PLUS SAFETYLANCETS 30G.....	79	AVALIDE.....	32	BAQSIMI ONE PACK.....	24
ASSURE LANCE SAFETY LANCET 28G.....	79	AVANDIA.....	24	BAQSIMI TWO PACK.....	24
ASSURE LANCETS.....	79	AVAPRO.....	31	BARACLUDGE.....	47
ATACAND.....	31	AVELOX.....	70	BASAGLAR KWIKPEN.....	24
ATACAND HCT.....	32	AVODART.....	72	BAXDELA.....	70
atazanavir sulfate.....	44	AVONEX.....	136	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2".....	92
ATELVIA.....	66	AVONEX PEN.....	136	BD AUTOSHIELD 29G X 5/16".....	92
atenolol.....	48	AYGESTIN.....	134	BD INSULIN SYRINGE LUER- LOK/U-100/1ML.....	92
atenolol & chlorthalidone.....	32	AYVAKIT.....	38	BD INSULIN SYRINGE MICROFINE IV/U- 100/0.5ML/28G X 1/2".....	92
ATGAM.....	126	azacitidine.....	35	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8".....	92
ATIVAN.....	13	AZACTAM.....	12	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2".....	92
atomoxetine hcl.....	2	AZASAN.....	126	BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2".....	92
atorvastatin calcium.....	30	AZASITE.....	131	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8".....	92
atovaquone.....	11	AZATHIOPRINE.....	126	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2".....	92
atovaquone-proguanil hcl.....	33	azathioprine.....	126	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	92
ATRIPLA.....	44	azelaic acid.....	64	BD INSULIN SYRINGE SLIP TIP/U-100/1ML.....	92
atropine sulfate.....	138	azelastine hcl.....	129	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM.....	92
ATROVENT HFA.....	14	azelastine hcl (ophth).....	132		
AUBAGIO.....	135	AZELEX.....	56		
AUGMENTIN.....	134	AZILECT.....	42		
AUGMENTIN ES-600.....	134	azithromycin.....	76		
AURORA LANCET SUPER THIN30G.....	79	AZOR.....	32		
AURORA LANCET THIN 23G.....	79	aztreonam.....	12		
		AZULFIDINE.....	71		
		AZULFIDINE EN-TABS.....	71		
		B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16".....	92		
		B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16".....	92		

BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 8MM	92	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	93	BELVIQ	2
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 12.7MM	92	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	93	benazepril & hydrochlorothiazide	32
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 8MM	93	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	93	benazepril hcl	31
BD INSULIN SYRINGE ULTRAFINE/1/2 UNIT/0.3ML/31G X 8MM	93	BD LANCET ULTRAFINE 30G	79	BENICAR	31
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	93	BD LANCET ULTRAFINE 33G	79	BENICAR HCT	32
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	93	BD MICROTAINER LANCETS	79	BENZAACLIN	56
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	93	BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	93	BENZAACLIN WITH PUMP	56
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	93	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	93	BENZAMYCIN	56
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	93	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	93	BENZEFOAM	56
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	93	BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	93	BENZEFOAM ULTRA	56
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	93	BD PEN NEEDLE/ORIGINAL/ULTRAFINE/29G X 12.7MM	93	benzonatate	55
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	93	BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	93	benzoyl peroxide	56
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	93	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	94	BENZOYL PEROXIDE CLEANSER	56
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	93	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"	94	benzoyl peroxide-erythromycin	56
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2"	93	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	94	benztropine mesylate	41
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	93	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	94	BEPREVE	132
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	93	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16"	94	BETAGAN	130
BD INSULIN SYRINGE/1ML/27G X 12.7MM	93	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	94	betamethasone dipropionate (topical)	61
BD INSULIN SYRINGE/1ML/29G X 12.7MM	93	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	94	betamethasone dipropionate augmented	61
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	93	BELSOMRA	75	betamethasone valerate	61
				BETAPACE	49
				BETAPACE AF	49
				BETASERON	136
				betaxolol hcl	48
				betaxolol hcl (ophth)	130
				bethanechol chloride	140
				BEVESPI AEROSPHERE	15
				BEVYXXA	16
				bexarotene	40
				BEXSERO	141
				BEYAZ	52
				bicalutamide	36
				BICNU	35
				BIDIL	50
				BIKTARVY	44
				BILTRICIDE	10
				bimatoprost	133
				bisacodyl	76
				bisoprolol & hydrochlorothiazide	32
				bisoprolol fumarate	48
				bleomycin sulfate	37
				BLEPH-10	131
				BONIVA	66,67

BOOSTRIX.....	138	BUTRANS.....	9	CAREFINE PEN NEEDLE	
BORTEZOMIB.....	38	BYSTOLIC.....	48	32GX4MM.....	94
bosentan.....	50	cabergoline.....	69	CAREFINE PEN NEEDLES	
BOSULIF.....	38	CABLIVI.....	73	29GX1/2".....	94
BOTOX.....	130	CADUET.....	50	CAREFINE PEN NEEDLES	
BRAFTOVI.....	38	CAFERGOT.....	123	30GX5/16".....	94
BREO ELLIPTA.....	15	CALAN.....	49	CAREFINE PEN NEEDLES	
BRILINTA.....	73	CALAN SR.....	49	31GX6MM.....	94
brimonidine tartrate.....	131	calcipotriene.....	60	CAREFINE PEN NEEDLES	
BRIVIACT.....	17	calcipotriene-betamethasone		31GX8MM.....	94
bromfenac sodium (ophth).....	132	dipropionate.....	61	CAREFINE PEN NEEDLES	
bromocriptine mesylate.....	41	calcitonin (salmon).....	67	32GX5MM.....	94
BROVANA.....	15	calcitriol.....	68	CAREFINE PEN NEEDLES	
BRUKINSA.....	38	calcitriol (topical).....	60	32GX6MM.....	94
budesonide.....	54	calcium acetate (phosphate		CAREONE ADVANCED	
budesonide (inhalation).....	14	binder).....	71	LANCINGDEVICE.....	79
budesonide (nasal).....	129	calcium chloride		CAREONE INSULIN	
budesonide-formoterol fumarate		(dihydrate).....	125	SYRINGES/0.3ML/30G X	
dihydrate.....	15	CALCIUM GLUCONATE.....	125	1/2".....	94
BULLSEYE MINI SAFETY		calcium gluconate.....	125	CAREONE INSULIN	
LANCETS.....	79	calcium polycarbophil.....	75	SYRINGES/0.3ML/31G X	
BULLSEYE SAFETY		CAMPATH.....	36	5/16".....	94
LANCETS.....	79	CAMPTOSAR.....	41	CAREONE INSULIN	
bumetanide.....	66	CANASA.....	71	SYRINGES/0.5ML/31G X	
BUMEX.....	66	CANCIDAS.....	27	1/2".....	94
BUNAVAIL.....	9	candesartan cilexetil.....	31	CAREONE INSULIN	
BUPHENYL.....	68	candesartan cilexetil-		SYRINGES/1ML/30G X 1/2".....	94
BUPRENEX.....	9	hydrochlorothiazide.....	32	CAREONE INSULIN	
buprenorphine.....	9	CAPASTAT SULFATE.....	34	SYRINGES/1ML/31GX5/16".....	94
buprenorphine hcl.....	9	capecitabine.....	35	CAREONE LANCET SUPER	
buprenorphine hcl-naloxone hcl		CAPRELSA.....	38	THIN/30G.....	79
dihydrate.....	9	captopril.....	31	CAREONE LANCET THIN.....	79
bupropion hcl.....	20,21	CARAC.....	59	CAREONE UNIFINE PENTIPS	
bupropion hcl (smoking		CARAFATE.....	139	29GX12MM.....	94
deterrent).....	136	CARBAGLU.....	68	CAREONE UNIFINE PENTIPS	
buspirone hcl.....	13	carbamazepine.....	17,18	31GX5MM.....	94
busulfan.....	35	CARBATROL.....	18	CAREONE UNIFINE PENTIPS	
BUSULFEX.....	35	carbidopa.....	41	31GX6MM.....	94
butalbital-acetaminophen.....	5	carbidopa-levodopa.....	41	CAREONE UNIFINE PENTIPS	
butalbital-acetaminophen-		carbidopa-levodopa-		31GX8MM.....	94
caffeine.....	5	entacapone.....	41	CAREONE UNIFINE PENTIPS	
butalbital-acetaminophen-		carbinoxamine maleate.....	28	PEN NEEDLES 32GX4MM.....	94
caffeine w/ codeine.....	8	carboplatin.....	35	CAREONE UNIFINE PENTIPS	
butalbital-aspirin-caffeine.....	5	CARDIOCOM LANCING		PLUS PEN NEEDLES	
butalbital-aspirin-caffeine		DEVICE.....	79	29GX12MM.....	94
w/cod.....	8	CARDIZEM.....	49	CAREONE UNIFINE PENTIPS	
BUTALBITAL/ACETAMINOPHEN		CARDIZEM CD.....	49	PLUS PEN NEEDLES	
.....	5	CARDIZEM LA.....	49	31GX5MM.....	94
butenafine hcl.....	58	CARDURA.....	31	CAREONE UNIFINE PENTIPS	
butorphanol tartrate.....	9			PLUS PEN NEEDLES	
				31GX6MM.....	94
				CAREONE UNIFINE PENTIPS	
				PLUS PEN NEEDLES	
				31GX8MM.....	95

CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	95	cefprozil	51	CHORIONIC GONADOTROPIN	67
CARESENS LANCETS	79	ceftazidime	52	CIALIS	50
CARETOUCH LANCING DEVICewith EJECTOR	79	ceftriaxone sodium	52	CICLODAN SOLUTION KIT	58
CARETOUCH PEN NEEDLES 31G X 6 MM	95	cefuroxime axetil	51	ciclopirox	58
CARETOUCH PEN NEEDLES 31GX 5MM	95	cefuroxime sodium	51	ciclopirox olamine	58
CARETOUCH PEN NEEDLES 31GX 8MM	95	CELEBREX	4	cidofovir	47
CARETOUCH PEN NEEDLES 32GX 4MM	95	celecoxib	4	cilostazol	73
CARETOUCH PEN NEEDLES 32GX 5MM	95	CELESTONE-SOLUSPAN	54	CILOXAN	131
CARETOUCH SAFETY LANCETS/26G	79	CELEXA	21	CIMDUO	44
CARETOUCH SAFETY LANCETS/28G	79	CELLCEPT	126	cimetidine	139
CARETOUCH SAFETY LANCETS/30G	79	CELONTIN	20	cimetidine hcl	139
CARETOUCH TWIST LANCETS 28G	80	cephalexin	51	cinacalcet hcl	68
CARETOUCH TWIST LANCETS 30G	80	CERDELGA	73	CINRYZE	73
CARETOUCH TWIST LANCETS 33G	80	CEREBYX	20	CIPRO	70
carisoprodol	129	CEREZYME	73	CIPRO HC	133
carmustine	35	CESAMET	27	CIPRODEX	133
carteolol hcl (ophth)	130	cetirizine hcl	28	ciprofloxacin	70
carvedilol	48	cetirizine-pseudoephedrine	55	ciprofloxacin hcl	70
CASODEX	36	CETRAXAL	133	ciprofloxacin hcl (ophth)	131
caspofungin acetate	27	CETROTIDE	67	ciprofloxacin hcl (otic)	133
CATAPRES	31	cevimeline hcl	128	ciprofloxacin in d5w	70
CATAPRES-TTS-1	31	CHANTIX	136	ciprofloxacin-ciprofloxacin hcl	70
CATAPRES-TTS-2	31	CHANTIX CONTINUING MONTHPAK	136	ciprofloxacin-dexamethasone	133
CATAPRES-TTS-3	31	CHANTIX STARTING MONTH PAK	136	ciprofloxacin-fluocinolone acetonide	133
CAYA	77	CHEMET	26	cisplatin	35
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	138	CLARITIN CHILDRENS	28
cefepime hcl	52	chlorhexidine gluconate (mouth-throat)	127	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.....	36
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.....	29,30
				COLESTID FLAVORED.....	29
				colestipol hcl.....	30
				COLY-MYCIN S.....	133
				COLYTE-FLAVOR PACKS.....	75

COMBIGAN.....	130	CORLANOR.....	51	cyclosporine modified (for microemulsion).....	126
COMBIVIR.....	44	CORTEF.....	54	CYKLOKAPRON.....	74
COMETRIQ.....	38	CORTENEMA.....	10	CYMBALTA.....	22
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" 96		cortisone acetate.....	54	cyproheptadine hcl.....	29
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....	96	CORTISPORIN.....	58	CYSTADANE.....	68
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	96	CORTISPORIN-TC.....	133	CYSTAGON.....	72
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" 96		CORZIDE.....	32	CYSTARAN.....	132
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....	96	COSENTYX.....	60	cytarabine.....	36
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....	96	COSENTYX SENSOREADY PEN.....	60	CYTOMEL.....	138
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" 96		COSMEGEN.....	37	CYTOTEC.....	140
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" 96		COSOPT.....	130	CYTOVENE.....	47
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" 96		COUMADIN.....	16	D.H.E. 45.....	123
COMFORT ASSURED LANCETS MICRO THIN 33G.....	80	COZAAR.....	31	dacarbazine.....	40
COMFORT ASSURED LANCETS SUPER THIN 28G.....	80	CREON.....	65	DACOGEN.....	36
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	96	CRESEMBA.....	27	dactinomycin.....	37
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	96	CRESTOR.....	30	dalfampridine.....	136
COMFORT EZ MICRO/32G X 4MM.....	96	CRIVIVAN.....	44	DALIRESP.....	14
COMFORT EZ SHORT/31G X 8MM.....	96	cromolyn sodium.....	13	danazol.....	10
COMFORT EZ/31G X 5MM 96		cromolyn sodium (ophth) 132		DANTRIUM.....	129
COMFORT EZ/31G X 6MM 96		crotamiton.....	64	dantrolene sodium.....	129
COMFORT LANCETS.....	80	CUBICIN.....	11	dapsone.....	11
COMPLERA.....	44	CUBICIN RF.....	11	DAPTACEL.....	138
COMTAN.....	41	CUPRIMINE.....	126	DAPTOMYCIN.....	11
CONCERTA.....	2	CUTIVATE.....	62	daptomycin.....	11
CONTRAVE.....	2	CUVITRU.....	133	DARAPRIM.....	34
CONZIP.....	6	CVS LANCETS 21G.....	80	darifenacin hydrobromide..	140
COPAXONE.....	136	CVS LANCETS MICRO THIN 33G.....	80	DAUNORUBICIN HYDROCHLORIDE.....	37
COPIKTRA.....	38	CVS LANCETS MICRO-THIN 33G.....	80	DAURISMO.....	36
CORDRAN.....	61	CVS LANCETS ORIGINAL 80		DAYPRO.....	4
COREG.....	48	CVS LANCETS ORIGINAL 80		DAYTRANA.....	2
CORGARD.....	49	CVS LANCETS THIN 26G 80		DDAVP.....	69
		CVS LANCETS ULTRA THIN 30G.....	80	DEBACTEROL.....	127
		CVS LANCETS ULTRA-THIN 30G.....	80	decitabine.....	36
		CVS LANCING DEVICE... 80		deferasirox.....	26
		CVS PRENATAL.....	128	deferiprone.....	26
		CVS ULTRA THIN LANCETS.....	80	DELESTROGEN.....	69
		cyanocobalamin.....	73	DELSTRIGO.....	45
		cyclobenzaprine hcl.....	129	DELZICOL.....	71
		cyclophosphamide.....	35	DEMADEX.....	66
		cycloserine.....	34	demeclocycline hcl.....	137
		CYCLOSERINE.....	34	DEMEROL.....	6
		CYCLOSET.....	24	DENAVIR.....	61
		cyclosporine.....	126	DEPACON.....	20
				DEPAKENE.....	20
				DEPAKOTE.....	20

DEPAKOTE ER.....	20	DIATHRIVE LANCETS.....	80	DIPENTUM.....	71
DEPEN TITRATABS.....	126	DIATHRIVE LANCETS ULTRA		diphenhydramine hcl.....	28
DEPO-ESTRADIOL.....	69	THIN 30G.....	80	diphenoxylate w/ atropine...	26
DEPO-MEDROL.....	54	DIATHRIVE LANCING		DIPHThERIA/TETANUS	
DEPO-PROVERA		DEVICE.....	80	TOXOIDS ADSORBED	
CONTRACEPTIVE.....	54	DIATHRIVE PEN NEEDLE/31		PEDIATRIC.....	138
DEPO-SUBQ PROVERA		G X 6MM.....	97	DIPROLENE.....	62
104.....	54	DIATHRIVE PEN NEEDLE/31		DIPROLENE AF.....	62
DEPO-TESTOSTERONE.....	10	GX 8MM.....	97	dipyridamole.....	73
DERMA-SMOOTH/FS		DIATHRIVE PEN		disopyramide phosphate.....	13
BODY.....	62	NEEDLE/31GX 5MM.....	97	disulfiram.....	135
DERMA-SMOOTH/FS		DIATHRIVE PEN		DITROPAN XL.....	140
SCALP.....	62	NEEDLE/32GX 4MM.....	97	DIURIL.....	66
DERMOTIC.....	133	diazepam.....	13	divalproex sodium.....	20
DESCOVY.....	45	diazepam (anticonvulsant)...	17	DIVIGEL.....	69
desipramine hcl.....	23	diazoxide.....	24	docetaxel.....	40
desloratadine.....	28	DIBENZYLINE.....	31	DOCETAXEL.....	40
desmopressin acetate.....	69	DICLEGIS.....	27	docetaxel.....	40
desmopressin acetate spray		diclofenac epolamine.....	57	docusate calcium.....	76
refrigerated.....	69	diclofenac potassium.....	4	docusate sodium.....	76
desogestrel & ethinyl		diclofenac sodium.....	4	dofetilide.....	13
estradiol.....	52	diclofenac sodium (actinic		DOLOPHINE.....	6
desogestrel-ethinyl estradiol		keratoses).....	59	donepezil hydrochloride....	135
(biphasic).....	52	diclofenac sodium (ophth)	132	DOPTLET.....	74
desogestrel-ethinyl estradiol		diclofenac sodium (topical)	57	DORAL.....	75
(triphasic).....	52	diclofenac w/ misoprostol...	4	dorzolamide hcl.....	132
desonide.....	62	dicloxacillin sodium.....	134	dorzolamide hcl-timolol	
DESOWEN.....	62	dicyclomine hcl.....	138,139	maleate.....	130
desoximetasone.....	62	didanosine.....	45	DOVATO.....	45
DESOXYN.....	1	DIFFERIN.....	57	DOVONEX.....	60
desvenlafaxine succinate....	22	DIFICID.....	77	doxazosin mesylate.....	31
DETROL.....	140	diflorasone diacetate.....	62	doxepin hcl.....	23
DETROL LA.....	140	DIFLUCAN.....	27	doxepin hcl (antipruritic)...	60
dexamethasone.....	54	diflunisal.....	6	doxepin hcl (sleep).....	74
DEXAMETHASONE		digoxin.....	50	doxercalciferol.....	68
INTENSOL.....	54	dihydroergotamine		DOXIL.....	37
dexamethasone sodium		mesylate.....	123	doxorubicin hcl.....	38
phosphate.....	54	DILANTIN.....	20	doxorubicin hcl liposomal...	37
dexamethasone sodium		DILANTIN INFATABS.....	20	doxycycline (monohydrate)...	137
phosphate (ophth).....	131	DILANTIN-125.....	20	doxycycline hyclate.....	137
dexchlorpheniramine		DILAUDID.....	6	doxylamine-pyridoxine.....	27
maleate.....	28	diltiazem hcl.....	49	DRISDOL.....	144
DEXEDRINE.....	1	DILTIAZEM HCL.....	49	dronabinol.....	27
DEXILANT.....	139	diltiazem hcl.....	49	DROPLET INSULIN SYRINGE	
dexmethylphenidate hcl.....	2	diltiazem hcl coated beads	49	0.3ML/29G X 1/2".....	97
dextroamphetamine sulfate...	1	diltiazem hcl extended release	49	DROPLET INSULIN SYRINGE	
dextrose in lactated ringers	125	beads.....	49	0.5ML/29G X 1/2".....	97
DIACOMIT.....	18	dimethyl fumarate.....	136		
DIASTAT ACUDIAL.....	17	DIOVAN.....	31		
DIASTAT PEDIATRIC.....	17	DIOVAN HCT.....	32		

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

EASY TOUCH 32GX6MM	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/29GX1/2"	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/30GX1/2"	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/30GX5/16"	98	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	81	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	81
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	98	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	81	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	81
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	98	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	81	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	81
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	98	EASY TOUCH LANCETS 26G/PULL-TOP	81	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	81
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	98	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	81	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	81
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	98	EASY TOUCH LANCETS 28G/PULL-TOP	81	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	81
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	98	EASY TOUCH LANCETS 28G/TWIST	81	EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	99
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	98	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	81	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	99
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	99	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	81	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	99
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	99	EASY TOUCH LANCETS 30G/PULL-TOP	81	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	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/31GX5/16"	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 SYRINGE 1ML/30GX1/2"	99
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	99	EASY TOUCH LANCETS 32G/PULL-TOP	81	EASY TWIST & CAP LANCETS	81
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	99	EASY TOUCH LANCETS 32G/TWIST	81	econazole nitrate	58
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	99	EASY TOUCH LANCETS 33G/TWIST	81	EDARBI	31
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	99	EASY TOUCH LANCING DEVICE/EJECTOR	81	EDECRIN	66
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	99	EASY TOUCH PEN NEEDLE 30G X 5/16"	99	EDURANT	45
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	99	EASY TOUCH PEN NEEDLES 29GX1/2"	99	efavirenz	45
		EASY TOUCH PEN NEEDLES 31GX1/4"	99	efavirenz-emtricitabine-tenofovir	45
		EASY TOUCH PEN NEEDLES 31GX5/16"	99	disoproxil fumarate	45
		EASY TOUCH PEN NEEDLES 32GX1/4"	99	efavirenz-lamivudine-tenofovir	45
				disoproxil fumarate	45
				EFFEXOR XR	22
				EFFIENT	73
				EFUDEX	59
				EGRIFTA	67
				EGRIFTA SV	67

ELAPRASE.....	68	emtricitabine.....	45	EQL INSULIN	
ELELYSO.....	73	emtricitabine-tenofovir		SYRINGE/0.5ML/30G X	
ELESTAT.....	132	disoproxil fumarate.....	45	5/16".....	100
ELESTRIN.....	69	EMTRIVA.....	45	EQL INSULIN	
eletriptan hydrobromide....	124	EMVERM.....	10	SYRINGE/0.5ML/31G X	
ELIDEL.....	64	ENABLEX.....	140	5/16".....	100
ELIGARD.....	37	enalapril maleate.....	31	EQL INSULIN	
ELIMITE.....	64	enalapril maleate &		SYRINGE/1ML/29G X 1/2".....	100
ELIQUIS.....	16	hydrochlorothiazide.....	32	EQL INSULIN	
ELIQUIS STARTER PACK..	16	ENBREL.....	5	SYRINGE/1ML/30G X	
ELITE-THIN INSULIN		ENBREL MINI.....	5	5/16".....	100
SYRINGE/0.3ML/31G X		ENBREL SURECLICK.....	5	EQL INSULIN	
5/16".....	99	ENGERIX-B.....	141	SYRINGE/1ML/31G X	
ELITE-THIN INSULIN		enoxaparin sodium.....	16	5/16".....	100
SYRINGE/0.5ML/29G X 1/2".....	99	entacapone.....	41	EQL PRENATAL	
ELITE-THIN INSULIN		entecavir.....	47	FORMULA.....	128
SYRINGE/0.5ML/30G X		ENTEREG.....	71	EQL SUPER THIN LANCETS	
5/16".....	100	ENTOCORT EC.....	54	30G.....	81
ELITE-THIN INSULIN		ENTRESTO.....	50	EQL THIN LANCETS 26G.....	81
SYRINGE/1ML/30G X		EPCLUSA.....	47	EQUETRO.....	42
5/16".....	100	EPIDIOLEX.....	18	ERAXIS.....	27
ELITE-THIN INSULIN		EPIDUO.....	57	ERBITUX.....	36
SYRINGE/U-100/0.5ML/28G X		epinastine hcl (ophth).....	132	ergocalciferol.....	144
1/2".....	100	epinephrine (anaphylaxis).....	144	ergoloid mesylates.....	136
ELITE-THIN INSULIN		EPIPEN 2-PAK.....	144	ERGOMAR.....	124
SYRINGE/U-100/0.5ML/31G X		EPIPEN-JR 2-PAK.....	144	ergotamine w/ caffeine.....	123
5/16".....	100	epirubicin hcl.....	38	ERIVEDGE.....	36
ELITE-THIN INSULIN		EPIVIR.....	45	erlotinib hcl.....	38
SYRINGE/U-100/1ML/28G X		EPIVIR HBV.....	47	ERTACZO.....	58
1/2".....	100	eplerenone.....	33	ertapenem sodium.....	11
ELITE-THIN INSULIN		EPOGEN.....	74	ERWINAZE.....	40
SYRINGE/U-100/1ML/29G X		epoprostenol sodium.....	50	ERYPED 200.....	76
1/2".....	100	eprosartan mesylate.....	31	ERYPED 400.....	76
ELITE-THIN INSULIN		EPZICOM.....	45	erythromycin (acne aid).....	57
SYRINGE/U-100/1ML/31G X		EQL COLOR LANCETS		erythromycin (ophth).....	131
5/16".....	100	21G.....	81	erythromycin base.....	76,77
ELIXOPHYLLIN.....	15	EQL COLOR LANCETS		erythromycin ethylsuccinate.....	77
ELLA.....	53	MICRO THIN 33G.....	81	escitalopram oxalate.....	21
ELLEENCE.....	38	EQL INSULIN		ESGIC.....	5
ELMIRON.....	72	SYRINGE/0.3ML/29G X		esomeprazole magnesium.....	139
ELOCON.....	62	1/2".....	100	estazolam.....	75
EMADINE.....	132	EQL INSULIN		ESTRACE.....	70
EMBEDA.....	6	SYRINGE/0.3ML/30G X		estradiol.....	70
EMBRACE LANCETS ULTRA		5/16".....	100	estradiol vaginal.....	143
THIN 30G.....	81	EQL INSULIN		estradiol valerate.....	70
EMBRACE LANCING DEVICE		SYRINGE/0.3ML/31G X		ESTROGEL.....	70
WITH EJECTOR.....	81	5/16".....	100	ESTROSTEP FE.....	52
EMCYT.....	37	EQL INSULIN		eszopiclone.....	75
EMEND.....	27	SYRINGE/0.3ML/29G X		ethacrynic acid.....	66
EMEND TRIPACK.....	27	1/2".....	100	ethambutol hcl.....	34
EMFLAZA.....	54				
EMGALITY.....	123				
EMSAM.....	21				

ethosuximide.....	20	EXFORGE HCT.....	32	FER-IN-SOL.....	74
ethynodiol diacet & eth		EXJADE.....	26	FERRIPROX.....	26
estradiol.....	52	EXTAVIA.....	136	ferrous fumarate-folic acid...	74
etidronate disodium.....	67	EZ SMART BLOOD GLUCOSE		ferrous sulfate.....	74
etodolac.....	4	LANCETS.....	81	FETZIMA.....	22
etonogestrel-ethinyl estradiol	53	EZ-LETS LANCETS 21G..	81	FETZIMA TITRATION PACK	22
ETOPOPHOS.....	40	EZ-LETS LANCETS 26G		fexofenadine hcl.....	29
etoposide.....	40	SUPER-SOFT.....	82	fexofenadine-pseudoephedrine	
EUCRISA.....	64	EZ-LETS LANCETS 28G		55
EURAX.....	64	ULTRA-SOFT.....	82	FIASP.....	24
EVAMIST.....	70	EZ-LETS LANCETS 30G..	82	FIASP FLEXTOUCH.....	24
everolimus.....	38	ezetimibe.....	30	FIASP PENFILL.....	24
everolimus		ezetimibe-simvastatin.....	29	FIBERCON.....	75
(immunosuppressant).....	127	FABRAZYME.....	68	FIBRICOR.....	30
EVISTA.....	68	FALESSA.....	52	FIFTY50 PEN NEEDLES 31G	
EVOCLIN.....	57	famciclovir.....	48	X3/16" (5MM).....	100
EVOXAC.....	128	famotidine.....	139	FIFTY50 PEN NEEDLES 31G	
EXALGO.....	6	famotidine in nacl.....	139	X5/16" (8MM).....	100
EXEL COMFORT POINT		FANAPT.....	42	FIFTY50 PEN NEEDLES	
INSULIN PEN NEEDLES 29G X		FANAPT TITRATION		31GX5MM.....	101
12MM.....	100	PACK.....	42	FIFTY50 PEN	
EXEL COMFORT POINT		FANTASY LUBRICATED..	77	NEEDLES/31GX8MM.....	101
INSULIN PEN NEEDLES 31G X		FANTASY		FIFTY50 PEN	
6MM.....	100	LUBRICATED/SPERMICIDE		NEEDLES/32GX4MM.....	101
EXEL COMFORT POINT		77	FIFTY50 PEN	
INSULIN PEN NEEDLES 31G X		FARESTON.....	37	NEEDLES/32GX6MM.....	101
8MM.....	100	FARXIGA.....	25	FIFTY50 SAFETY SEAL	
EXEL COMFORT POINT		FASENRA.....	14	LANCETS 30G.....	82
INSULIN SYRINGE/0.3ML/29G X		FASENRA PEN.....	14	FIFTY50 SAFETY SEAL	
1/2".....	100	FASLODEX.....	37	LANCETS 32G.....	82
EXEL COMFORT POINT		FAZACLO.....	43	FIFTY50 SUPERIOR	
INSULIN SYRINGE/0.3ML/30G X		FC FEMALE CONDOM...	77	COMFORTINSULIN	
5/16".....	100	febuxostat.....	72	SYRINGE/0.3ML/31G X	
EXEL COMFORT POINT		felbamate.....	19	5/16".....	101
INSULIN SYRINGE/0.5ML/28G X		FELBATOL.....	19	FIFTY50 SUPERIOR	
1/2".....	100	FELDENE.....	4	COMFORTINSULIN	
EXEL COMFORT POINT		felodipine.....	49	SYRINGE/0.5ML/31G X	
INSULIN SYRINGE/0.5ML/29G X		FEMARA.....	37	5/16".....	101
1/2".....	100	FEMCAP.....	77	FIFTY50 SUPERIOR	
EXEL COMFORT POINT		FEMHRT LOW DOSE....	69	COMFORTINSULIN	
INSULIN SYRINGE/1ML/28G X		FEMRING.....	143	SYRINGE/1ML/31G X	
1/2".....	100	fenofibrate.....	30	5/16".....	101
EXEL COMFORT POINT		fenofibrate micronized.....	30	FIFTY50 UNILET LANCETS	
INSULIN SYRINGE/1ML/29G X		fenopropfen calcium.....	4	33G.....	82
1/2".....	100	FENSOLVI.....	68	FINACEA.....	64
EXEL COMFORT POINT		fentanyl.....	6	finasteride.....	72
INSULIN SYRINGE/1ML/30G X		fentanyl citrate.....	6	FINE 30.....	82
5/16".....	100	FENTORA.....	6	FINGERSTIX LANCETS...	82
EXELDERM.....	58			FIORICET.....	5
exemestane.....	37			FIORICET/CODEINE.....	8
EXFORGE.....	32			FIORINAL.....	6
				FIORINAL/CODEINE #3....	8
				FIRAZYR.....	73

FIRDAPSE.....	34	flunisolide (nasal).....	130	FORFIVO XL.....	21
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	fluorouracil.....	36	fosinopril sodium &	
FLONASE ALLERGY		fluorouracil (topical).....	59	hydrochlorothiazide.....	32
RELIEF.....	130	fluoxetine hcl.....	21	fosphenytoin sodium.....	20
FLONASE ALLERGY RELIEF		fluoxetine hcl (pmdd).....	136	FOSRENOL.....	71
CHILDRENS.....	129	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.....	132	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.....	141	fluvoxamine maleate.....	21	30G.....	82
FLUARIX QUADRIVALENT		FLUZONE HIGH-DOSE PF		FREDS PHARMACY UNILET	
2019-2020.....	141	2018-2019.....	142	LANCETS ULTRA THIN	
FLUARIX QUADRIVALENT		FLUZONE HIGH-DOSE PF		28G.....	82
2020-2021.....	141	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.....	142	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.....	28	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			gabapentin.....	18
FLUMIST QUADRIVALENT.....	142			GABITRIL.....	19

GALAFOLD.....	68	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT.....	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	102
galantamine hydrobromide.....	135	GENVOYA.....	45	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	102
GAMMAGARD LIQUID.....	133	GEODON.....	42	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	102
GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	133	GILENYA.....	136	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	102
GAMMAKED.....	133	GILOTRIF.....	38	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	102
GAMUNEX-C.....	133	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.....	142	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/31G X 5/16".....	101	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	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 5/16".....	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/31G 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-100/1ML/30G X 1/2".....	102
GENTEEL LANCING DEVICE/STATELY SILVER.....	82	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	102		
GENTEEL PLUS LANCING DEVICE/BUFF BLACK.....	82				
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE.....	82				
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE.....	82				
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK.....	82				
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE.....	82				
GENTLE-LET GP LANCETS.....	82				
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT.....	82				
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT.....	82				
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT.....	82				

GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	102	GNP LANCETS MICRO THIN 33G.....	82	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16".....	103
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	102	GNP LANCETS SUPER THIN 30G.....	83	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....	83
GLUCOTROL.....	25	GNP LANCETS THIN.....	83	GOODSENSE LANCETS MICRO-THIN 33G.....	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 UNIVERSAL.....	83
glyburide micronized.....	25	GNP PRENATAL.....	128	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	83
glyburide-metformin.....	23	GNP SUPER THIN LANCETS/30G.....	83	GOODSENSE LANCETS ULTRA-THIN 30G.....	83
glycine (gu irrigant).....	72	GNP ULTICARE PEN NEEDLES/31GX5/16".....	103	GOODSENSE LANCETS ULTRA-THIN 30G.....	83
glycopyrrolate.....	139	GNP ULTICARE PEN NEEDLES/32GX 5/32".....	103	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL.....	83
GLYNASE.....	25	GNP ULTICARE PEN NEEDLES/32GX1/4".....	103	GOODSENSE LANCING DEVICE.....	83
GLYSET.....	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	103	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16".....	103
GLYXAMBI.....	23	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 PEN NEEDLEUNIVERSAL/31GX5/16"	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 31GX1/4".....	102	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	103	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32".....	103
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	102	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	103	GOODSENSE PRENATAL VITAMINS.....	128
GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....	102	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	103	granisetron hcl.....	26
GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	102	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	103	GRASTEK.....	3
GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	102	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	103	griseofulvin microsize.....	27
GNP INSULIN SYRINGE/0.5ML/28G 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	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 5/16" SHORT.....	103	GUANIDINE HCL.....	34
GNP INSULIN SYRINGE/1ML/29G X 1/2".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	103	GVOKE PFS.....	24
GNP INSULIN SYRINGE/1ML/30G X 5/16".....	103	GOJJI BLOOD KETONE TEST STRIPS.....	65	GYNAZOLE-1.....	143
GNP INSULIN SYRINGE/1ML/31G X 5/16".....	103	GOJJI LANCING DEVICE/CLEAR CAP.....	83	GYNE-LOTRIMIN.....	143
GNP LANCETS.....	83	GOJJI STERILE LANCETS 30G.....	83	H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	104
GNP LANCETS 21G.....	82	GOLYTELY.....	75	H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....	104
				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 SHORT PEN NEEDLES 31GX8MM	104
HAEMOLANCE LOW FLOW LANCETS	83	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	104	HORIZANT	136
HAEMOLANCE PLUS	83	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	83	HUMATROPE	67
HAEMOLANCE PLUS HIGH FLOW	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	104	HUMATROPE COMBO PACK	67
HAEMOLANCE PLUS LOW FLOW	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	104	HUMIRA	4
HAEMOLANCE PLUS MAX FLOW	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	104	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	3
HAEMOLANCE PLUS PEDIATRIC FLOW	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	104	HUMIRA PEN	3,4
HALAVEN	40	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	104	HUMIRA PEN-CD/UC/HS STARTER	4
halcinonide	62	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	83	HUMIRA PEN-PS/UV STARTER	4
HALCION	75	HECTOROL	68	HUMULIN R U-500 (CONCENTRATED)	25
HALDOL	43	HEMANGEOL	49	HUMULIN R U-500 KWIKPEN	25
HALDOL DECANOATE 100	43	HEPARIN LOCK FLUSH	17	HY-VEE LANCETS	83
HALDOL DECANOATE 50	43	heparin sod (porcine) in d5w	17	HY-VEE THIN LANCETS	83
halobetasol propionate	62	heparin sodium (porcine)	17	HYCAMTIN	41
HALOG	62	HEPARIN SODIUM/NACL 0.45%	17	hydralazine hcl	33
haloperidol	43	HEPARIN SODIUM/SODIUM CHLORIDE 0.9%	17	HYDREA	40
haloperidol decanoate	43	HEPLISAV-B	143	HYDRO 35	63
haloperidol lactate	43	HEPSERA	47	hydrochlorothiazide	66
HAVRIX	143			hydrocodone bitartrate	6
HEALTH CARE LANCING DEVICE	83			HYDROCODONE BITARTRATE/GUAIFENESIN	55
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	104			hydrocodone polistirex-chlorpheniramine polistirex	55
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	104			hydrocodone-acetaminophen	8
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	104			hydrocodone-ibuprofen	8
				hydrocortisone	54
				hydrocortisone (intrarectal)	10
				hydrocortisone (rectal)	10
				hydrocortisone (topical)	62
				hydrocortisone acetate (rectal)	10

HYDROCORTISONE ACETATE/LIDOCAINE HYDROCHLORIDE.....	62	INDRUSE 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/31GX 5/16".....	105
hydroxychloroquine sulfate..	34	INLYTA.....	38	INSULIN SYRINGES/0.5ML/31GX5/16".....	105
hydroxyurea.....	40	INREBIC.....	38	INSULIN SYRINGES/1ML/27GX1/2".....	106
hydroxyzine hcl.....	13	INSPIRA.....	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.....	4,5	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.....	132	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	INVEGA.....	42
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	INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	105		
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				
INCRELEX.....	68				

INVIRASE.....	45	KALYDECO.....	137	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16".....	106
IONOSOL-MB/DEXTROSE 5%.....	125	KAMELEON LUBRICATED.....	77	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	106
IOPIDINE.....	131	KAPVAY.....	2	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2".....	106
IPOL INACTIVATED IPV.....	143	KAZANO.....	23	KINRIX.....	138
ipratropium bromide.....	14	KCL 0.3%/D5W/NACL 0.9%.....	125	KITABIS PAK.....	3
ipratropium bromide (nasal).....	129	KEFLEX.....	51	KLARITY-A.....	131
ipratropium-albuterol.....	15	KENALOG-40.....	54	KLARON.....	57
irbesartan.....	31	KEPIVANCE.....	40	KLONOPIN.....	17
irbesartan-hydrochlorothiazide	32	KEPPRA.....	18	KMART VALU PLUS INSULIN SYRINGE/1ML/29G.....	106
irinotecan hcl.....	41	KEPPRA XR.....	18	KMART VALU PLUS INSULIN SYRINGE/1ML/30G.....	106
irrigation solutions, physiological.....	127	KERYDIN.....	58	KOSELUGO.....	38
ISENTRESS.....	45	ketoconazole.....	28	KP PRENATAL MULTIVITAMINS.....	128
ISENTRESS HD.....	45	ketoconazole (topical).....	58	KRINTAFEL.....	34
ISOLYTE-P/DEXTROSE 5%.....	125	KETONE.....	65	KROGER AUTOLET LANCING DEVICE.....	83
ISOLYTE-S.....	125	KETONE TEST STRIPS.....	65	KROGER HEALTHPRO TWIST LANCETS/26G.....	83
isoniazid.....	34	ketoprofen.....	5	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2".....	106
ISOPTO CARPINE.....	131	ketorolac tromethamine.....	5	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16".....	106
ISORDIL TITRADOSE.....	12	ketorolac tromethamine (ophth).....	132	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16".....	106
isosorbide dinitrate.....	12	KETOSTIX.....	65	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	106
isosorbide mononitrate.....	12	ketotifen fumarate (ophth).....	132	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	106
isotretinoin.....	57	KEVEYIS.....	65	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	106
isradipine.....	49	KHEDEZLA.....	22	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	106
ISTODAX (OVERFILL).....	38	KIMONO COLORS.....	77	KROGER LANCETS.....	83
itraconazole.....	28	KIMONO LUBRICATED.....	77	KROGER LANCETS 21G.....	83
ivermectin.....	10	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED.....	77	KROGER LANCETS MICRO THIN33G.....	83
ivermectin (pediculicide).....	65	KIMONO PLUS SPERMICIDE LUBRICATED.....	77		
IXEMPRA KIT.....	40	KIMONO PLUS SPERMICIDE/LUBRICATED	77		
JADENU.....	26	KIMONO PS LUBRICATED.....	77		
JADENU SPRINKLE.....	26	KIMONO PS PLUS SPERMICIDE/LUBRICATED	77		
JAKAFI.....	38	KIMONO SENSATION LUBRICATED.....	77		
JANUMET.....	23	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	77		
JANUMET XR.....	23	KIMONO SPECIAL.....	77		
JANUVIA.....	24	KINNEY LANCETS.....	83		
JARDIANCE.....	25	KINNEY THIN LANCETS.....	83		
JEVTANA.....	40	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16".....	106		
JUBLIA.....	58				
JULUCA.....	45				
JYNARQUE.....	69				
K-TAB.....	126				
K-Y ME & YOU EXTRA LUBRICATED.....	77				
K-Y ME & YOU INTENSE.....	77				
KADIAN.....	6				
KALETRA.....	45				

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	106	LANCETS MICRO THIN 33G	84	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	107
KROGER PEN NEEDLES 31G X8MM	106	LANCETS SAFETY SEAL 21G	84	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	107
KROGER PEN NEEDLES 31GX1/4"	106	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	LANCETS BULLSEYE SAFETY	84	LENVIMA 14 MG DAILY DOSE	39
LAC-HYDRIN	63	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	139	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	75	lapatinib ditosylate	39	letrozole	37
lactulose (encephalopathy)	71	LASIX	66	leucovorin calcium	40
LAMICTAL	18	LASTACAPT	132	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 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"	107	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	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/29G 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/30G X 5/16"	108	LONGS LANCETS STANDARD	84
LIBERTY MINI LANCING DEVICE	84	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	108	LONGS LANCETS THIN	84
LIBRAX	139	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	108	LONGS LANCETS ULTRA THIN	85
lidocaine	64	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	108	loperamide hcl	26
lidocaine hcl	64	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	108	LOPID	30
lidocaine hcl (local anesth.)	76	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	108	lopinavir-ritonavir	45
lidocaine hcl (mouth-throat)	127	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	108	LOPRESSOR	48
lidocaine-prilocaine	64	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	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/29G X 1/2"	108	loratadine & pseudoephedrine	55
LINCOCIN	11	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	108	lorazepam	13
lincomycin hcl	12	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	108	LORBRENA	39
lindane	65				
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.....	70	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".....	108	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.....	134	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.....	65	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.....	137
MEIJER PEN NEEDLES 29G X12MM.....	109	methotrexate sodium.....	36	minocycline hcl.....	137
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
meperidine hcl.....	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		
		micalfungin 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.....	85
MONISTAT SOOTHING CARE ITCH RELIEF.....	63	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML.....	109	MS CONTIN.....	7
MONOJECT INSULIN SYRINGE/1ML.....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/25G X 5/8".....	109	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/27G X 1/2".....	109	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/28G X 1/2".....	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/29G 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/29G 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/29G X 1/2".....	110	MULTI-LANCET DEVICE.....	86
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G 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/29G X 1/2".....	110	MVASI.....	36
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	110	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	110	MYALEPT.....	68
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2".....	110	MONOLET LANCETS.....	85	MYAMBUTOL.....	35
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2".....	110	MONOLET OPD LANCETS.....	85	MYCAMINE.....	27
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	110	MONOLETTOR SAFETY LANCETS.....	85	MYCOBUTIN.....	35
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	110	montelukast sodium.....	14	mycophenolate mofetil.....	127
		MONUROL.....	12	mycophenolate sodium.....	127
		MORPHABOND ER.....	7	MYDRIACYL.....	130
		morphine sulfate.....	7	MYFORTIC.....	127
		MORPHINE SULFATE.....	7	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G.....	86
		morphine sulfate.....	7	MYLERAN.....	35
				MYRBETRIQ.....	140
				MYSOLINE.....	18
				nabumetone.....	5
				nadolol.....	49
				nafcillin sodium.....	134
				naftifine hcl.....	58
				NAFTIN.....	59
				NAGLAZYME.....	68
				nalbuphine hcl.....	9

NALFON	5	NEVANAC	133	NORCO	9
naloxone hcl	26	nevirapine	45	NORDITROPIN FLEXPRO	67
naltrexone hcl	26	NEXAVAR	39	norelgestromin-ethinyl estradiol	53
NAMENDA	135	NEXIUM	139	norethin acet & estrad-fe	52
NAMENDA TITRATION PAK	135	NEXIUM 24HR	139	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	136	norgestimate-ethinyl estradiol	53
NASACORT ALLERGY 24HR CHILDRENS	130	NICORETTE	136	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 METHYLSULFATE	34	nitroglycerin	12	NOVOLIN N	25
NESINA	24	NITROGLYCERIN	12	NOVOLIN N RELION	25
NEULASTA	74	nitroglycerin	12		
NEULASTA ONPRO KIT	74	NITROSTAT	12		
NEUPOGEN	74	NIVA-PLUS	128		
NEUPRO	41	NIVESTYM	74		
NEURONTIN	18,19	NIX CREME RINSE	65		
		nizatidine	139		
		NIZORAL	59		

NOVOLIN R.....	25	omeprazole-sodium		ORTHO-NOVUM 7/7/7.....	53
NOVOLIN R RELION.....	25	bicarbonate.....	140	oseltamivir phosphate.....	48
NOVOLOG.....	25	OMNIFLEX DIAPHRAGM.....	77	OSENI.....	24
NOVOLOG FLEXPEN.....	25	OMNIPRED.....	132	OSMOPREP.....	76
NOVOLOG MIX 70/30.....	25	OMNITROPE.....	68	OSPHENA.....	68
NOVOLOG MIX 70/30		ON CALL LANCETS.....	86	OTEZLA.....	5
PREFILLED FLEXPEN.....	25	ON CALL LANCING		OTOVEL.....	133
NOVOLOG PENFILL.....	25	DEVICE.....	86	OVIDE.....	65
NOVOTWIST 32GX5MM.....	110	ON CALL PLUS LANCETS.....	86	oxacillin sodium.....	134
NOXAFIL.....	28	ON CALL PLUS LANCING		oxaliplatin.....	35
NPLATE.....	74	DEVICE.....	86	oxandrolone.....	9
NUBEQA.....	37	ONCASPAR.....	40	oxaprozin.....	5
NUCALA.....	14	ondansetron.....	26	OXAYDO.....	7
NUCYNTA.....	7	ondansetron hcl.....	26	oxazepam.....	13
NUCYNTA ER.....	7	ONE VITE WOMENS		OXBRYTA.....	73
NUDEXTA.....	136	PRENATALVITAMIN.....	128	oxcarbazepine.....	19
NULOJIX.....	127	ONE VITE WOMENS		OXERVATE.....	131
NUTROPIN AQ NUSPIN 10.....	67	PRENATALVITAMIN		oxiconazole nitrate.....	59
NUVARING.....	53	PLUS.....	128	OXISTAT.....	59
NUVIGIL.....	3	ONETOUCH CLUB LANCETS		OXSORALEN ULTRA.....	60
nystatin.....	27	FINE POINT.....	86	oxybutynin chloride.....	140
nystatin (mouth-throat).....	127	ONETOUCH DELICA		oxycodone hcl.....	7
nystatin (topical).....	59	LANCETS EXTRA FINE		oxycodone w/ acetaminophen.....	9
nystatin-triamcinolone.....	59	33G.....	86	OXYCONTIN.....	7
O-CAL FA.....	128	ONETOUCH DELICA		oxymorphone hcl.....	7
OCREVUS.....	136	LANCETS FINE 30G.....	86	OZEMPIC.....	24
octreotide acetate.....	69	ONETOUCH DELICA		paclitaxel.....	40
OCUFLOX.....	131	LANCING DEVICE.....	86	paliperidone.....	42
ODEFSEY.....	46	ONETOUCH DELICA PLUS		palonosetron hcl.....	26
ODOMZO.....	36	LANCETS EXTRA FINE		PALYNZIQ.....	68
OFEV.....	137	33G.....	86	PAMELOR.....	23
ofloxacin.....	70	ONETOUCH DELICA PLUS		pamidronate disodium.....	67
ofloxacin (ophth).....	131	LANCETS FINE 30G.....	86	PAMIDRONATE DISODIUM.....	67
ofloxacin (otic).....	133	ONETOUCH DELICA PLUS		PANRETIN.....	59
olanzapine.....	43	LANCING DEVICE.....	86	pantoprazole sodium.....	140
olmesartan medoxomil.....	31	ONETOUCH FINEPOINT		PARAGARD INTRAUTERINE	
olmesartan medoxomil-		LANCETS.....	86	COPPER CONTRACEPTIVE	
amlodipine-hydrochlorothiazide		ONETOUCH ULTRASOFT		T380A.....	53
.....	32	LANCETS.....	86	parenteral electrolytes.....	125
olmesartan medoxomil-		ONFI.....	17	paricalcitol.....	68
hydrochlorothiazide.....	32	OPANA.....	7	PARLODEL.....	41
olopatadine hcl.....	133	OPSUMIT.....	51	PARNATE.....	21
olopatadine hcl (nasal).....	129	ORACEA.....	64	paromomycin sulfate.....	3
OLUX.....	63	ORAPRED ODT.....	54	paroxetine hcl.....	22
omega-3-acid ethyl esters.....	29	ORENITRAM.....	50	PASER.....	35
omeprazole.....	139	ORFADIN.....	68		
omeprazole magnesium.....	140	ORKAMBI.....	137		
		orphenadrine citrate.....	129		
		ORTHO MICRONOR.....	54		
		ORTHO TRI-CYCLEN.....	53		
		ORTHO TRI-CYCLEN LO.....	53		
		ORTHO-CYCLEN.....	53		
		ORTHO-NOVUM 1/35.....	53		

PATADAY	133	PEN NEEDLES 32G X 6MM	111	perphenazine-amitriptyline	135
PATANASE	129	PEN NEEDLES 32GX4MM	111	PERSERIS	42
PATANOL	133	PEN NEEDLES/29G X 1/2"	111	PHARMACIST CHOICE ULTRA THIN LANCETS	86
PAXIL	22	PEN NEEDLES/31G X 1/4"	111	PHARMACIST CHOICE ULTRA THIN LANCETS 28G	86
PAXIL CR	22	PEN NEEDLES/31G X 3/16"	111	PHARMACIST CHOICE ULTRA THIN LANCETS 30G	86
PC LANCETS SUPER THIN 30G	86	PEN NEEDLES/31G X 5/16"	111	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	86
PC UNIFINE PENTIPS 29G X1/2"	110	PEN NEEDLES/31G X 6MM	111	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	86
PC UNIFINE PENTIPS 31G X5MM MINI	110	PEN NEEDLES/32G X 5/32"	111	PHARMACY COUNTER LANCETS	86
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	110	penicillamine	126	phenazopyridine hcl	72
PC UNIFINE PENTIPS 31G X8MM SHORT	110	penicillin g potassium	134	phendimetrazine tartrate	1
PEDIAPRED	54	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	134	phenelzine sulfate	21
PEDIARIX	138	PENICILLIN G PROCAINE	134	PHENERGAN	29
PEDVAX HIB	141	penicillin g sodium	134	phenobarbital	74
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	75	penicillin v potassium	134	phenoxybenzamine hcl	31
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	75	PENLAC NAIL LACQUER	59	phentermine hcl	2
PEGANONE	20	PENTACEL	138	PHENYTEK	20
PEGASYS	47	pentazocine w/ naloxone	9	phenytoin	20
PEGASYS PROCLICK	47	PENTIPS 29G X 12MM	111	phenytoin sodium	20
PEGINTRON	47	PENTIPS 29GX12MM	111	phenytoin sodium extended	20
PEMAZYRE	39	PENTIPS 31G X 5MM	111	PHOSLYRA	71
PEN NEEDLES 29G X 12MM	111	PENTIPS 31G X 8MM	111	PHOSPHOLINE IODIDE	131
PEN NEEDLES 29GX1/2"	111	PENTIPS 31GX5MM	111	PHOTOFRIN	40
PEN NEEDLES 29GX12MM	111	PENTIPS 31GX6MM	111	PICATO	59
PEN NEEDLES 30GX5/16"	111	PENTIPS 31GX8MM	111	PIFELTRO	46
PEN NEEDLES 30GX8MM	111	PENTIPS 32G X 4MM	111	pilocarpine hcl	131
PEN NEEDLES 31G X 1/4" SHORT	111	PENTIPS 32GX4MM	111	pilocarpine hcl (oral)	128
PEN NEEDLES 31G X 3/16"	111	pentoxifylline	73	pimecrolimus	64
PEN NEEDLES 31G X 5MM	111	PEPCID	139	pimozide	136
PEN NEEDLES 31G X 6MM	111	PEPCID AC MAXIMUM STRENGTH	139	pindolol	49
PEN NEEDLES 31G X 8MM	111	PERCOCET	9	pioglitazone hcl	24
PEN NEEDLES 31GX5/16"	111	PERFECT LANCETS 30G	86	pioglitazone hcl-glimepiride	24
PEN NEEDLES 31GX6MM (1/4")	111	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	86	pioglitazone hcl-metformin hcl	24
PEN NEEDLES 31GX8MM	111	PERIDEX	127	PIP LANCETS/28G	86
PEN NEEDLES 31GX8MM (5/16")	111	perindopril erbumine	31	PIP LANCETS/30G	86
PEN NEEDLES 32G X 4MM	111	PERJETA	36	piperacillin sodium-tazobactam sodium	134
PEN NEEDLES 32G X 5MM	111	permethrin	65	PIQRAY 200MG DAILY DOSE	39
		perphenazine	44	PIQRAY 250MG DAILY DOSE	39
				PIQRAY 300MG DAILY DOSE	39
				piroxicam	5
				PLAN B ONE-STEP	53

PLAQUENIL.....	34	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8".....	111	PREFERRED PLUS LANCETS SUPER THIN 30G.....	86
PLASMA-LYTE A.....	125	PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2".....	111	PREFERRED PLUS LANCETS THIN 26G.....	86
PLASMA-LYTE-148.....	125	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".....	111	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM....	112
PLAVIX.....	73	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2".....	111	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT.....	112
PLEGISOL.....	50	PRECISION THINS GP LANCET.....	86	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT.....	112
PLEGRIDY.....	136	PRECISION XTRA.....	65	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM.....	112
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potassium bicarb & chloride	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	
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potassium chloride.....	126	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	112	PRENATAL VITAMIN & MINERAL.....	128
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potassium chloride in dextrose & sodium chloride.....	125	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	112	PRENATAL VITAMINS....	128
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PRISTIQ.....	22	PROLASTIN-C.....	137	PX PEN NEEDLE 29GX12MM.....	113
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PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16".....	112	propafenone hcl.....	13	pyridostigmine bromide.....	34
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PRO COMFORT LANCETS 31G.....	86	propylthiouracil.....	138	QC ADVANCED LANCING DEVICE.....	87
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probenecid.....	72	PROVERA.....	135	QC PRENATAL.....	129
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		PURE COMFORT PEN NEEDLE/32G X 5MM.....	113	quinapril hcl.....	31
		PURE COMFORT PEN NEEDLE/32G X4MM.....	113	quinapril-hydrochlorothiazide	33
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RA E-ZJECT LANCETS THIN	REALITY LANCETS..... 87	21G..... 87
26G..... 87	REALITY LATEX	RELION LANCETS THIN
RA E-ZJECT LANCETS THIN	CONDOMS/LUBRICATED.77	26G..... 87
28G..... 87	REALITY LATEX/ULTRA	RELION LANCETS ULTRA-
RA E-ZJECT LANCETS	TEXTURED..... 77	THIN30G..... 87
ULTRATHIN 30G..... 87	REALITY LATEX/ULTRA	RELION LANCING DEVICE 87
RA INSULIN	THIN..... 77	RELION MINI PEN NEEDLES
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1/2"..... 113	LANCETS..... 87	RELION PEN NEEDLES
RA INSULIN SYRINGE/1ML/29G	REBETOL..... 47	29GX12MM..... 114
X 1/2"..... 113	REBIF..... 136	RELION PEN NEEDLES 31G
RA INSULIN SYRINGE/U-	REBIF REBIDOSE..... 136	X6MM..... 114
100/0.5ML/30G X 5/16"..... 113	REBIF REBIDOSE	RELION PEN NEEDLES 31G
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ML/30G X 5/16"..... 113	REBIF TITRATION PACK136	RELION PEN NEEDLES
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5MM3/16"..... 113	RECTIV..... 10	31GX6MM..... 114
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ramipril..... 31	DEVICE 30G..... 87	RELION PEN NEEDLES/31G
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ranolazine..... 12	RELION INSULIN SYRINGE/U-	NEEDLES31GX8MM..... 114
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RAPAMUNE..... 127	RELION INSULIN SYRINGE/U-	LANCETS/30G..... 87
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RAZADYNE..... 135	RELION INSULIN SYRINGE/U-	LANCETS30G..... 87
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LANCETS/28G/1.8MM..... 87	100/0.5ML/31G X 5/16"..... 113	RENFLEXIS..... 71
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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.....	8	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
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RIFAMATE.....	34	SAFETYLANCET HIGH		SAIZEN.....	68
rifampin.....	35	FLOW.....	88	SAIZENPREP	
RIFATER.....	34	SAFE-T-LANCE PLUS		RECONSTITUTIONKIT.....	68
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DEVICE.....	88	SAFE-T-LANCE PLUS		SAMSCA.....	69
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RILUTEK.....	130	SAFE-T-LANCE PLUS		SANTYL.....	64
riluzole.....	130	SAFETYLANCET NORMAL		SAPHRIS.....	43
rimantadine hydrochloride...	48	FLOW.....	88	sapropterin dihydrochloride...	68
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	
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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.....	135
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	SMARTTEST LANCETS	88
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	114	SHOPKO UNILET LANCETS SUPER THIN 30G	88	SODIUM ACETATE	125
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SEGLUROMET	24	SHUR-SEAL	143	sodium chloride	126
SELECT-LITE LANCING DEVICE	88	SIDE BUTTON SAFETY LANCET21G	88	sodium chloride (gu irrigant)	72
selegiline hcl	42	SIGNIFOR	69	sodium chloride (inhalant)	56
selenium sulfide	60	sildenafil citrate	50	sodium citrate & citric acid	72
SELZENTRY	46	sildenafil citrate (pulmonary hypertension)	51	sodium phenylbutyrate	69
SENSIPAR	69	SILENOR	74	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
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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 COMFORTLANCETS 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/SHORT/31GX8MM	115	SLO-NIACIN	144	sotalol hcl (afib/af)	49
SHOPKO UNIFINE PENTIPS PLUS PEN		SLYND	54	spinosad	65
NEEDLES/MINI/REMOVER/31GX5MM	115	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.....	75	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM.....	115
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STALEVO 125.....	42	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	115	SURE COMFORT PEN NEEDLES31GX3/16" (5MM).....	115
STALEVO 150.....	42	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	115	SURE COMFORT PEN NEEDLES31GX5/16" (8MM).....	115
STALEVO 200.....	42	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	115	SURE COMFORT PEN NEEDLES32GX5/32".....	115
STALEVO 50.....	42	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	115	SURE COMFORT PEN NEEDLES32GX6MM.....	116
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stannous fluoride.....	127	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	115	SURE-FINE PEN NEEDLES 31GX3/16" 5MM.....	116
STARLIX.....	25	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	115	SURE-FINE PEN NEEDLES 31GX5/16" 8MM.....	116
stavudine.....	46	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	115	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	116
STEGLATRO.....	25	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	115	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	116
STELARA.....	60,71	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	115	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	116
STENDRA.....	50	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	115	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	116
STERILANCE TL.....	89	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	115	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	116
STIMATE.....	69	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	115	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	116
STIVARGA.....	39	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	115	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	116
STRATTERA.....	2	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	115	SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	116
streptomycin sulfate.....	3	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	115	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	116
STRIBILD.....	46	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	115	SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	116
STRIVERDI RESPIMAT.....	15	SURE COMFORT LANCETS 18G.....	89	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	116
STROMECTOL.....	10	SURE COMFORT LANCETS 21G.....	89	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	116
SUBOXONE.....	9	SURE COMFORT LANCETS 23G.....	89	SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	116
SUBSYS.....	8	SURE COMFORT LANCETS 28G.....	89	SURE-LANCE FLAT LANCETS.....	89
SUCRAID.....	65	SURE COMFORT LANCETS 30G.....	89	SURE-LANCE LANCETS 26G.....	89
sucralfate.....	139	SURE COMFORT LANCING PEN.....	89		
SULAR.....	50				
sulconazole nitrate.....	59				
sulfacetamide sodium (acne).....	57				
sulfacetamide sodium (ophth).....	131				
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SULFADIAZINE.....	137				
sulfamethoxazole-trimethoprim	11				
SULFAMYLON.....	61				
sulfasalazine.....	71				
sulindac.....	5				
SUMADAN WASH.....	57				
sumatriptan.....	124				
sumatriptan succinate.....	124,125				
sumatriptan-naproxen sodium.....	123				
SUNOSI.....	2				
SUPER THIN LANCETS.....	89				
SUPRAX.....	52				

SURE-LANCE THIN LANCETS 28G.....	89	tavorole.....	59	TECHLITE PEN NEEDLES/31GX 5MM.....	117
SURE-LANCE ULTRA THIN LANCETS.....	89	TAXOTERE.....	40	TECHLITE PEN NEEDLES/31GX 6 MM.....	117
SURE-PEN.....	89	TAYTULLA.....	53	TECHLITE PEN NEEDLES/31GX 8MM.....	117
SURE-TOUCH LANCETS UNIVERSAL.....	89	tazarotene.....	60	TECHLITE PEN NEEDLES/32GX 4MM.....	117
SURELITE LANCETS.....	89	TAZORAC.....	60	TECHLITE PEN NEEDLES/32GX 6MM.....	117
SURMONTIL.....	23	TAZVERIK.....	39	TEFLARO.....	52
SUSTIVA.....	46	TDVAX.....	138	TEGRETOL.....	19
SUTENT.....	39	TECFIDERA.....	136	TEGRETOL-XR.....	19
SYLATRON.....	40	TECFIDERA STARTER PACK.....	136	TEGSEDIL.....	137
SYMBICORT.....	15	TECHLITE AST LANCETS.....	89	TEKTURNAL.....	33
SYMFI.....	46	TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2".....	116	telmisartan.....	31
SYMFI LO.....	46	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2".....	116	telmisartan-amlodipine.....	33
SYMLINPEN 120.....	23	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16".....	116	telmisartan-hydrochlorothiazide	33
SYMLINPEN 60.....	23	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16".....	116	temazepam.....	75
SYMTUZA.....	46	TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2".....	116	TEMIXYS.....	46
SYNALAR.....	63	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2".....	116	TEMODAR.....	35
SYNAREL.....	68	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16".....	116	TEMOVATE.....	63
SYNERA.....	64	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16".....	116	temozolomide.....	35
SYNJARDY.....	24	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2".....	116	temsirolimus.....	39
SYNJARDY XR.....	24	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2".....	116	TENIPOSIDE.....	40
SYNRIBO.....	40	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16".....	116	TENIVAC.....	138
SYNTHROID.....	138	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16".....	116	tenofovir disoproxil fumarate.....	46
SYPRINE.....	126	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16".....	116	TENORETIC 100.....	33
TABLOID.....	36	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64".....	116	TENORETIC 50.....	33
TABRECTA.....	39	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16".....	117	TENORMIN.....	49
TACLONEX.....	63	TECHLITE LANCETS.....	89	TEPADINA.....	35
tacrolimus.....	127	TECHLITE LANCETS 30G.....	89	terazosin hcl.....	31
tacrolimus (topical).....	64	TECHLITE PEN NEEDLES 29GX 12 MM.....	117	terbutaline sulfate.....	15
tadalafil.....	50	TECHLITE PEN NEEDLES 31GX 5MM.....	117	terconazole vaginal.....	143
tadalafil (pulmonary hypertension).....	51			TESSALON PERLES.....	55
TAFINLAR.....	39			TESTIM.....	10
TAGAMET HB.....	139			TESTOSTERONE CYPIONATE.....	10
TAKHZYRO.....	73			testosterone cypionate.....	10
TALZENNA.....	39			testosterone enanthate.....	10
TAMIFLU.....	48			TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT.....	138
tamoxifen citrate.....	37			tetrabenazine.....	135
tamsulosin hcl.....	72			tetracycline hcl.....	138
TAPAZOLE.....	138			TGT LANCET MICRO THIN 33G.....	89
TARCEVA.....	39			TGT LANCET THIN 26G.....	89
TARGADOX.....	137				
TARGRETIN.....	40,60				
TARKA.....	33				
TASIGNA.....	39				
TASMAR.....	41				

TGT LANCET ULTRA THIN 30G.....	89	tolcapone.....	41	trandolapril-verapamil hcl.....	33
TGT LANCING DEVICE.....	89	tolmetin sodium.....	5	tranexamic acid.....	74
THALOMID.....	126	TOLSURA.....	28	TRANSDERM SCOP.....	27
theophylline.....	15,16	tolterodine tartrate.....	140	TRANSDERM-SCOP.....	27
THERANATAL CORE NUTRITION.....	129	tolvaptan.....	69	TRANXENE T.....	13
THINLETS GP LANCETS.....	89	TOPAMAX.....	19	tranylcypromine sulfate.....	21
thioridazine hcl.....	44	TOPAMAX SPRINKLE.....	19	TRAVATAN Z.....	133
thiotepa.....	35	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4".....	117	TRAVEL LANCETS 30G.....	89
thiothixene.....	44	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16".....	117	TRAVEL LANCETS ADVANCED 28G.....	89
THYMOGLOBULIN.....	127	TOPCARE LANCETS MICRO-THIN 33G.....	89	travoprost.....	133
THYROGEN.....	65	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	117	trazodone hcl.....	22
thyroid.....	138	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	117	TREANDA.....	35
tiagabine hcl.....	20	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	117	TRECTOR.....	35
TIAZAC.....	50	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	117	TRELEGY ELLIPTA.....	15
TIBSOVO.....	39	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	117	TRELSTAR MIXJECT.....	37
TIGAN.....	27	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	117	TREMFYA.....	60
tigecycline.....	137	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	117	treprostinil.....	50
TIKOSYN.....	13	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	117	TRESIBA.....	25
timolol maleate.....	49	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	117	TRESIBA FLEXTOUCH.....	25
timolol maleate (ophth).....	130	TOPICORT.....	63	tretinoin.....	57
TIMOPTIC.....	130	topiramate.....	19	tretinoin (chemotherapy).....	40
TIMOPTIC-XE.....	130	topotecan hcl.....	41	tretinoin microsphere.....	57
TIVICAY.....	46	TOPROL XL.....	49	TREXALL.....	36
tizanidine hcl.....	129	toremifene citrate.....	37	TREXIMET.....	123
TOBI.....	3	TORISEL.....	39	TRI-NORINYL 28.....	53
TOBRADEX.....	132	torse mide.....	66	triamcinolone acetonide.....	55
tobramycin.....	3	TOVIAZ.....	140	triamcinolone acetonide (mouth).....	128
tobramycin (ophth).....	131	TRACLEER.....	51	triamcinolone acetonide (nasal).....	130
tobramycin sulfate.....	3	tramadol hcl.....	8	triamcinolone acetonide (topical).....	63
tobramycin-dexamethasone.....	132	tramadol-acetaminophen.....	9	triamcinolone acetonide-dimethicone-silicone.....	63
TOBREX.....	131	trandolapril.....	31	triamterene.....	66
TODAY SPONGE.....	143			triamterene & hydrochlorothiazide.....	66
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TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4".....	117			TRIBENZOR.....	33
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2".....	117			TRICARE.....	129
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16".....	117			TRICOR.....	30
TODAYS HEALTH SUPER THINLANCETS 30G.....	89			TRIDESILON.....	63
TODAYS HEALTH ULTRA THINLANCETS 28G.....	89			trientine hcl.....	126
TOFRANIL.....	23			trifluoperazine hcl.....	44
tolazamide.....	25			trifluridine.....	131
tolbutamide.....	25			trihexyphenidyl hcl.....	41
				TRIJARDY XR.....	24
				TRIKAFTA.....	137

TRILEPTAL.....	19	TRUEPLUS INSULIN		TRUSTEX LUBRICATED	
trimethobenzamide hcl.....	27	SYRINGE/U-100/0.5ML/28G X		EXTRALARGE.....	77
trimethoprim.....	10	1/2".....	118	TRUSTEX LUBRICATED	
trimipramine maleate.....	23	TRUEPLUS INSULIN		EXTRASTRENGTH.....	77
TRINTELLIX.....	22	SYRINGE/U-100/0.5ML/29G X		TRUSTEX	
TRIOSTAT.....	138	1/2".....	118	LUBRICATED/RIBBED/STUDE	
TRIUMEQ.....	46	TRUEPLUS INSULIN		D.....	77
TRIZIVIR.....	46	SYRINGE/U-100/0.5ML/30G X		TRUSTEX	
tropicamide.....	130	5/16".....	118	LUBRICATED/SPERMICIDE	
tropium chloride.....	140	TRUEPLUS INSULIN		78
TRUE COMFORT INSULIN		SYRINGE/U-100/0.5ML/31G X		TRUSTEX	
SYRINGE/0.5ML/31G X		5/16".....	118	LUBRICATED/SPERMICIDE	
5/16".....	117	TRUEPLUS INSULIN		EXTRA LARGE.....	77
TRUE COMFORT INSULIN		SYRINGE/U-100/1ML/28G X		TRUSTEX	
SYRINGE/1ML/31G X		1/2".....	118	LUBRICATED/SPERMICIDE	
5/16".....	117	TRUEPLUS INSULIN		EXTRA STRENGTH.....	78
TRUE COMFORT PEN		SYRINGE/U-100/1ML/29G X		TRUSTEX NATURAL	
NEEDLES31G X 5MM.....	117	1/2".....	118	CONDOMS	
TRUE COMFORT PEN		TRUEPLUS INSULIN		+LUBE/LUBRICATED.....	78
NEEDLES31G X 6MM.....	117	SYRINGE/U-100/1ML/30G X		TRUSTEX WITH NONOXYNOL-	
TRUE COMFORT PEN		5/16".....	118	9/RIBBED/STUDED.....	78
NEEDLES31G X 8MM.....	117	TRUEPLUS INSULIN		TRUSTEX/RIA	
TRUE COMFORT PEN		SYRINGE/U-100/1ML/31G X		LUBRICATED.....	78
NEEDLES31G X 8MM.....	117	5/16".....	118	TRUSTEX/RIA LUBRICATED	
TRUE COMFORT PEN		TRUEPLUS LANCETS		SPERMICIDE.....	78
NEEDLES32G X 4MM.....	117	26G.....	89	TRUSTEX/RIA	
TRUE COMFORT PEN		TRUEPLUS LANCETS		LUBRICATED/SPERMICIDE	
NEEDLES32G X 5MM.....	118	28G.....	89	78
TRUE COMFORT PEN		TRUEPLUS LANCETS 28G		TRUVADA.....	46
NEEDLES32G X 6MM.....	118	SUPER THIN.....	89	TUKYSA.....	39
TRUE COMFORT TWIST TOP		TRUEPLUS LANCETS		TURALIO.....	39
LANCETS 30G.....	89	30G.....	89	TUSSIONEX PENNKINETIC	
TRUE METRIX BLOOD		TRUEPLUS LANCETS 30G		EXTENDED RELEASE.....	55
GLUCOSETEST STRIPS.....	65	ULTRA THIN.....	89	TUZISTRA XR.....	55
TRUE METRIX CONTROL		TRUEPLUS LANCETS		TWINRIX.....	143
SOLUTION LEVEL 3.....	89	33G.....	89	TWIRLA.....	53
TRUEDRAW LANCING		TRUEPLUS LANCETS 33G		TWYNSTA.....	33
DEVICE.....	89	MICRO THIN.....	89	TYBLUME.....	53
TRUEPLUS 5-BEVEL PEN		TRUEPLUS PEN NEEDLES		TYBOST.....	46
NEEDLES 29GX12.7MM.....	118	29GX12MM.....	118	TYGACIL.....	137
TRUEPLUS 5-BEVEL PEN		TRUEPLUS PEN NEEDLES		TYKERB.....	39
NEEDLES 31GX5MM.....	118	31GX5MM.....	118	TYLENOL/CODEINE #3.....	9
TRUEPLUS 5-BEVEL PEN		TRUEPLUS PEN NEEDLES		TYLENOL/CODEINE #4.....	9
NEEDLES 31GX6MM.....	118	31GX6MM.....	118	TYMLOS.....	67
TRUEPLUS 5-BEVEL PEN		TRUEPLUS PEN NEEDLES		TYSABRI.....	136
NEEDLES 31GX8MM.....	118	31GX8MM.....	118	UCERIS.....	10
TRUEPLUS 5-BEVEL PEN		TRUEPLUS PEN NEEDLES		UDENYCA.....	74
NEEDLES 32GX4MM.....	118	32GX4MM.....	118	ULESFIA.....	65
TRUEPLUS INSULIN		TRUEPLUS SAFETY		ULORIC.....	72
SYRINGE/U-100/0.3ML/29G X		LANCETS 28G.....	89	ULTI-LANCE AUTOMATIC/	
1/2".....	118	TRUETRACK TEST.....	65	CLEAR TIP.....	89
TRUEPLUS INSULIN		TRULICITY.....	24	ULTICARE INSULIN SAFETY	
SYRINGE/U-100/0.3ML/30G X		TRUMENBA.....	141	SYRINGE/0.5ML/29G X	
5/16".....	118	TRUSOPT.....	133	1/2".....	118
TRUEPLUS INSULIN		TRUSTEX COLOR CONDOMS			
SYRINGE/U-100/0.3ML/31G X		+ LUBE.....	77		
5/16".....	118	TRUSTEX LUBRICATED.....	77		

ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" . 118	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" 119	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN . . . 120
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" 118	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" 119	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAIN . . . 120
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" 118	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 119	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN . . . 120
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" 118	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" . . . 119	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA 120
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ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" 119	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" . . . 119	ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM 120
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" 119	ULTICARE MICRO PEN NEEDLES 31G X 8MM . . . 119	ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM 120
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" 119	ULTICARE MICRO PEN NEEDLES 32G X 4MM . . . 119	ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM 120
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" . 119	ULTICARE MICRO PEN NEEDLES/31G X 1/4" . . . 119	ULTILET INSULIN SYRINGE/1ML/30G X 8MM 120
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" . 119	ULTICARE MICRO PEN NEEDLES/31G X 5/16" . . . 119	ULTILET INSULIN SYRINGE/1ML/31G X 8MM 120
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" . 119	ULTICARE MICRO PEN NEEDLES/32G X 4MM . . . 119	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM 120
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" 119	ULTICARE MICRO PEN NEEDLES/32G X 5/32" . . . 119	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" 120
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" 119	ULTICARE MINI PEN NEEDLES 31GX6MM . . . 120	ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" 120
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" 119	ULTICARE MINI PEN NEEDLES ULTI-FINE IV . 120	ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" 120
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" 119	ULTICARE MINI PEN NEEDLES/31G X 6MM . . . 120	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" 120
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" 119	ULTICARE MINI PEN NEEDLES/32G X 1/4" . . . 120	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" 120
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" 119	ULTICARE MINI PEN NEEDLES31GX6MM . . . 120	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" 120
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" 119	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE . . . 120	ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" 120
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" 119	ULTICARE PEN NEEDLES 31GX 5MM 120	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" 120
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" 119	ULTICARE PEN NEEDLES 31GX 5MM/MINI 120	ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 121
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 119	ULTICARE PEN NEEDLES/29GX 12.7MM 120	ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" 121
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 119	ULTICARE SHORT PEN NEEDLES 31GX8MM . . . 120	ULTILET LANCETS 90
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 119	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV . 120	ULTILET LANCETS 33G . . . 90
	ULTICARE SHORT PEN NEEDLES/31G X 8MM . . . 120	ULTILET PEN NEEDLE 29GX12.7MM 121
	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA 120	

ULTILET PEN NEEDLE 31GX5MM.....	121	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	121	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	122
ULTILET PEN NEEDLE 31GX8MM.....	121	ULTRA-THIN II AUTO LANCET.....	90	ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	122
ULTILET PEN NEEDLE 32GX4MM.....	121	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/30GX5/16".....	121	ULTRACARE PEN NEEDLES/31G X 1/4".....	122
ULTILET PEN NEEDLE 32GX4MM/SHORT.....	121	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/31GX5/16".....	121	ULTRACARE PEN NEEDLES/31G X 3/16".....	122
ULTILET SAFETY LANCETS 21G X 2.2MM.....	90	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/30GX5/16".....	121	ULTRACARE PEN NEEDLES/31G X 5/16".....	122
ULTILET SAFETY LANCETS 23G.....	90	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16".....	121	ULTRACARE PEN NEEDLES/32G X 1/14".....	122
ULTILET SHORT PEN NEEDLES 31GX5/16".....	121	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/30GX5/16".....	122	ULTRACARE PEN NEEDLES/32G X 3/16".....	122
ULTILET SHORT PEN NEEDLES31GX3/16".....	121	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/30GX5/16".....	122	ULTRACARE PEN NEEDLES/32G X 5/32".....	122
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	121	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/31GX5/16".....	122	ULTRACET.....	9
ULTRA FLO INSULIN PEN NEEDLES.....	121	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/31GX5/16".....	122	ULTRAM.....	8
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2".....	121	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.5ML/29GX1/2".....	122	ULTRAVATE.....	63
ULTRA THIN LANCETS 31G.....	90	ULTRA-THIN II INSULIN SYRINGE/U- 100/1ML/29GX1/2".....	122	UNASYN.....	134
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Statement of Non-Discrimination

Ambetter from Buckeye Health Plan 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 Buckeye Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter from Buckeye Health Plan:

- 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 Buckeye Health Plan at 1-877-687-1189 (TTY/TDD 1-877-941-9236).

If you believe that Ambetter from Buckeye Health Plan 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: Buckeye Health Plan at the Appeals Unit, 4349 Easton Way, Suite 400, Columbus, OH 43219, 1-877-687-1189 (TTY/TDD 1-877-941-9236), Fax 1-866-719-5404. You can file a grievance by mail, fax, or email. If you need help filing a grievance, Ambetter from Buckeye Health Plan 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>.



Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Buckeye Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1189 (TTY/TDD 1-877-941-9236).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from Buckeye Health Plan 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 1-877-687-1189 (TTY/TDD 1-877-941-9236)。
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Buckeye Health Plan 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 1-877-687-1189 (TTY/TDD 1-877-941-9236) an.
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Buckeye Health Plan ، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1189 (TTY/TDD 1-877-941-9236).
Pennsylvania Dutch:	Vann du, adda ebbah's du am helpha bisht, ennichi questions hott veyyich Ambetter from Buckeye Health Plan, dann hosht du's recht fa hilf greeya adda may aus finna diveyya in dei shprohch un's kosht nix. Fa shvetza mitt ebbah diveyya, kaw! 1-877-687-1189 (TTY/TDD 1-877-941-9236).
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Buckeye Health Plan вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1189 (TTY/TDD 1-877-941-9236).
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Buckeye Health Plan, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-687-1189 (TTY/TDD 1-877-941-9236).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Buckeye Health Plan, 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 1-877-687-1189 (TTY/TDD 1-877-941-9236).
Cushite:	Yoo sii ykn namaa gargaaraa jirtuu wa'ee Ambetter from Buckeye Health Plan gaaffi qabaatan ta'ee gargaarsaa fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana wajiin dubadhuu, 1-877-687-1189 irra bilbilli (TTY/TDD 1-877-941-9236).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Buckeye Health Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1189 (TTY/TDD 1-877-941-9236)로 전화하십시오.
Italian:	Se lei, o una persona che lei sta aiutando, avesse domande su Ambetter from Buckeye Health Plan, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami l'1-877-687-1189 (TTY/TDD 1-877-941-9236).
Japanese:	Ambetter from Buckeye Health Plan 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、1-877-687-1189 (TTY/TDD 1-877-941-9236) までお電話ください。
Dutch:	Als u of iemand die u helpt vragen heeft over Ambetter from Buckeye Health Plan, hebt u recht op gratis hulp en informatie in uw taal. Bel 1-877-687-1189 (TTY/TDD (teksttelefoon) 1-877-941-9236) om met een tolk te spreken.
Ukrainian:	В разі виникнення у вас або особи, якій ви допомагаєте, будь-яких запитань щодо програми страхування Ambetter from Buckeye Health Plan ви маєте право отримати безкоштовну допомогу та інформацію на своїй рідній мові. Щоб поговорити з перекладачем, зателефонуйте за номером 1-877-687-1189 (TTY/TDD 1-877-941-9236).
Romanian:	Dacă dvs. sau o persoană pe care o asistați are întrebări despre Ambetter from Buckeye Health Plan, aveți dreptul să obțineți asistență și informații în limba dvs. în mod gratuit. Pentru a vorbi cu un interpret, apălați 1-877-687-1189 (TTY/TDD 1-877-941-9236).