



FROM |  peach state health plan.

2020 Prescription Drug List

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Ambetter.pshpgeorgia.com

Formulary Introduction

FORMULARY

The Ambetter from Peach State 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 used to treat complex, chronic conditions that may require special handling, storage or clinical management. For members who do not have a Tier 4 plan, these drugs may be covered under Tier 3.

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

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

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 6.25mg-6.25mg-6.25mg-6.25mg	1	QL(2 ea daily)
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg	1	QL(3 ea daily)
amphetamine-dextroamphetamine tabs 7.5mg-7.5mg-7.5mg-7.5mg	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 5 mg, 10 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	PA; 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
CONTRACE TB12	3	PA
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 60 mg, 80 mg, 100 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 (Use Guanfacine HCl (ADHD))	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use Clonidine HCl (ADHD))	NF	
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (Use Atomoxetine HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 60 MG, 80 MG, 100 MG (Use Atomoxetine HCl)	NF	QL(1 ea daily); AL(At least 6 yrs old)
Stimulants - Misc.		
<i>armodafinil tabs</i>	1	PA; QL(1 ea daily); AL(At least 17 yrs old)
CONCERTA TBCR 18 MG, 27 MG (Use Methylphenidate HCl)	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG (Use Methylphenidate HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
DAYTRANA PTCH	3	PA; QL(1 ea daily)
<i>dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use Dexmethylphenidate HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (Use Dexmethylphenidate HCl)	NF	QL(1 ea daily)
METHYLIN SOLN (Use Methylphenidate HCl)	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 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml</i>	1	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 10 mg, 20 mg</i>	1	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 5 mg</i>	1	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 18 mg, 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 36 mg, 54 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>modafinil tabs 100 mg</i>	1	PA; QL(1 ea daily); AL(At least 16 yrs old)
<i>modafinil tabs 200 mg</i>	1	PA; QL(2 ea daily); AL(At least 16 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate soln 40 mg/ml</i>	1	
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
STREPTOMYCIN SULFATE SOLR	3	
TOBI NEBU (<i>Use Tobramycin</i>)	NF	PA
<i>tobramycin nebu</i>	4	PA
TOBRAMYCIN SULFATE SOLN 10 MG/ML	1	
<i>tobramycin sulfate soln 40 mg/ml, 80 mg/2ml</i>	1	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML	4	PA; QL(0.1143 ea daily)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML,	4	PA; QL(1 ea per 180 days retail, 1 ea per 180 days mail)
HUMIRA PEN PNKT 40 MG/0.4ML	4	PA; QL(0.0571 ea daily)
HUMIRA PEN PNKT 40 MG/0.8ML	4	PA; QL(0.1443 ea daily)
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; QL(0.1443 ea daily)
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	PA; QL(1 ea per 180 days retail, 1 ea per 180 days mail)
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; QL(0.1443 ea daily)
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; QL(1 ea per 180 days retail, 1 ea per 180 days mail)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PSKT 10 MG/0.1ML	4	PA; QL(1 ea per 180 days retail, 1 ea per 180 days mail)
HUMIRA PSKT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML	4	PA; QL(0.0571 ea daily)
HUMIRA PSKT 20 MG/0.2ML	4	PA; QL(0.0286 ea daily)
HUMIRA PSKT 40 MG/0.8ML	4	PA; QL(0.1143 ea daily)
SIMPONI ARIA SOLN	4	PA
SIMPONI SOAJ 100 MG/ML	4	PA; QL(0.357 ml daily); SP
SIMPONI SOAJ 50 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SIMPONI SOSY 100 MG/ML	4	PA; QL(0.357 ml daily); SP
SIMPONI SOSY 50 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
Antirheumatic - Enzyme Inhibitors		
OLUMIANT TABS 2 MG	4	PA
XELJANZ TABS 10 MG	4	PA; QL(2 ea daily)
XELJANZ TABS 5 MG	4	PA; QL(2 ea daily); SP
XELJANZ XR TB24	4	PA; QL(1 ea daily)
Antirheumatic Antimetabolites		
METHOTREXATE TABS	4	PA; QL(1.714 ea daily); SP
Gold Compounds		
RIDAURA CAPS	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	4	PA; SP
Interleukin-1beta Blockers		
ILARIS SOLN	4	PA

Drug Name	Drug Tier	Requirements/Limits
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	4	PA; SP
ACTEMRA SOSY SC 162 MG/0.9ML	4	PA; QL(0.129 ml daily); SP
KEVZARA SOAJ	4	PA
KEVZARA SOSY	4	PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (<i>Use Naproxen Sodium</i>)	NF	
ARTHROTEC 50 TBEC (<i>Use Diclofenac w/ Misoprostol</i>)	NF	
ARTHROTEC 75 TBEC (<i>Use Diclofenac w/ Misoprostol</i>)	NF	
CELEBREX CAPS (<i>Use Celecoxib</i>)	NF	PA
<i>celecoxib caps</i>	1	PA
CHILDRENS ADVIL SUSP (<i>Use Ibuprofen</i>)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (<i>Use Ibuprofen</i>)	NF	RX/OTC
DAYPRO TABS (<i>Use Oxaprozin</i>)	NF	
<i>diclofenac potassium tabs</i>	1	
<i>diclofenac sodium tb24 or 100 mg</i>	1	
<i>diclofenac sodium tbec or 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac w/ misoprostol tbec</i>	1	
EC-NAPROSYN TBEC 500 MG (<i>Use Naproxen</i>)	NF	
EC-NAPROXEN TBEC 500 MG (<i>Use Naproxen</i>)	NF	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
FELDENE CAPS (<i>Use Piroxicam</i>)	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
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin caps</i>	1	
<i>indomethacin cpcr</i>	1	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(0.667 ea daily)
LODINE TABS (<i>Use Etodolac</i>)	NF	
MECLOFENAMATE SODIUM CAPS 50 MG	1	
<i>mefenamic acid caps</i>	1	ST; Must try ibuprofen. ;QL(5 ea daily)
<i>meloxicam tabs</i>	1	QL(1 ea daily)
MOBIC TABS (<i>Use Meloxicam</i>)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NALFON TABS 600 MG (<i>Use Fenoprofen Calcium</i>)	NF	ST; QL(4 ea daily)
NAPROSYN SUSP 125 MG/5ML (<i>Use Naproxen</i>)	NF	PA
NAPROSYN TABS 500 MG (<i>Use Naproxen</i>)	NF	
<i>naproxen sodium tabs 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	PA
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam caps</i>	1	
PONSTEL CAPS (<i>Use Mefenamic Acid</i>)	NF	ST; Must try ibuprofen. ;QL(5 ea daily)
<i>sulindac tabs</i>	1	
TOLMETIN SODIUM CAPS	1	
TOLMETIN SODIUM TABS	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA; QL(2 ea daily)
OTEZLA TBPB	4	PA
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (<i>Use Leflunomide</i>)	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	4	PA
ORENCIA SOLR IV 250 MG	4	PA; SP
ORENCIA SOSY SC 125 MG/ML	4	PA; QL(0.143 ml daily); SP
ORENCIA SOSY SC 50 MG/0.4ML, 87.5 MG/0.7ML	4	PA; QL(0.143 ml daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	PA;
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		

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen tabs 325mg-50mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps</i>	1	
<i>butalbital-acetaminophen-caffeine tabs</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
ESGIC TABS (Use <i>Butalbital-Acetaminophen-Caffeine</i>)	NF	
FIORICET CAPS (Use <i>Butalbital-Acetaminophen-Caffeine</i>)	NF	
FIORINAL CAPS (Use <i>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 (Use <i>Fentanyl Citrate</i>)	NF	PA; QL(4 ea daily)
CODEINE SULFATE TABS 15 MG, 60 MG	1	New starts limited to 7 day supply
CODEINE SULFATE TABS 30 MG (Use <i>Codeine Sulfate</i>)	1	New starts limited to 7 day supply
<i>codeine sulfate tabs 30 mg, 60 mg</i>	1	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML (Use <i>Meperidine HCl</i>)	NF	
DEMEROL TABS OR 100 MG (Use <i>Meperidine HCl</i>)	NF	New starts limited to 7 day supply; QL(6 ea daily)
DILAUDID LIQD OR 1 MG/ML (Use <i>Hydromorphone HCl</i>)	NF	New starts limited to 7 day supply
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (Use <i>Hydromorphone HCl</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
DOLOPHINE TABS 10 MG (Use <i>Methadone HCl</i>)	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG (Use <i>Methadone HCl</i>)	NF	QL(4 ea daily)
DURAGESIC PT72 (Use <i>Fentanyl</i>)	NF	QL(0.34 ea daily)
EMBEDA CPCR	3	PA; QL(2 ea daily)
EXALGO T24A 32 MG (Use <i>Hydromorphone HCl</i>)	NF	PA; QL(1 ea daily)
EXALGO T24A 8 MG, 12 MG, 16 MG (Use <i>Hydromorphone HCl</i>)	NF	PA; QL(2 ea daily)
<i>fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	1	PA; QL(4 ea daily)
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	1	QL(0.34 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 t24a or 32 mg</i>	1	PA; QL(1 ea daily)
<i>hydromorphone hcl t24a or 8 mg, 12 mg, 16 mg</i>	1	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	1	New starts limited to 7 day supply; QL(8 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN 10 MG/ML (Use <i>Hydromorphone HCl</i>)	NF	
KADIAN CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG (Use <i>Morphine Sulfate</i>)	NF	PA; QL(2 ea daily)
<i>levorphanol tartrate tabs 2 mg</i>	1	New starts limited to 7 day supply
<i>meperidine hcl soln ij 25 mg/ml, 50 mg/ml, 100 mg/ml</i>	1	
MEPERIDINE HCL SOLN OR 50 MG/5ML	1	New starts limited to 7 day supply; QL(500 ml per fill retail)
MEPERIDINE HCL TABS OR 50 MG, 100 MG	2	New starts limited to 7 day supply; QL(6 ea daily)
<i>meperidine hcl tabs or 50 mg, 100 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)
METHADONE HCL SOLN OR 10 MG/5ML (Use <i>Methadone HCl</i>)	1	QL(50 ml daily)
<i>methadone hcl soln or 5 mg/5ml</i>	1	QL(100 ml daily)
METHADONE HCL SOLN OR 5 MG/5ML (Use <i>Methadone HCl</i>)	1	QL(100 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<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	3	PA
<i>morphine sulfate cp24 or 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg</i>	1	PA; QL(2 ea daily)
<i>morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml</i>	1	
<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)
MORPHINE SULFATE TABS OR 15 MG, 30 MG (Use <i>Morphine Sulfate</i>)	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>morphine sulfate tbc or 15 mg, 30 mg, 60 mg, 100 mg, 200 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)
OXYCODONE HCL ER T12A	3	PA; QL(2 ea daily)
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
OXYCODONE HYDROCHLORIDE ER T12A	3	PA; QL(2 ea daily)
OXYCONTIN T12A	3	PA; QL(2 ea daily)
<i>oxymorphone hcl tabs</i>	1	PA; QL(12 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 40 MG	2	PA; QL(4 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 7.5 MG	2	PA; QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDEER TB12	2	PA; QL(4 ea daily)
ROXICODONE TABS (<i>Use Oxycodone HCl</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
SUBSYS LIQD	3	PA
<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
ZOHYDRO ER C12A	3	PA; QL(2 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	New starts limited to 7 day supply;QL(75 ml daily)
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	1	New starts limited to 7 day supply;QL(13 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine tabs 300mg-30mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAPS	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</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 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	1	New starts limited to 7 day supply;QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 2.5mg-325mg</i>	1	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 7.5mg-300mg</i>	1	New starts limited to 7 day supply;QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-ibuprofen tabs 200mg-5mg, 200mg-10mg</i>	1	PA
<i>hydrocodone-ibuprofen tabs 200mg-7.5mg</i>	1	New starts limited to 7 day supply;QL(5 ea daily)
IBUDONE TABS (<i>Use Hydrocodone-Ibuprofen</i>)	NF	PA
LORTAB ELIX	2	New starts limited to 7 day supply
NORCO TABS (<i>Use Hydrocodone-Acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN	2	New starts limited to 7 day supply
OXYCODONE/IBUPROFEN TABS	1	New starts limited to 7 day supply;QL(1 ea daily)
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (<i>Use Oxycodone w/ Acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
<i>tramadol-acetaminophen tabs</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
TREZIX CAPS	3	PA; New starts limited to 7 day supply
TYLENOL/CODEINE #3 TABS (<i>Use Acetaminophen w/ Codeine</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (<i>Use Acetaminophen w/ Codeine</i>)	NF	New starts limited to 7 day supply;QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTRACET TABS (<i>Use Tramadol-Acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(8 ea daily)
XODOL TABS (<i>Use Hydrocodone-Acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(13 ea daily)
Opioid Partial Agonists		
BUNAVAIL FILM	3	PA
BUPRENEX SOLN (<i>Use Buprenorphine HCl</i>)	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1	
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 4mg-1mg, 2mg-0.5mg</i>	1	PA; QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg, 12mg-3mg</i>	1	PA; QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg, 2mg-0.5mg</i>	1	QL(3 ea daily)
<i>buprenorphine ptwk td 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i>	1	PA; QL(0.143 ea daily)
BUPRENORPHINE PTWK TD 7.5 MCG/HR	3	PA; QL(0.143 ea daily)
<i>butorphanol tartrate soln ij 2 mg/ml</i>	1	
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	PA
BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (<i>Use Buprenorphine</i>)	NF	PA; QL(0.143 ea daily)
BUTRANS PTWK 7.5 MCG/HR	3	PA; QL(0.143 ea daily)
<i>nalbuphine hcl soln</i>	1	QL(8 ml daily)
<i>pentazocine w/ naloxone tabs</i>	1	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE FILM 4MG-1MG, 2MG-0.5MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate)	NF	PA; QL(3 ea daily)
SUBOXONE FILM 8MG-2MG, 12MG-3MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate)	NF	PA; QL(2 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
OXANDRIN TABS (Use Oxandrolone)	NF	
oxandrolone tabs	1	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
danazol caps	1	
DEPO-TESTOSTERONE SOLN (Use Testosterone Cypionate)	NF	
METHITEST TABS	3	
testosterone cypionate soln im 100 mg/ml, 200 mg/ml	1	
testosterone enanthate soln im	1	
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (Use Hydrocortisone (Intrarectal))	NF	
hydrocortisone (intrarectal) enem	1	
UCERIS FOAM RE 2 MG/ACT	4	PA
Rectal Steroids		
ANUSOL-HC CREA (Use Hydrocortisone (Rectal))	NF	
hydrocortisone (rectal) crea	1	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone acetate (rectal) supp	1	
PROCTOCORT CREA (Use Hydrocortisone (Rectal))	NF	
PROCTOCORT SUPP (Use Hydrocortisone Acetate (Rectal))	NF	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole tabs	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,
ivermectin tabs	1	
praziquantel tabs	1	PA
STROMEKTOL TABS (Use Ivermectin)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
bacitracin solr im 50000 unit	3	
FLAGYL TABS 250 MG, 500 MG (Use Metronidazole)	NF	
IMPAVIDO CAPS	3	PA; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
NEBUPENT SOLR	3	
PENTAM 300 SOLR (<i>Use Pentamidine Isethionate</i>)	3	
<i>pentamidine isethionate solr</i>	1	
<i>trimethoprim tabs</i>	1	
XIFAXAN TABS	3	PA; AL (At least 12 yrs old)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	NF	
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	2	
ALINIA TABS	2	
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>Use Atovaquone</i>)	NF	
Carbapenems		
<i>ertapenem sodium solr</i>	1	
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR IJ (<i>Use Ertapenem Sodium</i>)	NF	
<i>meropenem solr</i>	1	
MERREM SOLR (<i>Use Meropenem</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
PRIMAXIN IV SOLR (<i>Use Imipenem-Cilastatin</i>)	NF	
Chloramphenicols		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	PA; SP
Cyclic Lipopeptides		
CUBICIN RF SOLR (<i>Use Daptomycin</i>)	NF	
CUBICIN SOLR (<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 1 gm, 10 gm, 500 mg, 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	

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use <i>Clindamycin Phosphate</i>)	NF	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
<i>clindamycin phosphate soln ij 9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	1	
<i>clindamycin phosphate soln iv 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
LINCOCIN SOLN (Use <i>Lincomycin HCl</i>)	NF	
<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	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (Use <i>Ranolazine</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
RANEXA TB12 500 MG (Use <i>Ranolazine</i>)	2	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	
ISOSORBIDE DINITRATE ER TBCR	1	
<i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 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	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs 10 mg, 15 mg, 30 mg, 7.5 mg</i>	1	
<i>buspirone hcl tabs 5 mg</i>	1	QL(6 ea daily)
<i>hydroxyzine hcl syrps or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
HYDROXYZINE PAMOATE CAPS 100 MG	1	
<i>hydroxyzine pamoate caps 25 mg, 50 mg</i>	1	
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (Use Hydroxyzine Pamoate)	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 Lorazepam)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use Lorazepam)	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	
DIAZEPAM SOLN OR 5 MG/5ML	1	
<i>diazepam tabs or 2 mg, 5 mg, 10 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 10 mg, 15 mg, 30 mg</i>	1	
OXAZEPAM CAPS 10 MG, 30 MG	1	
TRANXENE T TABS (Use Clorazepate Dipotassium)	NF	
VALIUM TABS (Use Diazepam)	NF	QL(4 ea daily)
XANAX TABS (Use Alprazolam)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
XANAX XR TB24 (Use Alprazolam)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use Disopyramide Phosphate)	NF	
<i>procainamide hcl soln 500 mg/ml</i>	1	
QUINIDINE SULFATE TABS	1	
Antiarrhythmics Type I-B		
MEXILETINE HCL CAPS 150 MG, 200 MG, 250 MG	1	
<i>mexiletine hcl caps 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 Propafenone HCl)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl soln iv 50 mg/ml, 150 mg/3ml</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 Dofetilide)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
FASENRA PEN SOAJ	4	PA
FASENRA SOSY	4	PA
NUCALA SOLR 100 MG	4	PA
XOLAIR SOLR 150 MG	4	PA; QL(0.214 ea daily); SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
Bronchodilators - Anticholinergics		
INCRUSE ELLIPTA AEPB	2	
<i>ipratropium bromide soln</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	
Leukotriene Modulators		
ACCOLATE TABS (<i>Use Zafirlukast</i>)	NF	QL(2 ea daily)
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium pack 4 mg</i>	1	PA; QL(1 ea daily)
<i>montelukast sodium tabs 10 mg</i>	1	QL(1 ea daily)
SINGULAIR CHEW 4 MG, 5 MG (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK 4 MG (<i>Use Montelukast Sodium</i>)	NF	PA; QL(1 ea daily)
SINGULAIR TABS 10 MG (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
<i>zafirlukast tabs</i>	1	QL(2 ea daily)
<i>zileuton tb12</i>	1	QL(4 ea daily)
ZYFLO CR TB12 (<i>Use Zileuton</i>)	NF	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rtl MAX day(s) supply, 180 rtl lmt day(s),30 mail MAX day(s) supply, 180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	
Steroid Inhalants		
ALVESCO AERS	3	PA
ARNUITY ELLIPTA AEPB	2	
ASMANEX HFA AERO	2	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 7 METERED DOSES 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 AERS	2	
QVAR REDHALER AERB	2	
Sympathomimetics		

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKUS AEPB (Use Fluticasone-Salmeterol)	NF	
ADVAIR HFA AERO	2	
ALBUTEROL SULFATE ER TB12 4 MG	1	
ALBUTEROL SULFATE HFA AERS	2	1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
<i>albuterol sulfate nebu in 0.5 %</i>	1	
<i>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 1.25 mg/3ml</i>	1	QL(15 ml daily)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
ANORO ELLIPTA AEPB	3	PA
ARCAPTA NEOHALER CAPS	2	
BREO ELLIPTA AEPB	2	
BROVANA NEBU	3	PA; QL(4 ml daily)
<i>fluticasone-salmeterol aepb</i>	1	
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	PA; QL(12 ml daily)
<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)
METAPROTERENOL SULFATE SYRP	1	
METAPROTERENOL SULFATE TABS	1	

Drug Name	Drug Tier	Requirements/Limits
PROAIR HFA AERS	2	1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
PROVENTIL HFA AERS	2	1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	2	PA
SYMBICORT AERO	2	
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB	2	
UTIBRON NEOHALER CAPS	3	PA; QL(2 ea daily)
VENTOLIN HFA AERS	2	1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
XOPENEX CONCENTRATE NEBU (Use Levalbuterol HCl)	NF	PA
XOPENEX HFA AERO	3	PA; Limit 2 inhalers per month; QL(1 gm daily)
XOPENEX NEBU (Use Levalbuterol HCl)	NF	PA; QL(12 ml daily)
Xanthines		
<i>aminophylline soln</i>	1	
ELIXOPHYLLIN ELIX	1	
<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		

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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 TABS	2	QL(2.47 ea daily)
ELIQUIS TABS	2	QL(2.47 ea daily)
XARELTO STARTER PACK TBPB	2	1 rtl MAX fill,365 rtl day(s) supply,
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 MG, 2.5 MG	2	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (<i>Use Fondaparinux Sodium</i>)	NF	QL(7.2 ml per 180 days retail,7.2 ml per 180 days mail); SP
ARIXTRA SOLN 2.5 MG/0.5ML (<i>Use Fondaparinux Sodium</i>)	NF	QL(4.5 ml per 180 days retail,4.5 ml per 180 days mail); SP
ARIXTRA SOLN 5 MG/0.4ML (<i>Use Fondaparinux Sodium</i>)	NF	QL(3.6 ml per 180 days retail,3.6 ml per 180 days mail); SP
ARIXTRA SOLN 7.5 MG/0.6ML (<i>Use Fondaparinux Sodium</i>)	NF	QL(5.4 ml per 180 days retail,5.4 ml per 180 days mail); SP
<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 30 mg/0.3ml</i>	4	QL(0.6 ml daily); SP

Drug Name	Drug Tier	Requirements/ Limits
<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>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i>	4	QL(1.6 ml daily)
<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, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	PA; SP
<i>heparin sodium (porcine) soln 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	1	
HEPARIN SODIUM/NAACL 0.45% SOLN 12500UNIT/250ML-0.45%	1	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(2 ml daily)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (Use Enoxaparin Sodium)	NF	QL(1.6 ml daily)
Thrombin Inhibitors		
PRADAXA CAPS 110 MG	3	
PRADAXA CAPS 75 MG, 150 MG	3	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	3	PA
Anticonvulsants - Benzodiazepines		
<i>clobazam susp 2.5 mg/ml</i>	1	PA; QL(16 ml daily)
<i>clobazam tabs 10 mg, 20 mg</i>	1	PA; QL(2 ea daily)
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	1	
DIASTAT ACUDIAL GEL	3	
DIASTAT PEDIATRIC GEL	3	
<i>diazepam (anticonvulsant) gel</i>	3	
DIAZEPAM RECTAL GEL GEL	3	
KLONOPIN TABS (Use Clonazepam)	NF	
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)
Anticonvulsants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
APTIOM TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML	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, 25 MG, 50 MG, 75 MG, 100 MG	3	PA
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg</i>	1	
<i>carbamazepine cp12 200 mg</i>	1	QL(6 ea daily)
<i>carbamazepine cp12 300 mg</i>	1	QL(4 ea daily)
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
<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 (Use Carbamazepine)	NF	
CARBATROL CP12 200 MG (Use Carbamazepine)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (Use Carbamazepine)	NF	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	PA; QL(12 ea daily)
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

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
<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 (Use <i>Levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (Use <i>Levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (Use <i>Levetiracetam</i>)	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG (Use <i>Levetiracetam</i>)	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (Use <i>Levetiracetam</i>)	NF	QL(6 ea daily)
KEPPRA XR TB24 (Use <i>Levetiracetam</i>)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use <i>Lamotrigine</i>)	NF	
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (Use <i>Lamotrigine</i>)	NF	QL(1 ea daily)
LAMICTAL TABS (Use <i>Lamotrigine</i>)	NF	
<i>lamotrigine chew 5 mg, 25 mg</i>	1	
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 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)

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	QL(4 ea daily)
LYRICA CAPS 225 MG, 300 MG (Use <i>Pregabalin</i>)	2	PA; QL(2 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (Use <i>Pregabalin</i>)	2	PA; QL(3 ea daily)
LYRICA SOLN 20 MG/ML (Use <i>Pregabalin</i>)	2	PA; QL(30 ml daily)
MYSOLINE TABS (Use <i>Primidone</i>)	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (Use <i>Gabapentin</i>)	NF	
NEURONTIN SOLN 250 MG/5ML (Use <i>Gabapentin</i>)	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (Use <i>Gabapentin</i>)	NF	
<i>oxcarbazepine susp 60 mg/ml, 300 mg/5ml</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 225 mg, 300 mg</i>	1	PA; QL(2 ea daily)
<i>pregabalin caps 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	1	PA; QL(3 ea daily)
<i>pregabalin soln 20 mg/ml</i>	1	PA; QL(30 ml daily)
<i>primidone tabs</i>	1	
TEGRETOL SUSP (Use <i>Carbamazepine</i>)	2	
TEGRETOL TABS (Use <i>Carbamazepine</i>)	2	
TEGRETOL-XR TB12 100 MG, 400 MG (Use <i>Carbamazepine</i>)	NF	QL(4 ea daily)
TEGRETOL-XR TB12 200 MG (Use <i>Carbamazepine</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (Use <i>Topiramate</i>)	NF	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use Topiramate</i>)	NF	QL(8 ea daily)
TOPAMAX TABS 100 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 25 MG, 50 MG (<i>Use Topiramate</i>)	NF	QL(6 ea daily)
<i>topiramate csp 15 mg</i>	1	QL(6 ea daily)
<i>topiramate csp 25 mg</i>	1	QL(8 ea daily)
<i>topiramate tabs 100 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 25 mg, 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 50 MG, 100 MG, 150 MG, 200 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)

Drug Name	Drug Tier	Requirements/Limits
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>)	4	PA; QL(6 ea daily); SP
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	1	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP
<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		

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
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 (Use <i>Ethosuximide</i>)	2	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML (Use <i>Ethosuximide</i>)	NF	QL(30 ml daily)
Valproic Acid		
DEPACON SOLN (Use <i>Valproate Sodium</i>)	NF	
DEPAKENE CAPS (Use <i>Valproic Acid</i>)	NF	
DEPAKENE SOLN (Use <i>Valproate Sodium</i>)	NF	
DEPAKOTE ER TB24 (Use <i>Divalproex Sodium</i>)	NF	
DEPAKOTE TBEC (Use <i>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 45 mg, 7.5 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	

Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB TBDP 15 MG (Use <i>Mirtazapine</i>)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (Use <i>Mirtazapine</i>)	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (Use <i>Mirtazapine</i>)	NF	
REMERON TABS 15 MG (Use <i>Mirtazapine</i>)	NF	QL(3 ea daily)
REMERON TABS 30 MG (Use <i>Mirtazapine</i>)	NF	QL(1.5 ea daily)
REMERON TABS 45 MG (Use <i>Mirtazapine</i>)	NF	QL(1 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tabs 75 mg, 100 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 100 mg</i>	1	QL(4 ea daily)
<i>bupropion hcl tb12 150 mg</i>	1	QL(3 ea daily)
<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)
MAPROTILINE HCL TABS	2	
WELLBUTRIN SR TB12 100 MG (Use <i>Bupropion HCl</i>)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (Use <i>Bupropion HCl</i>)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (Use <i>Bupropion HCl</i>)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (Use <i>Bupropion HCl</i>)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (Use <i>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)

Drug Name	Drug Tier	Requirements/Limits
NARDIL TABS (Use Phenelzine Sulfate)	NF	
PARNATE TABS (Use Tranylcypromine Sulfate)	NF	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor		
SPRAVATO 56MG DOSE SOPK	4	PA
SPRAVATO 84MG DOSE SOPK	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (Use Citalopram Hydrobromide)	NF	QL(4 ea daily)
CELEXA TABS 20 MG (Use Citalopram Hydrobromide)	NF	QL(2 ea daily)
CELEXA TABS 40 MG (Use Citalopram Hydrobromide)	NF	QL(1 ea daily)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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 (Use Fluoxetine HCl)	1	QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use Fluoxetine HCl)	NF	QL(1 ea daily)
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1	QL(2 ea daily)
LEXAPRO TABS 10 MG (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)
<i>paroxetine hcl tabs 10 mg</i>	1	QL(6 ea daily)
<i>paroxetine hcl tabs 20 mg</i>	1	QL(3 ea daily)
<i>paroxetine hcl tabs 30 mg</i>	1	QL(2 ea daily)
<i>paroxetine hcl tabs 40 mg</i>	1	QL(1 ea daily)
<i>paroxetine hcl tb24 12.5 mg</i>	1	QL(1 ea daily)
<i>paroxetine hcl tb24 25 mg, 37.5 mg</i>	1	QL(2 ea daily)
PAXIL CR TB24 12.5 MG (Use Paroxetine HCl)	NF	QL(1 ea daily)
PAXIL CR TB24 25 MG, 37.5 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)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
PAXIL TABS 30 MG (Use Paroxetine HCl)	NF	QL(2 ea daily)
PAXIL TABS 40 MG (Use Paroxetine HCl)	NF	QL(1 ea daily)
PROZAC CAPS 10 MG (Use Fluoxetine HCl)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (Use Fluoxetine HCl)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (Use Fluoxetine HCl)	NF	QL(2 ea daily)
sertraline hcl conc 20 mg/ml	1	QL(10 ml daily)
sertraline hcl tabs 100 mg	1	QL(2 ea daily)
sertraline hcl tabs 25 mg, 50 mg	1	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (Use Sertraline HCl)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use Sertraline HCl)	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use Sertraline HCl)	NF	QL(4 ea daily)
Serotonin Modulators		
NEFAZODONE HCL TABS 100 MG, 150 MG	2	
nefazodone hcl tabs 50 mg, 250 mg	1	
NEFAZODONE HYDROCHLORIDE TABS	2	
trazodone hcl tabs	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA
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)

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl cpep 20 mg, 30 mg, 60 mg	1	QL(2 ea daily)
duloxetine hcl cpep 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
PRISTIQ TB24 100 MG (Use Desvenlafaxine Succinate)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use Desvenlafaxine Succinate)	NF	QL(1 ea daily)
venlafaxine hcl cp24 150 mg	1	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	1	QL(4 ea daily)
venlafaxine hcl cp24 75 mg	1	QL(5 ea daily)
venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg	1	QL(3 ea daily)
venlafaxine hcl tb24 150 mg	1	QL(2 ea daily)
venlafaxine hcl tb24 225 mg	1	ST; QL(1 ea daily)
venlafaxine hcl tb24 75 mg, 37.5 mg	1	QL(1 ea daily)
Tricyclic Agents		
amitriptyline hcl tabs	1	
AMOXAPINE TABS	3	
ANAFRANIL CAPS (Use Clomipramine HCl)	NF	
clomipramine hcl caps	1	
desipramine hcl tabs	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl caps 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
DOXEPIN HCL CAPS 150 MG	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
ELAVIL TABS (Use Amitriptyline HCl)	NF	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (Use Desipramine HCl)	NF	
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	1	
PAMELOR CAPS (Use Nortriptyline HCl)	NF	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (Use Trimipramine Maleate)	NF	
TOFRANIL TABS (Use Imipramine HCl)	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 (Use Miglitol)	NF	
<i>miglitol tabs</i>	1	
PRECOSE TABS (Use Acarbose)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS (Use Pioglitazone HCl-Metformin HCl)	NF	QL(2 ea daily)
DUETACT TABS (Use Pioglitazone HCl-Glimepiride)	NF	QL(1 ea daily)
<i>glipizide-metformin hcl tabs 2.5mg-250mg, 2.5mg-500mg</i>	1	QL(2 ea daily)
<i>glipizide-metformin hcl tabs 5mg-500mg</i>	1	QL(4 ea daily)
GLUCOVANCE TABS (Use Glyburide-Metformin)	NF	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25mg-250mg</i>	1	QL(2 ea daily)
<i>glyburide-metformin tabs 5mg-500mg, 2.5mg-500mg</i>	1	QL(4 ea daily)
GLYXAMBI TABS	3	PA
INVOKAMET TABS	3	PA
JANUMET TABS	2	
JANUMET XR TB24	2	
JENTADUETO TABS	2	
JENTADUETO XR TB24	2	
<i>pioglitazone hcl-glimepiride tabs</i>	1	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	1	QL(2 ea daily)
SEGLUROMET TABS	2	QL(2 ea daily)
SYNJARDY TABS	3	PA
XIGDUO XR TB24 5MG-500MG, 10MG-500MG, 5MG-1000MG, 10MG-1000MG	3	PA

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
XULTOPHY 100/3.6 SOPN	3	PA
Biguanides		
GLUCOPHAGE TABS 1000 MG (<i>Use Metformin HCl</i>)	NF	QL(2.5 ea daily)
GLUCOPHAGE TABS 500 MG (<i>Use Metformin HCl</i>)	NF	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG (<i>Use Metformin HCl</i>)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 (<i>Use Metformin HCl</i>)	NF	
<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, 750 mg</i>	1	
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT	3	QL(0.035 ea daily)
PROGLYCEM SUSP	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs</i>	3	PA; QL(1 ea daily)
ALOGLIPTIN TABS	3	PA; QL(1 ea daily)
JANUVIA TABS	2	QL(1 ea daily)
NESINA TABS	3	PA; QL(1 ea daily)
ONGLYZA TABS	3	PA; QL(1 ea daily)
TRADJENTA TABS	2	QL(1 ea daily)
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor		
BYDUREON BCISE AUJ	2	PA

Drug Name	Drug Tier	Requirements/Limits
BYDUREON PEN PEN	2	PA
BYDUREON SRER	2	PA
BYETTA SOPN	2	PA; QL(0.08 ml daily)
TANZEUM PEN	3	PA
TRULICITY SOPN	2	PA
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 SOLN	2	
HUMULIN R U-500 (<i>CONCENTRATED</i>) 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	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
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 Repaglinide)	NF	QL(4 ea daily)
PRANDIN TABS 2 MG (Use Repaglinide)	NF	QL(8 ea daily)
<i>repaglinide tabs 0.5 mg, 1 mg</i>	1	QL(4 ea daily)
<i>repaglinide tabs 2 mg</i>	1	QL(8 ea daily)
STARLIX TABS (Use Nateglinide)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	PA
INVOKANA TABS	3	PA; QL(1 ea daily)
JARDIANCE TABS	3	PA
STEGLATRO TABS	2	ST; Trial of metformin required. ;QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (Use Glimepiride)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
AMARYL TABS 4 MG (Use Glimepiride)	NF	QL(2 ea daily)
CHLORPROPAMIDE TABS 100 MG	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 5 mg, 10 mg</i>	1	QL(4 ea daily)
<i>glipizide tb24 5 mg, 10 mg, 2.5 mg</i>	1	QL(2 ea daily)
GLUCOTROL TABS (Use Glipizide)	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (Use Glipizide)	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 Glyburide Micronized)	NF	QL(4 ea daily)
TOLAZAMIDE TABS	1	QL(4 ea daily)
TOLBUTAMIDE TABS	1	QL(6 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine tabs</i>	1	
DIPHENOXYLATE/ATROPINE LIQD	1	
IMODIUM A-D CAPS (Use Loperamide HCl)	NF	RX/OTC
LOMOTIL TABS (Use Diphenoxylate w/ Atropine)	NF	
<i>loperamide hcl caps</i>	1	RX/OTC
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox tabs</i>	4	PA; SP
<i>deferasirox tbso</i>	4	PA; SP
EXJADE TBSO (Use <i>Deferasirox</i>)	4	PA; SP
FERRIPROX TABS 500 MG	3	
JADENU SPRINKLE PACK	4	PA
JADENU TABS 180 MG	4	PA; SP
JADENU TABS 90 MG, 360 MG (Use <i>Deferasirox</i>)	4	PA; SP
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	PA
Opioid Antagonists		
<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naltrexone hcl tabs</i>	1	
NARCAN LIQD	3	QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply,
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ALOXI SOLN (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)

Drug Name	Drug Tier	Requirements/Limits
<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 ODT TBDP 4 MG (Use <i>Ondansetron</i>)	NF	QL(1 ea daily)
ZOFRAN ODT TBDP 8 MG (Use <i>Ondansetron</i>)	NF	
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)
TIGAN CAPS OR 300 MG (Use <i>Trimethobenzamide HCl</i>)	NF	
TRANSDERM SCOP PT72 (Use <i>Scopolamine</i>)	2	QL(0.34 ea daily)
TRANSDERM-SCOP PT72 (Use <i>Scopolamine</i>)	2	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 300MG-0.5MG	3	PA
CESAMET CAPS	3	

Drug Name	Drug Tier	Requirements/ Limits
DICLEGIS TBEC (<i>Use Doxylamine-Pyridoxine</i>)	3	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>doxylamine-pyridoxine tbec</i>	1	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>dronabinol caps</i>	1	
MARINOL CAPS (<i>Use Dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps 40 mg, 125 mg</i>	1	PA; QL(0.067 ea daily)
<i>aprepitant caps 80 mg</i>	1	PA; QL(0.134 ea daily)
EMEND CAPS OR 40 MG, 125 MG (<i>Use Aprepitant</i>)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (<i>Use Aprepitant</i>)	NF	PA; QL(0.134 ea daily)
VARUBI TABS OR 90 MG	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (<i>Use Caspofungin Acetate</i>)	NF	
<i>caspofungin acetate solr 50 mg, 70 mg</i>	1	
ERAXIS SOLR	3	
MYCAMINE SOLR	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
AMPHOTERICIN B SOLR	3	

Drug Name	Drug Tier	Requirements/ Limits
ANCOBON CAPS (<i>Use Flucytosine</i>)	NF	
<i>flucytosine caps</i>	1	
GRIS-PEG TABS (<i>Use Griseofulvin Ultramicrosize</i>)	NF	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	AL(At least 2 yrs old)
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
LAMISIL TABS (<i>Use Terbinafine HCl</i>)	NF	QL(1 ea daily)
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR (<i>Use Fluconazole</i>)	NF	
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)
VFEND TABS 50 MG, 200 MG (<i>Use Voriconazole</i>)	NF	QL(4 ea daily)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole tabs or 50 mg, 200 mg</i>	1	QL(4 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
DEXCHLORPHENIRAMIN E MALEATE SOLN	3	
RYCLORA SOLN	3	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
CLEMASTINE FUMARATE TABS	1	
<i>diphenhydramine hcl caps or 50 mg</i>	1	
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	1	RX/OTC
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (Use Fexofenadine HCl)	1	QL(30 ml daily)
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (Use Fexofenadine HCl)	1	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (Use Fexofenadine HCl)	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 syrup 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)

Drug Name	Drug Tier	Requirements/Limits
CLARINEX TABS 5 MG (Use Desloratadine)	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (Use Loratadine)	1	
CLARITIN CAPS (Use Loratadine)	1	
CLARITIN CHEW (Use Loratadine)	1	
CLARITIN CHILDRENS CHEW (Use Loratadine)	1	
CLARITIN REDITABS TBDP 10 MG (Use Loratadine)	1	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP (Use Loratadine)	1	
CLARITIN TABS (Use Loratadine)	1	
DESLORATADINE ODT TBDP 2.5 MG	1	QL(1 ea daily)
<i>desloratadine tabs</i>	1	QL(1 ea daily)
<i>fexofenadine hcl susp 30 mg/5ml</i>	1	QL(30 ml daily)
<i>fexofenadine hcl tabs 180 mg</i>	1	QL(1 ea daily)
<i>fexofenadine hcl tabs 60 mg</i>	1	QL(2 ea daily)
<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 syrup</i>	1	
<i>loratadine tabs</i>	1	
<i>loratadine tbdp</i>	1	

Drug Name	Drug Tier	Requirements/Limits
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use Levocetirizine Dihydrochloride)	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS (Use Levocetirizine Dihydrochloride)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (Use Cetirizine HCl)	1	QL(1 ea daily)
ZYRTEC ALLERGY TABS (Use Cetirizine HCl)	1	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (Use Cetirizine HCl)	1	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use Promethazine HCl)	NF	
<i>promethazine hcl soln</i>	1	
<i>promethazine hcl supp</i>	1	
<i>promethazine hcl syrp</i>	1	
<i>promethazine hcl tabs</i>	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	QL(1 ea daily)
VYTORIN TABS (Use Ezetimibe-Simvastatin)	NF	QL(1 ea daily)
Antihyperlipidemics - Misc.		
LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	QL(4 ea daily)
VASCEPA CAPS	3	PA
Bile Acid Sequestrants		

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine light powd 4 gm/dose</i>	1	QL(24 gm daily)
<i>cholestyramine pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine powd 4 gm/dose</i>	1	QL(25.2 gm daily)
<i>colesevelam hcl pack 3.75 gm</i>	1	PA; QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1	QL(7 ea daily)
COLESTID FLAVORED GRAN 5 GM (Use Colestipol HCl)	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (Use Colestipol HCl)	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (Use Colestipol HCl)	NF	QL(6 gm daily)
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 67 mg, 134 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs 48 mg, 54 mg, 145 mg, 160 mg</i>	1	QL(1 ea daily)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LOPID TABS (<i>Use Gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (<i>Use Fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (<i>Use Rosuvastatin Calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	1	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	1	QL(2 ea daily)
LIPITOR TABS (<i>Use Atorvastatin Calcium</i>)	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 (<i>Use Pravastatin Sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)
<i>simvastatin tabs</i>	1	QL(1 ea daily)
ZOCOR TABS (<i>Use Simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	QL(1 ea daily)
ZETIA TABS (<i>Use Ezetimibe</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1	QL(2 ea daily)
NIASPAN TBCR (<i>Use Niacin (Antihyperlipidemic)</i>)	NF	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9		
REPATHA SOSY	4	PA; QL(0.0714 ml daily)
REPATHA SURECLICK SOAJ	4	PA; QL(0.0714 ml daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<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		

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
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)
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)
EPROSARTAN MESYLATE TABS	1	QL(1 ea daily)
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs</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)

Drug Name	Drug Tier	Requirements/Limits
<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)
METHYLDOPATE HCL SOLN	3	
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	
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(3 ea daily)
ACCURETIC TABS 20MG-12.5MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (<i>Use 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 (<i>Use Candesartan Cilexetil-Hydrochlorothiazide</i>)	NF	
<i>atenolol & chlorthalidone tabs</i>	1	
AVALIDE TABS (<i>Use Irbesartan-Hydrochlorothiazide</i>)	NF	
AZOR TABS (<i>Use Amlodipine Besylate-Olmesartan Medoxomil</i>)	NF	ST
<i>benazepril & hydrochlorothiazide tabs</i>	1	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
BENICAR HCT TABS (<i>Use Olmesartan Medoxomil-Hydrochlorothiazide</i>)	NF	
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
DIOVAN HCT TABS (<i>Use Valsartan-Hydrochlorothiazide</i>)	NF	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
EXFORGE HCT TABS (<i>Use Amlodipine-Valsartan-Hydrochlorothiazide</i>)	NF	
EXFORGE TABS (<i>Use Amlodipine Besylate-Valsartan</i>)	NF	
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	
HYZAAR TABS 100MG-25MG, 100MG-12.5MG (<i>Use Losartan Potassium & Hydrochlorothiazide</i>)	NF	QL(1 ea daily)
HYZAAR TABS 50MG-12.5MG (<i>Use Losartan Potassium & Hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril & hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (<i>Use Metoprolol & Hydrochlorothiazide</i>)	NF	
<i>losartan potassium & hydrochlorothiazide tabs 100mg-25mg, 100mg-12.5mg</i>	1	QL(1 ea daily)
<i>losartan potassium & hydrochlorothiazide tabs 50mg-12.5mg</i>	1	QL(2 ea daily)
LOTENSIN HCT TABS (<i>Use Benazepril & Hydrochlorothiazide</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
LOTREL CAPS (<i>Use Amlodipine Besylate-Benazepril HCl</i>)	NF	
<i>metoprolol & hydrochlorothiazide tabs</i>	1	
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	1	
MICARDIS HCT TABS (<i>Use Telmisartan-Hydrochlorothiazide</i>)	NF	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	
<i>quinapril-hydrochlorothiazide tabs 10mg-12.5mg</i>	1	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20mg-12.5mg</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20mg-25mg</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	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	2	
TRIBENZOR TABS (<i>Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide</i>)	NF	ST
TWYNSTA TABS (<i>Use Telmisartan-Amlodipine</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<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 150 MG, 300 MG	2	QL(1 ea daily)
TEKTURNA TABS 150 MG, 300 MG (<i>Use Aliskiren Fumarate</i>)	2	QL(1 ea daily)
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		

Drug Name	Drug Tier	Requirements/Limits
<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,
MALARONE TABS (<i>Use Atovaquone-Proguanil HCl</i>)	NF	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	1	
<i>chloroquine phosphate tabs 500 mg</i>	1	
DARAPRIM TABS	3	PA; QL(3 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide tbcr 180 mg</i>	1	
RUZURGI TABS	4	PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	3	
RIFATER TABS	3	QL(6 ea daily)
Antimycobacterial Agents		
CAPASTAT SULFATE SOLR	3	
<i>cycloserine caps</i>	1	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1	
ISONIAZID SOLN IJ 100 MG/ML	1	
ISONIAZID SYRP OR 50 MG/5ML	1	
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	
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	3	PA

Drug Name	Drug Tier	Requirements/Limits
TRECTOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR (Use Melphalan HCl)	NF	
ALKERAN TABS (Use Melphalan)	NF	
BICNU SOLR (Use Carmustine)	NF	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN (Use Busulfan)	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
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG (Use Cyclophosphamide)	NF	PA; SP
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	PA; SP
GLEOSTINE CAPS 10 MG	4	PA; SP
GLEOSTINE CAPS 5 MG, 40 MG, 100 MG	4	PA
HEXALEN CAPS	4	PA; SP
IFEX SOLR 1 GM (Use Ifosfamide)	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	

Drug Name	Drug Tier	Requirements/Limits
MUSTARGEN SOLR	4	PA; SP
MYLERAN TABS	4	PA; SP
<i>oxaliplatin soln 50 mg/10ml, 100 mg/20ml</i>	4	PA; SP
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use Temozolomide)	NF	PA; SP
TEMODAR SOLR IV 100 MG	4	PA; SP
<i>temozolomide caps</i>	4	PA; SP
<i>thiotepa solr</i>	4	PA; SP
TREANDA SOLR	4	PA; SP
ZANOSAR SOLR	4	PA; SP
Antimetabolites		
ALIMTA SOLR 500 MG	4	PA; SP
ARRANON SOLN	4	PA; SP
<i>azacitidine susr</i>	4	PA; SP
<i>capecitabine tabs</i>	4	PA; SP
<i>clofarabine soln</i>	4	PA; SP
CLOLAR SOLN (Use Clofarabine)	NF	PA; SP
<i>cytarabine soln</i>	4	PA; SP
DACOGEN SOLR (Use Decitabine)	NF	PA; SP
<i>decitabine solr</i>	4	PA; SP
<i>floxuridine solr</i>	4	PA; SP
<i>fludarabine phosphate soln 50 mg/2ml</i>	4	PA; SP
<i>fludarabine phosphate solr 50 mg</i>	4	PA; SP
<i>fluorouracil soln iv 500 mg/10ml</i>	4	PA; SP

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
FOLOTYN SOLN 20 MG/ML	4	PA; SP
<i>gemcitabine hcl solr 2 gm</i>	4	PA; SP
<i>gemcitabine hcl solr 200 mg</i>	4	PA; SP
GEMZAR SOLR 200 MG (Use <i>Gemcitabine HCl</i>)	NF	PA; SP
<i>mercaptopurine tabs</i>	1	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	1	
<i>methotrexate sodium soln ij 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		
AVASTIN SOLN 100 MG/4ML	4	PA; SP
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
CAMPATH SOLN	4	PA
ERBITUX SOLN	4	PA; SP
HERCEPTIN SOLR 440 MG	4	PA; SP
PERJETA SOLN	4	PA; SP
RITUXAN SOLN	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
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</i>	4	PA; QL(4 ea daily); SP
<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
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 (Use <i>Toremifene Citrate</i>)	2	
FASLODEX SOLN (Use <i>Fulvestrant</i>)	4	PA; QL(0.357 ml daily); SP
FEMARA TABS (Use <i>Letrozole</i>)	NF	
FIRMAGON SOLR	4	PA; QL(0.143 ea daily); SP
<i>flutamide caps</i>	4	PA; QL(6 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
<i>fulvestrant soln</i>	4	PA; QL(0.357 ml daily); SP
FULVESTRANT SOLN	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 (Use Nilutamide)	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	1	QL(2 ea daily)
<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 (Use Abiraterone Acetate)	NF	PA; QL(4 ea daily); SP
ZYTIGA TABS 500 MG	4	PA; QL(2 ea daily)
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic Antibiotics		
ADRIAMYCIN SOLR	4	PA; SP
<i>bleomycin sulfate solr 15 unit</i>	4	PA; SP
COSMEGEN SOLR (Use Dactinomycin)	NF	PA; SP
<i>dactinomycin solr</i>	4	PA; SP
DOXIL INJ (Use Doxorubicin HCl Liposomal)	NF	PA; SP
<i>doxorubicin hcl liposomal inj</i>	4	PA; SP
<i>doxorubicin hcl soln</i>	4	PA; SP
<i>doxorubicin hcl solr</i>	4	PA; SP
ELLENCES SOLN 50 MG/25ML (Use Epirubicin HCl)	NF	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 5 MG/5ML, 10 MG/10ML (Use Idarubicin HCl)	NF	PA; SP
<i>idarubicin hcl soln 5 mg/5ml, 10 mg/10ml</i>	4	PA; SP
<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 Valrubicin)	4	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS	4	PA; QL(1 ea daily); SP
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;

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
BRAFTOVI CAPS	4	PA; SP
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP
COPIKTRA CAPS	4	PA
<i>erlotinib hcl tabs</i>	4	PA; QL(1 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)
GLEEVEC TABS (<i>Use Imatinib Mesylate</i>)	NF	PA; QL(2 ea daily); SP
ICLUSIG TABS	4	PA
<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
ISTODAX (<i>OVERFILL</i>) SOLR	4	PA; SP
JAKAFI TABS 10 MG, 20 MG	4	PA; SP
JAKAFI TABS 5 MG, 15 MG, 25 MG	4	PA; QL(2 ea daily); SP
KYPROLIS SOLR	4	PA
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 20 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LORBRENA TABS	4	PA
LYNPARZA CAPS	4	PA; QL(16 ea daily)
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)
PIQRAY 200MG DAILY DOSE TBPK	4	PA
PIQRAY 250MG DAILY DOSE TBPK	4	PA
PIQRAY 300MG DAILY DOSE TBPK	4	PA
ROMIDEPSIN SOLR	4	PA; SP
SPRYCEL TABS	4	PA; QL(1 ea daily); SP
STIVARGA TABS	4	PA; QL(4 ea daily); SP
SUTENT CAPS 25 MG, 50 MG, 12.5 MG	4	PA; QL(1 ea daily); SP
TAFINLAR CAPS	4	PA; QL(4 ea daily)
TALZENNA CAPS	4	PA
TARCEVA TABS (<i>Use Erlotinib HCl</i>)	4	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)
<i>temsirolimus soln</i>	4	PA; QL(0.143 ml daily); SP
TIBSOVO TABS	4	PA

Drug Name	Drug Tier	Requirements/Limits
TORISEL SOLN (<i>Use Temsirolimus</i>)	NF	PA; QL(0.143 ml daily); SP
TYKERB TABS	4	PA; QL(6 ea daily); SP
VELCADE SOLR	4	PA; SP
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VIZIMPRO TABS	4	PA
VOTRIENT TABS	4	PA; QL(4 ea daily); SP
XALKORI CAPS	4	PA; QL(2 ea daily); SP
XOSPATA TABS	4	PA
ZELBORAF TABS	4	PA; SP
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

Drug Name	Drug Tier	Requirements/Limits
INTRON A W/DILUENT 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	
TRISENOX SOLN 10 MG/10ML	4	PA; SP
UVADEX SOLN	4	PA; SP
Chemotherapy Adjuncts		
KEPIVANCE SOLR	4	PA; SP
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i>	1	
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	1	
<i>leucovorin calcium tabs or 5 mg, 25 mg</i>	1	
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA; SP
DOCETAXEL CONC 20 MG/0.5ML	4	PA; SP
<i>docetaxel conc 20 mg/ml</i>	4	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
DOCETAXEL SOLN 20 MG/2ML (Use Docetaxel)	4	PA; SP
ETOPOPHOS SOLR	4	PA; SP
ETOPOSIDE CAPS OR 50 MG	4	PA; SP
<i>etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</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 (Use Vinorelbine Tartrate)	NF	PA; SP
<i>paclitaxel conc 100 mg/16.7ml</i>	4	PA; SP
PACLITAXEL CONC 150 MG/25ML	4	PA; SP
TAXOTERE CONC 20 MG/ML (Use Docetaxel)	NF	PA; SP
TENIPOSIDE SOLN	4	PA; SP
<i>vincristine sulfate soln</i>	4	PA; SP
VINCRISTINE SULFATE SOLN	4	PA; SP
<i>vinorelbine tartrate soln 10 mg/ml</i>	4	PA; SP
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</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		

Drug Name	Drug Tier	Requirements/ Limits
Antiparkinson Adjuvants		
<i>carbidopa tabs</i>	1	
LODOSYN TABS (Use Carbidopa)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN (Use Benztropine Mesylate)	NF	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (Use Entacapone)	NF	QL(8 ea daily)
<i>entacapone tabs</i>	1	QL(8 ea daily)
TASMAR TABS (Use Tolcapone)	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	
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 tbcr</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
CARBIDOPA/LEVODOPA/ ENTACAPONE TABS	1	

Drug Name	Drug Tier	Requirements/Limits
MIRAPEX TABS 0.125 MG (Use Pramipexole Dihydrochloride)	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.75 MG, 0.5 MG, 1 MG, 1.5 MG (Use Pramipexole Dihydrochloride)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (Use Bromocriptine Mesylate)	NF	
PARLODEL TABS (Use Bromocriptine Mesylate)	NF	
pramipexole dihydrochloride tabs 0.125 mg	1	QL(4 ea daily)
pramipexole dihydrochloride tabs 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg	1	
REQUIP TABS (Use Ropinirole Hydrochloride)	NF	
REQUIP XL TB24 2 MG, 4 MG, 6 MG (Use Ropinirole Hydrochloride)	NF	ST; QL(1 ea daily)
REQUIP XL TB24 8 MG, 12 MG (Use Ropinirole Hydrochloride)	NF	ST; QL(2 ea daily)
ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg	1	ST; QL(1 ea daily)
ropinirole hydrochloride tb24 8 mg, 12 mg	1	ST; QL(2 ea daily)
SINEMET CR TBCR (Use Carbidopa-Levodopa)	NF	
SINEMET TABS (Use Carbidopa-Levodopa)	NF	
STALEVO 100 TABS	1	
STALEVO 125 TABS	1	
STALEVO 150 TABS	1	
STALEVO 200 TABS	1	

Drug Name	Drug Tier	Requirements/Limits
STALEVO 50 TABS	1	
STALEVO 75 TABS	1	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (Use Rasagiline Mesylate)	NF	PA; QL(1 ea daily)
ELDEPRYL CAPS (Use Selegiline HCl)	NF	
rasagiline mesylate tabs	1	PA; QL(1 ea daily)
selegiline hcl caps	1	
selegiline hcl tabs	1	
SELEGILINE HCL TABS	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps 150 mg, 300 mg, 600 mg	1	
LITHIUM CARBONATE CAPS 150 MG, 600 MG (Use Lithium Carbonate)	1	
lithium carbonate tabs 300 mg	1	
lithium carbonate tbcr 300 mg, 450 mg	1	
LITHIUM SOLN	1	
LITHOBID TBCR (Use Lithium Carbonate)	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 (Use Ziprasidone HCl)	NF	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS	3	PA; QL(1 ea daily)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
<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 3 MG, 9 MG, 1.5 MG (<i>Use Paliperidone</i>)	NF	QL(1 ea daily)
INVEGA TB24 6 MG (<i>Use Paliperidone</i>)	NF	QL(2 ea daily)
<i>paliperidone tb24 3 mg, 9 mg, 1.5 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 M-TAB TBDP (<i>Use Risperidone</i>)	NF	QL(2 ea daily)
RISPERDAL SOLN 1 MG/ML (<i>Use Risperidone</i>)	NF	QL(8 ml daily)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use Risperidone</i>)	NF	QL(4 ea daily)
<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 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(2 ea daily)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (<i>Use Haloperidol Decanoate</i>)	NF	QL(0.036 ml daily)
HALDOL DECANOATE 50 SOLN (<i>Use Haloperidol Decanoate</i>)	NF	QL(0.036 ml daily)
HALDOL SOLN (<i>Use Haloperidol Lactate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<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		
CLOZAPINE ODT TBDP 150 MG, 200 MG	1	
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
CLOZAPINE TABS 50 MG, 200 MG (<i>Use Clozapine</i>)	NF	
<i>clozapine tbdp 25 mg, 100 mg, 12.5 mg</i>	1	
CLOZARIL TABS (<i>Use Clozapine</i>)	NF	
FAZACLO TBDP 150 MG, 200 MG	1	
FAZACLO TBDP 25 MG, 100 MG, 12.5 MG (<i>Use Clozapine</i>)	NF	
<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 5 mg, 2.5 mg</i>	1	QL(4 ea daily)
<i>olanzapine tbdp or 5 mg, 10 mg, 15 mg, 20 mg</i>	1	
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 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 300 mg, 400 mg</i>	1	PA; QL(2 ea daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg</i>	1	PA; QL(1 ea daily); AL(At least 10 yrs old)
SAPHRIS SUBL 2.5 MG	2	PA
SAPHRIS SUBL 5 MG, 10 MG	2	PA; QL(2 ea daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use <i>Quetiapine Fumarate</i>)	NF	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (Use <i>Quetiapine Fumarate</i>)	NF	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 300 MG, 400 MG (Use <i>Quetiapine Fumarate</i>)	NF	PA; QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 50 MG, 150 MG, 200 MG (Use <i>Quetiapine Fumarate</i>)	NF	PA; QL(1 ea daily); AL(At least 10 yrs old)
ZYPREXA SOLR IM 10 MG (Use <i>Olanzapine</i>)	NF	QL(0.215 ea daily)
ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG (Use <i>Olanzapine</i>)	NF	QL(2 ea daily)
ZYPREXA TABS OR 5 MG, 2.5 MG (Use <i>Olanzapine</i>)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP (Use <i>Olanzapine</i>)	NF	
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML, 50 MG/2ML	3	
<i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
FLUPHENAZINE HCL CONC OR 5 MG/ML	1	
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	1	
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
FLUPHENAZINE HCL TABS OR 1 MG, 5 MG, 10 MG, 2.5 MG	1	
FLUPHENAZINE HYDROCHLORIDE ELIX	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 (Use <i>Aripiprazole</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole soln 1 mg/ml</i>	3	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 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	
<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, 200 mg</i>	1	QL(2 ea daily)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate caps 300 mg</i>	1	QL(1 ea daily)
ATRIPLA TABS	3	QL(1 ea daily)
BIKTARVY TABS	3	QL(1 ea daily)
CIMDUO TABS	2	QL(1 ea daily)
COMBIVIR TABS (<i>Use Lamivudine-Zidovudine</i>)	NF	QL(2 ea daily)
COMPLERA TABS	3	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DELSTRIGO TABS	3	ST; QL(1 ea daily)
DESCOVY TABS	2	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)
DIDANOSINE CPDR 400 MG	2	QL(1 ea daily)
DOVATO TABS	2	
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)
EMTRIVA CAPS 200 MG	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	
EPIVIR SOLN 10 MG/ML (<i>Use Lamivudine</i>)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (<i>Use Lamivudine</i>)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (<i>Use Lamivudine</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EPZICOM TABS (<i>Use Abacavir Sulfate-Lamivudine</i>)	NF	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
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 CAPS 200 MG	2	QL(10 ea daily)
INVIRASE TABS 500 MG	2	QL(4 ea daily)
ISENTRESS CHEW 25 MG, 100 MG	2	
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 400MG/5ML-100MG/5ML (<i>Use Lopinavir-Ritonavir</i>)	NF	QL(12.5 ml daily)
KALETRA TABS 100MG-25MG, 200MG-50MG	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 (<i>Use Fosamprenavir Calcium</i>)	NF	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	1	QL(12.5 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<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)
NORVIR CAPS 100 MG	2	QL(12 ea daily)
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	QL(1 ea daily)
PIFELTRO TABS	2	
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 75 MG, 150 MG, 600 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS 100 MG	2	QL(12 ea daily)
RESCRIPTOR TABS 200 MG	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, 200 MG (Use Atazanavir Sulfate)	NF	QL(2 ea daily)
REYATAZ CAPS 300 MG (Use Atazanavir Sulfate)	NF	QL(1 ea daily)
<i>ritonavir tabs</i>	1	QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 25 MG, 75 MG, 150 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)
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	2	QL(1 ea daily)
SYMFI TABS	2	QL(1 ea daily)
SYMTUZA TABS	3	ST; QL(1 ea daily)
TEMIXYS TABS	2	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	3	
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR TABS (Use Abacavir Sulfate-Lamivudine-Zidovudine)	NF	QL(2 ea daily)
TRUVADA TABS 150MG-100MG, 200MG-133MG, 250MG-167MG	2	PA; QL(1 ea daily,30 day(s) limit)
TRUVADA TABS 300MG-200MG	2	PA; QL(1 ea daily)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG	2	QL(2 ea daily)
VIDEX EC CPDR 200 MG (Use Didanosine)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG, 400 MG (Use Didanosine)	NF	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	2	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (Use Nevirapine)	NF	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use Nevirapine)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (Use Nevirapine)	NF	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (Use Nevirapine)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	NF	
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	2	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (Use Abacavir Sulfate)	NF	
ZIAGEN TABS 300 MG (Use Abacavir Sulfate)	NF	QL(2 ea daily)
zidovudine caps 100 mg	1	QL(6 ea daily)
zidovudine syrp 50 mg/5ml	1	QL(60 ml daily)
zidovudine tabs 300 mg	1	QL(2 ea daily)
CMV Agents		
cidofovir soln	3	
CYTOVENE SOLR (Use Ganciclovir Sodium)	NF	
ganciclovir sodium solr	1	
VALCYTE TABS 450 MG (Use Valganciclovir HCl)	NF	PA; QL(4 ea daily)
valganciclovir hcl tabs 450 mg	1	PA; QL(4 ea daily)
Hepatitis Agents		

Drug Name	Drug Tier	Requirements/Limits
adefovir dipivoxil tabs	4	PA; QL(1 ea daily); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (Use Entecavir)	NF	PA; QL(1 ea daily); SP
COPEGUS TABS (Use Ribavirin (Hepatitis C))	NF	PA; QL(7 ea daily)
DAKLINZA TABS 30 MG, 60 MG	4	PA; QL(1 ea daily)
entecavir tabs	4	PA; QL(1 ea daily); SP
EPCLUSA TABS	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (Use Lamivudine (HBV))	NF	QL(3 ea daily); SP
HARVONI TABS 400MG-90MG	4	PA; QL(1 ea daily); SP
HEPSERA TABS (Use Adefovir Dipivoxil)	NF	PA; QL(1 ea daily); SP
lamivudine (hbv) tabs	1	QL(3 ea daily); SP
LEDIPASVIR/SOFOSBUVIR TABS	4	PA; QL(1 ea daily); SP
MAVYRET TABS	4	PA; QL(3 ea daily)
MODERIBA 1200 DOSE PACK TBPK	4	PA
MODERIBA 800 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 CAPS 200 MG (Use Ribavirin (Hepatitis C))	NF	PA; QL(7 ea daily)
REBETOL SOLN 40 MG/ML	4	PA; QL(35 ml daily); SP
RIBASPHERE RIBAPAK TBPK 400 MG, 600 MG	4	PA

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
RIBASPHERE TABS	4	PA
<i>ribavirin (hepatitis c) caps</i>	1	PA; QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs</i>	1	PA; QL(7 ea daily)
SOFOSBUVIR/VELPATAS VIR TABS	4	PA; QL(1 ea daily)
SOVALDI TABS 400 MG	4	PA; QL(1 ea daily); SP
VOSEVI TABS	4	PA
ZEPATIER TABS	4	PA
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
<i>acyclovir susp 200 mg/5ml</i>	1	QL(13.34 ml daily)
<i>acyclovir tabs 400 mg, 800 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 Valacyclovir HCl)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (Use Valacyclovir HCl)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	NF	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	NF	QL(13.34 ml daily)
ZOVIRAX TABS OR 400 MG, 800 MG (Use Acyclovir)	NF	QL(5 ea daily)
Influenza Agents		

Drug Name	Drug Tier	Requirements/ Limits
FLUMADINE TABS (Use Rimantadine Hydrochloride)	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	
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)
TAMIFLU CAPS 30 MG, 45 MG, 75 MG (Use Oseltamivir Phosphate)	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 Oseltamivir Phosphate)	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 Carvedilol)	NF	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
<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 20 MG	2	PA; QL(2 ea daily)
BYSTOLIC TABS 5 MG, 10 MG, 2.5 MG	2	PA; QL(1 ea daily)
LOPRESSOR TABS (<i>Use Metoprolol Tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1	
<i>metoprolol tartrate tabs or 25 mg, 50 mg, 100 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/AFL)</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 or 60 mg, 80 mg, 120 mg, 160 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl soln iv 1 mg/ml</i>	1	
PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML	1	
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tabs</i>	1	
<i>sotalol hcl tabs 240 mg</i>	1	
<i>sotalol hcl tabs 80 mg, 120 mg, 160 mg</i>	1	QL(2 ea daily)
TIMOLOL MALEATE TABS 10 MG, 20 MG	1	
<i>timolol maleate tabs 5 mg</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	
CARDIZEM CD CP24 (<i>Use Diltiazem HCl Coated Beads</i>)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>Use Diltiazem HCl Coated Beads</i>)	NF	
CARDIZEM TABS (<i>Use Diltiazem HCl</i>)	NF	
<i>diltiazem hcl coated beads cp24</i>	1	
<i>diltiazem hcl coated beads tb24</i>	1	
<i>diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg</i>	1	
<i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i>	1	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
<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 30 mg, 60 mg, 90 mg, 120 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	
NISOLDIPINE ER TB24 20 MG, 30 MG, 40 MG	1	
<i>nisoldipine tb24</i>	1	
NORVASC TABS (Use Amlodipine Besylate)	NF	
PROCARDIA CAPS (Use Nifedipine)	NF	
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	
<i>verapamil hcl cp24</i>	1	
VERAPAMIL HCL ER CP24	1	
<i>verapamil hcl soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VERAPAMIL HCL SR CP24	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbcr</i>	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (Use Verapamil HCl)	NF	
VERELAN CP24 360 MG	1	
VERELAN PM CP24 100 MG, 300 MG	1	
VERELAN PM CP24 200 MG (Use Verapamil HCl)	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln ij 0.25 mg/ml</i>	1	
<i>digoxin soln or 0.05 mg/ml</i>	1	
DIGOXIN SOLN OR 0.05 MG/ML (Use Digoxin)	1	
<i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	1	
LANOXIN SOLN IJ 0.25 MG/ML (Use Digoxin)	2	
LANOXIN TABS OR 125 MCG, 250 MCG (Use Digoxin)	2	
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	QL(1 ea daily)
BIDIL TABS	2	
CADUET TABS (Use Amlodipine Besylate-Atorvastatin Calcium)	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
Impotence Agents		
CIALIS TABS 5 MG (<i>Use Tadalafil</i>)	NF	PA; BPH Only; QL(1 ea daily)
<i>sildenafil citrate tabs</i>	1	PA; QL(0.1334 ea daily)
STENDRA TABS	3	QL(0.134 ea daily)
<i>tadalafil tabs 5 mg</i>	1	PA; BPH Only; QL(1 ea daily)
VIAGRA TABS (<i>Use Sildenafil Citrate</i>)	NF	PA; QL(0.1334 ea daily)
Prostaglandin Vasodilators		
<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR (<i>Use Epoprostenol Sodium</i>)	NF	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
REMODULIN SOLN (<i>Use Treprostinil</i>)	4	PA; SP
<i>treprostinil soln</i>	4	PA; SP
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	4	PA; QL(1 ea daily); SP
<i>bosentan tabs 125 mg</i>	4	PA; QL(2 ea daily); SP
<i>bosentan tabs 62.5 mg</i>	4	PA; QL(2 ea daily)
LETAIRIS TABS (<i>Use Ambrisentan</i>)	4	PA; QL(1 ea daily); SP
OPSUMIT TABS	4	PA; QL(1 ea daily)
TRACLEER TABS 125 MG (<i>Use Bosentan</i>)	4	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG (<i>Use Bosentan</i>)	4	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Phosphodiesterase		

Drug Name	Drug Tier	Requirements/Limits
ADCIRCA TABS (<i>Use Tadalafil (Pulmonary Hypertension)</i>)	NF	PA; QL(2 ea daily); SP
REVATIO SOLN IV 10 MG/12.5ML (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA; QL(37.5 ml daily); SP
REVATIO TABS OR 20 MG (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA; QL(3 ea daily); SP
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	4	PA; QL(37.5 ml daily); SP
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	4	PA; QL(3 ea daily); SP
<i>tadalafil (pulmonary hypertension) tabs</i>	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG, 2 MG, 1.5 MG, 2.5 MG	4	PA; QL(3 ea daily)
Sinus Node Inhibitors		
CORLANOR TABS 5 MG, 7.5 MG	3	PA; QL(2 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cefazolin sodium solr ij 1 gm, 10 gm, 500 mg</i>	1	
CEFAZOLIN SODIUM SOLR IJ 20 GM	1	
<i>cephalexin caps 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	1	
CEPHALEXIN TABS 250 MG, 500 MG	1	
KEFLEX CAPS (<i>Use Cephalexin</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	1	
CEFOTAN SOLR (<i>Use Cefotetan Disodium</i>)	NF	
<i>cefotetan disodium solr</i>	1	
CEFOTETAN SOLR	3	
<i>cefoxitin sodium solr ij 10 gm</i>	1	
<i>cefoxitin sodium solr iv 1 gm, 2 gm</i>	1	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
CEFTIN SUSR 125 MG/5ML	1	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium solr ij 7.5 gm, 750 mg</i>	1	
Cephalosporins - 3rd Generation		
CEDAX CAPS 400 MG	1	
CEDAX SUSR 180 MG/5ML	2	
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
CEFDITOREN PIVOXIL TABS 200 MG	3	
CEFDITOREN PIVOXIL TABS 400 MG	2	
<i>cefixime susr 100 mg/5ml, 200 mg/5ml</i>	1	ST
<i>cefotaxime sodium solr 1 gm</i>	1	
CEFOTAXIME SODIUM SOLR 2 GM, 10 GM	1	
<i>cefepime proxetil susr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefepime proxetil tabs</i>	1	
<i>ceftazidime solr</i>	1	
CEFTIBUTEN CAPS 400 MG	1	
CEFTIBUTEN SUSR 180 MG/5ML	2	
<i>ceftriaxone sodium solr ij 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
SPECTRACEF TABS	2	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (<i>Use Cefixime</i>)	NF	ST
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	1	
MAXIPIME SOLR IJ 1 GM, 2 GM (<i>Use Cefepime HCl</i>)	NF	
Cephalosporins - 5th Generation		
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	0	
BEYAZ TABS (<i>Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium</i>)	0	
BREVICON-28 TABS (<i>Use Norethindrone & Eth Estradiol</i>)	0	
CYCLESSA TABS (<i>Use Desogestrel-Ethinyl Estradiol (Triphasic)</i>)	0	
DESOGEN TABS (<i>Use Desogestrel & Ethinyl Estradiol</i>)	0	
<i>desogestrel & ethinyl estradiol tabs</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	0	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	0	
<i>drospirenone-ethinyl estradiol tabs</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	0	
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)	0	
<i>ethynodiol diacet & eth estrad tabs</i>	0	
FALESSA KIT	0	
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	0	
<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	
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	0	
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	0	
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	0	
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	0	
LOSEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	0	
MINASTRIN 24 FE CHEW (Use Norethin Acet & Estrad-Fe)	0	

Drug Name	Drug Tier	Requirements/ Limits
MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))	0	
NATAZIA TABS	0	
NECON 1/50-28 TABS	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	
<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	
OGESTREL TABS	0	
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	0	
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	0	
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	0	
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	0	
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	0	

Drug Name	Drug Tier	Requirements/ Limits
QUARTETTE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	0	
SAFYRAL TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	0	
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	0	
TAYTULLA CAPS	0	
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	0	
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	0	
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	0	
Combination Contraceptives - Transdermal		
XULANE PTWK	0	
Combination Contraceptives - Vaginal		
NUVARING RING	0	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
Emergency Contraceptives		
ELLA TABS	0	
levonorgestrel (emergency oc) tabs	0	
PLAN B ONE-STEP TABS (Use Levonorgestrel (Emergency OC))	0	
Progestin Contraceptives - IUD		
KYLEENA IUD	0	
LILETTA IUD	0	

Drug Name	Drug Tier	Requirements/ Limits
MIRENA IUD	0	
SKYLA IUD	0	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use Medroxyprogesterone Acetate (Contraceptive))	0	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use Medroxyprogesterone Acetate (Contraceptive))	0	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))	0	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide cpep 3 mg	1	PA
CORTEF TABS (Use Hydrocortisone)	NF	
CORTISONE ACETATE TABS	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 40 MG/ML, 80 MG/ML (Use Methylprednisolone Acetate)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC	1	
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	1	
DEXAMETHASONE SOLN 0.5 MG/5ML	1	
<i>dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</i>	1	
DEXAMETHASONE TABS 1 MG, 2 MG	1	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP (Use Budesonide)	NF	PA
<i>hydrocortisone tabs</i>	1	
KENALOG-40 SUSP (Use Triamcinolone Acetonide)	NF	
MEDROL DOSEPAK TBPK (Use Methylprednisolone)	NF	
MEDROL TABS 2 MG	3	
MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG (Use Methylprednisolone)	NF	
<i>methylprednisolone acetate susp 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone sod succ solr</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
MILLIPRED DP TBPK	3	
MILLIPRED SOLN 10 MG/5ML (Use Prednisolone Sodium Phosphate)	NF	
MILLIPRED TABS 5 MG	3	

Drug Name	Drug Tier	Requirements/ Limits
ORAPRED ODT TBDP (Use Prednisolone Sodium Phosphate)	NF	
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	NF	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	1	
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 10 mg/5ml, 15 mg/5ml, 20 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisolone syrp</i>	1	
PREDNISON SOLN 5 MG/5ML	1	
<i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 50 mg, 2.5 mg</i>	1	
<i>prednisone tbpk 5 mg, 10 mg</i>	1	
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 40 MG, 125 MG, 1000 MG (Use Methylprednisolone Sod Succ)	NF	
SOLU-MEDROL SOLR 500 MG (Use Methylprednisolone Sod Succ)	1	
<i>triamcinolone acetonide susp</i>	1	
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	NF	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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 Benzonatate)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use Fexofenadine-Pseudoephedrine)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use Fexofenadine-Pseudoephedrine)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (Use Loratadine & Pseudoephedrine)	1	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use Loratadine & Pseudoephedrine)	1	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 60mg-120mg</i>	1	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180mg-240mg</i>	1	QL(1 ea daily)
FLOWTUSS SOLN	2	
HYDROCODONE BITARTRATE/GUAIFENES IN SOLN	2	
<i>loratadine & pseudoephedrine tb12 5mg-120mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine & pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg</i>	1	QL(1 ea daily)
OBREDON SOLN	2	
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	
<i>sodium chloride (inhalant) nebu 7 %</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>adapalene crea 0.1 %</i>	1	PA; AL(At least 12 yrs old)
<i>adapalene gel 0.1 %</i>	1	PA; AL(At least 12 yrs old); RX/OTC
<i>adapalene gel 0.3 %</i>	1	ST; AL(At least 12 yrs old)
ADAPALENE LOTN 0.1 %	1	ST; AL(At least 12 yrs old)
<i>adapalene-benzoyl peroxide gel</i>	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)

Drug Name	Drug Tier	Requirements/ Limits
BENZACLIN WITH PUMP GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	PA; AL (At least 12 yrs old)
BENZAMYCIN GEL (Use Benzoyl Peroxide-Erythromycin)	NF	PA; AL (At least 12 yrs old)
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 10 %	1	AL (At least 12 yrs old); RX/OTC
benzoyl peroxide liqd 4 %, 7 %	1	AL (At least 12 yrs old)
benzoyl peroxide-erythromycin gel	1	PA; AL (At least 12 yrs old)
BP CLEANSING WASH EMUL	2	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	AL (At least 12 yrs old)
CLEOCIN-T SWAB (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)

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate (topical) lotn	1	AL (At least 12 yrs old)
clindamycin phosphate (topical) soln	1	AL (At least 12 yrs old)
clindamycin phosphate (topical) swab	1	AL (At least 12 yrs old)
clindamycin phosphate-benzoyl peroxide (refrigerate) gel	1	PA; AL (At least 12 yrs old)
clindamycin phosphate-benzoyl peroxide gel 1%-5%	1	PA; AL (At least 12 yrs old)
clindamycin phosphate-tretinoin gel	1	ST; AL (At least 12 yrs old)
DESQUAM-X WASH LIQD 10 % (Use Benzoyl Peroxide)	NF	AL (At least 12 yrs old); RX/OTC
DIFFERIN CREA 0.1 % (Use Adapalene)	NF	PA; AL (At least 12 yrs old)
DIFFERIN GEL 0.1 % (Use Adapalene)	NF	PA; AL (At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % (Use Adapalene)	NF	ST; AL (At least 12 yrs old)
DIFFERIN LOTN 0.1 %	1	ST; AL (At least 12 yrs old)
DUAC GEL (Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	NF	PA; AL (At least 12 yrs old)
EPIDUO GEL (Use Adapalene-Benzoyl Peroxide)	NF	ST; AL (At least 12 yrs old)
erythromycin (acne aid) pads	1	AL (At least 12 yrs old)
erythromycin (acne aid) soln	1	AL (At least 12 yrs old)
EVOCLIN FOAM (Use Clindamycin Phosphate (Topical))	NF	PA; AL (At least 12 yrs old)
isotretinoin caps	3	PA; AL (At least 12 yrs old)
KLARON LOTN (Use Sulfacetamide Sodium (Acne))	NF	AL (At least 12 yrs old)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
PANOXYL-4 CREAMY WASH LIQD (Use Benzoyl Peroxide)	NF	AL(At least 12 yrs old)
RETIN-A CREA (Use Tretinoin)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL (Use Tretinoin)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % (Use Tretinoin Microsphere)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (Use Tretinoin Microsphere)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
sulfacetamide sodium (acne) lotn	1	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur crea 5%-10%	1	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur emul 5%-10%	1	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur liqd 4.5%-9%	1	ST; AL(At least 12 yrs old)
SUMADAN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur)	NF	ST; AL(At least 12 yrs old)
tretinoin crea 0.025 %, 0.05 %, 0.1 %	1	AL(At least 12 yrs old - Up to 30 yrs old)
tretinoin gel 0.025 %, 0.01 %	1	AL(At least 12 yrs old - Up to 30 yrs old)
tretinoin microsphere gel 0.1 %	1	PA; AL(At least 12 yrs old - Up to 30 yrs old)
ZIANA GEL (Use Clindamycin Phosphate-Tretinoin)	NF	ST; AL(At least 12 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
DICLOFENAC EPOLAMINE PTCH	3	PA; QL(2 ea daily)
diclofenac sodium (topical) gel 1 %	1	QL(3.34 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
FLECTOR PTCH	3	PA; QL(2 ea daily)
VOLTAREN GEL (Use Diclofenac Sodium (Topical))	NF	QL(3.34 gm daily)
Antibiotics - Topical		
ALTABAX OINT	2	
BACTROBAN CREA (Use Mupirocin Calcium (Topical))	NF	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	
gentamicin sulfate (topical) crea	1	QL(1 gm daily)
gentamicin sulfate (topical) oint	1	
mupirocin calcium (topical) crea	1	
mupirocin oint	1	
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
butenafine hcl crea	1	RX/OTC
ciclopirox gel 0.77 %	1	
ciclopirox olamine crea	1	
ciclopirox olamine susp	1	
ciclopirox sham 1 %	1	
ciclopirox soln 8 %	1	
clotrimazole (topical) crea	1	RX/OTC
clotrimazole (topical) soln	1	RX/OTC
clotrimazole w/ betamethasone crea	1	
clotrimazole w/ betamethasone lotn	1	
econazole nitrate crea	1	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
ERTACZO CREA	3	
EXELDERM CREA	3	
EXELDERM SOLN	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN	3	PA
<i>ketoconazole (topical) crea 2 %</i>	1	
<i>ketoconazole (topical) sham 2 %</i>	1	
LOPROX CREA 0.77 % (Use <i>Ciclopirox Olamine</i>)	NF	
LOPROX SHAMPOO SHAM (Use <i>Ciclopirox</i>)	NF	
LOPROX SUSP 0.77 % (Use <i>Ciclopirox Olamine</i>)	NF	
LOTRIMIN AF CREA (Use <i>Clotrimazole (Topical)</i>)	NF	RX/OTC
LOTRIMIN AF FOR HER 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	
LULICONAZOLE CREA	3	PA
LUZU CREA	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,

Drug Name	Drug Tier	Requirements/ Limits
<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,
<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 % (Use <i>Naftifine HCl</i>)	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN GEL 1 %	3	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN GEL 1 % (Use <i>Naftifine HCl</i>)	3	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NIZORAL SHAM (Use <i>Ketoconazole (Topical)</i>)	NF	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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,
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	
Antineoplastic or Premalignant Lesion Agents -		
<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</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,

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

Drug Name	Drug Tier	Requirements/ Limits
ZONALON CREA	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)
CALCITRIOL OINT EX 3 MCG/GM	1	
COSENTYX SENSOREADY PEN SOAJ	4	PA
COSENTYX SOSY	4	PA
DOVONEX CREA (<i>Use Calcipotriene</i>)	NF	PA; QL(4 gm daily)
ILUMYA SOSY	4	PA
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (<i>Use Methoxsalen Rapid</i>)	NF	QL(4 ea daily)
SILIQ SOSY	4	PA
SORIATANE CAPS 10 MG, 17.5 MG (<i>Use Acitretin</i>)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (<i>Use Acitretin</i>)	NF	QL(2 ea daily)
STELARA SOLN SC 45 MG/0.5ML	4	PA
STELARA SOSY SC 90 MG/ML, 45 MG/0.5ML	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
TALTZ SOAJ	4	PA
<i>tazarotene crea</i>	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (<i>Use Tazarotene</i>)	NF	
TAZORAC GEL 0.05 %, 0.1 %	2	
TREMFYA SOSY	4	PA
VECTICAL OINT	1	
Antiseborrheic Products		
<i>selenium sulfide lotn</i>	1	
Antivirals - Topical		
<i>acyclovir topical crea</i>	1	
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 % (<i>Use Acyclovir Topical</i>)	3	
ZOVIRAX OINT EX 5 % (<i>Use Acyclovir Topical</i>)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (<i>Use Silver Sulfadiazine</i>)	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (<i>Use Mafenide Acetate</i>)	NF	
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
AMCINONIDE CREA	1	QL(60 gm per fill retail,60 gm per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
AMCINONIDE LOTN	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	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea</i>	1	
<i>betamethasone valerate foam</i>	1	
<i>betamethasone valerate lotn</i>	1	
<i>betamethasone valerate oint</i>	1	
<i>calcipotriene-betamethasone dipropionate oint</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)

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate oint</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate soln</i>	1	PA; QL(3.34 ml daily)
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	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	
CUTIVATE LOTN (Use <i>Fluticasone Propionate</i>)	NF	
DERMA-SMOOTH/FS BODY OIL (Use <i>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 (Use <i>Fluocinolone Acetonide</i>)	NF	
DERMACINRX SILAPAK KIT (Use <i>Triamcinolone Acetonide-Dimethicone-Silicone</i>)	NF	PA
DERMATOP OINT (Use <i>Prednicarbate</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 (Use <i>Desonide</i>)	NF	QL(4 gm daily)
DESOWEN LOTN (Use <i>Desonide</i>)	NF	QL(4 ml daily)
<i>desoximetasone crea 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone oint 0.25 %</i>	1	
DIFLORASONE DIACETATE CREA	2	PA
<i>diflorasone diacetate oint</i>	1	PA
DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)	NF	
DIPROLENE OINT (Use Betamethasone Dipropionate Augmented)	NF	
ELOCON CREA (Use Mometasone Furoate)	NF	
ELOCON OINT (Use Mometasone Furoate)	NF	
<i>fluocinolone acetonide crea 0.025 %, 0.01 %</i>	1	
<i>fluocinolone acetonide oil 0.01 %</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 oint 0.025 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
<i>fluocinonide crea 0.05 %</i>	1	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>flurandrenolide crea</i>	2	QL(2 gm daily)
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea</i>	1	
<i>fluticasone propionate lotn</i>	1	
<i>fluticasone propionate oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>halcinonide crea</i>	1	PA
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA (Use Halcinonide)	3	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	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
LOCOID CREA (Use Hydrocortisone Butyrate)	NF	
LOCOID OINT (Use Hydrocortisone Butyrate)	NF	
LOCOID SOLN (Use Hydrocortisone Butyrate)	NF	
LUXIQ FOAM (Use Betamethasone Valerate)	NF	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use Hydrocortisone Topical)	NF	RX/OTC
OLUX FOAM (Use Clobetasol Propionate)	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1	
PSORCON CREA	2	PA
SYNALAR CREA (Use Fluocinolone Acetonide)	NF	
SYNALAR OINT (Use Fluocinolone Acetonide)	NF	
SYNALAR SOLN (Use Fluocinolone Acetonide)	NF	
TACLONEX OINT (Use Calcipotriene-Betamethasone Dipropionate)	NF	ST
TACLONEX SUSP	3	ST
TEMOVATE CREA (Use Clobetasol Propionate)	NF	PA; QL(3 gm daily)
TEMOVATE OINT (Use Clobetasol Propionate)	NF	PA; QL(1 gm daily)
TOPICORT CREA 0.25 % (Use Desoximetasone)	NF	
TOPICORT GEL 0.05 % (Use Desoximetasone)	NF	
TOPICORT OINT 0.25 % (Use Desoximetasone)	NF	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide-dimethicone-silicone kit</i>	1	PA
TRIDESILON CREA (Use Desonide)	NF	QL(4 gm daily)
ULTRAVATE CREA (Use Halobetasol Propionate)	NF	

Drug Name	Drug Tier	Requirements/Limits
ULTRAVATE OINT (Use Halobetasol Propionate)	NF	
WESTCORT OINT (Use Hydrocortisone Valerate)	NF	
Eczema Agents		
DUPIXENT SOSY	4	PA
Emollients		
LAC-HYDRIN CREA (Use Lactic Acid (Ammonium Lactate))	NF	RX/OTC
LAC-HYDRIN LOTN (Use Lactic Acid (Ammonium Lactate))	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (Use Lactic Acid (Ammonium Lactate))	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 (Use Imiquimod)	NF	QL(12 ea per fill retail, 12 ea per fill mail)
<i>imiquimod crea</i>	1	QL(12 ea per fill retail, 12 ea per fill mail)
Immunosuppressive Agents - Topical		
ELIDEL CREA (Use Pimecrolimus)	NF	PA; AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	1	PA; AL(At least 2 yrs old)
PROTOPIC OINT (Use Tacrolimus Topical)	NF	AL(At least 2 yrs old)
<i>tacrolimus (topical) oint</i>	1	AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
<i>podofilox soln</i>	1	
Local Anesthetics - Topical		

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
<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</i>	1	PA
<i>lidocaine-prilocaine crea</i>	1	QL(1 gm daily)
LIDODERM PTCH (<i>Use Lidocaine</i>)	NF	PA
SYNERA PTCH	3	QL(10 ea per fill retail, 10 ea per fill mail) 1 rti MAX fill, 30 rti day(s) supply, 1 mail MAX fill, 30 mail day(s) supply,
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT	3	PA; QL(2 gm daily)
Rosacea Agents		
<i>azelaic acid gel</i>	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)
Scabicides & Pediculicides		

Drug Name	Drug Tier	Requirements/ Limits
<i>crotamiton lotn</i>	1	PA
ELIMITE CREA (<i>Use Permethrin</i>)	NF	
EURAX CREA	3	
EURAX LOTN (<i>Use Crotamiton</i>)	NF	PA
LINDANE SHAM	2	
<i>malathion lotn</i>	1	
NATROBA SUSP	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	3	PA
SPINOSAD SUSP	1	PA
ULESFIA LOTN	3	
Wound Care Products		
REGANEX GEL	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)
Diagnostic Tests		
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	1	
CHEK-STIX CONTROL STRP	1	
CHEMSTRIP-K STRP	1	
FORA GTEL BLOOD KETONE TEST STRIPS	1	

Drug Name	Drug Tier	Requirements/Limits
KETONE STRP	1	
KETONE TEST STRIPS STRP	1	
KETOSTIX STRP	1	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	1	
PRECISION XTRA STRP VI	1	
PTS PANELS KETONE TEST STRP	1	
RELION KETONE STRP	1	
RELION KETONE TEST STRIPS STRP	1	
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUETEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUE TRACK BLOOD GLUCOSE TEST STRP	1	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE TRACK TEST STRP	1	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE TRACK TEST STRP	1	QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
SUCRAID SOLN	3	

Drug Name	Drug Tier	Requirements/Limits
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)
DIAMOX CP12 (Use Acetazolamide)	NF	QL(2 ea daily)
KEVEYIS TABS	4	PA; QL(4 ea daily)
<i>methazolamide tabs</i>	1	QL(6 ea daily)
NEPTAZANE TABS (Use Methazolamide)	NF	QL(6 ea daily)
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	NF	
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	NF	
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	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	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS (Use Bumetanide)	NF	QL(5 ea daily)
DEMADEX TABS (Use Torsemide)	NF	
EDECIN TABS (Use Ethacrynic Acid)	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	1	QL(16 ea daily)
<i>furosemide soln ij 10 mg/ml</i>	1	
<i>furosemide soln or 10 mg/ml</i>	1	
FUROSEMIDE SOLN OR 8 MG/ML	1	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (Use Furosemide)	NF	
<i>torsemide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (Use Spironolactone)	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS (Use Triamterene)	3	QL(3 ea daily)
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	QL(3 ea daily)
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	1	
<i>chlorothiazide tabs 500 mg</i>	1	
<i>chlorthalidone tabs</i>	1	
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide tabs 2.5 mg</i>	1	QL(2 ea daily)
METHYCLOTHIAZIDE TABS	1	
<i>metolazone tabs</i>	1	QL(2 ea daily)
MICROZIDE CAPS (Use Hydrochlorothiazide)	NF	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (Use Risedronate Sodium)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (Use Risedronate Sodium)	NF	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG, 30 MG (Use Risedronate Sodium)	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 5 mg, 10 mg</i>	1	QL(1 ea daily)
ALENDRONATE SODIUM TABS 5 MG, 40 MG	1	QL(1 ea daily)
AELVIA TBEC (Use Risedronate Sodium)	NF	PA
BONIVA SOLN IV 3 MG/3ML (Use Ibandronate Sodium)	NF	PA; SP
BONIVA TABS OR 150 MG (Use Ibandronate Sodium)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln</i>	1	
ETIDRONATE DISODIUM TABS 200 MG	1	
FORTEO SOLN	4	PA; QL(0.09 ml daily); SP
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (Use Alendronate Sodium)	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)

Drug Name	Drug Tier	Requirements/ Limits
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
PAMIDRONATE DISODIUM SOLR 30 MG, 90 MG	4	PA; SP
PROLIA SOSY	4	PA; 1 rtl MAX fill, 180 rtl day(s) supply,; SP
RECLAST SOLN (<i>Use Zoledronic Acid</i>)	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1	PA; QL(0.143 ea daily)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	1	PA; QL(1 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 5 mg/100ml</i>	4	PA; SP
ZOMETA CONC 4 MG/5ML (<i>Use Zoledronic Acid</i>)	NF	PA; SP
ZOMETA SOLN 4 MG/100ML	4	PA; SP
Corticotropin		
ACTHAR GEL	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA
<i>ganirelix acetate sosy</i>	4	PA
GANIRELIX ACETATE SOSY (<i>Use Ganirelix Acetate</i>)	4	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
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 SOLN 30 MG/3ML	4	PA
NORDITROPIN FLEXPRO SOLN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	PA; SP
NUTROPIN AQ NUSPIN 10 SOLN	4	PA; SP
OMNITROPE SOLN 5 MG/1.5ML, 10 MG/1.5ML	4	PA; SP
SAIZEN CLICK.EASY SOLR	4	PA; SP
SAIZEN SOLR	4	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
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		
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 or 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol soln or 1 mcg/ml</i>	1	
CARBAGLU TABS	4	PA; SP
<i>cinacalcet hcl tabs</i>	4	PA; QL(4 ea daily); SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1	
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
GALAFOLD CAPS	4	PA; QL(0.5 ea daily)
HECTOROL CAPS OR 0.5 MCG, 1 MCG, 2.5 MCG (<i>Use Doxercalciferol</i>)	NF	
HECTOROL SOLN IV 4 MCG/2ML (<i>Use Doxercalciferol</i>)	NF	
KUVAN PACK 100 MG, 500 MG	4	PA
KUVAN TBSO 100 MG	4	PA; SP
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP
<i>nitisinone caps</i>	4	PA; SP
ORFADIN CAPS 2 MG, 5 MG, 10 MG (<i>Use Nitisinone</i>)	4	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	
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

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
DDAVP SOLN NA 0.01 % (Use <i>Desmopressin Acetate Spray</i>)	NF	
DDAVP TABS OR 0.1 MG (Use <i>Desmopressin Acetate</i>)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (Use <i>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		
OCTREOTIDE ACETATE SOLN 200 MCG/ML, 1000 MCG/ML (Use <i>Octreotide Acetate</i>)	NF	PA; SP
<i>octreotide acetate soln 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml, 1000 mcg/5ml</i>	4	PA; SP
SANDOSTATIN SOLN (Use <i>Octreotide Acetate</i>)	NF	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN 120 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SOMATULINE DEPOT SOLN 60 MG/0.2ML	4	PA; QL(0.0075 ml daily); SP
SOMATULINE DEPOT SOLN 90 MG/0.3ML	4	PA; QL(0.0107 ml daily); SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG	4	PA; QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE TBPk	4	PA; SP
SAMSCA TABS	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 (Use <i>Norethindrone Acetate-Ethinyl Estradiol</i>)	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
CLIMARA PTWK (Use <i>Estradiol</i>)	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (Use <i>Estradiol Valerate</i>)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	
ESTRACE TABS (Use <i>Estradiol</i>)	NF	
<i>estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	1	QL(0.267 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol valerate oil</i>	1	
ESTROGEL GEL	3	
ESTROPIPATE TABS 3 MG	1	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW (<i>Use Estradiol</i>)	NF	QL(0.267 ea daily)
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW (<i>Use Estradiol</i>)	NF	QL(0.267 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX SOLN (<i>Use Moxifloxacin HCl in Sodium Chloride</i>)	NF	
AVELOX TABS (<i>Use Moxifloxacin HCl</i>)	NF	
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO SUSR 500 MG/5ML (<i>Use Ciprofloxacin</i>)	NF	
CIPRO TABS 250 MG, 500 MG (<i>Use Ciprofloxacin HCl</i>)	NF	
CIPROFLOXACIN HCL TABS 100 MG	1	
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w soln 200mg/100ml-5%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
CIPROFLOXACIN SOLN IV 400 MG/40ML	1	
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	1	
LEVAQUIN TABS (<i>Use Levofloxacin</i>)	NF	
<i>levofloxacin in d5w soln 500mg/100ml-5%</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 or 400 mg</i>	1	
OFLOXACIN TABS 300 MG	1	
<i>ofloxacin tabs 400 mg</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	2	PA; QL(2 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	1	
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	1	QL(60 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<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	2	PA
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	
CIMZIA KIT	4	PA; QL(0.0714 ea daily); SP
CIMZIA STARTER KIT KIT	4	PA; QL(0.214 ea daily); SP
COLAZAL CAPS (Use <i>Balsalazide Disodium</i>)	NF	
DIPENTUM CAPS	2	
ENTYVIO SOLR	3	
INFLECTRA SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
LIALDA TBEC (Use <i>Mesalamine</i>)	NF	
<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)
REMICADE SOLR	4	PA; SP
RENFLEXIS SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
STELARA SOLN IV 130 MG/26ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosectron hcl tabs</i>	1	QL(2 ea daily)
LINZESS CAPS 145 MCG, 290 MCG	3	PA
LINZESS CAPS 72 MCG	3	PA; QL(1 ea daily)
LOTROXON TABS (Use <i>Alosetron HCl</i>)	NF	QL(2 ea daily)
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	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 500 MG, 750 MG, 1000 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	
VELPHORO CHEW	3	PA

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
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 (Use Potassium Citrate (Alkalinizer))	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	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS (Use Dutasteride)	NF	QL(1 ea daily)
<i>dutasteride caps</i>	1	QL(1 ea daily)
<i>finasteride tabs</i>	1	
FLOMAX CAPS (Use Tamsulosin HCl)	NF	
PROSCAR TABS (Use Finasteride)	NF	
RAPAFLO CAPS 4 MG, 8 MG (Use Silodosin)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>silodosin caps</i>	1	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (Use Alfuzosin HCl)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i>	1	
PYRIDIUM TABS (Use Phenazopyridine HCl)	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	2	QL(6 ea per fill retail, 6 ea per fill mail)
<i>febuxostat tabs</i>	1	PA; QL(1 ea daily)
KRYSTEXXA SOLN	4	PA
ULORIC TABS (Use Febuxostat)	3	PA; QL(1 ea daily)
ZURAMPIC TABS	3	PA
ZYLOPRIM TABS (Use Allopurinol)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (Use Icatibant Acetate)	4	PA; QL(9 ml daily)
<i>icatibant acetate soln</i>	4	PA; QL(9 ml daily)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
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 (Use Aspirin-Dipyridamole)	NF	PA; QL(2 ea daily)
AGRYLIN CAPS (Use Anagrelide HCl)	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 (Use Prasugrel HCl)	NF	QL(1 ea daily)
PLAVIX TABS 300 MG (Use Clopidogrel Bisulfate)	NF	
PLAVIX TABS 75 MG (Use Clopidogrel Bisulfate)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
REOPRO SOLN	3	

Drug Name	Drug Tier	Requirements/Limits
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 (Use Miglustat)	NF	PA; QL(3 ea daily); SP
Agents for Sickle Cell Anemia		
DROXIA CAPS	3	
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 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOSY 500 MCG/ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML	4	PA; SP
DOPTELET TABS	4	PA
EPOGEN SOLN	3	PA; SP
FULPHILA SOSY	4	PA;

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 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 25 MG, 50 MG, 75 MG, 12.5 MG	4	PA; SP
RETACRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 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)
Iron		
FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	0	AL(Up to 1 yrs old)
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>ferrous sulfate tabs or 65 mg, 325 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 500 MG, 1000 MG (<i>Use Aminocaproic Acid</i>)	NF	PA
<i>aminocaproic acid tabs or 500 mg, 1000 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 15 mg, 30 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	
Hypnotics - Tricyclic Agents		
SILENOR TABS	3	PA; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>Use Zolpidem Tartrate</i>)	NF	ST; Must try immediate release zolpidem.; QL(1 ea daily)
AMBIEN TABS (<i>Use Zolpidem Tartrate</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
HALCION TABS (Use Triazolam)	NF	
LUNESTA TABS (Use Eszopiclone)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS (Use Temazepam)	NF	QL(1 ea daily)
SONATA CAPS 10 MG (Use Zaleplon)	NF	QL(2 ea daily); AL(At least 18 yrs old)
SONATA CAPS 5 MG (Use Zaleplon)	NF	QL(1 ea daily); AL(At least 18 yrs old)
<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 5 mg, 10 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		
HETLIOZ CAPS	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>ramelteon tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
ROZEREM TABS (Use Ramelteon)	3	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 (Use Calcium Polycarbophil)	NF	
Laxative Combinations		
CLENPIQ SOLN	3	PA
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	0	
MOVIPREP SOLR	2	PA
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236gm-22.74gm-5.86gm-2.97gm-6.74gm</i>	0	
PREPOPIK PACK	3	PA
SUPREP BOWEL PREP KIT SOLN	0	
Laxatives - Miscellaneous		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
Saline Laxatives		
OSMOPREP TABS	3	PA
Stimulant Laxatives		
<i>bisacodyl tbec</i>	1	
DULCOLAX TBEC (Use Bisacodyl)	NF	
Surfactant Laxatives		

Drug Name	Drug Tier	Requirements/Limits
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	
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		
AZITHROMYCIN PACK OR 1 GM	1	
<i>azithromycin solr iv 500 mg</i>	1	
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail,6 ea per fill mail)
<i>azithromycin tabs or 500 mg</i>	1	QL(4 ea per fill retail,4 ea per fill mail)
<i>azithromycin tabs or 600 mg</i>	1	QL(0.286 ea daily)
ZITHROMAX 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)

Drug Name	Drug Tier	Requirements/Limits
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		
CLARITHROMYCIN SUSR 125 MG/5ML, 250 MG/5ML	1	
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	1	
Erythromycins		
E.E.S. 400 TABS	3	
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	
<i>erythromycin base tbec 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	1	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	3	
Fidaxomicin		
DIFICID TABS	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
ATLAS COLORED LUBRICATED CONDOM DEVI	0	QL(2 ea daily)
ATLAS LUBRICATED CONDOM DEVI	0	QL(2 ea daily)
ATLAS LUBRICATED CONDOM/SPERMICIDE DEVI	0	QL(2 ea daily)
CAYA DPRH	0	
CLASS ACT LUBRICATED MISC	0	QL(2 ea daily)
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)
ELEXA NATURAL FEEL MISC	0	QL(2 ea daily)
ELEXA STIMULATING MISC	0	QL(2 ea daily)
ELEXA ULTRA SENSITIVE MISC	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	
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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)
TROJAN EXTENDED PLEASURE/LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN MAGNUM MISC	0	QL(2 ea daily)
TROJAN MAGNUM WARM SENSATIONS DEVI	0	QL(2 ea daily)
TROJAN MAGNUM XL LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN PLEASURE MESH/SPERMICIDAL DEVI	0	QL(2 ea daily)
TROJAN RIBBED W/SPERMICIDAL MISC	0	QL(2 ea daily)
TROJAN SHARED SENSATION/LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN SUPRAS SPERMICIDAL DEVI	0	QL(2 ea daily)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
TROJAN TWISTED PLEASURE DEVI	0	QL(2 ea daily)
TROJAN ULTRA PLEASURE/LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN VERY SENSITIVE LUBRICATED MISC	0	QL(2 ea daily)
TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT MISC	0	QL(2 ea daily)
TROJAN VERY THIN LUBRICATED MISC	0	QL(2 ea daily)
TROJAN VERY THIN SPERMICIDAL LUBRICANT MISC	0	QL(2 ea daily)
TROJAN-ENZ LUBRICANT MISC	0	QL(2 ea daily)
TROJAN-ENZ LUBRICATED MISC	0	QL(2 ea daily)
TROJAN-ENZ W/SPERMICIDAL MISC	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/STUDDDED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICID E EXTRA LARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICID E EXTRA STRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICID E MISC	0	QL(2 ea daily)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICID E MISC	0	QL(2 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
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)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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 SOFT TOUCH LANCETS 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)
ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
AT LAST LANCETS MISC	1	QL(6.6667 ea daily)
AURORA LANCET SUPER THIN30G MISC	1	QL(6.6667 ea daily)
AURORA LANCET THIN 23G MISC	1	QL(6.6667 ea daily)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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 THIN MISC	1	QL(6.6667 ea daily)
CAREONE LANCET ULTRA 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)
CARETOUCH TWIST LANCETS 28G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
CLOSERCARE MISC	1	
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)
CVS LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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	
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 26G/TWIST 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)
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)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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)
EASYTEST II LANCETS MISC	1	QL(6.6667 ea daily)
EASYTEST LANCETS MISC	1	QL(6.6667 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
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)
EZ-LETS LANCETS 23G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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/BUFF BLACK MISC	1	
GENTEEL LANCING DEVICE/BUTTERFLY BLUE MISC	1	
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	1	
GENTEEL LANCING DEVICE/PLAYFUL PURPLE MISC	1	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	1	
GENTEEL LANCING DEVICE/PRINCESS PINK MISC	1	
GENTEEL LANCING DEVICE/STATELY SILVER MISC	1	
GENTEEL 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)
GNP LANCETS MISC	1	QL(6.6667 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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 ADVANCEDLANCING 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)
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)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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 LANCETS30G 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 LANCETS 21G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MICRO THIN33G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MISC	1	QL(6.6667 ea daily)
KROGER LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	1	QL(6.6667 ea daily)
KROGER LANCING DEVICE MISC	1	
LANCET DEVICE ADJUSTABLE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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 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)
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	

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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)
MULTI-LANCET DEVICE MISC	1	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	1	QL(6.6667 ea daily)
NETGROUP LANCETS 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	

Drug Name	Drug Tier	Requirements/ Limits
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 COMBO PACK 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 THIN LANCETS MISC	1	QL(6.6667 ea daily)
PRECISION THINS GP LANCET MISC	1	QL(6.6667 ea daily)
PRECISION ULTRA 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	
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
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)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 28G/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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
THINLETS LANCET MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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	
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
ULTRA-THIN II SAFETY AUTOLANCETS 26G 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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	

Drug Name	Drug Tier	Requirements/ Limits
W&F LANCETS 26G MISC	1	QL(6.6667 ea daily)
W&F LANCETS COLORED 21G MISC	1	QL(6.6667 ea daily)
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); RX/OTC
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
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	1	QL(5 ea daily); RX/OTC

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPSPPLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily); RX/OTC
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
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)
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/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)
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); RX/OTC
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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/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/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)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
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/ULTRA-FINE/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
CAREFINE PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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); RX/OTC
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
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); RX/OTC
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); RX/OTC
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
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

Drug Name	Drug Tier	Requirements/ Limits
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); 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)

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

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM 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); RX/OTC
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
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 SAFTEY PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily); RX/OTC
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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); RX/OTC
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 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

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
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)
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/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
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 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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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
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); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4M M 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

Drug Name	Drug Tier	Requirements/ Limits
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
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
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); RX/OTC
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)

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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/28G 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/28G 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); 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

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
INSUPEN ULTRAFIN 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
KROGER PEN NEEDLES/31G X1/4" MISC	1	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Ambetter Formulary Updated January 01, 2020

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

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT MISC	1	QL(5 ea daily); RX/OTC
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily)
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); RX/OTC
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); RX/OTC
MEIJER PEN NEEDLES 31G X8MM 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

Drug Name	Drug Tier	Requirements/ Limits
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
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); RX/OTC
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

Ambetter Formulary Updated January 01, 2020

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

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
NOVOFINE 30GX8MM MISC	1	QL(5 ea daily)
NOVOFINE 32GX6MM MISC	1	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	1	QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	1	QL(5 ea daily)
PEN NEEDLES 30GX8MM MISC	1	QL(5 ea daily)
PEN NEEDLES 31G X 1/4" SHORT MISC	1	QL(5 ea daily); RX/OTC
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); RX/OTC
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); RX/OTC
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
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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
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

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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
PREVENT SAFETY PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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); RX/OTC
RELION PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
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
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	1	QL(5 ea daily)
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
SURE COMFORT PEN NEEDLES32GX6MM MISC	1	QL(5 ea daily)
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC	1	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily); RX/OTC
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 NEEDLES 31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 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)
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
TRUE COMFORT PEN NEEDLES32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily); RX/OTC
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/Limits
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
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); RX/OTC
TRUEPLUS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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

Ambetter Formulary Updated January 01, 2020

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

Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTILET PEN NEEDLE 29GX12.7MM MISC	1	QL(5 ea daily); RX/OTC
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 NEEDLES31GX3/16" 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 THIN PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC

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

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

Ambetter Formulary Updated January 01, 2020

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

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS 32GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM 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); RX/OTC
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); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VIDA MIA UNIFINE PENTIPS ORIGINAL 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs</i>	1	
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; ST; QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (<i>Use Dihydroergotamine Mesylate</i>)	NF	ST; QL(0.267 ml daily)
Serotonin Agonists		

Drug Name	Drug Tier	Requirements/ Limits
<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	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
AMERGE TABS (<i>Use Naratriptan HCl</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
AXERT TABS 12.5 MG (<i>Use Almotriptan Malate</i>)	NF	ST; QL(0.4 ea daily); AL(At least 12 yrs old)
AXERT TABS 6.25 MG (<i>Use Almotriptan Malate</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 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 5 MG/ACT, 20 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)

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS OR 25 MG, 50 MG, 100 MG (Use Sumatriptan Succinate)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
MAXALT TABS 10 MG (Use Rizatriptan Benzoate)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT TABS 5 MG (Use Rizatriptan Benzoate)	NF	QL(0.4 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP 10 MG (Use Rizatriptan Benzoate)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP 5 MG (Use Rizatriptan Benzoate)	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 (Use Eletriptan Hydrobromide)	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)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>zolmitriptan tabs</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tbdp</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG SOLN NA 5 MG, 2.5 MG	3	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 5 MG, 2.5 MG (Use Zolmitriptan)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG ZMT TBDP (Use Zolmitriptan)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
MINERALS & ELECTROLYTES		
Bicarbonates		
<i>sodium acetate soln 4 meq/ml</i>	1	
Calcium		
<i>calcium chloride (dihydrate) soln</i>	1	
<i>calcium gluconate soln 10 %</i>	1	
Electrolyte Mixtures		
<i>dextrose in lactated ringers soln</i>	1	
IONOSOL-MB/DEXTROSE 5% SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
ISOLYTE-P/DEXTROSE 5% SOLN	1	
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
<i>lactated ringer's soln</i>	1	
LACTATED RINGERS VIAFLEX SOLN (Use <i>Lactated Ringer's</i>)	NF	
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</i>	1	
POTASSIUM CHLORIDE/DEXTROSE SOLN 40MEQ/L-5%	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 28MEQ/L-24MEQ/L-130MEQ/L-149MEQ/L-3MEQ/L-5%	1	
<i>ringer's soln</i>	1	
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1	
Phosphate		
<i>potassium phosphates soln</i>	1	
Potassium		

Drug Name	Drug Tier	Requirements/ Limits
K-TAB TBCR 10 MEQ (Use <i>Potassium Chloride</i>)	NF	
K-TAB TBCR 8 MEQ	1	
KLOR-CON M15 TBCR	1	
<i>potassium acetate soln</i>	1	
<i>potassium bicarb & chloride tbf</i>	1	
<i>potassium bicarbonate tbf</i>	1	
<i>potassium chloride cpr or 8 meq, 10 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR 8 MEQ	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/50ML	1	
<i>potassium chloride soln iv 2 meq/ml, 10 meq/100ml</i>	1	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbc or 8 meq, 10 meq</i>	1	
Sodium		
<i>sodium chloride soln ij 2.5 meq/ml</i>	1	
<i>sodium chloride soln iv 0.45 %, 0.9 %, 3 %, 5 %, 4 meq/ml</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (Use <i>Penicillamine</i>)	3	PA
DEPEN TITRATABS TABS	3	QL(8 ea daily)
<i>penicillamine caps</i>	1	PA
SYPRINE CAPS (Use <i>Trientine HCl</i>)	NF	PA; QL(8 ea daily); SP

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
<i>trientine hcl caps</i>	4	PA; QL(8 ea daily); SP
Immunomodulators		
REVLIMID CAPS 20 MG	4	
REVLIMID CAPS 5 MG, 10 MG, 15 MG, 25 MG, 2.5 MG	4	PA; QL(1 ea daily); SP
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 Mycophenolate Mofetil)	NF	
CELLCEPT TABS 500 MG (Use Mycophenolate Mofetil)	NF	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
CYCLOSPORINE MODIFIED CAPS	1	
<i>cyclosporine soln</i>	1	
IMURAN TABS (Use Azathioprine)	NF	
<i>mycophenolate mofetil caps 250 mg</i>	1	
<i>mycophenolate mofetil tabs 500 mg</i>	1	
<i>mycophenolate sodium tbec</i>	1	
MYFORTIC TBEC (Use Mycophenolate Sodium)	NF	

Drug Name	Drug Tier	Requirements/Limits
NEORAL CAPS (Use Cyclosporine Modified (For Microemulsion))	NF	
NEORAL SOLN (Use Cyclosporine Modified (For Microemulsion))	NF	
NULOJIX SOLR	4	PA; SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use Tacrolimus)	NF	
PROGRAF PACK OR 0.2 MG, 1 MG	2	PA
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (Use Sirolimus)	NF	
SANDIMMUNE CAPS OR 25 MG, 100 MG (Use Cyclosporine)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (Use Cyclosporine)	NF	
SIMULECT SOLR	3	
<i>sirolimus tabs 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.75 MG, 0.5 MG	4	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	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln</i>	1	QL(4 ml daily)
LIDOCAINE HCL SOLN MT 4 %	1	
Anti-infectives - Throat		
<i>clotrimazole lozq</i>	1	
<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 Chlorhexidine Gluconate (Mouth-Throat))	NF	
Dental Products		
<i>stannous fluoride conc</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	
EVOXAC CAPS (Use Cevimeline HCl)	NF	
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (Use Pilocarpine HCl (Oral))	NF	
MULTIVITAMINS		
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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
M-VIT TABS	2	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 ea daily)
NEONATAL COMPLETE TABS	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
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	2	QL(1 ea daily); RX/OTC
PNV PRENATAL PLUS MULTIVITAMIN TABS	2	QL(1 ea daily); RX/OTC
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

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 11UNIT-263MG-25MG-1.5MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-0.8MG-2.6MG-120MG, 30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-4000UNIT-8MCG-400UNIT-800MCG-2.6MG-120MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 4000UNIT-30UNIT-200MG-25MG-1.8MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 4000UNIT-30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 160MG-11UNIT-200MG-25MG-1.84MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-800MCG-2.6MG-100MG	2	QL(1 ea daily)
PRENATAL TABS 22MG-2MG-25MG-1.84MG-200MG-27MG-4000UNIT-20MG-3MG-12MCG-400UNIT-1MG-10MG-120MG	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)
PREPLUS TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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	
CHLORZOXAZONE TABS 500 MG	1	QL(6 ea daily)
<i>cyclobenzaprine hcl tabs 5 mg, 10 mg</i>	1	QL(3 ea daily)
<i>metaxalone tabs 800 mg</i>	1	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tb12 or 100 mg</i>	1	QL(2 ea daily)
ROBAXIN TABS OR 500 MG (Use Methocarbamol)	NF	
ROBAXIN-750 TABS (Use Methocarbamol)	NF	
SKELAXIN TABS (Use Metaxalone)	NF	QL(4 ea daily)
SOMA TABS (Use Carisoprodol)	NF	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS (Use Tizanidine HCl)	NF	
ZANAFLEX TABS (Use Tizanidine HCl)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use Dantrolene Sodium)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 25 mg, 50 mg, 100 mg</i>	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
ASTEPRO SOLN (Use Azelastine HCl)	NF	
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (Use Olopatadine HCl (Nasal))	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	
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use Fluticasone Propionate (Nasal))	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FLUNISOLIDE SOLN	1	QL(1 ml per fill retail,1 ml per 30 days retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	PA; QL(1.14 gm daily)
NASACORT ALLERGY 24HR AERO (Use Triamcinolone Acetonide (Nasal))	NF	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use Triamcinolone Acetonide (Nasal))	NF	RX/OTC
NASONEX SUSP (Use Mometasone Furoate (Nasal))	NF	PA; QL(1.14 gm daily)
<i>triamcinolone acetonide (nasal) aero</i>	1	RX/OTC
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use Riluzole)	NF	
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORE SOLR	3	PA
XEOMIN SOLR 50 UNIT	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 2.75%/DEXTROSE 5% SOLN	3	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 25% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX 5%/DEXTROSE 25% SOLN	3	
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (Use Levobunolol HCl)	NF	
<i>betaxolol hcl (ophth) soln</i>	1	
<i>carteolol hcl (ophth) soln</i>	1	
COMBIGAN SOLN	2	
COSOPT SOLN (Use Dorzolamide HCl-Timolol Maleate)	NF	
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 20mg/ml-5mg/ml, 22.3mg/ml-6.8mg/ml</i>	1	
<i>levobunolol hcl soln</i>	1	
METIPRANOLOL SOLN	1	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
TIMOPTIC SOLN (Use Timolol Maleate (Ophth))	NF	
TIMOPTIC-XE SOLG 0.25 % (Use Timolol Maleate (Ophth))	NF	
Cycloplegic Mydriatics		

Drug Name	Drug Tier	Requirements/Limits
MYDRIACYL SOLN (Use Tropicamide)	NF	
<i>tropicamide soln</i>	1	
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	
BACITRACIN OINT OP 500 UNIT/GM	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) soln</i>	1	
KLARITY-A SOLN	3	
<i>levofloxacin (ophth) soln</i>	1	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
<i>moxifloxacin hcl (ophth) soln</i>	1	
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

Drug Name	Drug Tier	Requirements/ Limits
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	1	
DUREZOL EMUL	3	PA
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))	NF	
FML OINT	3	PA
LOTEMAX GEL	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (Use Loteprednol Etabonate)	3	PA
<i>loteprednol etabonate susp</i>	1	PA
MAXIDEX SUSP	3	PA
MAXITROL OINT (Use Neomycin-Polymy-Dexameth)	NF	
MAXITROL SUSP (Use Neomycin-Polymy-Dexameth)	NF	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP	1	
OMNIPRED SUSP	NF	
PRED MILD SUSP	3	PA
PREDNISOLONE ACETATE P-F SUSP	1	
PREDNISOLONE ACETATE SUSP	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX SUSP (<i>Use Tobramycin-Dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone susp</i>	1	
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	
ACULAR SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	
<i>azelastine hcl (ophth) soln</i>	1	
<i>bromfenac sodium (ophth) soln</i>	1	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	2	PA; QL(2.143 ml daily)
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	
ELESTAT SOLN (<i>Use Epinastine HCl (Ophth)</i>)	NF	
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	
NEVANAC SUSP	3	ST; QL(0.2 ml daily)
<i>olopatadine hcl soln</i>	1	
PATADAY SOLN (<i>Use Olopatadine HCl</i>)	NF	
PATANOL SOLN (<i>Use Olopatadine HCl</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	NF	
ZADITOR SOLN (<i>Use Ketotifen Fumarate (Ophth)</i>)	1	
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1	
LUMIGAN SOLN	3	ST
RESCULA SOLN	3	PA
TRAVATAN Z SOLN	2	
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	1	
CIPROFLOXACIN SOLN OT 0.2 %	1	
FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>)	NF	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	PA
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF SOLN	3	PA; QL(0.5 ea daily)
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTOVEL SOLN	3	PA; QL(0.5 ea daily)
Otic Steroids		
DERMOTIC OIL (<i>Use Fluocinolone Acetonide (Otic)</i>)	NF	
<i>fluocinolone acetonide (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, 2 GM/10ML, 4 GM/20ML, 10 GM/50ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML	4	PA; SP
GAMMAGARD LIQUID SOLN 5 GM/50ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML	4	PA; SP
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN	4	PA; SP
GAMUNEX-C SOLN 1 GM/10ML	4	PA; SP
GAMUNEX-C SOLN 5 GM/50ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML	4	PA; SP
HIZENTRA SOLN	4	PA; SP
Passive Immunizing Agents - Combinations		
HYQVIA KIT	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin caps 250 mg, 500 mg</i>	1	
AMOXICILLIN CHEW 125 MG, 250 MG	1	
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin tabs 500 mg, 875 mg</i>	1	
AMPICILLIN CAPS	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 40000UNIT/ML, 60000UNIT/ML	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	
PENICILLIN G PROCAINE SUSP	3	
PENICILLIN G SODIUM SOLR	3	
PENICILLIN V POTASSIUM SOLR 250 MG/5ML	1	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
PFIZERPEN SOLR 5000000 UNIT (<i>Use Penicillin G Potassium</i>)	NF	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	1	
<i>ampicillin & sulbactam sodium solr</i>	1	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	NF	
piperacillin sodium-tazobactam sodium solr	1	
UNASYN BULK PACK SOLR (Use Ampicillin & Sulbactam Sodium)	NF	
UNASYN SOLR (Use Ampicillin & Sulbactam Sodium)	NF	
ZOSYN SOLR 0.375GM-3GM, 0.25GM-2GM, 0.5GM-4GM, 4.5GM-36GM (Use Piperacillin Sodium-Tazobactam Sodium)	NF	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps	1	
nafcillin sodium solr ij 1 gm	1	
oxacillin sodium solr 1 gm, 10 gm	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	0	
medroxyprogesterone acetate tabs	1	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	NF	PA
megestrol acetate (appetite) susp	1	PA

Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate tabs	0	
progesterone micronized caps	1	
PROMETRIUM CAPS (Use Progesterone Micronized)	NF	
PROVERA TABS (Use Medroxyprogesterone Acetate)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium tbec	1	
ANTABUSE TABS (Use Disulfiram)	NF	
disulfiram tabs	1	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
Anti-Cataplectic Agents		
XYREM SOLN	4	PA; QL(18 ml daily); SP
Antidementia Agents		
ARICEPT TABS 10 MG (Use Donepezil Hydrochloride)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (Use Donepezil Hydrochloride)	NF	QL(1 ea daily)
donepezil hydrochloride tabs 10 mg	1	QL(2 ea daily)
donepezil hydrochloride tabs 5 mg	1	QL(1 ea daily)
donepezil hydrochloride tbdp 10 mg	1	QL(2 ea daily)
donepezil hydrochloride tbdp 5 mg	1	QL(1 ea daily)
galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	1	QL(6 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 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 (Use Memantine HCl)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (Use Memantine HCl)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (Use Memantine HCl)	NF	
RAZADYNE ER CP24 (Use Galantamine Hydrobromide)	NF	QL(1 ea daily)
RAZADYNE TABS (Use Galantamine Hydrobromide)	NF	QL(2 ea daily)
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
PERPHENAZINE/AMITRIP TYLINE TABS	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 (Use Tetrabenazine)	NF	PA; QL(3 ea daily); SP
Multiple Sclerosis Agents		
AMPYRA TB12 (Use Dalfampridine)	NF	PA; QL(2 ea daily); SP
AUBAGIO TABS	4	PA; QL(1 ea daily)
AVONEX KIT 30 MCG/VIAL	4	PA; QL(0.0714 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
AVONEX PEN AJKT	4	PA; QL(0.0714 ea daily); SP
AVONEX PSKT 30 MCG/0.5ML	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.0357 ea daily); SP
COPAXONE SOSY 20 MG/ML (Use Glatiramer Acetate)	NF	PA; QL(1 ml daily); SP
COPAXONE SOSY 40 MG/ML (Use Glatiramer Acetate)	NF	PA; QL(0.429 ml daily); SP
<i>dalfampridine tb12</i>	4	PA; QL(2 ea daily); SP
EXTAVIA KIT	4	PA; QL(0.0357 ea daily); SP
GILENYA CAPS 0.25 MG	4	PA; QL(1 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
GILENYA CAPS 0.5 MG	4	PA; QL(1 ea daily); SP
<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
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
REBIF SOSY	4	PA; QL(0.214 ml daily); SP
REBIF TITRATION PACK SOSY	4	PA; SP

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
TECFIDERA CPDR	4	PA; QL(2 ea daily)
TECFIDERA STARTER PACK MISC	4	PA
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
ZINBRYTA SOSY	4	QL(0.0357 ml daily)
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		
FLUOXETINE CAPS 10 MG	1	QL(1 ea daily)
FLUOXETINE CAPS 20 MG	1	QL(3 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	2	
ORAP TABS	NF	
PIMOZIDE TABS	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	PA; QL(2 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	1	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>)	0	QL(1 ea daily)
NICORETTE GUM (<i>Use Nicotine Polacrilex</i>)	0	

Drug Name	Drug Tier	Requirements/ Limits
NICORETTE LOZG (<i>Use Nicotine Polacrilex</i>)	0	
NICORETTE MINI LOZG (<i>Use Nicotine Polacrilex</i>)	0	
NICORETTE STARTER KIT GUM (<i>Use Nicotine Polacrilex</i>)	0	
<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
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 100MG-125MG, 150MG-188MG	4	PA; QL(2 ea daily)
ORKAMBI TABS 100MG-125MG, 200MG-125MG	4	PA; QL(4 ea daily)
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/Limits
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	
TIGECYCLINE SOLR	3	
TYGACIL SOLR (Use Tigecycline)	3	
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, 100 MG (Use Minocycline HCl)	NF	QL(3 ea daily)
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily)
<i>minocycline hcl tabs 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily)
MONODOX CAPS 100 MG (Use Doxycycline Monohydrate)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MONODOX CAPS 75 MG (Use Doxycycline Monohydrate)	NF	
<i>tetracycline hcl caps</i>	1	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (Use Doxycycline Hyclate)	NF	QL(2 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
TAPAZOLE TABS (Use Methimazole)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (Use Thyroid)	NF	QL(1 ea daily)
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)
CYTOMEL TABS (Use Liothyronine Sodium)	NF	
<i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>liothyronine sodium soln</i>	1	
<i>liothyronine sodium tabs</i>	1	
NATURE-THROID NT-2.5 TABS	2	
NATURE-THROID TABS	2	
SYNTHROID TABS (Use Levothyroxine Sodium)	2	
<i>thyroid tabs</i>	1	QL(1 ea daily)
THYROLAR-1 TABS	3	
THYROLAR-1/2 TABS	3	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
THYROLAR-1/4 TABS	3	
THYROLAR-2 TABS	3	
THYROLAR-3 TABS	3	
TRIOSTAT SOLN (Use Liothyronine Sodium)	NF	
WESTHROID TABS	2	
WP THYROID TABS	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ATROPINE SULFATE SOLN IJ 0.4 MG/ML	1	
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML	1	
BENTYL CAPS OR 10 MG (Use Dicyclomine HCl)	NF	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
<i>dicyclomine hcl caps or 10 mg</i>	1	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	1	
<i>dicyclomine hcl tabs or 20 mg</i>	1	
<i>glycopyrrolate soln ij 4 mg/20ml</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
LIBRAX CAPS (Use Chlordiazepoxide HCl-Clidinium Bromide)	NF	
<i>methscopolamine bromide tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ROBINUL FORTE TABS (Use Glycopyrrolate)	NF	
ROBINUL SOLN IJ 4 MG/20ML (Use Glycopyrrolate)	NF	
ROBINUL TABS OR 1 MG (Use Glycopyrrolate)	NF	
H-2 Antagonists		
<i>cimetidine tabs 200 mg</i>	1	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	
FAMOTIDINE PREMIXED SOLN	1	
<i>famotidine soln iv 20 mg/2ml, 40 mg/4ml, 200 mg/20ml</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	
NIZATIDINE SOLN 15 MG/ML	1	QL(20 ml daily)
PEPCID AC MAXIMUM STRENGTH TABS (Use Famotidine)	NF	RX/OTC
PEPCID SUSR 40 MG/5ML (Use Famotidine)	NF	QL(10 ml daily)
PEPCID TABS 20 MG (Use Famotidine)	NF	RX/OTC
PEPCID TABS 40 MG (Use Famotidine)	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, 75 mg/5ml, 150 mg/10ml</i>	1	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<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 IJ 25 MG/ML (<i>Use Ranitidine HCl</i>)	NF	
ZANTAC TABS OR 300 MG (<i>Use Ranitidine HCl</i>)	NF	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	QL(40 ml daily)
CARAFATE TABS 1 GM (<i>Use Sucralfate</i>)	NF	QL(4 ea daily)
<i>sucralfate tabs</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
<i>omeprazole magnesium cpdr</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
OMEPRAZOLE TBEC 20 MG	1	QL(2 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 (<i>Use Lansoprazole</i>)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG (<i>Use Lansoprazole</i>)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG (<i>Use Lansoprazole</i>)	NF	
PRILOSEC OTC TBEC	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG (<i>Use Pantoprazole Sodium</i>)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (<i>Use Pantoprazole Sodium</i>)	NF	
<i>rabeprazole sodium tbec</i>	1	QL(1 ea daily)
SW OMEPRAZOLE TBEC	1	QL(2 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (<i>Use Misoprostol</i>)	NF	QL(4 ea daily)
<i>misoprostol tabs</i>	1	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>omeprazole-sodium bicarbonate caps 20mg-1100mg</i>	1	QL(1 ea daily); RX/OTC
ZEGERID CAPS 20MG-1100MG (<i>Use Omeprazole-Sodium Bicarbonate</i>)	NF	RX/OTC
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
FURADANTIN SUSP (<i>Use Nitrofurantoin</i>)	NF	
HIPREX TABS (<i>Use Methenamine Hippurate</i>)	NF	

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (Use Nitrofurantoin Macrocrystal)	NF	
methenamine hippurate tabs	1	
MONUROL PACK	3	
nitrofurantoin macrocrystal caps 50 mg, 100 mg	1	
nitrofurantoin monohyd macro caps	1	
nitrofurantoin susp	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	1	QL(1 ea daily)
DETROL LA CP24 (Use Tolterodine Tartrate)	NF	QL(1 ea daily)
DETROL TABS (Use Tolterodine Tartrate)	NF	
DITROPAN XL TB24 (Use Oxybutynin Chloride)	NF	
ENABLEX TB24 (Use Darifenacin Hydrobromide)	NF	QL(1 ea daily)
oxybutynin chloride syrp	1	
oxybutynin chloride tabs	1	
oxybutynin chloride tb24	1	
solifenacin succinate tabs	1	PA; QL(1 ea daily)
tolterodine tartrate cp24 2 mg, 4 mg	1	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
trospium chloride cp24 60 mg	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
trospium chloride tabs 20 mg	1	
VESICARE TABS (Use Solifenacin Succinate)	3	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs 25 mg	1	
bethanechol chloride tabs 5 mg, 10 mg, 50 mg	1	QL(4 ea daily)
URECHOLINE TABS 25 MG (Use Bethanechol Chloride)	NF	
URECHOLINE TABS 5 MG, 10 MG, 50 MG (Use Bethanechol Chloride)	NF	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	1	
VACCINES		
Bacterial Vaccines		
MENACTRA INJ	0	
MENVEO SOLR	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
Viral Vaccines		
AFLURIA 2017-2018 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,
AFLURIA 2018-2019 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFLURIA PF 2017-2018 SUSY	0	Limit 1 dose per season;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,
AFLURIA PF 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,
AFLURIA QUADRIVALENT 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,	FLUBLOK 2017-2018 SOLN	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,	FLUBLOK QUADRIVALENT 2017- 2018 SOSY	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,	FLUBLOK QUADRIVALENT 2018- 2019 SOSY	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,	FLUBLOK QUADRIVALENT 2019- 2020 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,	FLUCELVAX QUADRIVALENT 2017- 2018 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,	FLUCELVAX QUADRIVALENT 2017- 2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2017-2018 SUSY	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,
FLUAD 2018-2019 SUSY	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,
FLUAD 2019-2020 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,
FLUARIX QUADRIVALENT 2017-2018 SUSY	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,

Ambetter Formulary Updated January 01, 2020

Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL QUADRIVALENT 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2017-2018 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,
FLULAVAL QUADRIVALENT 2019-2020 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,
FLUVIRIN 2015-2016 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUVIRIN 2015-2016 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUVIRIN 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUVIRIN 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE PF 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 INTRADERMAL QUADRIVALENT 2017-2018 SUPN	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2017-2018 SUSY	0	Limit 1 dose per season;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,
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply,
SHINGRIX SUSR	0	AL(At least 50 yrs old)
ZOSTAVAX SUSR	0	AL(At least 50 yrs old)
VAGINAL AND RELATED PRODUCTS		
Spermicides		
SHUR-SEAL GEL	0	

Drug Name	Drug Tier	Requirements/ Limits
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use Clindamycin Phosphate Vaginal)	NF	
<i>clindamycin phosphate vaginal crea</i>	1	
<i>clotrimazole vaginal crea</i>	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (Use Clotrimazole Vaginal)	NF	
METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)	NF	
<i>metronidazole vaginal gel</i>	1	
MICONAZOLE 3 SUPP	3	
TERAZOL 7 CREA (Use Terconazole Vaginal)	NF	
TERCONAZOLE CREA	1	
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	
Vaginal Estrogens		
ESTRACE CREA (Use Estradiol Vaginal)	NF	
<i>estradiol vaginal crea</i>	1	
<i>estradiol vaginal tabs</i>	1	
FEMRING RING	3	
PREMARIN CREA	2	
VAGIFEM TABS (Use Estradiol Vaginal)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		

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 rti 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 rti 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 rti day(s) supply,2 mail MAX fill,365 mail day(s) supply,
EPIPEN 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	NF	
EPIPEN-JR 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rti 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 50000 unit</i>	1	
<i>cholecalciferol tabs 400 unit</i>	0	
DRISDOL CAPS (Use Ergocalciferol)	0	
<i>ergocalciferol caps or 1.25 mg, 50000 unit</i>	0	
<i>ergocalciferol soln or 8000 unit/ml</i>	1	
VITAMIN D2 TABS	0	AL(At least 65 yrs old)

Ambetter Formulary Updated January 01, 2020

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, 100 mg, 250 mg, 500 mg</i>	1	
<i>niacin tbcr or 250 mg, 500 mg, 750 mg</i>	1	
NIACIN TR TBCR	1	
<i>niacinamide tabs or 100 mg, 500 mg</i>	1	
SLO-NIACIN TBCR (<i>Use Niacin</i>)	1	

index

1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	91	acebutolol hcl	48	ADJUSTABLE LANCING DEVICE	79
1ST TIER UNIFINE PENTIPS29GX12MM	91	acetaminophen w/ codeine	8	ADRIAMYCIN	37
1ST TIER UNIFINE PENTIPS31GX6MM	91	ACETAMINOPHEN/CAFFEINE /DIHYDROCODEINE	8	ADVAIR DISKUS	15
1ST TIER UNIFINE PENTIPS31GX8MM	91	acetazolamide	65	ADVAIR HFA	15
1ST TIER UNIFINE PENTIPS32GX4MM	91	acetazolamide sodium	65	ADVANCED MOBILE LANCET 30G	79
1ST TIER UNIFINE PENTIPS32GX6MM	91	acetic acid	72	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	92
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	91	acetic acid (otic)	132	ADVOCATE INSULIN PEN NEEDLES 31GX5MM	92
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	91	acetylcysteine	55	ADVOCATE INSULIN PEN NEEDLES 31GX8MM	92
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	91	ACIPHEX	139	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2"	92
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX 12MM	91	acitretin	60	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16"	92
1ST TIER UNIFINE PENTIPSPLUS/ULTRA		ACTEMRA	4	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16"	92
SHORT/31GX6MM	92	ACTHAR	67	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2"	92
1ST TIER UNILET COMFORTOUCH LANCETS 28G	78	ACTI-LANCE LANCETS 28G	79	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16"	92
1ST TIER UNILET COMFORTOUCH LANCETS 30G	78	ACTI-LANCE LITE SAFETY LANCETS 28G	79	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16"	92
abacavir sulfate	43	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	79	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2"	92
abacavir sulfate-lamivudine	43	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	79	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16"	92
abacavir sulfate-lamivudine- zidovudine	43	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	79	ADVOCATE INSULIN SYRINGE/U- 100/1ML/29GX1/2"	92
ABELCET	27	ACTIGALL	70	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	92
ABILIFY	43	ACTIMMUNE	39	ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	92
abiraterone acetate	36	ACTIQ	6	ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	92
ABRAXANE	39	ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP	79	ADVOCATE LANCETS	79
acamprosate calcium	134	ACTONEL	66	ADVOCATE LANCETS 30G	79
acarbose	23	ACTOPLUS MET	23	ADVOCATE LANCING DEVICE	79
ACCOLATE	14	ACTOS	24	ADVOCATE RAPID-SAFE LANCING DEVICE	79
ACCU-CHEK FASTCLIX LANCETS	78	ACULAR	132	ADVOCATE SAFETY LANCETS	79
ACCU-CHEK MULTICLIX LANCETS	78	ACULAR LS	132	ADVOCATE SAFETY LANCETS 26G	79
ACCU-CHEK SAFE-T-PRO LANCETS	79	acyclovir	47	AFINITOR	37
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	79	acyclovir topical	60	AFLURIA 2017-2018	140
ACCU-CHEK SOFT TOUCH LANCETS	79	ADACEL	138	AFLURIA 2018-2019	140
ACCU-CHEK SOFTCLIX LANCETS	79	ADAGEN	3	AFLURIA PF 2017-2018	141
ACCUPRIL	30	ADALAT CC	48	AFLURIA PF 2018-2019	141
ACCURETIC	31	adapalene	55		
		ADAPALENE	55		
		adapalene-benzoyl peroxide	55		
		ADCETRIS	36		
		ADCIRCA	50		
		ADDERALL	1		
		ADDERALL XR	1		
		adefovir dipivoxil	46		
		ADEMPAS	50		
		ADIPEX-P	1		

AFLURIA QUADRIVALENT 2017-2018	141	ALREX	131	AMPYRA	135
AFLURIA QUADRIVALENT 2018-2019	141	ALTABAX	57	ANADROL-50	10
AFLURIA QUADRIVALENT 2019-2020	141	ALTACE	30	ANAFRANIL	22
AGAMATRIX ULTRA-THIN LANCETS 33G	79	ALTERNATE SITE LANCING DEVICE	79	anagrelide hcl	73
AGGRENOX	73	ALTOPREV	30	ANAPROX DS	4
AGRYLIN	73	ALVESCO	14	anastrozole	36
AIMSCO LUBRICATED	77	amantadine hcl	40	ANCOBON	27
AIMSCO TWIST LANCETS 32G	79	AMARYL	25	ANDRODERM	10
AIMSCO TWIST LANCETS 33G	79	AMBIEN	74	ANORO ELLIPTA	15
AKYNZEO	26	AMBIEN CR	74	ANTABUSE	134
albendazole	10	AMBISOME	27	ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	92
ALBENZA	10	ambrisentan	50	ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	92
albuterol sulfate	15	AMCINONIDE	61	ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2"	92
ALBUTEROL SULFATE ER	15	AMERGE	123	ANUSOL-HC	10
ALBUTEROL SULFATE HFA	15	AMICAR	74	ANZEMET	26
ALCAINE	131	amikacin sulfate	3	APOKYN	40
alclometasone dipropionate	60	amiloride & hydrochlorothiazide	65	apraclonidine hcl	130
ALDACTAZIDE	65	amiloride hcl	66	aprepitant	27
ALDACTONE	66	aminocaproic acid	74	APRISO	71
ALDARA	63	aminophylline	15	APTIOM	17
ALDURAZYME	68	amiodarone hcl	13	APTIVUS	43
alendronate sodium	66	AMITIZA	70	AQUA LANCE ADJUSTABLE LANCING DEVICE	79
ALENDRONATE SODIUM	66	amitriptyline hcl	22	AQUALANCE LANCETS ULTRA THIN 30G	79
alfuzosin hcl	72	amlodipine besylate	48	ARALAST NP	136
ALIMTA	35	amlodipine besylate- atorvastatin calcium	49	ARANESP ALBUMIN FREE	73
ALINIA	11	amlodipine besylate-benazepril hcl	31	ARAVA	5
aliskiren fumarate	33	amlodipine besylate-olmesartan medoxomil	31	ARCALYST	4
ALKERAN	35	amlodipine besylate- valsartan	31	ARCAPTA NEOHALER	15
ALLEGRA ALLERGY	28	amlodipine-valsartan- hydrochlorothiazide	31	ARICEPT	134
ALLEGRA ALLERGY CHILDRENS	28	AMOXAPINE	22	ARIKAYCE	3
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	55	amoxicillin	133	ARIMIDEX	36
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	55	AMOXICILLIN	133	aripiprazole	43
allopurinol	72	amoxicillin	133	ARIXTRA	16
almotriptan malate	123	amoxicillin & pot clavulanate	133	armodafinil	2
ALOGLIPTIN	24	AMOXICILLIN/CLAVULANATE POTASSIUM	133	ARMOUR THYROID	137
alogliptin benzoate	24	amphetamine- dextroamphetamine	1	ARNUITY ELLIPTA	14
alosetron hcl	71	AMPHOTERICIN B	27	AROMASIN	36
ALOXI	26	AMPICILLIN	133	ARRANON	35
ALPHAGAN P	130	ampicillin & sulbactam sodium	133	arsenic trioxide	39
alprazolam	13	ampicillin sodium	133	ARTHROTEC 50	4
				ARTHROTEC 75	4

ARZERRA.....	36	ATGAM.....	126	azacitidine.....	35
ASACOL HD.....	71	ATIVAN.....	13	AZACTAM.....	12
ASMANEX HFA.....	14	ATLAS COLORED		AZASAN.....	126
ASMANEX TWISTHALER	120	LUBRICATEDCONDOM.....	77	AZASITE.....	130
METERED DOSES.....	14	ATLAS LUBRICATED		AZATHIOPRINE.....	126
ASMANEX TWISTHALER	14	CONDOM.....	77	azathioprine.....	126
METERED DOSES.....	14	ATLAS LUBRICATED		azelaic acid.....	64
ASMANEX TWISTHALER	30	CONDOM/SPERMICIDE.....	77	azelastine hcl.....	129
METERED DOSES.....	14	atomoxetine hcl.....	2	azelastine hcl (ophth).....	132
ASMANEX TWISTHALER	60	atorvastatin calcium.....	30	AZELEX.....	55
METERED DOSES.....	14	atovaquone.....	11	AZILECT.....	41
ASMANEX TWISTHALER	7	atovaquone-proguanil hcl.....	33	AZITHROMYCIN.....	76
METERED DOSES.....	14	ATRIPLA.....	44	azithromycin.....	76
aspirin.....	6	ATROPINE SULFATE.....	138	AZOR.....	31
aspirin-dipyridamole.....	73	AUBAGIO.....	135	aztreonam.....	12
ASSURE COMFORT LANCETS		AUGMENTIN.....	134	AZULFIDINE.....	71
ULTRA THIN 28G.....	79	AUGMENTIN ES-600.....	134	AZULFIDINE EN-TABS.....	71
ASSURE HAEMOLANCE PLUS		AUGMENTIN XR.....	134	B-D INSULIN SYRINGE	
HIGH FLOW 18G.....	79	AURORA LANCET SUPER		ULTRAFINE II/0.3ML/31G X	
ASSURE HAEMOLANCE PLUS		THIN30G.....	79	5/16".....	92
LOW FLOW 25G.....	79	AURORA LANCET THIN		B-D INSULIN SYRINGE	
ASSURE HAEMOLANCE PLUS		23G.....	79	ULTRAFINE II/0.5ML/31G X	
MICRO FLOW 28G.....	79	AURORA PEN NEEDLES		5/16".....	92
ASSURE HAEMOLANCE PLUS		29GX12MM.....	92	B-D INSULIN SYRINGE	
NORMAL FLOW 21G.....	79	AURORA PEN NEEDLES	31G	ULTRAFINE II/1ML/31G X	
ASSURE HAEMOLANCE PLUS		X6MM.....	92	5/16".....	92
PEDIATRIC BLADE.....	79	AURORA PEN NEEDLES	31G	B-D INSULIN SYRINGE	
ASSURE ID INSULIN		X8MM.....	92	ULTRAFINE II/0.3ML/30G X	
SAFETYSYRINGE/U-		AURORA UNIFINE		1/2".....	92
100/0.5ML/29G X 1/2".....	92	PENTIPS/32GX5/32".....	92	B-D INSULIN SYRINGE	
ASSURE ID INSULIN		AURORA UNIFINE		ULTRAFINE/0.5ML/30G X	
SAFETYSYRINGE/U-		PENTIPS/MINI/31GX3/16".....	92	1/2".....	92
100/1ML/29G X 1/2".....	92	AUSTEDO.....	135	bacitracin.....	10
ASSURE ID SAFETY PEN		AUTO-LANCET.....	80	BACITRACIN.....	130
NEEDLES 30G X 5/16".....	92	AUTO-LANCET MINI.....	80	baclofen.....	128
ASSURE ID SAFETY PEN		AUTOLET IMPRESSION		BACTRIM.....	11
NEEDLES 31G X 3/16".....	92	LANCING DEVICE.....	80	BACTRIM DS.....	11
ASSURE LANCE LANCETS	79	AUTOLET LANCING		BACTROBAN.....	57
ASSURE LANCE LANCETS		DEVICE.....	80	BALCOLTRA.....	51
21G.....	79	AUTOLET MINI.....	80	balsalazide disodium.....	71
ASSURE LANCE PLUS		AUTOLET PLUS.....	80	BALVERSA.....	37
SAFETYLANCETS 25G.....	79	AVALIDE.....	31	BANZEL.....	17
ASSURE LANCE PLUS		AVANDIA.....	24	BARACLUDGE.....	46
SAFETYLANCETS 30G.....	79	AVAPRO.....	31	BASAGLAR KWIKPEN.....	24
ASSURE LANCE SAFETY		AVASTIN.....	36	BAXDELA.....	70
LANCET 28G.....	79	AVELOX.....	70	BD LO-DOSE INSULIN	
ASSURE LANCETS.....	79	AVODART.....	72	SYRINGE MICROFINE	
ASTEPRO.....	129	AVONEX.....	135	IV/0.5ML/28G X 1/2".....	93
AT LAST LANCETS.....	79	AVONEX PEN.....	135	BD AUTOSHIELD 29G X	
ATACAND.....	31	AXERT.....	123	5/16".....	93
ATACAND HCT.....	31	AYGESTIN.....	134		
atazanavir sulfate.....	43,44				
AELVIA.....	66				
atenolol.....	48				
atenolol & chlorthalidone.....	31				

BD INSULIN SYRINGE LUER- LOK/U-100/1ML.....	93	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	93	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	94
BD INSULIN SYRINGE MICROFINE IV/U- 100/0.5ML/28G X 1/2".....	93	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM.....	93	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	94
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8".....	93	BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	93	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	94
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2".....	93	BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	93	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	94
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2".....	93	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	93	BELSOMRA.....	75
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8".....	93	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	94	BELVIQ.....	2
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	93	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	94	benazepril & hydrochlorothiazide.....	31
BD INSULIN SYRINGE SLIP TIP/U-100/1ML.....	93	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	94	benazepril hcl.....	30
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM.....	93	BD LANCET ULTRAFINE 30G.....	80	BENICAR.....	31
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM.....	93	BD LANCET ULTRAFINE 33G.....	80	BENICAR HCT.....	32
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM.....	93	BD MICROTAINER LANCETS.....	80	BENTYL.....	138
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM.....	93	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	94	BENZAACLIN.....	55
BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM.....	93	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	94	BENZAACLIN WITH PUMP.....	56
BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM.....	93	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	94	BENZAMYCIN.....	56
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM.....	93	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM.....	94	BENZEFOAM.....	56
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	93	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	94	BENZEFOAM ULTRA.....	56
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16".....	93	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	94	benzonatate.....	55
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	93	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	94	benzoyl peroxide.....	56
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	93	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	94	BENZOYL PEROXIDE CLEANSER.....	56
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	93	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	94	benzoyl peroxide- erythromycin.....	56
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	93			benztropine mesylate.....	40

BILTRICIDE.....	10	butalbital-acetaminophen- caffeine.....	6	carbidopa-levodopa.....	40
bimatoprost.....	132	butalbital-acetaminophen- caffeine w/ codeine.....	8	CARBIDOPA/LEVODOPA/ENTA CAPONE.....	40
bisacodyl.....	75	butalbital-aspirin-caffeine...	6	carbinoxamine maleate.....	28
bisoprolol & hydrochlorothiazide.....	32	butalbital-aspirin-caffeine w/cod.....	8	carboplatin.....	35
bisoprolol fumarate.....	48	butenafine hcl.....	57	CARDIOCOM LANCING DEVICE.....	80
bleomycin sulfate.....	37	butorphanol tartrate.....	9	CARDIZEM.....	48
BLEPH-10.....	130	BUTRANS.....	9	CARDIZEM CD.....	48
BONIVA.....	66	BYDUREON.....	24	CARDIZEM LA.....	48
BOOSTRIX.....	138	BYDUREON BCISE.....	24	CARDURA.....	31
BORTEZOMIB.....	37	BYDUREON PEN.....	24	CAREFINE PEN NEEDLE 32GX4MM.....	94
bosentan.....	50	BYETTA.....	24	CAREFINE PEN NEEDLES 29GX1/2".....	94
BOSULIF.....	37	BYSTOLIC.....	48	CAREFINE PEN NEEDLES 30GX5/16".....	94
BOTOX.....	129	cabergoline.....	69	CAREFINE PEN NEEDLES 31GX6MM.....	94
BP CLEANSING WASH.....	56	CABLIVI.....	73	CAREFINE PEN NEEDLES 31GX8MM.....	94
BRAFTOVI.....	38	CADUET.....	49	CAREFINE PEN NEEDLES 32GX5MM.....	94
BREO ELLIPTA.....	15	CAFERGOT.....	123	CAREFINE PEN NEEDLES 32GX6MM.....	94
BREVICON-28.....	51	CALAN.....	48	CAREONE ADVANCED LANCINGDEVICE.....	80
BRILINTA.....	73	CALAN SR.....	48	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2".....	94
brimonidine tartrate.....	130	calcipotriene.....	60	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16".....	94
BRIVIACT.....	17	calcipotriene-betamethasone dipropionate.....	61	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2".....	94
bromfenac sodium (ophth).....	132	calcitonin (salmon).....	66	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16".....	94
bromocriptine mesylate.....	40	CALCITRIOL.....	60	CAREONE INSULIN SYRINGES/1ML/30G X 1/2".....	94
BROVANA.....	15	calcitriol.....	68	CAREONE INSULIN SYRINGES/1ML/31GX5/16".....	95
budesonide.....	53	calcium acetate (phosphate binder).....	71	CAREONE LANCET THIN.....	80
budesonide (inhalation).....	14	calcium chloride (dihydrate).....	124	CAREONE LANCET ULTRA THIN.....	80
budesonide (nasal).....	129	calcium gluconate.....	124	CAREONE UNIFINE PENTIPS 29GX12MM.....	95
BULLSEYE MINI SAFETY LANCETS.....	80	calcium polycarbophil.....	75	CAREONE UNIFINE PENTIPS 31GX5MM.....	95
BULLSEYE SAFETY LANCETS.....	80	CAMPATH.....	36	CAREONE UNIFINE PENTIPS 31GX6MM.....	95
bumetanide.....	65,66	CAMPTOSAR.....	40	CAREONE UNIFINE PENTIPS 31GX8MM.....	95
BUMEX.....	66	CANASA.....	71	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	95
BUNAVAIL.....	9	CANCIDAS.....	27		
BUPHENYL.....	68	candesartan cilexetil.....	31		
BUPRENEX.....	9	candesartan cilexetil- hydrochlorothiazide.....	32		
buprenorphine.....	9	CAPASTAT SULFATE.....	34		
BUPRENORPHINE.....	9	capecitabine.....	35		
buprenorphine hcl.....	9	CAPRELSA.....	38		
buprenorphine hcl-naloxone hcl dihydrate.....	9	captopril.....	30		
bupropion hcl.....	20	CARAFATE.....	139		
bupropion hcl (smoking deterrent).....	136	CARBAGLU.....	68		
buspirone hcl.....	12	carbamazepine.....	17		
busulfan.....	35	CARBATROL.....	17		
BUSULFEX.....	35	carbidopa.....	40		
butalbital-acetaminophen.....	6				

CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM.....	95	cefadroxil.....	50	CHILDRENS ADVIL.....	4
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM.....	95	cefazolin sodium.....	50	CHILDRENS MOTRIN.....	4
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM.....	95	CEFAZOLIN SODIUM.....	50	CHLORAMPHENICOL SODIUM SUCCINATE.....	11
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	95	cefdinir.....	51	chlordiazepoxide hcl.....	13
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	95	CEFDITOREN PIVOXIL.....	51	chlordiazepoxide hcl-clidinium bromide.....	138
CARESENS LANCETS.....	80	cefepime hcl.....	51	chlorhexidine gluconate (mouth-throat).....	127
CARETOUCH LANCING DEVICEWITH EJECTOR.....	80	cefexime.....	51	CHLOROQUINE PHOSPHATE.....	33
CARETOUCH PEN NEEDLES 31G X 6 MM.....	95	CEFOTAN.....	51	chloroquine phosphate.....	33
CARETOUCH PEN NEEDLES 31GX 5MM.....	95	cefotaxime sodium.....	51	CHLOROTHIAZIDE.....	66
CARETOUCH PEN NEEDLES 31GX 8MM.....	95	CEFOTAXIME SODIUM.....	51	chlorothiazide.....	66
CARETOUCH PEN NEEDLES 32GX 4MM.....	95	CEFOTETAN.....	51	CHLORPROMAZINE HCL.....	43
CARETOUCH PEN NEEDLES 32GX 5MM.....	95	cefotetan disodium.....	51	chlorpromazine hcl.....	43
CARETOUCH SAFETY LANCETS/26G.....	80	cefoxitin sodium.....	51	CHLORPROPAMIDE.....	25
CARETOUCH SAFETY LANCETS/28G.....	80	cefpodoxime proxetil.....	51	chlorthalidone.....	66
CARETOUCH SAFETY LANCETS/30G.....	80	cefprozil.....	51	CHLORZOAZONE.....	128
CARETOUCH TWIST LANCETS 28G.....	80	ceftazidime.....	51	CHOLBAM.....	70
CARETOUCH TWIST LANCETS 30G.....	80	CEFTIBUTEN.....	51	cholecalciferol.....	143
CARETOUCH TWIST LANCETS 33G.....	80	CEFTIN.....	51	cholestyramine.....	29
carisoprodol.....	128	ceftriaxone sodium.....	51	cholestyramine light.....	29
carmustine.....	35	cefuroxime axetil.....	51	CHORIONIC GONADOTROPIN.....	67
carteolol hcl (ophth).....	130	cefuroxime sodium.....	51	CIALIS.....	50
carvedilol.....	47	CELEBREX.....	4	ciclopirox.....	57
CASODEX.....	36	celecoxib.....	4	ciclopirox olamine.....	57
caspofungin acetate.....	27	CELEXA.....	21	cidofovir.....	46
CATAPRES.....	31	CELLCEPT.....	126	cilostazol.....	73
CATAPRES-TTS-1.....	31	CELONTIN.....	20	CILOXAN.....	130
CATAPRES-TTS-2.....	31	cephalexin.....	50	CIMDUO.....	44
CATAPRES-TTS-3.....	31	CEPHALEXIN.....	50	cimetidine.....	138
CAYA.....	77	CERDELGA.....	73	CIMZIA.....	71
CAYSTON.....	12	CEREBYX.....	19	CIMZIA STARTER KIT.....	71
CEDAX.....	51	CEREZYME.....	73	cinacalcet hcl.....	68
cefaclor.....	51	CESAMET.....	26	CINRYZE.....	73
CEFACLOR.....	51	cetirizine hcl.....	28	CIPRO.....	70
		cetirizine-pseudoephedrine.....	55	CIPRO HC.....	132
		CETRAXAL.....	132	CIPRODEX.....	132
		CETROTIDE.....	67	CIPROFLOXACIN.....	70
		cevimeline hcl.....	127	ciprofloxacin.....	70
		CHANTIX.....	136	CIPROFLOXACIN.....	132
		CHANTIX CONTINUING MONTHPAK.....	136	CIPROFLOXACIN HCL.....	70
		CHANTIX STARTING MONTH PAK.....	136	ciprofloxacin hcl.....	70
		CHEK-STIX COMBO PAK URINALYSIS CONTROL.....	64	ciprofloxacin hcl (ophth).....	130
		CHEK-STIX CONTROL.....	64	ciprofloxacin in d5w.....	70
		CHEMET.....	25	CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF.....	132
		CHEMSTRIP-K.....	64		

clonidine.....	31	COMFORT ASSIST INSULIN		CRESEMBA.....	27
clonidine hcl.....	31	SYRINGE/1ML/29G X 1/2"	97	CRESTOR.....	30
clonidine hcl (adhd).....	2	COMFORT ASSIST INSULIN		CRIVIVAN.....	44
clopidogrel bisulfate.....	73	SYRINGE/1ML/30G X		cromolyn sodium.....	13
clorazepate dipotassium.....	13	5/16".....	97	cromolyn sodium (ophth)...	132
CLOSERCARE.....	80	COMFORT ASSIST INSULIN		crotamiton.....	64
clotrimazole.....	127	SYRINGE/1ML/31G X		CUBICIN.....	11
clotrimazole (topical).....	57	5/16".....	97	CUBICIN RF.....	11
clotrimazole vaginal.....	143	COMFORT ASSURED		CUPRIMINE.....	125
clotrimazole w/		LANCETS MICRO THIN		CUTIVATE.....	61
betamethasone.....	57	33G.....	80	CUVITRU.....	133
clozapine.....	42	COMFORT ASSURED		CVS LANCETS 21G.....	80
CLOZAPINE.....	42	LANCETS SUPER THIN		CVS LANCETS MICRO THIN	
clozapine.....	42	28G.....	80	33G.....	80
CLOZAPINE ODT.....	42	COMFORT ASSURED		CVS LANCETS MICRO-THIN	
CLOZARIL.....	42	LANCETS SUPER THIN		33G.....	80
COAGUCHEK LANCETS.....	80	28G.....	80	CVS LANCETS ORIGINAL.....	80
COARTEM.....	33	COMFORT EZ INSULIN		CVS LANCETS THIN 26G.....	80
CODEINE SULFATE.....	6	SYRINGE/U-100/0.5ML/31G X		CVS LANCETS ULTRA THIN	
codeine sulfate.....	6	5/16".....	97	30G.....	80
COGENTIN.....	40	COMFORT EZ INSULIN		CVS LANCETS ULTRA-THIN	
COLACE.....	76	SYRINGE/U-100/1ML/31G X		30G.....	80
COLAZAL.....	71	5/16".....	97	CVS LANCING DEVICE.....	80
colchicine.....	72	COMFORT EZ MICRO/32G X		CVS PRENATAL.....	127
colchicine w/ probenecid.....	72	4MM.....	97	CVS ULTRA THIN	
COLCRYS.....	72	COMFORT EZ SHORT/31G X		LANCETS.....	81
colesevelam hcl.....	29	8MM.....	97	cyanocobalamin.....	73
COLESTID.....	29	COMFORT EZ/31G X		CYCLESSA.....	51
COLESTID FLAVORED.....	29	5MM.....	97	cyclobenzaprine hcl.....	128
colestipol hcl.....	29	COMFORT EZ/31G X		cyclophosphamide.....	35
COLY-MYCIN S.....	132	6MM.....	97	CYCLOPHOSPHAMIDE.....	35
COMBIGAN.....	130	COMFORT LANCETS.....	80	cyclophosphamide.....	35
COMBIVIR.....	44	COMPLERA.....	44	cycloserine.....	34
COMETRIQ.....	38	COMTAN.....	40	CYCLOSET.....	24
COMFORT ASSIST INSULIN		CONCERTA.....	2	cyclosporine.....	126
SYRINGE 0.3ML/29G X 1/2"	96	CONTRAVE.....	2	CYCLOSPORINE	
COMFORT ASSIST INSULIN		COPAXONE.....	135	MODIFIED.....	126
SYRINGE/0.3ML/30G X		COPEGUS.....	46	cyclosporine modified (for	
5/16".....	96	COPIKTRA.....	38	microemulsion).....	126
COMFORT ASSIST INSULIN		CORDRAN.....	61	CYKLOKAPRON.....	74
SYRINGE/0.3ML/31G X		COREG.....	47	CYMBALTA.....	22
5/16".....	96	CORGARD.....	48	cyproheptadine hcl.....	29
COMFORT ASSIST INSULIN		CORLANOR.....	50	CYSTADANE.....	68
SYRINGE/0.5ML/29G X 1/2"	96	CORTEF.....	53	CYSTAGON.....	72
COMFORT ASSIST INSULIN		CORTENEMA.....	10	CYSTARAN.....	132
SYRINGE/0.5ML/30G X		CORTISONE ACETATE.....	53	cytarabine.....	35
5/16".....	96	CORTISPORIN.....	57	CYTOMEL.....	137
COMFORT ASSIST INSULIN		CORTISPORIN-TC.....	132	CYTOTEC.....	139
SYRINGE/0.5ML/31G X		COSENTYX.....	60	CYTOVENE.....	46
5/16".....	97	COSENTYX SENSOREADY			
		PEN.....	60		
		COSMEGEN.....	37		
		COSOPT.....	130		
		COUMADIN.....	16		
		COZAAR.....	31		
		CREON.....	65		

D.H.E. 45.....	123	desloratadine.....	28	diazepam.....	13
dacarbazine.....	39	DESLORATADINE ODT...	28	diazepam (anticonvulsant)...	17
DACOGEN.....	35	desmopressin acetate.....	69	DIAZEPAM RECTAL GEL...	17
dactinomycin.....	37	desmopressin acetate		DIBENZYLINE.....	31
DAKLINZA.....	46	spray.....	69	DICLEGIS.....	27
dalfampridine.....	135	desmopressin acetate spray		DICLOFENAC EPOLAMINE.	57
DALIRESP.....	14	refrigerated.....	69	diclofenac potassium.....	4
danazol.....	10	DESOGEN.....	51	diclofenac sodium.....	4
DANTRIUM.....	129	desogestrel & ethinyl		diclofenac sodium (actinic	
dantrolene sodium.....	129	estradiol.....	51	keratoses).....	59
dapsone.....	11	desogestrel-ethinyl estradiol		diclofenac sodium (ophth)...	132
daptomycin.....	11	(biphasic).....	51	diclofenac sodium (topical)..	57
DARAPRIM.....	33	desogestrel-ethinyl estradiol		diclofenac w/ misoprostol....	4
darifenacin hydrobromide..	140	(triphasic).....	52	dicloxacillin sodium.....	134
DAURISMO.....	36	desonide.....	61	dicyclomine hcl.....	138
DAYPRO.....	4	DESOWEN.....	61	didanosine.....	44
DAYTRANA.....	2	desoximetasone.....	61	DIDANOSINE.....	44
DDAVP.....	68,69	DESOXYN.....	1	DIFFERIN.....	56
DEBACTEROL.....	127	DESQUAM-X WASH.....	56	DIFICID.....	76
decitabine.....	35	desvenlafaxine succinate..	22	DIFLORASONE	
deferasirox.....	26	DETROL.....	140	DIACETATE.....	62
DELESTROGEN.....	69	DETROL LA.....	140	diflorasone diacetate.....	62
DELSTRIGO.....	44	dexamethasone.....	54	DIFLUCAN.....	27
DEMADEX.....	66	DEXAMETHASONE.....	54	diflunisal.....	6
demeclocycline hcl.....	137	dexamethasone.....	54	digoxin.....	49
DEMEROL.....	6	DEXAMETHASONE.....	54	DIGOXIN.....	49
DENAVIR.....	60	DEXAMETHASONE		digoxin.....	49
DEPACON.....	20	INTENSOL.....	54	dihydroergotamine	
DEPAKENE.....	20	dexamethasone sodium		mesylate.....	123
DEPAKOTE.....	20	phosphate.....	54	DILANTIN.....	19
DEPAKOTE ER.....	20	DEXAMETHASONE SODIUM		DILANTIN INFATABS.....	19
DEPEN TITRATABS.....	125	PHOSPHATE.....	131	DILANTIN-125.....	19
DEPO-ESTRADIOL.....	69	DEXCHLORPHENIRAMINE		DILAUDID.....	6
DEPO-MEDROL.....	53	MALEATE.....	28	diltiazem hcl.....	48,49
DEPO-PROVERA		DEXEDRINE.....	1	DILTIAZEM HCL.....	49
CONTRACEPTIVE.....	53	DEXILANT.....	139	diltiazem hcl.....	49
DEPO-SUBQ PROVERA		dexmethylphenidate hcl....	2	diltiazem hcl coated beads..	48
104.....	53	dextroamphetamine sulfate.	1	diltiazem hcl extended release	
DEPO-TESTOSTERONE.....	10	dextrose in lactated		beads.....	49
DERMA-SMOOTH/FS		ringers.....	124	DIOVAN.....	31
BODY.....	61	DIACOMIT.....	17	DIOVAN HCT.....	32
DERMA-SMOOTH/FS		DIAMOX.....	65	DIPENTUM.....	71
SCALP.....	61	DIASTAT ACUDIAL.....	17	diphenhydramine hcl.....	28
DERMACINRX SILAPAK...	61	DIASTAT PEDIATRIC.....	17	diphenoxylate w/ atropine...	25
DERMATOP.....	61	DIATHRIVE LANCETS.....	81	DIPHENOXYLATE/ATROPINE	
DERMOTIC.....	133	DIATHRIVE LANCETS ULTRA		.....	25
DESCOVY.....	44	THIN 30G.....	81	DIPROLENE.....	62
desipramine hcl.....	22	DIATHRIVE LANCING		DIPROLENE AF.....	62
		DEVICE.....	81		
		diazepam.....	13		
		DIAZEPAM.....	13		

dipyridamole	73	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	97	drospirenone-ethinyl estradiol	52
disopyramide phosphate	13	DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	97	drospirenone-ethinyl estradiol- levomefolate calcium	52
disulfiram	134	DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	97	DROXIA	73
DITROPAN XL	140	DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	97	DRUG MART ADJUSTABLE LANCING DEVICE	81
divalproex sodium	20	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	97	DRUG MART LANCETS THIN	81
DIVIGEL	69	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	97	DRUG MART ON-THE-GO LANCETS GENTLE 30G	81
DOCETAXEL	39	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	97	DRUG MART UNIFINE PENTIPS 31GX5MM	98
docetaxel	39	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	97	DRUG MART UNIFINE PENTIPS29G X 12MM	98
DOCETAXEL	39	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	97	DRUG MART UNIFINE PENTIPS31GX6MM	98
docusate calcium	76	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	97	DRUG MART UNIFINE PENTIPS31GX8MM	98
docusate sodium	76	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 15/64"	97	DRUG MART UNIFINE PENTIPS32GX4MM	98
dofetilide	13	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	97	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	98
DOLOPHINE	6	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	97	DRUG MART UNILET LANCETSSUPER THIN 30G	81
donepezil hydrochloride	134	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	97	DRUG MART UNILET LANCETSULTRA THIN 28G	81
DOPTELET	73	DROPLET LANCETS ULTRA THIN 30G	81	DRUG MART UNILET MICRO THIN LANCETS 33G	81
dorzolamide hcl	132	DROPLET LANCING DEVICE	81	DUAC	56
dorzolamide hcl-timolol maleate	130	DROPLET PEN NEEDLES 29GX12MM	98	DUAVEE	69
DOVATO	44	DROPLET PEN NEEDLES 31GX5MM	98	DUETACT	23
DOVONEX	60	DROPLET PEN NEEDLES 31GX6MM	98	DULCOLAX	75
doxazosin mesylate	31	DROPLET PEN NEEDLES 31GX8MM	98	duloxetine hcl	22
doxepin hcl	23	DROPLET PEN NEEDLES 32GX4MM	98	DUPIXENT	63
DOXEPIN HCL	23	DROPLET PEN NEEDLES 32GX5MM	98	DURAGESIC	6
doxepin hcl	23	DROPLET PEN NEEDLES 32GX6MM	98	DUREX EXTRA SENSITIVE	77
doxepin hcl (antipruritic)	59	DROPLET PEN NEEDLES 32GX8MM	98	DUREZOL	131
DOXEPIN HYDROCHLORIDE	59	DROPLET PEN NEEDLES 32GX8MM	98	dutasteride	72
doxercalciferol	68	DROPLET PEN NEEDLES 32GX8MM	98	DUZALLO	72
DOXIL	37	DROPLET PEN NEEDLES 32GX8MM	98	DYAZIDE	65
doxorubicin hcl	37	DROPLET PEN NEEDLES 32GX8MM	98	DYRENIUM	66
doxorubicin hcl liposomal	37	DROPLET PEN NEEDLES 32GX8MM	98	DYSPORT	129
doxycycline (monohydrate)	137	DROPLET PEN NEEDLES 32GX8MM	98	E-Z JECT LANCETS	81
doxycycline hyclate	137	DROPLET PEN NEEDLES 32GX8MM	98	E-Z JECT LANCETS 21G	81
doxylamine-pyridoxine	27	DROPLET PEN NEEDLES 32GX8MM	98	E-Z JECT LANCETS COLOR	81
DRISDOL	143	DROPLET PEN NEEDLES 32GX8MM	98	E-Z JECT LANCETS SUPER THIN 30G	81
dronabinol	27	DROPLET PEN NEEDLES 32GX8MM	98	E-Z JECT LANCETS THIN 26G	81
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	97	DROPLET PEN NEEDLES 32GX8MM	98	E-ZJECT LANCETS MICRO- THIN 33G	81
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	97	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	98	E.E.S. 400	76
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	97	DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	98		
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	97				
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	97				
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	97				
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	97				

E.E.S. GRANULES	76	EASY TOUCH INSULIN		EASY TOUCH LANCETS	
EASY COMFORT INSULIN		SYRINGE/0.5ML/30G X		26G/TWIST	81
SYRINGE/0.5ML/30G X		5/16"	99	EASY TOUCH LANCETS	
5/16"	98	EASY TOUCH INSULIN		28G/PRESSURE	
EASY COMFORT INSULIN		SYRINGE/1ML/30G X		ACTIVATED	81
SYRINGE/0.5ML/31G X		5/16"	99	EASY TOUCH LANCETS	
5/16"	98	EASY TOUCH INSULIN		28G/PULL-TOP	81
EASY COMFORT INSULIN		SYRINGE/SAFETY/U-		EASY TOUCH LANCETS	
SYRINGE/1ML/30G X 5/16"	98	100/0.5ML/29G X 1/2"	99	28G/TWIST	81
EASY COMFORT INSULIN		EASY TOUCH INSULIN		EASY TOUCH LANCETS	
SYRINGE/1ML/31G X 5/16"	98	SYRINGE/SAFETY/U-		30G/BUTTON-ACTIVATED	81
EASY COMFORT INSULIN		100/0.5ML/30G X 5/16"	99	EASY TOUCH LANCETS	
SYRINGE/U-100/0.5ML/30G X		EASY TOUCH INSULIN		30G/PRESSURE	
1/2"	98	SYRINGE/SAFETY/U-		ACTIVATED	81
EASY COMFORT INSULIN		100/1ML/29G X 1/2"	99	EASY TOUCH LANCETS	
SYRINGE/U-100/1ML/30G X		EASY TOUCH INSULIN		30G/PULL-TOP	81
1/2"	98	SYRINGE/SAFETY/U-		EASY TOUCH LANCETS	
EASY COMFORT LANCETS	81	100/1ML/30G X 1/2"	99	30G/TWIST	81
EASY COMFORT LANCETS		EASY TOUCH INSULIN		EASY TOUCH LANCETS	
30G/PULL TOP	81	SYRINGE/U-100/0.3ML/30G X		32G/PRESSURE	
EASY COMFORT LANCETS		1/2"	99	ACTIVATED	81
30G/THIN TOP	81	EASY TOUCH INSULIN		EASY TOUCH LANCETS	
EASY COMFORT LANCETS		SYRINGE/U-100/0.5ML/27G X		32G/PULL-TOP	81
TWIST TOP	81	1/2"	99	EASY TOUCH LANCETS	
EASY COMFORT PEN		EASY TOUCH INSULIN		32G/TWIST	81
NEEDLES31GX1/4"	98	SYRINGE/U-100/0.5ML/28G X		EASY TOUCH LANCETS	
EASY COMFORT PEN		1/2"	99	33G/TWIST	82
NEEDLES31GX3/16"	98	EASY TOUCH INSULIN		EASY TOUCH LANCING	
EASY COMFORT PEN		SYRINGE/U-100/0.5ML/30G X		DEVICE/EJECTOR	82
NEEDLES31GX5/16"	98	1/2"	99	EASY TOUCH PEN NEEDLE	
EASY COMFORT PEN		EASY TOUCH INSULIN		30G X 5/16"	99
NEEDLES32GX5/32"	98	SYRINGE/U-100/0.5ML/31G X		EASY TOUCH PEN NEEDLES	
EASY MINI EJECT LANCING		5/16"	99	29GX1/2"	99
DEVICE	81	EASY TOUCH INSULIN		EASY TOUCH PEN NEEDLES	
EASY MINI LANCING		SYRINGE/U-100/1ML/27G X		31GX1/4"	99
DEVICE	81	1/2"	99	EASY TOUCH PEN NEEDLES	
EASY TOUCH 32GX5MM	98	EASY TOUCH INSULIN		31GX5/16"	99
EASY TOUCH 32GX6MM	98	SYRINGE/U-100/1ML/28G X		EASY TOUCH PEN NEEDLES	
EASY TOUCH FLIPLOCK		1/2"	99	32GX1/4"	99
SAFETY INSULIN SYRINGE		EASY TOUCH INSULIN		EASY TOUCH PEN NEEDLES	
1ML/29GX1/2"	98	SYRINGE/U-100/1ML/29G X		32GX3/16"	99
EASY TOUCH FLIPLOCK		1/2"	99	EASY TOUCH PEN NEEDLES	
SAFETY INSULIN SYRINGE		EASY TOUCH INSULIN		32GX5/32"	99
1ML/30GX1/2"	98	SYRINGE/U-100/1ML/30G X		EASY TOUCH PEN	
EASY TOUCH FLIPLOCK		1/2"	99	NEEDLES/31G X 3/16"	99
SAFETY INSULIN SYRINGE		EASY TOUCH INSULIN		EASY TOUCH SAFETY	
1ML/30GX5/16"	98	SYRINGE/U-100/1ML/31G X		LANCETS21G/PRESSURE	
EASY TOUCH FLIPLOCK		5/16"	99	ACTIVATED	82
SAFETY INSULIN SYRINGE		EASY TOUCH LANCETS		EASY TOUCH SAFETY	
1ML/31GX5/16"	98	21G/PRESSURE		LANCETS23G/PRESSURE	
EASY TOUCH INSULIN		ACTIVATED	81	ACTIVATED	82
SYRINGE/0.3ML/30G X		EASY TOUCH LANCETS		EASY TOUCH SAFETY	
5/16"	98	23G/PRESSURE		LANCETS26G/BUTTON	
EASY TOUCH INSULIN		ACTIVATED	81	ACTIVATED	82
SYRINGE/0.3ML/31G X		EASY TOUCH LANCETS		EASY TOUCH SAFETY	
5/16"	99	26G/PRESSURE		LANCETS26G/PRESSURE	
EASY TOUCH INSULIN		ACTIVATED	81	ACTIVATED	82
SYRINGE/0.5ML/29G X 1/2"	99	EASY TOUCH LANCETS			
		26G/PULL-TOP	81		

EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	82	ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16"	100	ENTOCORT EC	54
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	82	ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2"	100	ENTRESTO	49
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	99	ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16"	100	ENTYVIO	71
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	99	ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16"	100	EPCLUSA	46
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	99	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	100	EPIDIOLEX	17
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	100	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	100	EPIDUO	56
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	100	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2"	100	epinastine hcl (ophth)	132
EASY TWIST & CAP LANCETS	82	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2"	100	epinephrine (anaphylaxis)	143
EASYTEST II LANCETS	82	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16"	100	EPIPEN 2-PAK	143
EASYTEST LANCETS	82	ELIXOPHYLLIN	15	EPIPEN-JR 2-PAK	143
EC-NAPROSYN	4	ELLA	53	epirubicin hcl	37
EC-NAPROXEN	4	ELLECE	37	EPIVIR	44
econazole nitrate	57	ELMIRON	72	EPIVIR HBV	46
EDARBI	31	ELOCON	62	eplerenone	33
EDECIN	66	EMADINE	132	EPOGEN	73
EDURANT	44	EMBEDA	6	epoprostenol sodium	50
efavirenz	44	EMBRACE LANCETS ULTRA THIN 30G	82	EPROSARTAN MESYLATE	31
EFFEXOR XR	22	EMCYT	36	EPZICOM	44
EFFIENT	73	EMEND	27	EQL COLOR LANCETS 21G82	
EFUDEX	59	EMFLAZA	54	EQL COLOR LANCETS MICRO THIN 33G	82
EGRIFTA	67	EMSAM	20	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	100
ELAPRASE	68	EMTRIVA	44	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	100
ELAVIL	23	EMVERM	10	EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	100
ELDEPRYL	41	ENABLEX	140	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	100
ELELYSO	73	enalapril maleate	30	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	100
ELESTAT	132	enalapril maleate & hydrochlorothiazide	32	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	100
ELESTRIN	69	ENBREL	5	EQL INSULIN SYRINGE/1ML/29G X 1/2"	100
eletriptan hydrobromide	123	ENBREL MINI	5	EQL INSULIN SYRINGE/1ML/30G X 5/16"	100
ELEXA NATURAL FEEL	77	ENBREL SURECLICK	5	EQL PRENATAL FORMULA	127
ELEXA STIMULATING	77	enoxaparin sodium	16	EQL SUPER THIN LANCETS 30G	82
ELEXA ULTRA SENSITIVE	77	entacapone	40	EQL THIN LANCETS 26G	82
ELIDEL	63	entecavir	46	EQUETRO	41
ELIGARD	36	ENTEREG	71		
ELIMITE	64				
ELIQUIS	16				
ELIQUIS STARTER PACK	16				

ERAXIS	27	EXALGO	6	famotidine	138
ERBITUX	36	EXEL COMFORT POINT		FAMOTIDINE PREMIXED	138
ergocalciferol	143	INSULIN PEN NEEDLES 29G	29G	FANAPT	42
ERGOLOID MESYLATES	136	X 12MM	100	FANAPT TITRATION PACK	42
ERGOMAR	123	EXEL COMFORT POINT		FANTASY LUBRICATED	77
ergotamine w/ caffeine	123	INSULIN PEN NEEDLES 31G	31G	FANTASY	
ERIVEDGE	36	X 6MM	100	LUBRICATED/SPERMICIDE	
erlotinib hcl	38	EXEL COMFORT POINT			77
ERTACZO	58	INSULIN PEN NEEDLES 31G	31G	FARESTON	36
ertapenem sodium	11	X 8MM	100	FARXIGA	25
ERWINAZE	39	EXEL COMFORT POINT		FASENRA	14
ERYPED 200	76	INSULIN SYRINGE/0.3ML/29G		FASENRA PEN	14
ERYPED 400	76	X 1/2"	100	FASLODEX	36
erythromycin (acne aid)	56	EXEL COMFORT POINT		FAZACLO	42
erythromycin (ophth)	130	INSULIN SYRINGE/0.3ML/30G		FC FEMALE CONDOM	77
erythromycin base	76	X 5/16"	100	febuxostat	72
erythromycin ethylsuccinate	76	EXEL COMFORT POINT		felbamate	19
ERYTHROMYCIN		INSULIN SYRINGE/0.5ML/28G		FELBATOL	19
ETHYLSUCCINATE	76	X 1/2"	100	FELDENE	5
escitalopram oxalate	21	EXEL COMFORT POINT		felodipine	49
ESGIC	6	INSULIN SYRINGE/0.5ML/30G		FEMARA	36
esomeprazole magnesium	139	X 5/16"	100	FEMCAP	77
estazolam	75	EXEL COMFORT POINT		FEMHRT LOW DOSE	69
ESTRACE	69	INSULIN SYRINGE/1ML/28G X		FEMRING	143
estradiol	69,70	1/2"	101	fenofibrate	29
estradiol vaginal	143	EXEL COMFORT POINT		fenofibrate micronized	29
estradiol valerate	70	INSULIN SYRINGE/1ML/29G X		fenopropfen calcium	5
ESTROGEL	70	1/2"	101	fentanyl	6
ESTROPIPATE	70	EXEL COMFORT POINT		fentanyl citrate	6
ESTROSTEP FE	52	INSULIN SYRINGE/1ML/30G X		FER-IN-SOL	74
eszopiclone	75	5/16"	101	FERRIPROX	26
ethacrynic acid	66	EXELDERM	58	ferrous fumarate-folic acid	74
ethambutol hcl	34	exemestane	36	ferrous sulfate	74
ethosuximide	20	EXFORGE	32	FETZIMA	22
ethynodiol diacet & eth		EXFORGE HCT	32	FETZIMA TITRATION PACK	22
estrad	52	EXJADE	26	fexofenadine hcl	28
ETIDRONATE DISODIUM	66	EXTAVIA	135	fexofenadine-pseudoephedrine	55
etodolac	4	EZ SMART BLOOD GLUCOSE		FIASP	24
ETOPOPHOS	40	LANCETS	82	FIASP FLEXTOUCH	24
ETOPOSIDE	40	EZ-LETS LANCETS 21G	82	FIBERCON	75
etoposide	40	EZ-LETS LANCETS 23G	82	FIFTY50 PEN NEEDLES 31G	
EUCRISA	64	EZ-LETS LANCETS 26G		X3/16" (5MM)	101
EURAX	64	ULTRA-SOFT	82	FIFTY50 PEN NEEDLES 31G	
EVAMIST	70	EZ-LETS LANCETS 28G		X5/16" (8MM)	101
EVISTA	68	EXELDERM	58	FIFTY50 PEN NEEDLES	
EVOCLIN	56	ezetimibe	30	31GX5MM	101
EVOXAC	127	ezetimibe-simvastatin	29	FIFTY50 PEN	
		FABRAZYME	68	NEEDLES/31GX8MM	101
		FALESSA	52		
		famciclovir	47		

FIFTY50 PEN		FLUARIX QUADRIVALENT		flutamide	36
NEEDLES/32GX4MM	101	2017-2018	141	fluticasone propionate	62
FIFTY50 PEN		FLUARIX QUADRIVALENT		fluticasone propionate	
NEEDLES/32GX6MM	101	2018-2019	141	(nasal)	129
FIFTY50 SAFETY SEAL		FLUARIX QUADRIVALENT		fluticasone-salmeterol	15
LANCETS 30G	82	2019-2020	141	fluvastatin sodium	30
FIFTY50 SAFETY SEAL		FLUBLOK 2017-2018	141	FLUVIRIN 2015-2016	142
LANCETS 32G	82	FLUBLOK QUADRIVALENT		FLUVIRIN 2017-2018	142
FIFTY50 SUPERIOR		2017-2018	141	fluvoxamine maleate	21
COMFORTINSULIN		FLUBLOK QUADRIVALENT		FLUZONE HIGH-DOSE PF 2017-	
SYRINGE/0.3ML/31G X		2018-2019	141	2018	142
5/16"	101	FLUBLOK QUADRIVALENT		FLUZONE HIGH-DOSE PF 2018-	
FIFTY50 SUPERIOR		2019-2020	141	2019	142
COMFORTINSULIN		FLUCELVAX QUADRIVALENT		FLUZONE HIGH-DOSE PF 2019-	
SYRINGE/0.5ML/31G X		2017-2018	141	2020	142
5/16"	101	FLUCELVAX QUADRIVALENT		FLUZONE INTRADERMAL	
FIFTY50 SUPERIOR		2018-2019	141	QUADRIVALENT 2017-	
COMFORTINSULIN		FLUCELVAX QUADRIVALENT		2018	142
SYRINGE/1ML/31G X		2019-2020	141	FLUZONE QUADRIVALENT	
5/16"	101	fluconazole	27	2017-2018	142
FIFTY50 UNILET LANCETS		flucytosine	27	FLUZONE QUADRIVALENT	
33G	82	fludarabine phosphate	35	2018-2019	142
FINACEA	64	fludrocortisone acetate	54	FLUZONE QUADRIVALENT	
finasteride	72	FLULAVAL QUADRIVALENT		2019-2020	142
FINE 30	82	2017-2018	142	FLUZONE QUADRIVALENT	
FINGERSTIX LANCETS	82	FLULAVAL QUADRIVALENT		2019-2020	142
FIORICET	6	2018-2019	142	FML	131
FIORICET/CODEINE	8	FLULAVAL QUADRIVALENT		FML FORTE	131
FIORINAL	6	2019-2020	142	FML LIQUIFILM	131
FIORINAL/CODEINE #3	8	FLUMADINE	47	FOCALIN	2
FIRAZYR	72	FLUMIST		FOCALIN XR	2
FIRDAPSE	34	QUADRIVALENT	142	folic acid	73
FIRMAGON	36	FLUNISOLIDE	129	FOLOTYN	36
FIRVANQ	11	fluocinolone acetonide	62	fondaparinux sodium	16
FLAGYL	10	fluocinolone acetonide		FORA GTEL BLOOD KETONE	
flavoxate hcl	140	(otic)	133	TEST STRIPS	64
flecainide acetate	13	fluocinonide	62	FORA LANCETS	82
FLECTOR	57	fluocinonide emulsified		FORA LANCING DEVICE	82
FLOLAN	50	base	62	FORA LANCING	
FLOMAX	72	fluorometholone (ophth)	131	DEVICE/CLEARCAP	82
FLONASE ALLERGY		fluorouracil	35	FORTEO	66
RELIEF	129	fluorouracil (topical)	59	FOSAMAX	66
FLONASE ALLERGY RELIEF		FLUOXETINE	136	FOSAMAX PLUS D	66
CHILDRENS	129	fluoxetine hcl	21	fosamprenavir calcium	44
FLOVENT DISKUS	14	FLUOXETINE		fosinopril sodium	30
FLOVENT HFA	14	HYDROCHLORIDE	21	fosinopril sodium &	
FLOWTUSS	55	FLUPHENAZINE HCL	43	hydrochlorothiazide	32
FLOXIN OTIC	132	fluphenazine hcl	43	fosphenytoin sodium	19
floxuridine	35	FLUPHENAZINE HCL	43	FOSRENOL	71
FLUAD 2017-2018	141	FLUPHENAZINE		FRAGMIN	16
FLUAD 2018-2019	141	HYDROCHLORIDE	43	FREDS PHARMACY AUTOLET	
FLUAD 2019-2020	141	flurandrenolide	62	LANCING DEVICE	82
		flurbiprofen	5		
		flurbiprofen sodium	132		

FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	101	GANIRELIX ACETATE	67	GILOTRIF	38
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	101	gatifloxacin (ophth)	130	glatiramer acetate	135
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	101	gemcitabine hcl	36	GLEEVEC	38
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	82	gemfibrozil	30	GLEOSTINE	35
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	82	GEMZAR	36	glimepiride	25
FREESTYLE LANCETS	82	GENERESS FE	52	glipizide	25
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	101	GENOTROPIN	67	glipizide-metformin hcl	23
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	101	GENOTROPIN MINIQUICK	67	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	101
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	101	gentamicin in saline	3	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	101
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16"	101	gentamicin sulfate	3	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	101
FREESTYLE UNISTICK II LANCETS	82	gentamicin sulfate (ophth)	130	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	101
FROVA	123	gentamicin sulfate (topical)	57	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	101
frovatriptan succinate	123	GENTEEL BUTTERFLY TOUCH LANCETS	82	GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	101
FULPHILA	73	GENTEEL LANCING DEVICE/BUFF BLACK	82	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	101
fulvestrant	37	GENTEEL LANCING DEVICE/BUTTERFLY BLUE	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	101
FULVESTRANT	37	GENTEEL LANCING DEVICE/GLORIOUS GOLD	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	102
FURADANTIN	139	GENTEEL LANCING DEVICE/PLAYFUL PURPLE	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	102
furosemide	66	GENTEEL LANCING DEVICE/PRINCESS PINK	83	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	102
FUROSEMIDE	66	GENTEEL LANCING DEVICE/STATELY SILVER	83	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	102
FUZEON	44	GENTEEL LANCING DEVICE/WILLOWY WHITE	83	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	102
FYCOMPA	17	GENTLE-LET GP LANCETS	83	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	102
gabapentin	18	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	83	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	102
GABITRIL	19	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	83	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	102
GALAFOLD	68	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	83	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	102
galantamine hydrobromide	134	GENVOYA	44	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	102
GALANTAMINE HYDROBROMIDE	134	GEODON	41		
galantamine hydrobromide	135	GILENYA	135		
GAMMAGARD LIQUID	133				
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	133				
GAMMAKED	133				
GAMUNEX-C	133				
ganciclovir sodium	46				
ganirelix acetate	67				

GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	102	GLUCOTROL	25	GNP LANCETS MICRO THIN 33G	83
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	102	GLUCOTROL XL	25	GNP LANCETS SUPER THIN 30G	83
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	102	GLUCOVANCE	23	GNP LANCETS THIN	83
GLOBAL INJECT EASE LANCETS 28G	83	glyburide	25	GNP LANCETS THIN 26G	83
GLOBAL INJECT EASE LANCETS 30G	83	glyburide micronized	25	GNP MICRO THIN LANCETS 33G	83
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	102	glyburide-metformin	23	GNP PRENATAL	127
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	102	glycine (gu irrigant)	72	GNP SUPER THIN LANCETS/30G	83
GLOBAL LANCING DEVICE	83	glycopyrrolate	138	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	103
GLUCAGEN DIAGNOSTIC	64	GLYNASE	25	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT	103
GLUCAGEN HYPOKIT	24	GLYSET	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT	103
GLUCAGON EMERGENCY KIT	24	GLYXAMBI	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	103
GLUCOCOM LANCETS 28G	83	GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16"	102	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	103
GLUCOCOM LANCETS 30G	83	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT	103
GLUCOCOM LANCETS 33G	83	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT	103
GLUCOPHAGE	24	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT	103
GLUCOPHAGE XR	24	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	103
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	102	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	103
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	102	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT	103
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	102	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT	103
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	102	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	103	GOLYTELY	75
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	102	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	103	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	103
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	102	GNP INSULIN SYRINGE/1ML/28G X 1/2"	103	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	83
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	102	GNP INSULIN SYRINGE/1ML/29G X 1/2"	103	GOODSENSE LANCETS MICRO-THIN 33G	83
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	102	GNP INSULIN SYRINGE/1ML/30G X 5/16"	103	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	83
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	102	GNP LANCETS	83		
		GNP LANCETS 21G	83		

GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	83	H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	83	HEALTHWISE PEN NEEDLES 29GX12MM.....	104
GOODSENSE LANCETS ULTRA-THIN 30G.....	83	H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	104	HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	104
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL.....	83	HAEGARDA.....	73	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16".....	104
GOODSENSE LANCING DEVICE.....	83	HAEMOLANCE.....	83	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16".....	104
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16".....	103	HAEMOLANCE LOW FLOW LANCETS.....	83	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	104
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16".....	103	HAEMOLANCE PLUS.....	84	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....	84
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4".....	104	HAEMOLANCE PLUS HIGH FLOW.....	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM.....	104
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32".....	104	HAEMOLANCE PLUS LOW FLOW.....	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM.....	104
GOODSENSE PRENATAL VITAMINS.....	127	HAEMOLANCE PLUS MAX FLOW.....	84	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM.....	104
granisetron hcl.....	26	HAEMOLANCE PLUS PEDIATRIC FLOW.....	84	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	104
GRASTEK.....	3	HALAVEN.....	40	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	104
GRIS-PEG.....	27	halcinonide.....	62	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	84
griseofulvin microsize.....	27	HALCION.....	75	HECTOROL.....	68
griseofulvin ultramicrosize.....	27	HALDOL.....	42	HEMANGEOL.....	48
guanfacine hcl.....	31	HALDOL DECANOATE 100.....	42	heparin sodium (porcine).....	16
guanfacine hcl (adhd).....	2	HALDOL DECANOATE 50.....	42	HEPARIN SODIUM/NACL 0.45%.....	16
GUANIDINE HCL.....	34	halobetasol propionate.....	62	HEPSERA.....	46
GYNAZOLE-1.....	143	HALOG.....	62	HERCEPTIN.....	36
GYNE-LOTRIMIN.....	143	haloperidol.....	42	HETLIOZ.....	75
H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	104	haloperidol decanoate.....	42	HEXALEN.....	35
H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....	104	haloperidol lactate.....	42	HIPREX.....	139
H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	104	HARVONI.....	46	HIZENTRA.....	133
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	104	HEALTH CARE LANCING DEVICE.....	84	HM PRENATAL.....	127
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	104	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	104	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	104
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....	104	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	104	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	105
H-E-B INCONTROL ADVANCEDLANCING DEVICE.....	83	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	104	HM ULTICARE SHORT PEN NEEDLES 31GX8MM.....	105
H-E-B INCONTROL LANCETS MICRO THIN 33G.....	83	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	104	HORIZANT.....	136
H-E-B INCONTROL LANCETS SUPER THIN 30G.....	83	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104	HUMATROPE.....	67
		HEALTHWISE MICRON PEN NEEDLES/32G X 5/32".....	104	HUMATROPE COMBO PACK.....	67
		HEALTHWISE MINI PEN NEEDLES 31GX6MM.....	104		

HUMIRA.....	4	IDAMYCIN PFS.....	37	INSULIN SYRINGE/1ML/28G X	
HUMIRA PEDIATRIC CROHNS		idarubicin hcl.....	37	1/2".....	105
DISEASE STARTER PACK...	3	IFEX.....	35	INSULIN SYRINGE/1ML/29G X	
HUMIRA PEN.....	3	ifosfamide.....	35	1/2".....	105
HUMIRA PEN-CD/UC/HS		ILARIS.....	4	INSULIN SYRINGE/1ML/30G X	
STARTER.....	3	ILEVRO.....	132	5/16".....	105
HUMIRA PEN-PS/UV		ILUMYA.....	60	INSULIN SYRINGE/NEEDLE	
STARTER.....	3	imatinib mesylate.....	38	0.3ML/30G X 5/16".....	105
HUMULIN R U-500		IMBRUVICA.....	38	INSULIN SYRINGE/NEEDLE	
(CONCENTRATED).....	24	imipenem-cilastatin.....	11	0.3ML/31G X 5/16".....	105
HUMULIN R U-500		imipramine hcl.....	23	INSULIN SYRINGE/NEEDLE	
KWIKPEN.....	24	imipramine pamoate.....	23	0.5ML/29G X 1/2".....	105
HY-VEE LANCETS.....	84	imiquimod.....	63	INSULIN SYRINGE/NEEDLE	
HY-VEE THIN LANCETS.....	84	IMITREX.....	123,124	1ML/29G X 1/2".....	105
HYCAMTIN.....	40	IMITREX STATDOSE		INSULIN SYRINGE/NEEDLE	
hydralazine hcl.....	33	REFILL.....	123	1ML/30G X 5/16".....	105
HYDREA.....	39	IMITREX STATDOSE		INSULIN SYRINGE/NEEDLE	
hydrochlorothiazide.....	66	SYSTEM.....	123	1ML/31G X 5/16".....	105
HYDROCODONE		IMODIUM A-D.....	25	INSULIN SYRINGE/U-	
BITARTRATE/GUAIFENESIN		IMPAVIDO.....	10	100/0.3ML/29G X 1/2".....	105
.....	55	IMURAN.....	126	INSULIN SYRINGE/U-	
hydrocodone-acetaminophen	8	IN TOUCH LANCING		100/0.5ML/28G X 1/2".....	105
hydrocodone-ibuprofen.....	9	DEVICE.....	84	INSULIN SYRINGE/U-	
hydrocortisone.....	54	IN TOUCH STERILE		100/0.5ML/29G X 1/2".....	105
hydrocortisone (intrarectal)...	10	LANCETS30G.....	84	INSULIN SYRINGE/U-	
hydrocortisone (rectal).....	10	INCRELEX.....	68	100/1ML/28G X 1/2".....	105
hydrocortisone (topical).....	62	INCRUSE ELLIPTA.....	14	INSULIN SYRINGE/U-	
hydrocortisone acetate		indapamide.....	66	100/1ML/29G X 1/2".....	105
(rectal).....	10	INDERAL LA.....	48	INSULIN SYRINGE/U-	
hydrocortisone butyrate.....	62	indomethacin.....	5	100/1ML/30G X 5/16".....	105
hydrocortisone valerate.....	62	INFLECTRA.....	71	INSULIN SYRINGE/U-	
hydrocortisone w/acetic		INLYTA.....	38	100/1ML/31G X 5/16".....	105
acid.....	133	INSPRA.....	33	INSULIN	
hydromorphone hcl.....	6,7	INSULIN SYRINGE/0.3ML/29G		SYRINGES/0.5ML/27GX1/2"	
HYDROMORPHONE		X 1".....	105	.....	105
HYDROCHLORIDE.....	7	INSULIN SYRINGE/0.3ML/29G		INSULIN	
hydroxychloroquine sulfate...	34	X 1/2".....	105	SYRINGES/0.5ML/28GX1/2"	
hydroxyurea.....	39	INSULIN SYRINGE/0.3ML/30G		.....	105
hydroxyzine hcl.....	12	X 5/16".....	105	INSULIN	
HYDROXYZINE PAMOATE.....	13	INSULIN SYRINGE/0.3ML/31G		SYRINGES/0.5ML/29GX1/2"	
hydroxyzine pamoate.....	13	X 5/16".....	105	.....	106
HYPER-SAL.....	55	INSULIN SYRINGE/0.3ML/31G		INSULIN	
HYPERSAL.....	55	X 5/16".....	105	SYRINGES/0.5ML/30GX5/16"	
HYQVIA.....	133	INSULIN SYRINGE/0.5ML/27G		.....	106
HYZAAR.....	32	X 1/2".....	105	INSULIN	
ibandronate sodium.....	66	INSULIN SYRINGE/0.5ML/28G		SYRINGES/0.5ML/31GX	
IBUDONE.....	9	X 1/2".....	105	5/16".....	106
ibuprofen.....	5	INSULIN SYRINGE/0.5ML/30G		INSULIN	
icatibant acetate.....	72	X 1/2".....	105	SYRINGES/0.5ML/31GX5/16"	
ICLUSIG.....	38	INSULIN SYRINGE/0.5ML/30G		.....	106
		X 5/16".....	105	INSULIN	
		INSULIN SYRINGE/0.5ML/31G		SYRINGES/1ML/27GX1/2"	
		X 5/16".....	105	.....	106
				INSULIN	
				SYRINGES/1ML/27GX1/2"	
				.....	106

INSULIN			
SYRINGES/1ML/28GX1/2"	106		
INSULIN			
SYRINGES/1ML/29GX1/2"	106		
INSULIN			
SYRINGES/1ML/30GX1/2"	106		
INSULIN			
SYRINGES/1ML/31GX5/16"			
	106		
INSUPEN 29G X 12MM	106		
INSUPEN 31G X 5MM	106		
INSUPEN 31G X 8MM	106		
INSUPEN 32G X 4MM	106		
INSUPEN PEN NEEDLES 32G			
X4MM	106		
INSUPEN SENSITIVE			
32GX6MM	106		
INSUPEN ULTRAFIN			
29GX12MM	106		
INSUPEN ULTRAFIN			
30GX8MM	106		
INSUPEN ULTRAFIN			
31GX6MM	106		
INSUPEN ULTRAFIN			
31GX8MM	106		
INTELENCE	44		
INTRON A	39		
INTRON A W/DILUENT	39		
INTUNIV	2		
INVANZ	11		
INVEGA	42		
INVIRASE	44		
INVOKAMET	23		
INVOKANA	25		
IONOSOL-MB/DEXTROSE			
5%	124		
IOPIDINE	130		
ipratropium bromide	14		
ipratropium bromide (nasal)	129		
ipratropium-albuterol	15		
irbesartan	31		
irbesartan-hydrochlorothiazide			
	32		
irinotecan hcl	40		
irrigation solutions,			
physiological	126		
ISENTRESS	44		
ISENTRESS HD	44		
ISOLYTE-P/DEXTROSE			
5%	125		
ISOLYTE-S	125		
ISONIAZID	34		
isoniazid	34		
ISOPTO CARPINE	130		
ISORDIL TITRADOSE	12		
isosorbide dinitrate	12		
ISOSORBIDE DINITRATE			
ER	12		
isosorbide mononitrate	12		
isotretinoin	56		
isradipine	49		
ISTODAX (OVERFILL)	38		
itraconazole	27		
ivermectin	10		
IXEMPRA KIT	40		
JADENU	26		
JADENU SPRINKLE	26		
JAKAFI	38		
JANUMET	23		
JANUMET XR	23		
JANUVIA	24		
JARDIANCE	25		
JENTADUETO	23		
JENTADUETO XR	23		
JEVTANA	40		
JUBLIA	58		
JULUCA	44		
JYNARQUE	69		
K-TAB	125		
KADIAN	7		
KALETRA	44		
KALYDECO	136		
KAMELEON			
LUBRICATED	77		
KAPVAY	2		
KCL 0.3%/D5W/NACL			
0.9%	125		
KEFLEX	50		
KENALOG-40	54		
KEPIVANCE	39		
KEPPRA	18		
KEPPRA XR	18		
KERYDIN	58		
ketoconazole	27		
ketoconazole (topical)	58		
KETONE	65		
KETONE TEST STRIPS	65		
ketoprofen	5		
ketorolac tromethamine	5		
ketorolac tromethamine			
(ophth)	132		
KETOSTIX	65		
ketotifen fumarate (ophth)	132		
KEVEYIS	65		
KEVZARA	4		
KIMONO COLORS	77		
KIMONO LUBRICATED	77		
KIMONO MICRO THIN PLUS			
SPERMICIDE LUBRICATED	77		
KIMONO PLUS SPERMICIDE			
LUBRICATED	77		
KIMONO PLUS			
SPERMICIDE/LUBRICATED			
	77		
KIMONO PS LUBRICATED	77		
KIMONO PS PLUS			
SPERMICIDE/LUBRICATED			
	77		
KIMONO SENSATION			
LUBRICATED	77		
KIMONO SENSATION PLUS			
SPERMICIDE LUBRICATED	77		
KIMONO SPECIAL	77		
KINERET	4		
KINNEY LANCETS	84		
KINNEY THIN LANCETS	84		
KINRAY INSULIN SYRINGE			
PREFERRED PLUS/0.3ML/31G			
X 5/16"	106		
KINRAY INSULIN SYRINGE			
PREFERRED PLUS/0.5ML/31G			
X 5/16"	106		
KINRAY INSULIN SYRINGE			
PREFERRED PLUS/1ML/31G X			
5/16"	106		
KINRAY INSULIN			
SYRINGE/0.5ML/29G X			
1/2"	106		
KLARITY-A	130		
KLARON	56		
KLONOPIN	17		
KLOR-CON M15	125		
KMART VALU PLUS INSULIN			
SYRINGE/1ML/29G	106		
KMART VALU PLUS INSULIN			
SYRINGE/1ML/30G	106		
KP PRENATAL			
MULTIVITAMINS	127		
KRINTAFEL	34		
KROGER AUTOLET LANCING			
DEVICE	84		
KROGER INSULIN			
SYRINGE/0.3ML/29G X			
1/2"	106		

KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	106	LAC-HYDRIN TWELVE	63	LANCETS ULTRA THIN 30G	84
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	106	LACRISERT	130	LANCETS BULLSEYE SAFETY	84
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	106	lactated ringer's	125	LANCING DEVICE	85
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	106	lactated ringer's (irrigation)	126	LANCING DEVICE ADJUSTABLE	84
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	106	LACTATED RINGERS VIAFLEX	125	LANOXIN	49
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	106	lactic acid (ammonium lactate)	63	lansoprazole	139
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	107	lactulose	75	lanthanum carbonate	71
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	107	lactulose (encephalopathy)	71	LANZO	85
KROGER LANCETS	84	LAMICTAL	18	LASIX	66
KROGER LANCETS 21G	84	LAMICTAL CHEWABLE DISPERSIBLE	18	latanoprost	132
KROGER LANCETS MICRO THIN 33G	84	LAMICTAL ODT	18	LATUDA	41
KROGER LANCETS SUPER THIN	84	LAMISIL	27	LEADER ADVANCED LANCING DEVICE	85
KROGER LANCETS THIN	84	lamivudine	44	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	107
KROGER LANCETS THIN 26G	84	lamivudine (hbv)	46	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	107
KROGER LANCETS ULTRATHIN 30G	84	lamivudine-zidovudine	44	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	107
KROGER LANCING DEVICE	84	lamotrigine	18	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	107
KROGER PEN NEEDLES 29G X12MM	107	LANCET DEVICE ADJUSTABLE	84	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	107
KROGER PEN NEEDLES 31G X8MM	107	LANCET DEVICE WITH EJECTOR	84	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	107
KROGER PEN NEEDLES 31GX1/4"	107	LANCETS	84	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	107
KROGER PEN NEEDLES/31G X1/4"	107	LANCETS 26G TWIST TOP	84	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	107
KROGER PEN NEEDLES/31G X3/16"	107	LANCETS 28G	84	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	107
KROGER PEN NEEDLES/31G X5/16"	107	LANCETS 30G	84	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	107
KROGER PEN NEEDLES/32G X5/32"	107	LANCETS 30G TWIST TOP	84	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	107
KRYSTEXXA	72	LANCETS 30G/TWIST TOP	84	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	107
KUVAN	68	LANCETS 31G TWIST TOP	84	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	107
KYLEENA	53	LANCETS 33G UNIVERSAL DESIGN	84	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	107
KYPROLIS	38	LANCETS MICRO THIN 33G	84	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	107
labetalol hcl	48	LANCETS SAFETY SEAL 21G	84	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	107
LAC-HYDRIN	63	LANCETS SAFETY SEAL 26G	84	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	107
		LANCETS SAFETY SEAL 28G	84	LEADER UNIFINE PENTIPS/NANO/32GX5/32"	107
		LANCETS SAFETY SEAL 30G	84		
		LANCETS SUPER THIN 28G	84		
		LANCETS THIN	84		
		LANCETS TWIST TOP	84		
		LANCETS ULTRA FINE	84		
		LANCETS ULTRA THIN	84		

LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	107	LIBRAX.....	138	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	108
LEDIPASVIR/SOFOSBUVIR	46	lidocaine.....	64	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	108
leflunomide.....	5	LIDOCAINE HCL.....	127	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	108
LENVIMA 10 MG DAILY DOSE.....	38	lidocaine hcl (local anesth.).....	76	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	108
LENVIMA 14 MG DAILY DOSE.....	38	lidocaine hcl (mouth- throat).....	127	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	108
LENVIMA 20 MG DAILY DOSE.....	38	lidocaine-prilocaine.....	64	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	108
LENVIMA 24 MG DAILY DOSE.....	38	LIDODERM.....	64	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	108
LETAIRIS.....	50	LIFESCAN UNISTIK 2 DEEP PENETRATION.....	85	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	108
letrozole.....	37	LIFESCAN UNISTIK II		LITETOUCH LANCETS MICRO THIN 33G.....	85
leucovorin calcium.....	39	LANCETS.....	85	LITETOUCH PEN NEEDLES 29GX12.7MM.....	108
LEUCOVORIN CALCIUM.....	39	LILETTA.....	53	LITETOUCH PEN NEEDLES 31G X 6MM.....	108
leucovorin calcium.....	39	LINCOCIN.....	12	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT.....	108
LEUKERAN.....	35	lincomycin hcl.....	12	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	108
LEUKINE.....	74	LINDANE.....	64	LITETOUCH PEN NEEDLES/31G X 3/16".....	108
leuprolide acetate.....	37	linezolid.....	12	LITETOUCH PEN NEEDLES/31G X 5MM/MINI.....	108
levabuterol hcl.....	15	LINZESS.....	71	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT.....	108
levabuterol tartrate.....	15	liothyronine sodium.....	137	LITHIUM.....	41
LEVAQUIN.....	70	LIPITOR.....	30	lithium carbonate.....	41
LEVEMIR.....	24	lisinopril.....	30	LITHIUM CARBONATE.....	41
LEVEMIR FLEXTOUCH.....	24	lisinopril & hydrochlorothiazide.....	32	lithium carbonate.....	41
levetiracetam.....	18	LITE TOUCH LANCETS.....	85	LITHOBID.....	41
levobunolol hcl.....	130	LITE TOUCH LANCING PEN.....	85	LIVALO.....	30
levocetirizine dihydrochloride	28	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI.....	107	LIVE BETTER ADVANCED LANCING DEVICE.....	85
levofloxacin.....	70	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2".....	107	LIVE BETTER LANCET SUPERTHIN 30G.....	85
levofloxacin (ophth).....	130	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	107	LIVE BETTER LANCET ULTRATHIN 28G.....	85
levofloxacin in d5w.....	70	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	107	LO LOESTRIN FE.....	52
levonorgestrel & eth estradiol.....	52	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	107	LOCOID.....	62
levonorgestrel (emergency oc).....	53	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	107		
levonorgestrel-eth estradiol (triphasic).....	52	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	108		
levonorgestrel-ethinyl estradiol (91-day).....	52	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	108		
levonorgestrel-ethinyl estradiol (continuous).....	52	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	108		
levorphanol tartrate.....	7				
levothyroxine sodium.....	137				
LEXAPRO.....	21				
LEXIVA.....	44				
LIALDA.....	71				
LIBERTY MEDICAL LANCETS 30G.....	85				
LIBERTY MINI LANCING DEVICE.....	85				

LODINE.....	5	LULICONAZOLE.....	58	MARATHON MEDICAL	
LODOSYN.....	40	LUMIGAN.....	132	PENTIPS29GX12MM.....	108
LOESTRIN 1.5/30-21.....	52	LUMIZYME.....	68	MARATHON MEDICAL	
LOESTRIN 1/20-21.....	52	LUNESTA.....	75	PENTIPS31GX5MM.....	108
LOESTRIN FE 1.5/30.....	52	LUPANETA PACK.....	68	MARATHON MEDICAL	
LOESTRIN FE 1/20.....	52	LUPRON DEPOT (1-		PENTIPS31GX8MM.....	109
LOMOTIL.....	25	MONTH).....	37	MARATHON MEDICAL	
LONGS INSULIN		LUPRON DEPOT (3-		PENTIPS32GX4MM.....	109
SYRINGE/0.5ML/31G X		MONTH).....	37	MARINOL.....	27
5/16".....	108	LUPRON DEPOT (4-		MARPLAN.....	20
LONGS LANCETS		MONTH).....	37	MATULANE.....	39
STANDARD.....	85	LUPRON DEPOT (6-		MAVENCLAD.....	135
LONGS LANCETS THIN.....	85	MONTH).....	37	MAVYRET.....	46
LONGS LANCETS ULTRA		LUPRON DEPOT-PED (1-		MAXALT.....	124
THIN.....	85	MONTH).....	68	MAXALT-MLT.....	124
loperamide hcl.....	25	LUPRON DEPOT-PED (3-		MAXI-COMFORT INSULIN	
LOPID.....	30	MONTH).....	68	SYRINGE/U-	
lopinavir-ritonavir.....	44	LUXIQ.....	62	100/0.5ML/28GX1/2".....	109
LOPRESSOR.....	48	LUZU.....	58	MAXI-COMFORT INSULIN	
LOPRESSOR HCT.....	32	LYNPARZA.....	38	SYRINGE/U-100/1ML/28GX1/2"	
LOPROX.....	58	LYRICA.....	18	.....	109
LOPROX SHAMPOO.....	58	LYRICA CR.....	136	MAXI-COMFORT SAFETY PEN	
loratadine.....	28	LYSODREN.....	37	NEEDLE/29G X 5/16".....	109
loratadine &		LYSTEDA.....	74	MAXICOMFORT II PEN	
pseudoephedrine.....	55	M-M-R II.....	142	NEEDLES/31G X 1/4".....	109
lorazepam.....	13	M-NATAL PLUS.....	127	MAXICOMFORT INSULIN	
LORBRENA.....	38	M-VIT.....	127	SYRINGES 27G X 1/2".....	109
LORTAB.....	9	MACROBID.....	140	MAXIDEX.....	131
losartan potassium.....	31	MACRODANTIN.....	140	MAXIPIME.....	51
losartan potassium &		mafenide acetate.....	60	MAXITROL.....	131
hydrochlorothiazide.....	32	MAGELLAN INSULIN SAFETY		MAXX LUBRICATED.....	77
LOSEASONIQUE.....	52	SYRINGE/U-100/0.3ML/29G X		MAXX PLUS SPERMICIDE	
LOTEMAX.....	131	1/2".....	108	LUBRICATED.....	77
LOTENSIN.....	30	MAGELLAN INSULIN SAFETY		MAXZIDE.....	65
LOTENSIN HCT.....	32	SYRINGE/U-100/0.3ML/30G X		MAXZIDE-25.....	65
loteprednol etabonate.....	131	5/16".....	108	meclizine hcl.....	26
LOTREL.....	32	MAGELLAN INSULIN SAFETY		MECLOFENAMATE SODIUM 5	
LOTRIMIN AF.....	58	SYRINGE/U-100/0.5ML/29G X		MEDIC INSULIN	
LOTRIMIN AF FOR HER.....	58	1/2".....	108	SYRINGE/0.3ML/30G X	
LOTRIMIN AF JOCK ITCH.....	58	MAGELLAN INSULIN SAFETY		5/16".....	109
LOTRIMIN ULTRA.....	58	SYRINGE/U-100/0.5ML/30G X		MEDIC INSULIN	
LOTRISONE.....	58	5/16".....	108	SYRINGE/0.5ML/30G X	
LOTRONEX.....	71	MAGELLAN INSULIN SAFETY		5/16".....	109
lovastatin.....	30	SYRINGE/U-100/1ML/29G X		MEDICHOICE PRE-SET	
LOVAZA.....	29	1/2".....	108	SAFETY LANCET DUAL	
LOVENOX.....	16,17	MAGELLAN INSULIN SAFETY		USE.....	85
loxapine succinate.....	42	SYRINGE/U-100/1ML/30G X		MEDICHOICE PRE-SET	
LUCEMYRA.....	134	5/16".....	108	SAFETY LANCET LOW	
		magnesium sulfate.....	125	FLOW.....	85
		MALARONE.....	33	MEDICHOICE PRE-SET	
		malathion.....	64	SAFETY LANCET MEDIUM	
		MAPROTILINE HCL.....	20	FLOW.....	85
				MEDICHOICE PRE-SET	
				SAFETY LANCET MODERATE	
				FLOW.....	85

MEDICHOICE SAFETY		MEIJER PEN NEEDLES 29G		METHOTREXATE.....	4
LANCETEXTRA.....	85	X12MM.....	109	METHOTREXATE SODIUM	36
MEDICHOICE SAFETY		MEIJER PEN NEEDLES 31G		methotrexate sodium.....	36
LANCETNORMAL.....	85	X6MM.....	109	methoxsalen rapid.....	60
MEDICINE SHOPPE PEN		MEIJER PEN NEEDLES 31G		methscopolamine bromide	138
NEEDLES 29G X 12MM....	109	X8MM.....	109	METHYLCLOTHIAZIDE.....	66
MEDICINE SHOPPE PEN		MEIJER SUPER THIN		methyldopa.....	31
NEEDLES 31G X 6MM....	109	LANCETS.....	86	METHYLDOPATE HCL.....	31
MEDICINE SHOPPE PEN		MEKINIST.....	38	METHYLIN.....	2
NEEDLES 31G X 8MM....	109	MEKTOVI.....	38	methlyphenidate hcl.....	2
MEDISENSE THIN		meloxicam.....	5	methyprednisolone.....	54
LANCETS.....	85	melphalan.....	35	methyprednisolone acetate	54
MEDLANCE PLUS EXTRA		melphalan hcl.....	35	methyprednisolone sod	
LANCETS 21G.....	85	memantine hcl.....	135	succ.....	54
MEDLANCE PLUS		MENACTRA.....	140	METIPRANOLOL.....	130
LANCETS.....	85	MENEST.....	70	metoclopramide hcl.....	70,71
MEDLANCE PLUS LANCETS		MENOSTAR.....	70	metolazone.....	66
LITE 25G.....	85	MENVEO.....	140	metoprolol &	
MEDLANCE PLUS LITE		meperidine hcl.....	7	hydrochlorothiazide.....	32
LANCETS 25G.....	85	MEPERIDINE HCL.....	7	metoprolol succinate.....	48
MEDLANCE PLUS SPECIAL		meperidine hcl.....	7	metoprolol tartrate.....	48
LANCETS 0.8MM.....	85	meprobamate.....	13	METOPROLOL/HYDROCHLOR	
MEDLANCE PLUS SUPERLITE		MEPRON.....	11	OTHIAZIDE.....	32
30G.....	85	mercaptapurine.....	36	METROCREAM.....	64
MEDLANCE PLUS SUPERLITE		meropenem.....	11	METROGEL.....	64
30G/COMFORT MAX.....	85	MERREM.....	11	METROGEL-VAGINAL.....	143
MEDLANCE PLUS UNIVERSAL		mesalamine.....	71	METROLOTION.....	64
LANCETS 21G.....	85	MESTINON.....	34	metronidazole.....	11
MEDLANCE PLUS/LITE		MESTINON TIMESPAN....	34	metronidazole (topical)....	64
25G.....	85	METAPROTERENOL		metronidazole vaginal.....	143
MEDLANCE/EXTRA.....	85	SULFATE.....	15	MEXILETINE HCL.....	13
MEDLANCE/LITE.....	85	metaxalone.....	128	mexiletine hcl.....	13
MEDLANCE/UNIVERSAL....	85	metformin hcl.....	24	MICARDIS.....	31
MEDROL.....	54	methadone hcl.....	7	MICARDIS HCT.....	32
MEDROL DOSEPAK.....	54	METHADONE HCL.....	7	MICONAZOLE 3.....	143
medroxyprogesterone		methadone hcl.....	7	MICROLET LANCETS.....	86
acetate.....	134	METHADONE HCL.....	7	MICROLET NEXT.....	86
medroxyprogesterone acetate		methadone hcl.....	7	MICROTAINER SAFETY FLOW	
(contraceptive).....	53	METHADONE HCL.....	7	LANCET/STERILE/SINGLE-USE	
mefenamic acid.....	5	methadone hcl.....	7	.....	86
MEFLOQUINE HCL.....	34	METHADONE HCL.....	7	MICROZIDE.....	66
MEGACE ES.....	134	methadone hcl.....	7	midodrine hcl.....	143
megestrol acetate.....	37	METHADONE HCL.....	7	miglitol.....	23
megestrol acetate		methadone hcl.....	7	miglustat.....	73
(appetite).....	134	METHADONE HCL.....	7	MIGRANAL.....	123
MEIJER COLOR LANCETS		methadone hcl.....	7	MILLIPRED.....	54
UNIVERSAL 33G.....	85	METHADOSE.....	7	MILLIPRED DP.....	54
MEIJER LANCETS.....	85	METHADOSE SUGAR-		MINASTRIN 24 FE.....	52
MEIJER LANCETS THIN....	85	FREE.....	7		
MEIJER LANCETS		methamphetamine hcl....	1		
UNIVERSAL21G.....	85	methazolamide.....	65		
MEIJER LANCETS		methenamine hippurate..	140		
UNIVERSAL30G.....	85	methimazole.....	137		
MEIJER LANCETS		METHITEST.....	10		
UNIVERSAL33G.....	85	methocarbamol.....	128		

MINI LANCING DEVICE.....	86	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	110
MINIPRESS.....	31	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	110
MINIVELLE.....	70	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	110
MINOCIN.....	137	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	110
minocycline hcl.....	137	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	110
minoxidil.....	33	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	110
MIRAPEX.....	41	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2".....	110	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	110
MIRCERA.....	74	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MONOLET LANCETS.....	86
MIRCETTE.....	52	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MONOLET OPD LANCETS.....	86
MIRENA.....	53	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MONOLETTOR SAFETY LANCETS.....	86
mirtazapine.....	20	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	montelukast sodium.....	14
MIRVASO.....	64	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MONUROL.....	140
misoprostol.....	139	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MORPHABOND ER.....	7
mitomycin.....	37	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	morphine sulfate.....	7
mitoxantrone hcl.....	37	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MORPHINE SULFATE.....	7
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	109	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	morphine sulfate.....	7
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	109	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MOTOFEN.....	25
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16".....	109	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MOVIPREP.....	75
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16".....	109	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	moxifloxacin hcl.....	70
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	109	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	moxifloxacin hcl (ophth).....	131
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	109	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	moxifloxacin hcl in sodium chloride.....	70
MM LANCING DEVICE.....	86	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MOZOBIL.....	74
MM PEN NEEDLES 31G X 1/4".....	109	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MPD SAFETY LANCET 21G/1.8MM.....	86
MM PEN NEEDLES 31G X 3/16".....	109	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MPD SAFETY LANCET 28G/1.8MM.....	86
MM PEN NEEDLES 31G X 5/16".....	109	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MPD SAFETY LANCET 30G/1.8MM.....	86
MM PEN NEEDLES 32G X 5/32".....	109	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MPD SAFETY LANCETS 23G/1.8MM.....	86
MM TWIST LANCETS.....	86	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MS CONTIN.....	7
MOBIC.....	5	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	110
modafinil.....	2	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	110
MODERIBA 1200 DOSE PACK.....	46	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110	MS INSULIN SYRINGE/1ML/31G X 5/16".....	110
MODERIBA 800 DOSE PACK.....	46	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110		
moexipril hcl.....	30	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110		
mometasone furoate.....	62	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110		
mometasone furoate (nasal).....	129	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	110		
MONISTAT SOOTHING CARE ITCH RELIEF.....	63	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	110		
MONODOX.....	137	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	110		
MONOJECT INSULIN SYRINGE/1ML.....	109				

MULPLETA.....	74	NATROBA.....	64	NICORETTE STARTER	
MULTAQ.....	13	NATURE-THROID.....	137	KIT.....	136
MULTI PRENATAL.....	127	NATURE-THROID NT-		nicotine.....	136
MULTI-LANCET DEVICE.....	86	2.5.....	137	nicotine polacrilex.....	136
mupirocin.....	57	NAVELBINE.....	40	NICOTINE TRANSDERMAL	
mupirocin calcium (topical).....	57	NEBUPENT.....	11	SYSTEM.....	136
MUSTARGEN.....	35	NEBUSAL.....	55	NICOTROL INHALER.....	136
MYALEPT.....	68	NECON 1/50-28.....	52	NICOTROL NS.....	136
MYAMBUTOL.....	34	NEFAZODONE HCL.....	22	nifedipine.....	49
MYCAMINE.....	27	nefazodone hcl.....	22	NILANDRON.....	37
MYCOBUTIN.....	34	NEFAZODONE		nilutamide.....	37
mycophenolate mofetil.....	126	HYDROCHLORIDE.....	22	nimodipine.....	49
mycophenolate sodium.....	126	NEO-SYNALAR.....	57	NINLARO.....	38
MYDRIACYL.....	130	neomycin sulfate.....	3	NIPENT.....	39
MYFORTIC.....	126	neomycin-bacitracin zn-		nisoldipine.....	49
MYGLUCOHEALTH MGH		polymyxin.....	131	NISOLDIPINE ER.....	49
SOFTLANCE LANCETS		neomycin-polymy-		nitisinone.....	68
30G.....	86	dexameth.....	131	NITRO-BID.....	12
MYLERAN.....	35	neomycin-polymyxin-hc		NITRO-DUR.....	12
MYRBETRIQ.....	140	(otic).....	133	nitrofurantoin.....	140
MYSOLINE.....	18	NEOMYCIN/POLYMYXIN/HYD		nitrofurantoin macrocrystal.....	140
nabumetone.....	5	ROCORTISONE.....	131	nitrofurantoin monohyd	
nadolol.....	48	NEONATAL COMPLETE.....	127	macro.....	140
nafcillin sodium.....	134	NEONATAL PLUS.....	127	nitroglycerin.....	12
naftifine hcl.....	58	NEONATAL VITAMIN.....	127	NITROGLYCERIN.....	12
NAFTIN.....	58	NEORAL.....	126	nitroglycerin.....	12
NAGLAZYME.....	68	NEPTAZANE.....	65	NITROSTAT.....	12
nalbuphine hcl.....	9	NESINA.....	24	NIVA-PLUS.....	127
NALFON.....	5	NETGROUP LANCETS.....	86	NIVESTYM.....	74
naloxone hcl.....	26	NEULASTA.....	74	NIX CREME RINSE.....	64
naltrexone hcl.....	26	NEULASTA ONPRO KIT.....	74	nizatidine.....	138
NAMENDA.....	135	NEUPOGEN.....	74	NIZATIDINE.....	138
NAMENDA TITRATION		NEUPRO.....	41	NIZORAL.....	58
PAK.....	135	NEURONTIN.....	18	NORCO.....	9
NAPROSYN.....	5	NEVANAC.....	132	NORDITROPIN FLEXPRO.....	67
naproxen.....	5	nevirapine.....	45	norethin acet & estrad-fe.....	52
naproxen sodium.....	5	NEXAVAR.....	38	norethindrone & eth estradiol.....	52
naratriptan hcl.....	124	NEXIUM.....	139	norethindrone & ethinyl estradiol-	
NARCAN.....	26	NEXIUM 24HR.....	139	fe.....	52
NARDIL.....	21	NEXPLANON.....	53	norethindrone	
NASACORT ALLERGY		niacin.....	144	(contraceptive).....	53
24HR.....	129	niacin (antihyperlipidemic).....	30	norethindrone acet & eth	
NASACORT ALLERGY 24HR		NIACIN TR.....	144	estra.....	52
CHILDRENS.....	129	niacinamide.....	144	norethindrone acetate.....	134
NASONEX.....	129	NIASPAN.....	30	norethindrone acetate-ethinyl	
NATACYN.....	131	nicardipine hcl.....	49	estradiol.....	69
NATAZIA.....	52	NICODERM CQ.....	136	norethindrone acetate-ethinyl	
nateglinide.....	25	NICORETTE.....	136	estradiol-fe.....	52
		NICORETTE MINI.....	136	norethindrone-eth estradiol	
				(triphasic).....	52

norgestimate-ethinyl estradiol	52	NUEDEXTA	136	ON CALL PLUS LANCING DEVICE	86
norgestimate-ethinyl estradiol (triphasic)	52	NULOJIX	126	ONCASPAR	39
norgestrel & ethinyl estradiol	52	NUTROPIN AQ NUSPIN 10	67	ONDANSETRON	26
NORMOSOL-M IN D5W	125	NUVARING	53	ONDANSETRON HCL	26
NORMOSOL-R	125	NUVIGIL	3	ONETOUCH CLUB LANCETS FINE POINT	86
NORPACE	13	nystatin	27	ONETOUCH COMBO PACK	86
NORPRAMIN	23	nystatin (mouth-throat)	127	ONETOUCH DELICA LANCETS EXTRA FINE 33G	86
nortriptyline hcl	23	nystatin (topical)	58	ONETOUCH DELICA LANCETS FINE 30G	86
NORTRIPTYLINE HCL	23	nystatin-triamcinolone	58	ONETOUCH DELICA LANCING DEVICE	86
NORVASC	49	O-CAL FA	127	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	86
NORVIR	45	OBREDON	55	ONETOUCH DELICA PLUS LANCETS FINE 30G	86
NOVA MAX PLUS KETONE TESTSTRIPS	65	OCREVUS	135	ONETOUCH DELICA PLUS LANCING DEVICE	86
NOVA SAFETY LANCETS 23G	86	OCTREOTIDE ACETATE	69	ONETOUCH FINEPOINT LANCETS	86
NOVA SAFETY LANCETS 28G	86	octreotide acetate	69	ONETOUCH ULTRASOFT LANCETS	86
NOVA SUREFLEX LANCETS	86	OCUFLOX	131	ONFI	17
NOVA SUREFLEX LANCING DEVICE	86	ODEFSEY	45	ONGLYZA	24
NOVAREL	67	ODOMZO	36	OPANA	7
NOVOFINE 30GX8MM	110	OFEV	137	OPSUMIT	50
NOVOFINE 32GX6MM	110	OFLOXACIN	70	ORAP	136
NOVOFINE AUTOCOVER 30GX8MM	110	ofloxacin	70	ORAPRED ODT	54
NOVOFINE PLUS 32GX4MM	110	ofloxacin (ophth)	131	ORENCIA	5
NOVOLIN 70/30	24	ofloxacin (otic)	132	ORENCIA CLICKJECT	5
NOVOLIN 70/30 FLEXPEN	24	OGESTREL	52	ORENITRAM	50
NOVOLIN 70/30 FLEXPEN RELION	24	olanzapine	42	ORFADIN	68
NOVOLIN 70/30 RELION	24	olmesartan medoxomil	31	ORKAMBI	136
NOVOLIN N	24	olmesartan medoxomil-amlodipine-hydrochlorothiazide	32	orphenadrine citrate	128
NOVOLIN N RELION	24	olmesartan medoxomil-hydrochlorothiazide	32	ORTHO MICRONOR	53
NOVOLIN R	25	olopatadine hcl	132	ORTHO TRI-CYCLEN	52
NOVOLIN R RELION	25	olopatadine hcl (nasal)	129	ORTHO TRI-CYCLEN LO	52
NOVOLOG	25	OLUMIANT	4	ORTHO-CYCLEN	52
NOVOLOG FLEXPEN	25	OLUX	63	ORTHO-NOVUM 1/35	52
NOVOLOG MIX 70/30	25	omega-3-acid ethyl esters	29	ORTHO-NOVUM 7/7/7	52
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	25	omeprazole	139	oseltamivir phosphate	47
NOVOLOG PENFILL	25	OMEPRAZOLE	139	OSMOPREP	75
NOVOTWIST 32GX5MM	110	omeprazole magnesium	139	OSPHENA	68
NOXAFIL	27	omeprazole-sodium bicarbonate	139	OTEZLA	5
NPLATE	74	OMNIFLEX DIAPHRAGM	77	OTOVEL	133
NUCALA	14	OMNIPRED	131	OVIDE	64
NUCYNTA	7	OMNITROPE	67	oxacillin sodium	134
NUCYNTA ER	7	ON CALL LANCETS	86	oxaliplatin	35
		ON CALL LANCING DEVICE	86		
		ON CALL PLUS LANCETS	86		

OXANDRIN.....	10	PATANOL.....	132	PENICILLIN G POTASSIUM IN ISO-OSMOTIC	
oxandrolone.....	10	PAXIL.....	21,22	DEXTROSE.....	133
oxaprozin.....	5	PAXIL CR.....	21	PENICILLIN G PROCAINE.....	133
oxazepam.....	13	PC LANCETS SUPER THIN 30G.....	86	PENICILLIN G SODIUM.....	133
OXAZEPAM.....	13	PC UNIFINE PENTIPS 29G X1/2".....	110	PENICILLIN V POTASSIUM.....	133
oxcarbazepine.....	18	PC UNIFINE PENTIPS 31G X5MM MINI.....	110	penicillin v potassium.....	133
OXERVATE.....	131	PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT.....	111	PENLAC NAIL LACQUER.....	59
oxiconazole nitrate.....	59	PC UNIFINE PENTIPS 31G X8MM SHORT.....	111	PENTAM 300.....	11
OXISTAT.....	59	PEDIAPRED.....	54	pentamidine isethionate.....	11
OXSORALEN ULTRA.....	60	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	75	pentazocine w/ naloxone.....	9
oxybutynin chloride.....	140	PEGANONE.....	19	PENTIPS 29G X 12MM.....	111
oxycodone hcl.....	7	PEGASYS.....	46	PENTIPS 29GX12MM.....	111
OXYCODONE HCL ER.....	7	PEGASYS PROCLICK.....	46	PENTIPS 31G X 5MM.....	111
OXYCODONE HYDROCHLORIDE ER.....	8	PEGINTRON.....	46	PENTIPS 31G X 8MM.....	111
oxycodone w/ acetaminophen.....	9	PEN NEEDLES 29G X 12MM.....	111	PENTIPS 31GX5MM.....	111
OXYCODONE/ACETAMINOPHEN.....	9	PEN NEEDLES 29GX1/2".....	111	PENTIPS 31GX6MM.....	111
OXYCODONE/IBUPROFEN.....	9	PEN NEEDLES 30GX5/16".....	111	PENTIPS 31GX8MM.....	111
OXYCONTIN.....	8	PEN NEEDLES 30GX8MM.....	111	PENTIPS 32G X 4MM.....	111
oxymorphone hcl.....	8	PEN NEEDLES 31G X 1/4" SHORT.....	111	PENTIPS 32GX4MM.....	111
OXYMORPHONE HYDROCHLORIDE ER.....	8	PEN NEEDLES 31G X 3/16".....	111	pentoxifylline.....	73
OXYMORPHONE HYDROCHLORIDE ER.....	8	PEN NEEDLES 31G X 5MM.....	111	PEPCID.....	138
paclitaxel.....	40	PEN NEEDLES 31G X 6MM.....	111	PEPCID AC MAXIMUM STRENGTH.....	138
PACLITAXEL.....	40	PEN NEEDLES 31G X 8MM.....	111	PERCOCET.....	9
paliperidone.....	42	PEN NEEDLES 31GX5/16".....	111	PERFECT LANCETS 30G.....	86
palonosetron hcl.....	26	PEN NEEDLES 31GX6MM (1/4").....	111	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G.....	86
PALYNZIQ.....	68	PEN NEEDLES 31GX8MM.....	111	PERIDEX.....	127
PAMELOR.....	23	PEN NEEDLES 32G X 4MM.....	111	perindopril erbumine.....	30
pamidronate disodium.....	67	PEN NEEDLES 32G X 5MM.....	111	PERJETA.....	36
PAMIDRONATE DISODIUM.....	67	PEN NEEDLES 32G X 6MM.....	111	permethrin.....	64
PANOXYL-4 CREAMY WASH.....	57	PEN NEEDLES 31GX5/16".....	111	perphenazine.....	43
PANRETIN.....	59	PEN NEEDLES 31GX6MM (1/4").....	111	PERPHENAZINE/AMITRIPTYLINE.....	135
pantoprazole sodium.....	139	PEN NEEDLES 31GX8MM.....	111	PERSERIS.....	42
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A.....	53	PEN NEEDLES 31GX8MM (5/16").....	111	PFIZERPEN.....	133
parenteral electrolytes.....	125	PEN NEEDLES 32G X 4MM.....	111	PHARMACIST CHOICE ULTRA THIN LANCETS.....	87
paricalcitol.....	68	PEN NEEDLES 32G X 5MM.....	111	PHARMACIST CHOICE ULTRA THIN LANCETS 28G.....	86
PARLODEL.....	41	PEN NEEDLES 32G X 6MM.....	111	PHARMACIST CHOICE ULTRA THIN LANCETS 30G.....	86
PARNATE.....	21	PEN NEEDLES 32G X 6MM.....	111	PHARMACIST CHOICE ULTRA THIN LANCETS 31G.....	87
paromomycin sulfate.....	3	PEN NEEDLES 32GX4MM.....	111	PHARMACIST CHOICE ULTRA THIN LANCETS 33G.....	87
paroxetine hcl.....	21	penicillamine.....	125	PHARMACY COUNTER LANCETS.....	87
PASER.....	34	penicillin g potassium.....	133		
PATADAY.....	132				
PATANASE.....	129				

phenazopyridine hcl.....	72	podofilox.....	63	PRECISION SURE-DOSE	
phendimetrazine tartrate.....	1	polymyxin b sulfate.....	12	INSULIN SYRINGE/1ML/28G X	
phenelzine sulfate.....	21	polymyxin b-trimethoprim.....	131	1/2".....	111
PHENERGAN.....	29	POLYTRIM.....	131	PRECISION SURE-DOSE	
phenobarbital.....	74	POMALYST.....	37	PLUSINSULIN	
phenoxybenzamine hcl.....	31	PONSTEL.....	5	SYRINGE/0.3ML/29G X	
phentermine hcl.....	2	POTASSIUM acetate.....	125	1/2".....	111
PHENYTEK.....	19	potassium bicarb &		PRECISION SURE-DOSE	
phenytoin.....	19	chloride.....	125	PLUSINSULIN	
phenytoin sodium.....	19	potassium bicarbonate... ..	125	SYRINGE/1ML/29G X 1/2".....	111
phenytoin sodium extended.....	19	potassium chloride.....	125	PRECISION THIN	
PHOSLYRA.....	71	POTASSIUM CHLORIDE.....	125	LANCETS.....	87
PHOSPHOLINE IODIDE... ..	130	POTASSIUM CHLORIDE.....	125	PRECISION THINS GP	
PHOTOFRIN.....	39	ER.....	125	LANCET.....	87
PICATO.....	59	potassium chloride in		PRECISION ULTRA	
PIFELTRO.....	45	dextrose.....	125	LANCET.....	87
pilocarpine hcl.....	130	potassium chloride in dextrose		PRECISION XTRA.....	65
pilocarpine hcl (oral).....	127	& sodium chloride.....	125	PRECOSE.....	23
pimecrolimus.....	63	potassium chloride in		PRED MILD.....	131
PIMOZIDE.....	136	nacl.....	125	prednicarbate.....	63
pindolol.....	48	potassium chloride		prednisolone.....	54
pioglitazone hcl.....	24	microencapsulated crystals		PREDNISOLONE	
pioglitazone hcl-glimepiride.....	23	er.....	125	ACETATE.....	131
pioglitazone hcl-metformin		POTASSIUM		PREDNISOLONE ACETATE P-	
hcl.....	23	CHLORIDE/DEXTROSE.....	125	F.....	131
PIP LANCETS/28G.....	87	POTASSIUM		PREDNISOLONE SODIUM	
PIP LANCETS/30G.....	87	CHLORIDE/DEXTROSE/LACT		PHOSPHATE.....	54
piperacillin sodium-tazobactam		ATED RINGERS.....	125	prednisolone sodium	
sodium.....	134	potassium citrate		phosphate.....	54
PIQRAY 200MG DAILY		(alkalinizer).....	72	PREDNISOLONE SODIUM	
DOSE.....	38	potassium phosphates... ..	125	PHOSPHATE.....	131
PIQRAY 250MG DAILY		PRADAXA.....	17	PREDNISONE.....	54
DOSE.....	38	pramipexole		prednisone.....	54
PIQRAY 300MG DAILY		dihydrochloride.....	41	PREFERRED PLUS INSULIN	
DOSE.....	38	PRANDIN.....	25	SYRINGE/U-100/0.3ML/29G X	
piroxicam.....	5	prasugrel hcl.....	73	1/2".....	111
PLAN B ONE-STEP.....	53	PRAVACHOL.....	30	PREFERRED PLUS INSULIN	
PLAQUENIL.....	34	pravastatin sodium.....	30	SYRINGE/U-100/0.3ML/30G X	
PLASMA-LYTE A.....	125	praziquantel.....	10	5/16".....	111
PLASMA-LYTE-148.....	125	prazosin hcl.....	31	PREFERRED PLUS INSULIN	
PLAVIX.....	73	PRECISION SURE-DOSE		SYRINGE/U-100/0.5ML/28G X	
PLEGRIDY.....	135	INSULIN SYRINGE/0.3ML/30G		1/2".....	112
PLEGRIDY STARTER		X 5/16".....	111	PREFERRED PLUS INSULIN	
PACK.....	135	PRECISION SURE-DOSE		SYRINGE/U-100/0.5ML/30G X	
PNEUMOVAX 23.....	140	INSULIN SYRINGE/0.5ML/28G		5/16".....	112
PNEUMOVAX 23/1 DOSE.....	140	X 1/2".....	111	PREFERRED PLUS INSULIN	
PNV FOLIC ACID + IRON		PRECISION SURE-DOSE		SYRINGE/U-100/1ML/28G X	
MULTIVITAMIN.....	127	INSULIN SYRINGE/0.5ML/29G		1/2".....	112
PNV PRENATAL PLUS		X 1/2".....	111	PREFERRED PLUS INSULIN	
MULTIVITAMIN.....	127	PRECISION SURE-DOSE		SYRINGE/U-100/1ML/29G X	
		INSULIN SYRINGE/0.5ML/30G		1/2".....	112
		X 3/8".....	111	PREFERRED PLUS INSULIN	
				SYRINGE/U-100/1ML/30G X	
				5/16".....	112

PREFERRED PLUS LANCETS COLORED 21G.....	87	PRILOSEC OTC.....	139	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" .	112
PREFERRED PLUS LANCETS SUPER THIN 30G.....	87	primaquine phosphate.....	34	PRODIGY LANCING DEVICE.....	87
PREFERRED PLUS LANCETS THIN 26G.....	87	PRIMAQUINE PHOSPHATE.....	34	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS.....	87
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM....	112	PRIMAXIN IV.....	11	PRODIGY SAFETY LANCETS.....	87
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT.....	112	primidone.....	18	PRODIGY TWIST TOP LANCETS.....	87
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT.....	112	PRINIVIL.....	30	progesterone micronized... .	134
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM.....	112	PRISTIQ.....	22	PROGLYCEM.....	24
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM .	112	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2".....	112	PROGRAF.....	126
pregabalin.....	18	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16".....	112	PROLASTIN-C.....	136
PREGNYL W/DILUENT BENZYLALCOHOL/NACL....	67	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16".....	112	PROLEUKIN.....	39
PREMARIN.....	70	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2".....	112	PROLIA.....	67
PREMIUM CONDOMS LUBRICATED.....	77	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16".....	112	PROMACTA.....	74
PREMPHASE.....	69	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16".....	112	promethazine hcl.....	29
PREMPRO.....	69	PRO COMFORT LANCETS 30G.....	87	PROMETRIUM.....	134
PRENATAL.....	128	PRO COMFORT LANCETS 31G.....	87	propafenone hcl.....	13
PRENATAL LOW IRON....	127	PRO COMFORT PEN NEEDLES/31G X 8MM....	112	proparacaine hcl.....	131
PRENATAL MULTIVITAMIN.....	127	PRO COMFORT PEN NEEDLES/32G X 4MM....	112	propranolol hcl.....	48
PRENATAL ONE DAILY....	127	PRO COMFORT PEN NEEDLES/32G X 5MM....	112	PROPRANOLOL HCL.....	48
PRENATAL PLUS.....	127	PRO COMFORT PEN NEEDLES/32G X 6MM....	112	propranolol hcl.....	48
PRENATAL VITAMIN.....	128	PROAIR HFA.....	15	propylthiouracil.....	137
PRENATAL VITAMIN & MINERAL.....	128	probenecid.....	72	PROSCAR.....	72
PRENATAL VITAMIN/IRON.....	128	procainamide hcl.....	13	PROTONIX.....	139
PRENATAL VITAMINS....	128	PROCARDIA.....	49	PROTOPIC.....	63
PRENATAL VITAMINS PLUS LOW IRON.....	128	PROCARDIA XL.....	49	trospiryline hcl.....	23
PREPLUS.....	128	prochlorperazine.....	43	PROVENTIL HFA.....	15
PREPOPIK.....	75	prochlorperazine maleate .	43	PROVERA.....	134
PRESSURE ACTIVATED SAFETYLANCET 21G.....	87	PROCRIT.....	74	PROVIGIL.....	3
PREVACID.....	139	PROCTOCORT.....	10	PROZAC.....	22
PREVACID 24HR.....	139	PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	112	PRUDOXIN.....	59
PREVENT SAFETY PEN NEEDLES 31GX1/4".....	112	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16".....	112	PSORCON.....	63
PREVENT SAFETY PEN NEEDLES 31GX5/16".....	112			PSS SELECT GP LANCETS	87
PREVNAR 13.....	140			PSS SELECT SAFETY LANCETS.....	87
PREZCOBIX.....	45			PTS PANELS KETONE TEST.....	65
PREZISTA.....	45			PULMICORT.....	14
PRIFTIN.....	34			PULMICORT FLEXHALER....	14
				PULMOZYME.....	136
				PUSH BUTTON SAFETY LANCETS 21G.....	87
				PUSH BUTTON SAFETY LANCETS 28G.....	87
				PX ADVANCED LANCING DEVICE.....	87

PX EXTRA SHORT PEN NEEDLES 31GX6MM	112	RA E-ZJECT LANCETS THIN 26G	87	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	113
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	112	RA E-ZJECT LANCETS THIN 28G	87	REALITY LANCETS	88
PX LANCET AUTO INJECTOR	87	RA E-ZJECT LANCETS ULTRATHIN 30G	87	REALITY LATEX CONDOMS/LUBRICATED	77
PX LANCETS ULTRA THIN	87	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	113	REALITY LATEX/ULTRA TEXTURED	77
PX LANCETS ULTRA THIN 28G	87	RA INSULIN SYRINGE/1ML/29G X 1/2"	113	REALITY LATEX/ULTRA THIN	77
PX MINI PEN NEEDLES 31GX5MM	112	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	113	REALITY TRIGGER LANCETS	88
PX PEN NEEDLE 29GX12MM	112	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	113	REBETOL	46
PX PEN NEEDLE 31GX8MM	113	RA LANCING DEVICE	87	REBIF	135
PX PRENATAL MULTIVITAMINS	128	RA PEN NEEDLES 31G X 5MM3/16"	113	REBIF REBIDOSE	135
PX SHORTLENGTH PEN NEEDLES/31GX8MM	113	RA PEN NEEDLES 31G X 8MM5/16"	113	REBIF REBIDOSE TITRATIONPACK	135
pyrazinamide	34	RA PRENATAL	128	REBIF TITRATION PACK	135
PYRIDIDIUM	72	RA PRENATAL FORMULA/FOLICACID	128	RECLAST	67
pyridostigmine bromide	34	rabeprazole sodium	139	RECTIV	10
QC ADVANCED LANCING DEVICE	87	raloxifene hcl	68	REGLAN	71
QC LANCETS SUPER THIN	87	ramelteon	75	REGRANEX	64
QC LANCETS ULTRA THIN	87	ramipril	30	RELENZA DISKHALER	47
QC PEN NEEDLES 29G X 12MM	113	RANEXA	12	RELION 2-IN-1 LANCET DEVICES 30G	88
QC PEN NEEDLES 31G X 6MM	113	ranitidine hcl	138,139	RELION 2-IN-1 LANCING DEVICE 25G	88
QC PEN NEEDLES 31G X 8MM	113	ranolazine	12	RELION 2-IN-1 LANCING DEVICE 30G	88
QC PRENATAL	128	RAPAFLO	72	RELION INSULIN SYRINGE 1ML/31GX15/64"	113
QC UNIFINE PENTIPS 32GX4MM	113	RAPAMUNE	126	RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2"	113
QC UNILET LANCETS 28G/ULTRA THIN	87	rasagiline mesylate	41	RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	113
QC UNILET LANCETS 33G/MICRO THIN	87	RAZADYNE	135	RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	113
QUALAQUIN	34	RAZADYNE ER	135	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	113
QUARTETTE	53	READYLANCE SAFETY LANCETS/21G/2.2MM	87	RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	113
QUESTRAN	29	READYLANCE SAFETY LANCETS/23G/1.8MM	87	RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	113
QUESTRAN LIGHT	29	READYLANCE SAFETY LANCETS/26G/1.8MM	87	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	113
quetiapine fumarate	42,43	READYLANCE SAFETY LANCETS/28G/1.8MM	88	RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16"	113
quinapril hcl	30	READYLANCE SAFETY LANCETS/30G/1.6MM	88	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	113
quinapril-hydrochlorothiazide	32	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	113	RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	113
QUINIDINE SULFATE	13	REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	113	RELION KETONE	65
quinine sulfate	34	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	113	RELION KETONE TEST STRIPS	65
QVAR	14			RELION LANCETS MICRO-THIN33G	88
QVAR REDIHALER	14				
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G	87				
RA E-ZJECT LANCETS 28G	87				

RELION LANCETS STANDARD 21G.....	88	RETIN-A MICRO PUMP.....	57	ROXICODONE.....	8
RELION LANCETS THIN 26G.....	88	RETROVIR.....	45	ROZEREM.....	75
RELION LANCETS ULTRA-THIN30G.....	88	RETROVIR IV INFUSION.....	45	RUCONEST.....	73
RELION LANCING DEVICE.....	88	REVATIO.....	50	RUZURGI.....	34
RELION MINI PEN NEEDLES 31GX6MM.....	113	REVLIMID.....	126	RYCLORA.....	28
RELION PEN NEEDLES 29GX12MM.....	113	REXALL LANCETS ULTRA THIN.....	88	RYTHMOL SR.....	13
RELION PEN NEEDLES 31GX6MM.....	113	REXULTI.....	43	SABRIL.....	19
RELION PEN NEEDLES 31GX8MM.....	113	REYATAZ.....	45	SAFE-T-LANCE LOW FLOW 25G.....	88
RELION PEN NEEDLES 32GX4MM.....	113	RIBASPHERE.....	47	SAFE-T-LANCE NORMAL FLOW21G.....	88
RELION SHORT PEN NEEDLES31GX8MM.....	114	RIBASPHERE RIBAPAK.....	46	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW.....	88
RELION ULTRA THIN LANCETS/30G.....	88	ribavirin (hepatitis c).....	47	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW.....	88
RELION ULTRA THIN LANCETS30G.....	88	RIDAURA.....	4	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW.....	88
RELION ULTRA THIN PLUS LANCETS 32G.....	88	rifabutin.....	34	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16".....	114
RELION ULTRA THIN PLUS LANCETS 33G.....	88	RIFADIN.....	34	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2".....	114
RELISTOR.....	71	RIFAMATE.....	34	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16".....	114
RELPAK.....	124	rifampin.....	34	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2".....	114
REMERON.....	20	RIFATER.....	34	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2".....	114
REMERON SOLTAB.....	20	RIGHT STEP PRENATAL.....	128	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2".....	114
REMICADE.....	71	RIGHTEST GD500 LANCING DEVICE.....	88	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16".....	114
REMODULIN.....	50	RIGHTEST GL300 LANCETS.....	88	SAFETY INSULIN SYRINGES 1ML/27GX1/2".....	114
RENFLEXIS.....	71	RILUTEK.....	129	SAFETY INSULIN SYRINGES 1ML/29GX1/2".....	114
REVELA.....	71	riluzole.....	129	SAFETY INSULIN SYRINGES 1ML/30GX1/2".....	114
REOPRO.....	73	rimantadine hydrochloride.....	47	SAFETY LANCET 21G/PRESSURE ACTIVATED.....	88
repaglinide.....	25	ringer's.....	125	SAFETY LANCET 28G/PRESSURE ACTIVATED.....	88
REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	23	ringer's irrigation.....	126	SAFETY LANCETS.....	88
REPATHA.....	30	risedronate sodium.....	67	SAFETY LANCETS 21G.....	88
REPATHA SURECLICK.....	30	RISPERDAL.....	42	SAFETY LANCETS 28G.....	88
REQUIP.....	41	RISPERDAL CONSTA.....	42	SAFETY LET LANCETS.....	88
REQUIP XL.....	41	RISPERDAL M-TAB.....	42	SAFETY SEAL LANCETS 28G.....	88
RESCRIPTOR.....	45	risperidone.....	42		
RESCULA.....	132	RITALIN.....	3		
RESECTISOL.....	72	RITALIN LA.....	3		
RESTASIS.....	131	ritonavir.....	45		
RESTASIS MULTIDOSE.....	131	RITUXAN.....	36		
RESTORIL.....	75	rivastigmine tartrate.....	135		
RETACRIT.....	74	rizatriptan benzoate.....	124		
RETIN-A.....	57	ROBAXIN.....	128		
RETIN-A MICRO.....	57	ROBAXIN-750.....	128		
		ROBINUL.....	138		
		ROBINUL FORTE.....	138		
		ROCALTROL.....	68		
		ROMIDEPSIN.....	38		
		ropinirole hydrochloride.....	41		
		rosuvastatin calcium.....	30		

SAFETY SEAL LANCETS			
30G	88	SEROQUEL XR	43
SAFYRAL	53	SEROSTIM	67
SAIZEN	67	sertraline hcl	22
SAIZEN CLICK.EASY	67	sevelamer carbonate	71
SAIZENPREP		SHINGRIX	142
RECONSTITUTIONKIT	67	SHOPKO AUTOLET LANCING	
SALAGEN	127	DEVICE	88
salsalate	6	SHOPKO ON-THE-GO	
SAMSCA	69	COMFORTLANCETS 30G 88	
SANDIMMUNE	126	SHOPKO UNIFINE PENTIPS	
SANDOSTATIN	69	PEN	
SANTYL	63	NEEDLES/MICRO/32GX4MM	
SAPHRIS	43		114
SAPS HEALTH CARE TWIST		SHOPKO UNIFINE PENTIPS	
TOP LANCETS	88	PEN	
SAPS HEALTH TWIST TOP		NEEDLES/MINI/31GX5MM	
LANCETS 30G	88		114
SAPSCARE TWIST TOP		SHOPKO UNIFINE PENTIPS	
LANCETS 30G	88	PEN	
SAVELLA	135	NEEDLES/ORIGINAL/29GX12	
SAVELLA TITRATION		MM	114
PACK	135	SHOPKO UNIFINE PENTIPS	
SB INSULIN SYRINGE/U-		PEN	
100/0.5ML/29G X 1/2"	114	NEEDLES/SHORT/31GX8MM	
SB INSULIN SYRINGE/U-			114
100/0.5ML/30G X 5/16"	114	SHOPKO UNIFINE PENTIPS	
SB INSULIN SYRINGE/U-		PLUS PEN	
100/1ML/29G X 1/2"	114	NEEDLES/MICRO/REMOVR/3	
SB INSULIN SYRINGE/U-		2GX4MM	114
100/1ML/30G X 5/16"	114	SHOPKO UNIFINE PENTIPS	
SB INSULIN SYRINGE/U-		PLUS PEN	
100/1ML/31G X 5/16"	114	NEEDLES/MINI/REMOVER/31	
SB LANCETS THIN	88	GX5MM	114
SB LANCETS ULTRA THIN	88	SHOPKO UNIFINE PENTIPS	
scopolamine	26	PLUS PEN	
SEASONIQUE	53	NEEDLES/REMOVER/29GX12	
SECURESAFE SAFETY		MM	114
INSULIN SYRINGES/U-		SHOPKO UNIFINE PENTIPS	
100/0.5ML/29GX1/2"	114	PLUS PEN	
SECURESAFE SAFETY		NEEDLES/SHORT/REMOVR/3	
INSULIN SYRINGES/U-		1GX8MM	114
100/1ML/29GX1/2"	114	SHOPKO UNILET LANCETS	
SEGLUROMET	23	SUPER THIN 30G	89
SELECT-LITE LANCING		SHOPKO UNILET LANCETS	
DEVICE	88	ULTRA THIN 28G	89
selegiline hcl	41	SHUR-SEAL	142
SELEGILINE HCL	41	SIDE BUTTON SAFETY	
selenium sulfide	60	LANCET21G	89
SELZENTRY	45	SIGNIFOR	69
SENSIPAR	68	sildenafil citrate	50
SEREVENT DISKUS	15	sildenafil citrate (pulmonary	
SEROQUEL	43	hypertension)	50
		SILENOR	74
		SILIQ	60
		silodosin	72
		SILVADENE	60
		silver sulfadiazine	60
		SIMBRINZA	130
		SIMPLE DIAGNOSTICS	
		LANCING DEVICE	89
		SIMPONI	4
		SIMPONI ARIA	4
		SIMULECT	126
		simvastatin	30
		SINEMET	41
		SINEMET CR	41
		SINGLE-LET	89
		SINGULAIR	14
		sirolimus	126
		SIRTURO	34
		SIVEXTRO	12
		SKELAXIN	128
		SKLICE	64
		SKYLA	53
		SLO-NIACIN	144
		SM INSULIN SYRINGE/1ML/31G	
		X 5/16"	114
		SM MICRO THIN LANCETS	
		33G	89
		SM PRENATAL VITAMINS	128
		SM TRUEDRAW LANCING	
		DEVICE	89
		SMART DIABETES VANTAGE	
		LANCING DEVICE	89
		SMART SENSE COLOR	
		LANCETS UNIVERSAL 33G	89
		SMART SENSE STANDARD	
		LANCETS UNIVERSAL 21G	89
		SMART SENSE SUPER THIN	
		LANCETS UNIVERSAL 30G	89
		SMART SENSE THIN	
		LANCETSUNIVERSAL 26G	89
		SMARTEST LANCETS 28G	89
		sodium acetate	124
		sodium chloride	125
		sodium chloride (gu irrigant)	72
		sodium chloride (inhalant)	55
		sodium citrate & citric acid	72
		sodium phenylbutyrate	68
		sodium polystyrene	
		sulfonate	126,127
		SOFOSBUVIR/VELPATASVIR	
			47
		solifenacin succinate	140
		SOLIRIS	73
		SOLOSEC	3

SOLU-CORTEF	54	STRIBILD	45	SURE COMFORT INSULIN	
SOLU-MEDROL	54	STRIVERDI RESPIMAT ...	15	SYRINGE/U-100/0.5ML/30G X	
SOLUS V2 LANCING		STROMECTOL	10	5/16"	115
DEVICE	89	SUBOXONE	10	SURE COMFORT INSULIN	
SOLUS V2 PRESSURE		SUBSYS	8	SYRINGE/U-100/0.5ML/31G X	
ACTIVATED SAFETY LANCETS		SUCRAID	65	5/16	115
28G	89	sucralfate	139	SURE COMFORT INSULIN	
SOLUS V2 TWIST LANCETS		SULAR	49	SYRINGE/U-100/1ML/28G X	
30G	89	sulfacetamide sodium		1/2"	115
SOMA	128	(acne)	57	SURE COMFORT INSULIN	
SOMATULINE DEPOT	69	sulfacetamide sodium		SYRINGE/U-100/1ML/29G X	
SOMAVERT	67	(ophth)	131	1/2"	115
SONATA	75	sulfacetamide sodium w/		SURE COMFORT INSULIN	
SORBITOL	72	sulfur	57	SYRINGE/U-100/1ML/30G X	
SORBITOL-MANNITOL	72	SULFADIAZINE	137	1/2"	115
SORIATANE	60	sulfamethoxazole-trimethoprim		SURE COMFORT INSULIN	
sotalol hcl	48	.....	11	SYRINGE/U-100/1ML/30G X	
sotalol hcl (afib/afib)	48	SULFAMYLON	60	5/16"	115
SOVALDI	47	sulfasalazine	71	SURE COMFORT INSULIN	
SPECTRACEF	51	sulindac	5	SYRINGE/U-100/1ML/31G X	
SPINOSAD	64	SUMADAN WASH	57	5/16"	115
SPIRIVA HANDIHALER	14	sumatriptan	124	SURE COMFORT LANCETS	
SPIRIVA RESPIMAT	14	sumatriptan succinate ...	124	18G	89
spironolactone	66	SUMATRIPTAN		SURE COMFORT LANCETS	
spironolactone &		SUCCINATE	124	21G	89
hydrochlorothiazide	65	sumatriptan succinate ...	124	SURE COMFORT LANCETS	
SPORANOX	27	SUPER THIN LANCETS ..	89	23G	89
SPORANOX PULSEPAK	27	SUPRAX	51	SURE COMFORT LANCETS	
SPRAVATO 56MG DOSE ...	21	SUPREP BOWEL PREP		28G	89
SPRAVATO 84MG DOSE ...	21	KIT	75	SURE COMFORT LANCETS	
SPRYCEL	38	SURE COMFORT INSULIN		30G	89
STALEVO 100	41	SYRINGE/U-100/0.3ML/29G X		SURE COMFORT LANCING	
STALEVO 125	41	1/2"	114	PEN	89
STALEVO 150	41	SURE COMFORT INSULIN		SURE COMFORT PEN	
STALEVO 200	41	SYRINGE/U-100/0.3ML/30G X		NEEDLES29GX1/2"	
STALEVO 50	41	1/2"	115	12.7MM	115
STALEVO 75	41	SURE COMFORT INSULIN		SURE COMFORT PEN	
stannous fluoride	127	SYRINGE/U-100/0.3ML/31G X		NEEDLES30GX5/16"	
STARLIX	25	5/16	115	SHORT	115
stavudine	45	SURE COMFORT INSULIN		SURE COMFORT PEN	
STEGLATRO	25	SYRINGE/U-100/0.3ML/31G X		NEEDLES31GX3/16"	
STELARA	60,71	5/16"	115	(5MM)	115
STENDRA	50	SURE COMFORT INSULIN		SURE COMFORT PEN	
STERILANCE TL	89	SYRINGE/U-100/0.5ML/28G X		NEEDLES32GX5/32"	115
STIMATE	69	1/2"	115	SURE COMFORT PEN	
STIVARGA	38	SURE COMFORT INSULIN		NEEDLES32GX6MM	115
STRATTERA	2	SYRINGE/U-100/0.5ML/29G X		SURE-FINE PEN NEEDLES	
STREPTOMYCIN SULFATE ..	3	1/2"	115	29GX1/2" 12.7MM	115
		SURE COMFORT INSULIN		SURE-FINE PEN NEEDLES	
		SYRINGE/U-100/0.5ML/30G X		31GX3/16" 5MM	115
		1/2"	115	SURE-FINE PEN NEEDLES	
				31GX5/16" 8MM	115
				SURE-JECT INSULIN	
				SYRINGE/U-100/0.3ML/29G X	
				1/2"	115

SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	115	SYNERA	64	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	116
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	115	SYNJARDY	23	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	116
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	116	SYNRIBO	39	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	116
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	116	SYNTHROID	137	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	116
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	116	SYPRINE	125	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	116
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	116	TABLOID	36	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16"	116
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	116	TACLONEX	63	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	116
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	116	tacrolimus	126	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	116
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	116	tacrolimus (topical)	63	TECHLITE LANCETS	89
SURE-LANCE FLAT LANCETS	89	tadalafil	50	TECHLITE LANCETS 30G	89
SURE-LANCE LANCETS 26G	89	tadalafil (pulmonary hypertension)	50	TECHLITE PEN NEEDLES 29GX 12 MM	116
SURE-LANCE THIN LANCETS 28G	89	TAFINLAR	38	TECHLITE PEN NEEDLES 31GX 5MM	116
SURE-LANCE ULTRA THIN LANCETS	89	TAGAMET HB	139	TECHLITE PEN NEEDLES/31GX 5MM	116
SURE-PEN	89	TAKHZYRO	73	TECHLITE PEN NEEDLES/31GX 6 MM	116
SURE-TOUCH LANCETS UNIVERSAL	89	TALTZ	60	TECHLITE PEN NEEDLES/31GX 8MM	116
SURELITE LANCETS	89	TALZENNA	38	TECHLITE PEN NEEDLES/32GX 4MM	116
SURMONTIL	23	TAMIFLU	47	TECHLITE PEN NEEDLES/32GX 6MM	116
SUSTIVA	45	tamoxifen citrate	37	TEFLARO	51
SUTENT	38	tamsulosin hcl	72	TEGRETOL	18
SW OMEPRAZOLE	139	TANZEUM	24	TEGRETOL-XR	18
SYLATRON	39	TAPAZOLE	137	TEGSEDI	136
SYMBICORT	15	TARCEVA	38	TEKTURNA	33
SYMFI	45	TARGRETIN	39,59	telmisartan	31
SYMFI LO	45	TARKA	32	telmisartan-amlodipine	32
SYMLINPEN 120	23	TASIGNA	38	telmisartan-hydrochlorothiazide	32
SYMLINPEN 60	23	TASMAR	40	temazepam	75
SYMTUZA	45	TAXOTERE	40	TEMIXYS	45
SYNALAR	63	TAYTULLA	53	TEMODAR	35
SYNAREL	68	tazarotene	60	TEMOVATE	63
		TAZORAC	60	temozolomide	35
		TECFIDERA	136	temsirolimus	38
		TECFIDERA STARTER PACK	136	TENIPOSIDE	40
		TECHLITE AST LANCETS	89	tenofovir disoproxil fumarate	45
		TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	116	TENORETIC 100	32
		TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2"	116	TENORETIC 50	32
		TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	116	TENORMIN	48
		TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	116	TERAZOL 7	143

terazosin hcl.....	31	TOBRADEX.....	132	TOPCARE ULTRA COMFORT
terbinafine hcl.....	27	tobramycin.....	3	INSULIN SYRINGE/1ML/31G X
terbutaline sulfate.....	15	tobramycin (ophth).....	131	5/16".....
TERCONAZOLE.....	143	TOBRAMYCIN SULFATE..	3	TOPCARE ULTRA COMFORT
terconazole vaginal.....	143	tobramycin sulfate.....	3	INSULIN SYRINGE/U-
TESSALON PERLES.....	55	tobramycin-		100/0.3ML/29G X 1/2".....
testosterone cypionate.....	10	dexamethasone.....	132	TOPCARE ULTRA COMFORT
testosterone enanthate.....	10	TOBEX.....	131	INSULIN SYRINGE/U-
tetrabenazine.....	135	TODAY SPONGE.....	143	100/0.5ML/29G X 1/2".....
tetracycline hcl.....	137	TODAYS HEALTH ADVANCED		TOPCARE ULTRA COMFORT
TGT LANCET MICRO THIN		LANCING DEVICE.....	89	INSULIN SYRINGE/U-
33G.....	89	TODAYS HEALTH MINI PEN		100/1ML/29G X 1/2".....
TGT LANCET THIN 26G....	89	NEEDLES 31G X 1/4"....	117	TOPICORT.....
TGT LANCET ULTRA THIN		TODAYS HEALTH ORIGINAL		63
30G.....	89	PEN NEEDLES 29G X		topiramate.....
TGT LANCING DEVICE.....	89	1/2".....	117	topotecan hcl.....
THALOMID.....	126	TODAYS HEALTH SHORT		40
theophylline.....	15	PEN NEEDLES 31G X		TOPROL XL.....
THERANATAL CORE		5/16".....	117	48
NUTRITION.....	128	TODAYS HEALTH SUPER		toremifene citrate.....
THINLETS GP LANCETS....	89	THINLANCETS 30G.....	90	37
THINLETS LANCET.....	89	TODAYS HEALTH ULTRA		TORISEL.....
thioridazine hcl.....	43	THINLANCETS 28G.....	90	39
thiotepa.....	35	TOFRANIL.....	23	66
thiothixene.....	43	TOLAZAMIDE.....	25	TOVIAZ.....
THYMOGLOBULIN.....	126	TOLBUTAMIDE.....	25	140
thyroid.....	137	tolcapone.....	40	TRACLEER.....
THYROLAR-1.....	137	TOLMETIN SODIUM.....	5	50
THYROLAR-1/2.....	137	tolterodine tartrate.....	140	TRADJENTA.....
THYROLAR-1/4.....	138	TOPAMAX.....	19	24
THYROLAR-2.....	138	TOPAMAX SPRINKLE..	18,19	tramadol hcl.....
THYROLAR-3.....	138	TOPCARE CLICKFINE		8
tiagabine hcl.....	19	UNIVERSAL PEN EEDLES		tramadol-acetaminophen.....
TIAZAC.....	49	31GX1/4".....	117	9
TIBSOVO.....	38	TOPCARE CLICKFINE		trandolapril.....
TIGAN.....	26	UNIVERSAL PEN EEDLES		30
tigecycline.....	137	31GX5/16".....	117	trandolapril-verapamil hcl....
TIGECYCLINE.....	137	TOPCARE LANCETS MICRO-		32
TIKOSYN.....	13	THIN 33G.....	90	TRANDOLAPRIL/VERAPAMIL
TIMOLOL MALEATE.....	48	TOPCARE ULTRA COMFORT		HCL ER.....
timolol maleate.....	48	INSULIN SYRINGE/0.3ML/30G		32
timolol maleate (ophth)....	130	X 5/16".....	117	tranexamic acid.....
TIMOPTIC.....	130	TOPCARE ULTRA COMFORT		74
TIMOPTIC-XE.....	130	INSULIN SYRINGE/0.3ML/31G		TRANSDERM SCOP.....
TIVICAY.....	45	X 5/16".....	117	26
tizanidine hcl.....	129	TOPCARE ULTRA COMFORT		TRANSDERM-SCOP.....
TOBI.....	3	INSULIN SYRINGE/0.5ML/30G		26
		X 5/16".....	117	TRANXENE T.....
		TOPCARE ULTRA COMFORT		13
		INSULIN SYRINGE/0.5ML/31G		tranylcypramine sulfate.....
		X 5/16".....	117	21
		TOPCARE ULTRA COMFORT		TRAVATAN Z.....
		INSULIN SYRINGE/1ML/30G X		132
		5/16".....	117	TRAVEL LANCETS 30G....
				90
				TRAVEL LANCETS ADVANCED
				28G.....
				90
				trazodone hcl.....
				22
				TREANDA.....
				35
				TRECATOR.....
				35
				TRELEGY ELLIPTA.....
				15
				TRELSTAR MIXJECT.....
				37
				TREMFYA.....
				60
				treprostinil.....
				50
				TRESIBA.....
				25
				TRESIBA FLEXTOUCH.....
				25
				tretinoin.....
				57
				tretinoin (chemotherapy)....
				39
				tretinoin microsphere.....
				57

TREXALL.....	36	TROJAN VERY SENSITIVE LUBRICATED.....	78	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	118
TREZIX.....	9	TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT.....	78	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	118
TRI-NORINYL 28.....	53	TROJAN VERY THIN LUBRICATED.....	78	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	118
triamcinolone acetonide.....	54	TROJAN VERY THIN SPERMICIDAL LUBRICANT.....	78	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	118
triamcinolone acetonide (mouth).....	127	TROJAN-ENZ LUBRICANT.....	78	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	118
triamcinolone acetonide (nasal).....	129	TROJAN-ENZ LUBRICATED.....	78	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	118
triamcinolone acetonide (topical).....	63	TROJAN-ENZ LUBRICATED.....	78	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	118
triamcinolone acetonide- dimethicone-silicone.....	63	TROJAN-ENZ LUBRICATED.....	78	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	118
triamterene.....	66	TROJAN-ENZ W/SPERMICIDAL.....	78	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	118
triamterene & hydrochlorothiazide.....	65	tropicamide.....	130	TRUEPLUS LANCETS 26G.....	90
triazolam.....	75	tropium chloride.....	140	TRUEPLUS LANCETS 28G.....	90
TRIBENZOR.....	32	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	117	TRUEPLUS LANCETS 28G SUPER THIN.....	90
TRICARE.....	128	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	117	TRUEPLUS LANCETS 30G.....	90
TRICOR.....	30	TRUE COMFORT PEN NEEDLES31G X 5MM.....	117	TRUEPLUS LANCETS 30G ULTRA THIN.....	90
TRIDESILON.....	63	TRUE COMFORT PEN NEEDLES31G X 6MM.....	117	TRUEPLUS LANCETS 33G.....	90
trientine hcl.....	126	TRUE COMFORT PEN NEEDLES32G X 4MM.....	117	TRUEPLUS LANCETS 33G MICRO THIN.....	90
trifluoperazine hcl.....	43	TRUE COMFORT TWIST TOP LANCETS 30G.....	90	TRUEPLUS PEN NEEDLES 29GX12MM.....	118
trifluridine.....	131	TRUE METRIX BLOOD GLUCOSETEST STRIPS.....	65	TRUEPLUS PEN NEEDLES 31GX5MM.....	118
trihexyphenidyl hcl.....	40	TRUE METRIX CONTROL SOLUTION LEVEL 3.....	90	TRUEPLUS PEN NEEDLES 31GX6MM.....	118
TRILEPTAL.....	19	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS.....	65	TRUEPLUS PEN NEEDLES 31GX8MM.....	118
trimethobenzamide hcl.....	26	TRUEDRAW LANCING DEVICE.....	90	TRUEPLUS PEN NEEDLES 32GX4MM.....	118
trimethoprim.....	11	TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM.....	117	TRUEPLUS SAFETY LANCETS 28G.....	90
trimipramine maleate.....	23	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM.....	117	TRUETEST STRIPS.....	65
TRINTELLIX.....	22	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM.....	117	TRUETRACK BLOOD GLUCOSE TEST.....	65
TRIOSTAT.....	138	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM.....	117	TRUETRACK TEST.....	65
TRISENOX.....	39	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM.....	117	TRULICITY.....	24
TRIUMEQ.....	45	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	117	TRUSOPT.....	132
TRIZIVIR.....	45	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	117	TRUSTEX COLOR CONDOMS + LUBE.....	78
TROJAN EXTENDED PLEASURE/LUBRICATED.....	77				
TROJAN MAGNUM.....	77				
TROJAN MAGNUM WARM SENSATIONS.....	77				
TROJAN MAGNUM XL LUBRICATED.....	77				
TROJAN PLEASURE MESH/SPERMICIDAL.....	77				
TROJAN RIBBED W/SPERMICIDAL.....	77				
TROJAN SHARED SENSATION/LUBRICATED.....	77				
TROJAN SUPRAS SPERMICIDAL.....	77				
TROJAN TWISTED PLEASURE.....	78				
TROJAN ULTRA PLEASURE/LUBRICATED.....	78				

TRUSTEX LUBRICATED.....	78	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16".....	118	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	119
TRUSTEX LUBRICATED EXTRALARGE.....	78	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2".....	118	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	119
TRUSTEX LUBRICATED EXTRASTRENGTH.....	78	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2".....	118	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16".....	119
TRUSTEX LUBRICATED/RIBBED/STUDDED.....	78	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2".....	118	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16".....	119
TRUSTEX LUBRICATED/SPERMICIDE.....	78	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2".....	118	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16".....	119
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE.....	78	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2".....	118	ULTICARE MICRO PEN NEEDLES 31G X 8MM.....	119
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH.....	78	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	118	ULTICARE MICRO PEN NEEDLES 32G X 4MM.....	119
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED.....	78	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16".....	118	ULTICARE MICRO PEN NEEDLES/31G X 1/4".....	119
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED.....	78	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	118	ULTICARE MICRO PEN NEEDLES/31G X 5/16".....	119
TRUSTEX/RIA LUBRICATED.....	78	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16".....	118	ULTICARE MICRO PEN NEEDLES/32G X 4MM.....	119
TRUSTEX/RIA LUBRICATED SPERMICIDE.....	78	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	118	ULTICARE MICRO PEN NEEDLES/32G X 5/32".....	119
TRUSTEX/RIA LUBRICATED/SPERMICIDE.....	78	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	118	ULTICARE MINI PEN NEEDLES 31GX6MM.....	119
TRUVADA.....	45	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	118	ULTICARE MINI PEN NEEDLES ULTI-FINE IV.....	119
TWYNSTA.....	32	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	119	ULTICARE MINI PEN NEEDLES/31G X 6MM.....	119
TYBOST.....	45	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	119	ULTICARE MINI PEN NEEDLES/32G X 1/4".....	119
TYGACIL.....	137	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	119	ULTICARE MINI PEN NEEDLES31GX6MM.....	119
TYKERB.....	39	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	119	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE.....	119
TYLENOL/CODEINE #3.....	9	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	119	ULTICARE PEN NEEDLES 31GX 5MM/MINI.....	119
TYLENOL/CODEINE #4.....	9	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	119	ULTICARE PEN NEEDLES/29GX 12.7MM.....	119
TYMLOS.....	67	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	119	ULTICARE SHORT PEN NEEDLES 31GX8MM.....	119
TYSABRI.....	136	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 1/2".....	119	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV.....	119
UCERIS.....	10	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	119	ULTICARE SHORT PEN NEEDLES/31G X 8MM.....	120
UDENYCA.....	74	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	119	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA.....	120
ULESFIA.....	64	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	119	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN.....	120
ULORIC.....	72	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	119	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI.....	120
ULTI-LANCE AUTOMATIC/CLEAR TIP.....	90				
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2".....	118				
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2".....	118				
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2".....	118				
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2".....	118				

ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN... 120	ULTILET PEN NEEDLE 32GX4MM/SHORT 120	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/31GX5/16" 121
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA..... 120	ULTILET SAFETY LANCETS 21G X 2.2MM..... 90	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/30GX5/16" 121
ULTILET CLASSIC LANCETS..... 90	ULTILET SAFETY LANCETS 23G..... 90	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16" 121
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM..... 120	ULTILET SHORT PEN NEEDLES 31GX5/16".... 120	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/30GX5/16" 121
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM..... 120	ULTILET SHORT PEN NEEDLES31GX3/16".... 120	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/31GX5/16" 121
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM..... 120	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"..... 120	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.3ML/29GX1/2" 121
ULTILET INSULIN SYRINGE/1ML/30G X 8MM120	ULTRA THIN LANCETS 31G..... 90	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.5ML/29GX1/2" 121
ULTILET INSULIN SYRINGE/1ML/31G X 8MM120	ULTRA THIN PEN NEEDLES 32G X 4MM..... 120	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" 121
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM..... 120	ULTRA-CARE LANCETS 30G..... 90	ULTRA-THIN II LANCETS 28G..... 90
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"..... 120	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"..... 121	ULTRA-THIN II LANCETS 30G..... 90
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"..... 120	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"..... 121	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16".... 121
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"..... 120	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"..... 121	ULTRA-THIN II PEN NEEDLES 29GX1/2"..... 121
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"..... 120	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"..... 121	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" 121
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"..... 120	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"..... 121	ULTRA-THIN II SAFETY AUTOLANCETS 26G..... 90
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"..... 120	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"..... 121	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"..... 121
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16"..... 120	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"..... 121	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"..... 121
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16"..... 120	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"..... 121	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"..... 121
ULTILET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"..... 120	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"..... 121	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"..... 122
ULTILET INSULIN SYRINGE/U- 100/1ML/30G X 1/2"..... 120	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"..... 121	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"..... 122
ULTILET LANCETS..... 90	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"..... 121	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"..... 122
ULTILET LANCETS 33G.... 90	ULTRA-THIN II AUTO LANCET..... 90	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"..... 122
ULTILET PEN NEEDLE 29GX12.7MM..... 120	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/30GX5/16" ... 121	
ULTILET PEN NEEDLE 31GX5MM..... 120		
ULTILET PEN NEEDLE 31GX8MM..... 120		
ULTILET PEN NEEDLE 32GX4MM..... 120		

ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	122	UNILET LANCETS SUPER-THIN30G.....	90	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	122
ULTRACARE PEN NEEDLES/31G X 1/4".....	122	UNILET LANCETS ULTRA-THIN 28G.....	90	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	122
ULTRACARE PEN NEEDLES/31G X 3/16".....	122	UNILET SUPERLITE LANCET.....	90	VALUE PLUS LANCETS STANDARD 21G.....	91
ULTRACARE PEN NEEDLES/31G X 5/16".....	122	UNISTIK 3 GENTLE.....	90	VALUE PLUS LANCETS SUPERTHIN 30G.....	91
ULTRACARE PEN NEEDLES/32G X 1/14".....	122	UNISTIK PRO SAFETY LANCET 21G.....	90	VALUE PLUS LANCETS THIN 26G.....	91
ULTRACARE PEN NEEDLES/32G X 3/16".....	122	UNISTIK PRO SAFETY LANCET 25G.....	90	VALUE PLUS LANCING DEVICE.....	91
ULTRACARE PEN NEEDLES/32G X 5/32".....	122	UNISTIK PRO SAFETY LANCET 28G.....	90	VALUMARK LANCET SUPER THIN 30G.....	91
ULTRACET.....	9	UNISTIK SAFETY LANCETS 28G.....	90	VALUMARK LANCET ULTRA THIN 28G.....	91
ULTRAM.....	8	UNISTIK SAFETY LANCETS 30G.....	91	VALUMARK PEN NEEDLES 29GX12MM.....	122
ULTRAVATE.....	63	UNISTIK TOUCH SAFETY LANCETS 21G.....	91	VALUMARK PEN NEEDLES 31GX 6MM.....	122
UNASYN.....	134	UNISTIK TOUCH SAFETY LANCETS 23G.....	91	VALUMARK PEN NEEDLES 31GX 8MM.....	122
UNASYN BULK PACK.....	134	UNISTIK TOUCH SAFETY LANCETS 28G.....	91	VANCOCIN.....	11
UNIFINE PENTIPS 29GX12MM.....	122	UNISTIK TOUCH SAFETY LANCETS 30G.....	91	VANCOCIN HCL.....	11
UNIFINE PENTIPS 31G X 3/16".....	122	UNIVERSAL 1 LANCETS THIN26G.....	91	vancomycin hcl.....	11
UNIFINE PENTIPS 31GX5MM.....	122	UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	91	VANCOMYCIN HYDROCHLORIDE.....	11
UNIFINE PENTIPS 31GX6MM.....	122	UNIVERSAL 1 LANCETS LANCETS/33G/MICRO-THIN.....	91	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2".....	122
UNIFINE PENTIPS 31GX8MM.....	122	URECHOLINE.....	140	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16".....	122
UNIFINE PENTIPS 32GX4MM.....	122	UROCIT-K 10.....	72	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2".....	122
UNIFINE PENTIPS 32GX6MM.....	122	UROXATRAL.....	72	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16".....	122
UNIFINE PENTIPS PLUS 29GX12MM.....	122	URSO 250.....	70	VARUBI.....	27
UNIFINE PENTIPS PLUS 31GX5MM.....	122	URSO FORTE.....	70	VASCEPA.....	29
UNIFINE PENTIPS PLUS 31GX6MM.....	122	ursodiol.....	70	VASERETIC.....	33
UNIFINE PENTIPS PLUS 31GX8MM.....	122	UTIBRON NEOHALER.....	15	VASOTEC.....	30
UNIFINE PENTIPS PLUS 32GX4MM.....	122	UVADEX.....	39	VECAMEYL.....	33
UNILET COMFORTOUCH LANCET.....	90	VAGIFEM.....	143	VECTIBIX.....	36
UNILET EXCELITE.....	90	valacyclovir hcl.....	47	VECTICAL.....	60
UNILET EXCELITE II.....	90	VALCYTE.....	46	VELCADE.....	39
UNILET G.P. LANCET.....	90	valganciclovir hcl.....	46	VELPHORO.....	71
UNILET G.P. SUPERLITE LANCET.....	90	VALIUM.....	13	venlafaxine hcl.....	22
UNILET GP 28 ULTRA THIN.....	90	valproate sodium.....	20	VENTAVIS.....	50
UNILET LANCET.....	90	valproic acid.....	20	VENTOLIN HFA.....	15
UNILET LANCETS MICRO-THIN33G.....	90	valrubicin.....	37	verapamil hcl.....	49
		valsartan.....	31	VERAPAMIL HCL ER.....	49
		valsartan-hydrochlorothiazide.....	33		
		VALSTAR.....	37		
		VALTREX.....	47		

VERAPAMIL HCL SR.....	49	VIVAGUARD LANCETS.....	91	WIDE-SEAL SILICONE	
VEREGEN.....	57	VIVAGUARD LANCING		DIAPHRAGM KIT 70.....	78
VERELAN.....	49	DEVICE.....	91	WIDE-SEAL SILICONE	
VERELAN PM.....	49	VIVELLE-DOT.....	70	DIAPHRAGM KIT 75.....	78
VERIPRED 20.....	54	VIZIMPRO.....	39	WIDE-SEAL SILICONE	
VESICARE.....	140	VOL-PLUS.....	128	DIAPHRAGM KIT 80.....	78
VFEND.....	27	VOLTAREN.....	57	WIDE-SEAL SILICONE	
VIAGRA.....	50	VORAXAZE.....	39	DIAPHRAGM KIT 85.....	78
VIBRAMYCIN.....	137	voriconazole.....	28	WIDE-SEAL SILICONE	
VICTOZA.....	24	VOSEVI.....	47	DIAPHRAGM KIT 90.....	78
VIDA MIA AUTOLET		VOTRIENT.....	39	WIDE-SEAL SILICONE	
LANCINGDEVICE.....	91	VP INSULIN SYRINGE/U-		DIAPHRAGM KIT 95.....	78
VIDA MIA UNIFINE		100/0.3ML/29G X 1/2".....	123	WP THYROID.....	138
PENTIPS32GX4MM.....	122	VPRIV.....	73	XALATAN.....	132
VIDA MIA UNIFINE		VYTORIN.....	29	XALKORI.....	39
PENTIPSMINI 31GX6MM.....	122	VYVANSE.....	1	XANAX.....	13
VIDA MIA UNIFINE		W&F LANCETS 26G.....	91	XANAX XR.....	13
PENTIPSORIGINAL		W&F LANCETS COLORED		XARELTO.....	16
29GX12MM.....	123	21G.....	91	XARELTO STARTER PACK.....	16
VIDA MIA UNILET LANCETS		WALGREENS ADVANCED		XELJANZ.....	4
SUPER THIN 30G.....	91	TRAVELLANCETS 28G.....	91	XELJANZ XR.....	4
VIDA MIA UNILET LANCETS		WALGREENS COMFORT		XELODA.....	36
ULTRA THIN 28G.....	91	ASSURED LANCETS MICRO		XENAZINE.....	135
VIDA MIA UNIPFINE		THIN/33G.....	91	XEOMIN.....	129
PENTIPSSHORT		WALGREENS COMFORT		XGEVA.....	67
31GX8MM.....	123	ASSURED LANCETS SUPER		XIFAXAN.....	11
VIDAZA.....	36	THIN/28G.....	91	XIGDUO XR.....	23
VIDEX EC.....	45	WALGREENS LANCETS.....	91	XODOL.....	9
VIDEXPEDIATRIC.....	45	WALGREENS THIN		XOLAIR.....	14
vigabatrin.....	19	LANCETS.....	91	XOPENEX.....	15
VIGAMOX.....	131	WALGREENS ULTRA THIN		XOPENEX CONCENTRATE.....	15
VIIBRYD.....	22	LANCETS.....	91	XOPENEX HFA.....	15
VIIBRYD STARTER PACK.....	22	warfarin sodium.....	16	XOSPATA.....	39
VIMPAT.....	19	water for irrigation, sterile.....	126	XTAMPZA ER.....	8
vincristine sulfate.....	40	WEGMANS UNIFINE PENTIPS		XTANDI.....	37
VINCRISTINE SULFATE.....	40	PLUS 32GX4MM.....	123	XULANE.....	53
vinorelbine tartrate.....	40	WEGMANS UNIFINE PENTIPS		XULTOPHY 100/3.6.....	24
VIRACEPT.....	46	PLUS/MINI/31GX5MM.....	123	XYLOCAINE.....	76
VIRAMUNE.....	46	WEGMANS UNIFINE PENTIPS		XYLOCAINE-MPF.....	76
VIRAMUNE XR.....	46	PLUS/SHORT/31GX8MM.....	123	XYREM.....	134
VIREAD.....	46	WEGMANS UNIFINE PENTIPS		XYZAL ALLERGY 24HR.....	29
VIROPTIC.....	131	PLUS/ULTRA		XYZAL ALLERGY 24HR	
VISTARIL.....	13	SHORT/31GX6MM.....	123	CHILDRENS.....	29
VISTOGARD.....	26	WELCHOL.....	29	YASMIN 28.....	53
VITALET PRO LANCETS.....	91	WELLBUTRIN SR.....	20	YAZ.....	53
VITALET PRO PLUS		WELLBUTRIN XL.....	20	YERVOY.....	36
LANCETS.....	91	WESTCORT.....	63	YONSA.....	37
VITAMIN D2.....	143	WESTHROID.....	138	ZADITOR.....	132
VITATHELY/GINGER.....	128	WIDE-SEAL SILICONE		zafirlukast.....	14
VITRAKVI.....	39	DIAPHRAGM KIT 60.....	78		
		WIDE-SEAL SILICONE			
		DIAPHRAGM KIT 65.....	78		

zaleplon.....	75	ZOMIG.....	124
ZALTRAP.....	36	ZOMIG ZMT.....	124
ZANAFLEX.....	129	ZONALON.....	60
ZANOSAR.....	35	ZONEGRAN.....	19
ZANTAC.....	139	zonisamide.....	19
ZANTAC 150 MAXIMUM STRENGTH.....	139	ZONTIVITY.....	73
ZARONTIN.....	20	ZORBTIVE.....	68
ZARXIO.....	74	ZORTRESS.....	126
ZAVESCA.....	73	ZOSTAVAX.....	142
ZEGERID.....	139	ZOSYN.....	134
ZELBORAF.....	39	ZOVIRAX.....	47,60
ZEMAIRA.....	136	ZURAMPIC.....	72
ZEMPLAR.....	68	ZYBAN.....	136
ZENPEP.....	65	ZYDELIG.....	39
ZEPATIER.....	47	ZYFLO CR.....	14
ZERIT.....	46	ZYKADIA.....	39
ZESTORETIC.....	33	ZYLOPRIM.....	72
ZESTRIL.....	30	ZYMAXID.....	131
ZETIA.....	30	ZYPREXA.....	43
ZIAC.....	33	ZYPREXA ZYDIS.....	43
ZIAGEN.....	46	ZYRTEC ALLERGY.....	29
ZIANA.....	57	ZYRTEC CHILDRENS ALLERGY.....	29
zidovudine.....	46	ZYRTEC-D ALLERGY/CONGESTION.....	55
zileuton.....	14	ZYTIGA.....	37
ZINBRYTA.....	136	ZYVOX.....	12
ZIOPTAN.....	132		
ziprasidone hcl.....	42		
ZIRGAN.....	131		
ZITHROMAX.....	76		
ZITHROMAX TRI-PAK.....	76		
ZITHROMAX Z-PAK.....	76		
ZOCOR.....	30		
ZOFRAN.....	26		
ZOFRAN ODT.....	26		
ZOHYDRO ER.....	8		
ZOLADEX.....	37		
zoledronic acid.....	67		
ZOLEDRONIC ACID.....	67		
zoledronic acid.....	67		
ZOLINZA.....	39		
zolmitriptan.....	124		
ZOLOFT.....	22		
zolpidem tartrate.....	75		
ZOMACTON.....	67		
ZOMETA.....	67		



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 - Information written in other languages

If you need these services, contact Ambetter from Peach State Health Plan at 1-877-687-1180 (TTY/TDD 1-877-941-9231).

If you believe that Ambetter from Peach State 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: Ambetter from Peach State Health Plan Complaints Department, 1100 Circle 75 Parkway, Suite 1100, Atlanta, GA 30339, 1-877-687-1180 (TTY/TDD 1-877-941-9231), Fax 1-866-532-8855. You can file a grievance by mail, fax, or email. If you need help filing a grievance, Ambetter from Peach State 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>.



FROM



Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Peach State Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1180 (TTY/TDD 1-877-941-9231).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Peach State 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 1-877-687-1180 (TTY/TDD 1-877-941-9231).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Peach State Health Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1180 (TTY/TDD 1-877-941-9231)로 전화하십시오.
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from Peach State 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 1-877-687-1180 (TTY/TDD 1-877-941-9231)。
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from Peach State Health Plan વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-687-1180 (TTY/TDD 1-877-941-9231) ઉપર કોલ કરો.
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Peach State Health Plan, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-687-1180 (TTY/TDD 1-877-941-9231).
Amharic:	እርስዎ ወይም እርስዎ የሚርዱት ሰው ስለ Ambetter from Peach State Health Plan ግብር ጥያቄ ካለዎት ያለምንም ወጪ በቋንቋዎ ድጋፍ እንዲሁም መረጃ የማግኘት መብት አለዎት፤ እስተርጓሚ ለማነጋገር በ 1-877-687-1180 (TTY/TDD 1-877-941-9231) ይደውሉ፤
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from Peach State Health Plan के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-877-687-1180 (TTY/TDD 1-877-941-9231) पर कॉल करें।
French Creole:	Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Ambetter from Peach State Health Plan, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-877-687-1180 (TTY/TDD 1-877-941-9231).
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Peach State Health Plan вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1180 (TTY/TDD 1-877-941-9231).
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Peach State Health Plan، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1180 (TTY/TDD 1-877-941-9231).
Portuguese:	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from Peach State Health Plan, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-687-1180 (TTY/TDD 1-877-941-9231).
Persian:	اگر شما، یا کسی که به او کمک می کنید سوالی در مورد Ambetter from Peach State Health Plan دارید، از این حق برخوردارید که کمک و اطلاعات را بصورت رایگان به زبان خود دریافت کنید. برای صحبت کردن با مترجم با شماره 1-877-687-1180 (TTY/TDD 1-877-941-9231) تماس بگیرید.
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Peach State 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 1-877-687-1180 (TTY/TDD 1-877-941-9231) an.
Japanese:	Ambetter from Peach State 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、1-877-687-1180 (TTY/TDD 1-877-941-9231)までお電話ください。