



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.

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)

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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	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	

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Drug Name	Drug Tier	Requirements/ Limits
FELDENE CAPS (Use Piroxicam)	NF	
fenoprofen calcium tabs 600 mg	1	ST; QL(4 ea daily)
flurbiprofen tabs	1	
ibuprofen susp 100 mg/5ml	1	RX/OTC
ibuprofen tabs 400 mg, 600 mg, 800 mg	1	
indomethacin caps	1	
indomethacin cpcr	1	
ketoprofen caps 50 mg, 75 mg	1	
ketorolac tromethamine tabs or 10 mg	1	QL(0.667 ea daily)
LODINE TABS (Use Etodolac)	NF	
MECLOFENAMATE SODIUM CAPS 50 MG	1	
mefenamic acid caps	1	ST; Must try ibuprofen. ;QL(5 ea daily)
meloxicam tabs	1	QL(1 ea daily)
MOBIC TABS (Use Meloxicam)	NF	QL(1 ea daily)
nabumetone tabs	1	
NALFON TABS 600 MG (Use Fenoprofen Calcium)	NF	ST; QL(4 ea daily)
NAPROSYN SUSP 125 MG/5ML (Use Naproxen)	NF	PA
NAPROSYN TABS 500 MG (Use Naproxen)	NF	
naproxen sodium tabs 550 mg	1	
naproxen susp 125 mg/5ml	1	PA
naproxen tabs 250 mg, 375 mg, 500 mg	1	
naproxen tbec 500 mg	1	
oxaprozin tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
piroxicam caps	1	
PONSTEL CAPS (Use Mefenamic Acid)	NF	ST; Must try ibuprofen. ;QL(5 ea daily)
sulindac tabs	1	
TOLMETIN SODIUM CAPS	1	
TOLMETIN SODIUM TABS	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA; QL(2 ea daily)
OTEZLA TBPk	4	PA
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Use Leflunomide)	NF	QL(1 ea daily)
leflunomide tabs	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(0.14 ml daily); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		

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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 CPR	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)
<i>meperidine hcl tabs or 50 mg, 100 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
MEPERIDINE HCL TABS OR 50 MG, 100 MG	2	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 tbcr 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 OR 5 MG, 10 MG (Use <i>Oxymorphone HCl</i>)	NF	PA; QL(12 ea daily)
OXYCODONE HCL ER T12A	3	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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)
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 (Use Oxycodone HCl)	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 (Use Tramadol HCl)	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)

Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	1	New starts limited to 7 day supply;QL(13 ea daily)
<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 (Use Butalbital-Acetaminophen-Caffeine w/ Codeine)	NF	New starts limited to 7 day supply
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	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)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
<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 (Use Hydrocodone-Ibuprofen)	NF	PA
LORTAB ELIX	2	New starts limited to 7 day supply
NORCO TABS (Use Hydrocodone-Acetaminophen)	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 (Use Oxycodone w/ Acetaminophen)	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 (Use Acetaminophen w/ Codeine)	NF	New starts limited to 7 day supply;QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	NF	New starts limited to 7 day supply;QL(6 ea daily)
ULTRACET TABS (Use Tramadol-Acetaminophen)	NF	New starts limited to 7 day supply;QL(8 ea daily)
XODOL TABS (Use Hydrocodone-Acetaminophen)	NF	New starts limited to 7 day supply;QL(13 ea daily)
Opioid Partial Agonists		
BUNAVAIL FILM	3	PA
BUPRENEX SOLN (Use Buprenorphine HCl)	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 (Use Buprenorphine)	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)

Drug Name	Drug Tier	Requirements/ Limits
<i>pentazocine w/ naloxone tabs</i>	1	New starts limited to 7 day supply
SUBOXONE FILM 4MG-1MG, 2MG-0.5MG (Use <i>Buprenorphine HCl-Naloxone HCl Dihydrate</i>)	3	PA; QL(3 ea daily)
SUBOXONE FILM 8MG-2MG, 12MG-3MG (Use <i>Buprenorphine HCl-Naloxone HCl Dihydrate</i>)	3	PA; QL(2 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
OXANDRIN TABS (Use <i>Oxandrolone</i>)	NF	
<i>oxandrolone tabs</i>	1	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (Use <i>Testosterone Cypionate</i>)	NF	
METHITEST TABS	3	
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate soln im</i>	1	
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (Use <i>Hydrocortisone (Intrarectal)</i>)	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM RE 2 MG/ACT	4	PA
Rectal Steroids		

Drug Name	Drug Tier	Requirements/ Limits
ANUSOL-HC CREA (Use <i>Hydrocortisone (Rectal)</i>)	NF	
<i>hydrocortisone (rectal) crea</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT CREA (Use <i>Hydrocortisone (Rectal)</i>)	NF	
PROCTOCORT SUPP (Use <i>Hydrocortisone Acetate (Rectal)</i>)	NF	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	1	PA
ALBENZA TABS (Use <i>Albendazole</i>)	NF	PA
BILTRICIDE TABS (Use <i>Praziquantel</i>)	NF	PA
EMVERM CHEW	2	QL(2 ea daily, 6 ea per fill retail, 6 ea per fill mail) 1 rtl MAX fill, 60 rtl day(s) supply, 1 mail MAX fill, 60 mail day(s) supply,
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	PA
STROMEKTOL TABS (Use <i>Ivermectin</i>)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin solr im 50000 unit</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
FLAGYL TABS 250 MG, 500 MG (Use Metronidazole)	NF	
IMPAVIDO CAPS	3	PA; QL(3 ea daily)
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
NEBUPENT SOLR	3	
PENTAM 300 SOLR (Use Pentamidine Isethionate)	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 (Use Sulfamethoxazole-Trimethoprim)	NF	
BACTRIM TABS (Use Sulfamethoxazole-Trimethoprim)	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 (Use Atovaquone)	NF	
Carbapenems		
<i>ertapenem sodium solr</i>	1	
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR IJ (Use Ertapenem Sodium)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>meropenem solr</i>	1	
MERREM SOLR (Use Meropenem)	NF	
PRIMAXIN IV SOLR (Use Imipenem-Cilastatin)	NF	
Chloramphenicols		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	PA; SP
Cyclic Lipopeptides		
CUBICIN RF SOLR (Use Daptomycin)	NF	
CUBICIN SOLR (Use Daptomycin)	NF	
<i>daptomycin solr 500 mg</i>	1	
Glycopeptides		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOCIN CAPS (Use Vancomycin HCl)	NF	QL(4 ea daily,40 ea per fill retail)
VANCOCIN HCL CAPS (Use Vancomycin HCl)	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 (Use Clindamycin HCl)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (Use Clindamycin Palmitate Hydrochloride)	NF	

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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	
CLEOCIN PHOSPHATE SOLN IV 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	

Drug Name	Drug Tier	Requirements/Limits
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (Use <i>Ranolazine</i>)	NF	QL(2 ea daily)
RANEXA TB12 500 MG (Use <i>Ranolazine</i>)	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	
ANTIANSXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs 10 mg, 15 mg, 30 mg, 7.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl tabs 5 mg</i>	1	QL(6 ea daily)
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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)
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	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		

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
DUPIXENT 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		

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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	
<i>albuterol sulfate tb12 or 4 mg, 8 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,
VOSPIRE ER TB12 (Use Albuterol Sulfate)	NF	
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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	4	QL(0.8 ml daily, 30 day(s) limit); SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	4	QL(1.2 ml daily, 30 day(s) limit); SP
<i>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 sod (porcine) in d5w soln</i>	1	
<i>heparin sodium (porcine) soln 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	1	
HEPARIN SODIUM/NACL 0.45% SOLN IJ 100UNIT/ML-0.45%	1	

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Drug Name	Drug Tier	Requirements/Limits
HEPARIN SODIUM/NACL 0.45% SOLN IV 12500UNIT/250ML-0.45%	1	
LOVENOX SOLN IJ 300 MG/3ML (Use Enoxaparin Sodium)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use Enoxaparin Sodium)	NF	QL(2 ml daily)
LOVENOX SOLN SC 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	

Drug Name	Drug Tier	Requirements/Limits
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.		
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)
EPIDIOLEX SOLN	3	PA

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)

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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		

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)

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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)

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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxepin hcl caps 10 mg, 25 mg, 50 mg, 75 mg, 100 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	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	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)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
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
XULTOPHY 100/3.6 SOPN	3	PA

Drug Name	Drug Tier	Requirements/ Limits
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)
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	
BYDUREON PEN PEN	2	
BYDUREON SRER	2	

Drug Name	Drug Tier	Requirements/ Limits
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	
NOVOLIN R RELION SOLN	2	
NOVOLIN R SOLN	2	

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Drug Name	Drug Tier	Requirements/Limits
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)
AMARYL TABS 4 MG (Use Glimepiride)	NF	QL(2 ea daily)
CHLORPROPAMIDE TABS 100 MG	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>deferasirox tbso</i>	4	PA; SP
EXJADE TBSO (Use Deferasirox)	4	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
FERRIPROX TABS 500 MG	3	
JADENU SPRINKLE PACK	4	PA
JADENU TABS	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		
<i>ALOXI SOLN (Use Palonosetron HCl)</i>	NF	
ANZEMET TABS	3	PA; QL(0.167 ea daily)
<i>granisetron hcl soln iv 1 mg/ml</i>	1	
<i>granisetron hcl tabs or 1 mg</i>	1	QL(0.34 ea daily)
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(3.34 ml daily)
<i>ondansetron hcl tabs or 24 mg</i>	1	QL(0.143 ea daily)
<i>ondansetron hcl tabs or 4 mg</i>	1	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
<i>ondansetron hcl tabs or 8 mg</i>	1	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
<i>ondansetron tbdp 4 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron tbdp 8 mg</i>	1	
<i>palonosetron hcl soln</i>	1	
ZOFRAN ODT TBDP 4 MG (Use Ondansetron)	NF	QL(1 ea daily)
ZOFRAN ODT TBDP 8 MG (Use Ondansetron)	NF	
ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)	NF	QL(3.34 ml daily)
ZOFRAN TABS 4 MG (Use Ondansetron HCl)	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG (Use Ondansetron HCl)	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 Trimethobenzamide HCl)	NF	
TRANSDERM SCOP PT72 (Use Scopolamine)	2	QL(0.34 ea daily)
TRANSDERM-SCOP PT72 (Use Scopolamine)	2	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 300MG-0.5MG	3	PA
CESAMET CAPS	3	
DICLEGIS TBEC (Use Doxylamine-Pyridoxine)	3	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
<i>doxylamine-pyridoxine tbec</i>	1	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>dronabinol caps</i>	1	
MARINOL CAPS (Use <i>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 (Use <i>Aprepitant</i>)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (Use <i>Aprepitant</i>)	NF	PA; QL(0.134 ea daily)
VARUBI TABS OR 90 MG	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (Use <i>Caspofungin Acetate</i>)	NF	
<i>casprofungin 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	
ANCOBON CAPS (Use <i>Flucytosine</i>)	NF	
<i>flucytosine caps</i>	1	
GRIS-PEG TABS (Use <i>Griseofulvin Ultramicrosize</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<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 (Use <i>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 (Use <i>Fluconazole</i>)	NF	
DIFLUCAN TABS (Use <i>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 (Use <i>Itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (Use <i>Itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (Use <i>Itraconazole</i>)	NF	PA; QL(20 ml daily)
VFEND TABS 50 MG, 200 MG (Use <i>Voriconazole</i>)	NF	QL(4 ea daily)
<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	

Drug Name	Drug Tier	Requirements/ Limits
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)
CLARINEX TABS 5 MG (Use Desloratadine)	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (Use Loratadine)	1	
CLARITIN CAPS (Use Loratadine)	1	

Drug Name	Drug Tier	Requirements/ Limits
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	
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

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Drug Name	Drug Tier	Requirements/Limits
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	
ANTIHYPERLIPIDEMICS - 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		
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LOFIBRA CAPS (Use Fenofibrate Micronized)	NF	QL(1 ea daily)
LOPID TABS (Use Gemfibrozil)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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	
ACEON TABS (<i>Use Perindopril Erbumine</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		

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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	

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 SYRP 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 syrp 60 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbcr 180 mg</i>	1	
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

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 Gemcitabine HCl)	NF	PA; SP
<i>mercaptopurine tabs</i>	1	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	1	SP
<i>methotrexate sodium soln ij 50 mg/2ml</i>	1	
<i>methotrexate sodium soln ij 50 mg/2ml</i>	1	SP
<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 Azacitidine)	NF	PA; SP
XELODA TABS (Use Capecitabine)	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

Drug Name	Drug Tier	Requirements/Limits
RITUXAN SOLN	4	PA; SP
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 Anastrozole)	NF	QL(1 ea daily)
AROMASIN TABS (Use Exemestane)	NF	QL(1 ea daily); SP
<i>bicalutamide tabs</i>	4	PA; QL(1 ea daily); SP
CASODEX TABS (Use Bicalutamide)	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 Toremifene Citrate)	2	
FASLODEX SOLN (Use Fulvestrant)	4	PA; QL(0.357 ml daily); SP
FEMARA TABS (Use Letrozole)	NF	
FIRMAGON SOLR	4	PA; QL(0.143 ea daily); SP

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Drug Name	Drug Tier	Requirements/ Limits
<i>flutamide caps</i>	4	PA; QL(6 ea daily); SP
<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		

Drug Name	Drug Tier	Requirements/ Limits
POMALYST CAPS	4	PA; QL(1 ea daily)
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
ELLEENCE 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
BORTEZOMIB SOLR	4	PA;
BOSULIF TABS 100 MG, 500 MG	4	PA; QL(1 ea daily); SP
BOSULIF TABS 400 MG	4	PA;

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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(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 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
<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)
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
SYLATRON KIT	4	PA; SP
SYNRIBO SOLR	4	PA; SP
TARGETIN CAPS OR 75 MG (<i>Use Bexarotene</i>)	NF	PA; SP
<i>tratinol (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
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML (<i>Use Docetaxel</i>)	4	PA; SP
ETOPOPHOS SOLR	4	PA; SP
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

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Drug Name	Drug Tier	Requirements/Limits
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
VINCRISTINE SULFATE SOLN	4	PA; SP
<i>vincristine sulfate soln</i>	4	PA; SP
<i>vinorelbine tartrate soln 10 mg/ml</i>	4	PA; SP
Topoisomerase I Inhibitors		
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		
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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Drug Name	Drug Tier	Requirements/ Limits
PARLODEL TABS (<i>Use Bromocriptine Mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	
REQUIP TABS (<i>Use Ropinirole Hydrochloride</i>)	NF	
REQUIP XL TB24 2 MG, 4 MG, 6 MG (<i>Use Ropinirole Hydrochloride</i>)	NF	ST; QL(1 ea daily)
REQUIP XL TB24 8 MG, 12 MG (<i>Use Ropinirole Hydrochloride</i>)	NF	ST; QL(2 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	1	ST; QL(1 ea daily)
<i>ropinirole hydrochloride tb24 8 mg, 12 mg</i>	1	ST; QL(2 ea daily)
SINEMET CR TBCR (<i>Use Carbidopa-Levodopa</i>)	NF	
SINEMET TABS (<i>Use Carbidopa-Levodopa</i>)	NF	
STALEVO 100 TABS	1	
STALEVO 125 TABS	1	
STALEVO 150 TABS	1	
STALEVO 200 TABS	1	
STALEVO 50 TABS	1	
STALEVO 75 TABS	1	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Use Rasagiline Mesylate</i>)	NF	PA; QL(1 ea daily)
ELDEPRYL CAPS (<i>Use Selegiline HCl</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>rasagiline mesylate tabs</i>	1	PA; QL(1 ea daily)
<i>selegiline hcl caps</i>	1	
SELEGILINE HCL TABS	1	
<i>selegiline hcl tabs</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps 150 mg, 300 mg, 600 mg</i>	1	
LITHIUM CARBONATE CAPS 150 MG, 600 MG (<i>Use Lithium Carbonate</i>)	1	
<i>lithium carbonate tabs 300 mg</i>	1	
<i>lithium carbonate tbcr 300 mg, 450 mg</i>	1	
LITHIUM SOLN	1	
LITHOBID TBCR (<i>Use Lithium Carbonate</i>)	NF	
Antipsychotics - Misc.		
EQUETRO CP12 100 MG	3	ST; QL(2 ea daily)
EQUETRO CP12 200 MG	3	ST; QL(8 ea daily)
EQUETRO CP12 300 MG	3	ST; QL(4 ea daily)
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (<i>Use Ziprasidone HCl</i>)	NF	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS	3	PA; QL(1 ea daily)
<i>ziprasidone hcl caps</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA

Drug Name	Drug Tier	Requirements/Limits
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 SUSR	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 0.25 mg, 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	
<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		

Drug Name	Drug Tier	Requirements/Limits
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)
<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 (<i>Use Quetiapine Fumarate</i>)	NF	QL(4 ea daily); AL(At least 10 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL TABS 300 MG, 400 MG (Use Quetiapine Fumarate)	NF	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 300 MG, 400 MG (Use Quetiapine Fumarate)	NF	PA; QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 50 MG, 150 MG, 200 MG (Use Quetiapine Fumarate)	NF	PA; QL(1 ea daily); AL(At least 10 yrs old)
ZYPREXA SOLR IM 10 MG (Use Olanzapine)	NF	QL(0.215 ea daily)
ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG (Use Olanzapine)	NF	QL(2 ea daily)
ZYPREXA TABS OR 5 MG, 2.5 MG (Use Olanzapine)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP (Use Olanzapine)	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 ELIX OR 2.5 MG/5ML	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	
FLUPHENAZINE HCL TABS OR 1 MG, 5 MG, 10 MG, 2.5 MG	1	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		
ABILIFY TABS (Use Aripiprazole)	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)
<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 (Use Lamivudine-Zidovudine)	NF	QL(2 ea daily)
COMPLERA TABS	3	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
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)
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 (Use <i>Lamivudine</i>)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (Use <i>Lamivudine</i>)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (Use <i>Lamivudine</i>)	NF	QL(1 ea daily)
EPZICOM TABS (Use <i>Abacavir Sulfate-Lamivudine</i>)	NF	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
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)

Drug Name	Drug Tier	Requirements/Limits
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 (Use <i>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 (Use <i>Fosamprenavir Calcium</i>)	NF	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	1	QL(12.5 ml daily)
<i>nevirapine susp 50 mg/5ml</i>	1	QL(40 ml daily)
<i>nevirapine tabs 200 mg</i>	1	QL(2 ea daily)
<i>nevirapine tb24 100 mg</i>	1	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	1	QL(1 ea daily)
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 <i>Ritonavir</i>)	NF	QL(12 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
SYMFI TABS	2	QL(1 ea daily)
SYMTUZA TABS	3	ST; 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	
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	

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Drug Name	Drug Tier	Requirements/ Limits
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (<i>Use Stavudine</i>)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	2	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (<i>Use Abacavir Sulfate</i>)	NF	
ZIAGEN TABS 300 MG (<i>Use Abacavir Sulfate</i>)	NF	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	1	QL(6 ea daily)
<i>zidovudine syrp 50 mg/5ml</i>	1	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	1	QL(2 ea daily)
CMV Agents		
<i>cidofovir soln</i>	3	
CYTOVENE SOLR (<i>Use Ganciclovir Sodium</i>)	NF	
<i>ganciclovir sodium solr</i>	1	
VALCYTE TABS 450 MG (<i>Use Valganciclovir HCl</i>)	NF	PA; QL(4 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	PA; QL(4 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	4	PA; QL(1 ea daily); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (<i>Use Entecavir</i>)	NF	PA; QL(1 ea daily); SP
COPEGUS TABS (<i>Use Ribavirin (Hepatitis C)</i>)	NF	PA; QL(7 ea daily)
DAKLINZA TABS 30 MG, 60 MG	4	PA; QL(1 ea daily)
<i>entecavir tabs</i>	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 (<i>Use Lamivudine (HBV)</i>)	NF	QL(3 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
HARVONI TABS	4	PA; QL(1 ea daily); SP
HEPSERA TABS (<i>Use Adefovir Dipivoxil</i>)	NF	PA; QL(1 ea daily); SP
<i>lamivudine (hbv) tabs</i>	1	QL(3 ea daily); SP
LEDIPASVIR/SOFOSBUVIR TABS	4	PA; QL(1 ea daily); SP
MAVYRET TABS	4	PA; QL(3 ea daily)
MODERIBA 1200 DOSE PACK TABS	4	PA
MODERIBA 800 DOSE PACK TABS	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 (<i>Use Ribavirin (Hepatitis C)</i>)	NF	PA; QL(7 ea daily)
REBETOL SOLN 40 MG/ML	4	PA; QL(35 ml daily); SP
RIBASPHERE RIBAPAK TABS 400 MG, 600 MG	4	PA
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/VELPATASVIR TABS	4	PA; QL(1 ea daily)
SOVALDI TABS	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)

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Drug Name	Drug Tier	Requirements/ Limits
<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		
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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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 (Use Metoprolol Tartrate)	NF	
<i>metoprolol succinate tb24</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<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 (Use <i>Atenolol</i>)	NF	
TOPROL XL TB24 (Use <i>Metoprolol Succinate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use <i>Sotalol HCl (AFIB/AFL)</i>)	NF	
BETAPACE TABS (Use <i>Sotalol HCl</i>)	NF	QL(2 ea daily)
CORGARD TABS (Use <i>Nadolol</i>)	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (Use <i>Propranolol HCl</i>)	NF	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	1	
<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/af) 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		

Drug Name	Drug Tier	Requirements/ Limits
Calcium Channel Blockers		
ADALAT CC TB24 (Use <i>Nifedipine</i>)	NF	
<i>amlodipine besylate tabs</i>	1	
CALAN SR TBCR (Use <i>Verapamil HCl</i>)	NF	
CALAN TABS (Use <i>Verapamil HCl</i>)	NF	
CARDIZEM CD CP24 (Use <i>Diltiazem HCl Coated Beads</i>)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use <i>Diltiazem HCl Coated Beads</i>)	NF	
CARDIZEM TABS (Use <i>Diltiazem HCl</i>)	NF	
<i>diltiazem hcl coated beads cp24</i>	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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
VERAPAMIL HCL SR CP24	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbc</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	

Drug Name	Drug Tier	Requirements/Limits
DIGOXIN SOLN OR 0.05 MG/ML	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
Impotence Agents		
CIALIS TABS 5 MG (Use Tadalafil)	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 (Use Sildenafil Citrate)	NF	PA; QL(0.1334 ea daily)
Prostaglandin Vasodilators		
<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR (Use Epoprostenol Sodium)	NF	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
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		
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)

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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Drug Name	Drug Tier	Requirements/ Limits
<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>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime 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 (Use Cefixime)	NF	ST
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	1	
MAXIPIME SOLR IJ 1 GM, 2 GM (Use Cefepime HCl)	NF	
Cephalosporins - 5th Generation		

Drug Name	Drug Tier	Requirements/ Limits
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	0	
BEYAZ TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	0	
BREVICON-28 TABS (Use Norethindrone & Eth Estradiol)	0	
CYCLESSA TABS (Use Desogestrel-Ethinyl Estradiol (Triphasic))	0	
DESOGEN TABS (Use Desogestrel & Ethinyl Estradiol)	0	
<i>desogestrel & ethinyl estradiol tabs</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	0	
<i>drospirenone-ethinyl estradiol tabs</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	0	
ESTROSTEP FE TABS (Use 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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
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	

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Drug Name	Drug Tier	Requirements/Limits
Combination Contraceptives - Vaginal		
NUVARING RING	0	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
Emergency Contraceptives		
ELLA TABS	0	
<i>levonorgestrel (emergency oc) tabs</i>	0	
PLAN B ONE-STEP TABS (Use <i>Levonorgestrel (Emergency OC)</i>)	0	
Progestin Contraceptives - IUD		
KYLEENA IUD	0	
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	0	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	0	QL(90 day(s) limit, 1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	QL(1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	QL(90 day(s) limit, 1 ml per 90 days retail)
Progestin Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone (contraceptive) tabs</i>	0	
ORTHO MICRONOR TABS (Use <i>Norethindrone (Contraceptive)</i>)	0	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep 3 mg</i>	1	PA
CORTEF TABS (Use <i>Hydrocortisone</i>)	NF	
CORTISONE ACETATE TABS	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 40 MG/ML, 80 MG/ML (Use <i>Methylprednisolone Acetate</i>)	NF	
<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 <i>Budesonide</i>)	NF	PA
<i>hydrocortisone tabs</i>	1	
KENALOG-40 SUSP (Use <i>Triamcinolone Acetonide</i>)	NF	
MEDROL DOSEPAK TBPB (Use <i>Methylprednisolone</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
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	
ORAPRED ODT TBPk (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, 2.5 mg</i>	1	
PREDNISON TABS 50 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
<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	1	
<i>triamcinolone acetonide susp</i>	1	
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	NF	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1	QL(3 ea daily)
TESSALON PERLES CAPS (Use 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)

Drug Name	Drug Tier	Requirements/Limits
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)
fexofenadine-pseudoephedrine tb12 60mg-120mg	1	QL(2 ea daily)
fexofenadine-pseudoephedrine tb24 180mg-240mg	1	QL(1 ea daily)
FLOWTUSS SOLN	2	
HYDROCODONE BITARTRATE/GUAIFENESIN SOLN	2	
loratadine & pseudoephedrine tb12 5mg-120mg	1	QL(2 ea daily)
loratadine & pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg	1	QL(1 ea daily)
OBREDON SOLN	2	
VITUZ SOLN	3	PA
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use Cetirizine-Pseudoephedrine)	1	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPERSAL NEBU (Use Sodium Chloride (Inhalant))	NF	
HYPERSAL NEBU 3.5 %	1	
HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant))	NF	
NEBUSAL NEBU	1	
sodium chloride (inhalant) nebu 7 %	1	
Mucolytics		
acetylcysteine soln	1	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
adapalene crea 0.1 %	1	PA; AL(At least 12 yrs old)
adapalene gel 0.1 %	1	PA; AL(At least 12 yrs old); RX/OTC
adapalene gel 0.3 %	1	ST; AL(At least 12 yrs old)
ADAPALENE LOTN 0.1 %	1	ST; AL(At least 12 yrs old)
adapalene-benzoyl peroxide gel	1	ST; AL(At least 12 yrs old)
AZELEX CREA	3	ST; AL(At least 12 yrs old)
BENZAACLIN GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAACLIN WITH PUMP GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAMYCIN GEL (Use Benzoyl Peroxide-Erythromycin)	NF	PA; AL(At least 12 yrs old)
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 6 %	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 10 %	1	AL(At least 12 yrs old); RX/OTC
benzoyl peroxide gel 5 %	1	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide liqd 10 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide liqd 4 %, 6 %, 7 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin gel</i>	1	PA; AL(At least 12 yrs old)
BP CLEANSING WASH EMUL	2	AL(At least 12 yrs old)
CLEOCIN-T GEL (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T LOTN (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T SOLN (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T SWAB (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) foam</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) gel</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) lotn</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) soln</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) swab</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide gel 1%-5%</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-tretinoin gel</i>	1	ST; AL(At least 12 yrs old)
DESQUAM-X WASH LIQD 10 % (<i>Use Benzoyl Peroxide</i>)	NF	AL(At least 12 yrs old); RX/OTC
DIFFERIN CREA 0.1 % (<i>Use Adapalene</i>)	NF	PA; AL(At least 12 yrs old)
DIFFERIN GEL 0.1 % (<i>Use Adapalene</i>)	NF	PA; AL(At least 12 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN GEL 0.3 % (<i>Use Adapalene</i>)	NF	ST; AL(At least 12 yrs old)
DIFFERIN LOTN 0.1 %	1	ST; AL(At least 12 yrs old)
DUAC GEL (<i>Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)</i>)	NF	PA; AL(At least 12 yrs old)
EPIDUO GEL (<i>Use Adapalene-Benzoyl Peroxide</i>)	NF	ST; AL(At least 12 yrs old)
<i>erythromycin (acne aid) pads</i>	1	AL(At least 12 yrs old)
<i>erythromycin (acne aid) soln</i>	1	AL(At least 12 yrs old)
EVOCLIN FOAM (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	PA; AL(At least 12 yrs old)
<i>isotretinoin caps</i>	3	PA; AL(At least 12 yrs old)
KLARON LOTN (<i>Use Sulfacetamide Sodium (Acne)</i>)	NF	AL(At least 12 yrs old)
PANOXYL-4 CREAMY WASH LIQD (<i>Use Benzoyl Peroxide</i>)	NF	AL(At least 12 yrs old)
RETIN-A CREA (<i>Use Tretinoin</i>)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL (<i>Use Tretinoin</i>)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % (<i>Use Tretinoin Microsphere</i>)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (<i>Use Tretinoin Microsphere</i>)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
<i>sulfacetamide sodium (acne) lotn</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur crea 5%-10%</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur emul 5%-10%</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5%-9%</i>	1	ST; AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
SUMADAN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur)	NF	ST; AL(At least 12 yrs old)
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	1	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin gel 0.025 %, 0.01 %</i>	1	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	PA; AL(At least 12 yrs old - Up to 30 yrs old)
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)
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL(3.34 gm daily)
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	
<i>gentamicin sulfate (topical) crea</i>	1	QL(1 gm daily)
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin calcium (topical) crea</i>	1	
<i>mupirocin oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
<i>butenafine hcl crea</i>	1	RX/OTC
<i>ciclopirox gel 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham 1 %</i>	1	
<i>ciclopirox soln 8 %</i>	1	
<i>clotrimazole (topical) crea</i>	1	RX/OTC
<i>clotrimazole (topical) soln</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	
<i>clotrimazole w/ betamethasone lotn</i>	1	
<i>econazole nitrate crea</i>	1	
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 Ciclopirox Olamine)	NF	
LOPROX SHAMPOO SHAM (Use Ciclopirox)	NF	
LOPROX SUSP 0.77 % (Use Ciclopirox Olamine)	NF	
LOTRIMIN AF CREA (Use Clotrimazole (Topical))	NF	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN AF FOR HER CREA (Use Clotrimazole (Topical))	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use Clotrimazole (Topical))	NF	RX/OTC
LOTRIMIN ULTRA CREA (Use Butenafine HCl)	1	RX/OTC
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	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,
<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 Naftifine HCl)	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
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,
NIZORAL SHAM (Use Ketoconazole (Topical))	NF	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	1	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT CREA (Use Oxiconazole Nitrate)	NF	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT LOTN	2	Limit 1 Fill per 180 days;QL(2 ml daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PENLAC NAIL LACQUER SOLN (Use Ciclopirox)	NF	
Antineoplastic or Premalignant Lesion Agents -		
<i>diclofenac sodium (actinic keratoses) gel</i>	1	PA; QL(3.34 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
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,
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,

Drug Name	Drug Tier	Requirements/ Limits
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,
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)

Drug Name	Drug Tier	Requirements/ Limits
SILIQ SOSY	4	PA
SORIATANE CAPS 10 MG, 17.5 MG (Use <i>Acitretin</i>)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (Use <i>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
TALTZ SOAJ	4	PA
<i>tazarotene crea</i>	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (Use <i>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 % (Use <i>Acyclovir Topical</i>)	3	
ZOVIRAX OINT EX 5 % (Use <i>Acyclovir Topical</i>)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (Use <i>Silver Sulfadiazine</i>)	NF	
<i>silver sulfadiazine crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use <i>Mafenide Acetate</i>)	NF	
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
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

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Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate crea</i>	1	PA; QL(3 gm daily)
<i>clobetasol propionate emollient base crea</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate foam</i>	1	ST; QL(3 gm daily)
<i>clobetasol propionate gel</i>	1	ST; QL(2 gm daily)
<i>clobetasol propionate oint</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate soln</i>	1	PA; QL(3.34 ml daily)
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (Use Flurandrenolide)	NF	
CORDRAN LOTN 0.05 % (Use Flurandrenolide)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CUTIVATE LOTN (Use Fluticasone Propionate)	NF	
DERMA-SMOOTH/FS BODY OIL (Use Fluocinolone Acetonide)	NF	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
DERMA-SMOOTH/FS SCALP OIL (Use Fluocinolone Acetonide)	NF	
DERMACINRX SILAPAK KIT (Use Triamcinolone Acetonide-Dimethicone-Silicone)	NF	PA
DERMATOP OINT (Use Prednicarbate)	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)

Drug Name	Drug Tier	Requirements/ Limits
DESOWEN CREA (Use Desonide)	NF	QL(4 gm daily)
DESOWEN LOTN (Use Desonide)	NF	QL(4 ml daily)
<i>desoximetasone crea 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone oint 0.25 %</i>	1	
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	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>fluocinolone acetonide oil 0.01 %</i>	1	
<i>fluocinolone acetonide oint 0.025 %</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>halcinonide crea</i>	1	PA
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA (Use <i>Halcinonide</i>)	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 <i>Hydrocortisone Butyrate</i>)	NF	
LOCOID OINT (Use <i>Hydrocortisone Butyrate</i>)	NF	
LOCOID SOLN (Use <i>Hydrocortisone Butyrate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
LUXIQ FOAM (Use <i>Betamethasone Valerate</i>)	NF	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use <i>Hydrocortisone (Topical)</i>)	NF	RX/OTC
OLUX FOAM (Use <i>Clobetasol Propionate</i>)	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1	
PSORCON CREA	2	PA
SYNALAR CREA (Use <i>Fluocinolone Acetonide</i>)	NF	
SYNALAR OINT (Use <i>Fluocinolone Acetonide</i>)	NF	
SYNALAR SOLN (Use <i>Fluocinolone Acetonide</i>)	NF	
TACLONEX OINT (Use <i>Calcipotriene-Betamethasone Dipropionate</i>)	NF	ST
TACLONEX SUSP	3	ST
TEMOVATE CREA (Use <i>Clobetasol Propionate</i>)	NF	PA; QL(3 gm daily)
TEMOVATE OINT (Use <i>Clobetasol Propionate</i>)	NF	PA; QL(1 gm daily)
TOPICORT CREA 0.25 % (Use <i>Desoximetasone</i>)	NF	
TOPICORT GEL 0.05 % (Use <i>Desoximetasone</i>)	NF	
TOPICORT OINT 0.25 % (Use <i>Desoximetasone</i>)	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	

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Drug Name	Drug Tier	Requirements/Limits
<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 <i>Desonide</i>)	NF	QL(4 gm daily)
ULTRAVATE CREA (Use <i>Halobetasol Propionate</i>)	NF	
ULTRAVATE OINT (Use <i>Halobetasol Propionate</i>)	NF	
WESTCORT OINT (Use <i>Hydrocortisone Valerate</i>)	NF	
Eczema Agents		
DUPIXENT SOSY	4	PA
Emollients		
LAC-HYDRIN CREA (Use <i>Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
LAC-HYDRIN LOTN (Use <i>Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (Use <i>Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
ALDARA CREA (Use <i>Imiquimod</i>)	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 <i>Pimecrolimus</i>)	NF	PA; AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	1	PA; AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
PROTOPIC OINT (Use <i>Tacrolimus (Topical)</i>)	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		
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily); RX/OTC
<i>lidocaine hcl gel 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 (Use <i>Lidocaine</i>)	NF	PA
SYNERA PTCH	3	QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT	3	PA; QL(2 gm daily)
Rosacea Agents		
<i>azelaic acid gel</i>	1	PA
FINACEA GEL (Use <i>Azelaic Acid</i>)	NF	PA
METROCREAM CREA (Use <i>Metronidazole (Topical)</i>)	NF	
METROGEL GEL (Use <i>Metronidazole (Topical)</i>)	NF	
METROLOTION LOTN (Use <i>Metronidazole (Topical)</i>)	NF	
<i>metronidazole (topical) crea</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) gel</i>	1	
<i>metronidazole (topical) lotn</i>	1	
MIRVASO GEL	3	PA; QL(1 gm daily)
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	PA
ELIMITE CREA (Use <i>Permethrin</i>)	NF	
EURAX CREA	3	
EURAX LOTN (Use <i>Crotamiton</i>)	NF	PA
LINDANE SHAM	2	
<i>malathion lotn</i>	1	
NATROBA SUSP	1	PA
NIX CREME RINSE LIQD (Use <i>Permethrin</i>)	NF	
OVIDE LOTN (Use <i>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	

Drug Name	Drug Tier	Requirements/ Limits
CHEK-STIX CONTROL STRP	1	
CHEMSTRIP-K STRP	1	
FORA GTEL BLOOD KETONE TEST STRIPS STRP	1	
KETONE STRP	1	
KETONE TEST STRIPS STRP	1	
KETOSTIX STRP	1	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	1	
PRECISION XTRA STRP VI	1	
PTS PANELS KETONE TEST STRP	1	
RELION KETONE STRP	1	
RELION KETONE TEST STRIPS STRP	1	
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSETEST 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
TRUETRACK BLOOD GLUCOSE TEST STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1	QL(3.34 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
SUCRAID SOLN	3	
ZENPEP CPEP	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12 500 mg</i>	1	QL(2 ea daily)
<i>acetazolamide sodium solr</i>	1	
<i>acetazolamide tabs 125 mg</i>	1	QL(8 ea daily)
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)
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	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
Loop Diuretics		
<i>bumetanide soln ij 0.25 mg/ml</i>	1	
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS (Use 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	

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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 (<i>Use Hydrochlorothiazide</i>)	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 (<i>Use Risedronate Sodium</i>)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (<i>Use Risedronate Sodium</i>)	NF	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG, 30 MG (<i>Use Risedronate Sodium</i>)	NF	PA; QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.143 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
ALENDRONATE SODIUM TABS 5 MG, 40 MG	1	QL(1 ea daily)
ATELVIA TBEC (<i>Use Risedronate Sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (<i>Use Ibandronate Sodium</i>)	NF	PA; SP
BONIVA TABS OR 150 MG (<i>Use Ibandronate Sodium</i>)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln</i>	1	
ETIDRONATE DISODIUM TABS 200 MG	1	
FORTEO SOLN	4	PA; QL(0.09 ml daily); SP

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (<i>Use Alendronate Sodium</i>)	NF	QL(0.143 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	PA; SP
<i>ibandronate sodium tabs or 150 mg</i>	1	QL(0.036 ea daily)
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
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		

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Drug Name	Drug Tier	Requirements/Limits
ACTHAR GEL	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA
<i>ganirelix acetate soln</i>	4	PA
GANIRELIX ACETATE SOLN (<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 FLEXPOR SOLN 30 MG/3ML	4	PA
NORDITROPIN FLEXPOR 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

Drug Name	Drug Tier	Requirements/Limits
SAIZEN SOLR	4	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP
ZORBTIVE SOLR	4	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use Raloxifene HCl</i>)	NF	QL(1 ea daily)
OSPHENA TABS	3	PA
<i>raloxifene hcl tabs</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	PA; SP
LHRH/GnRH Agonist Analog Pituitary		
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 iv 1 mcg/ml</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

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Drug Name	Drug Tier	Requirements/Limits
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1	
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
GALAFOLD CAPS	4	PA; QL(0.5 ea daily)
HECTOROL CAPS OR 0.5 MCG, 1 MCG, 2.5 MCG (Use <i>Doxercalciferol</i>)	NF	
HECTOROL SOLN IV 4 MCG/2ML (Use <i>Doxercalciferol</i>)	NF	
KUVAN TBSO 100 MG	4	PA; SP
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP
ORFADIN CAPS 2 MG, 5 MG, 10 MG	4	PA; SP
PALYNZIQ SOSY	4	PA
<i>paricalcitol caps</i>	1	
<i>paricalcitol soln</i>	1	
ROCALTROL CAPS (Use <i>Calcitriol</i>)	NF	
ROCALTROL SOLN (Use <i>Calcitriol</i>)	NF	
SENSIPAR TABS (Use <i>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 (Use <i>Paricalcitol</i>)	NF	
ZEMPLAR SOLN (Use <i>Paricalcitol</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use <i>Desmopressin Acetate</i>)	NF	PA
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

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Drug Name	Drug Tier	Requirements/Limits
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
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 Norethindrone Acetate-Ethinyl Estradiol)	NF	
norethindrone acetate-ethinyl estradiol tabs	1	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
CLIMARA PTWK (Use Estradiol)	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (Use Estradiol Valerate)	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 Estradiol)	NF	
estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr	1	QL(0.267 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w soln 200mg/100ml-5%</i>	3	
CIPROFLOXACIN SOLN IV 400 MG/40ML	1	
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	1	
LEVAQUIN TABS (Use Levofloxacin)	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 (Use Ursodiol)	NF	
URSO 250 TABS (Use Ursodiol)	NF	
URSO FORTE TABS (Use Ursodiol)	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		

Drug Name	Drug Tier	Requirements/ Limits
<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)
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	QL(6 ea daily)
REGLAN TABS (Use Metoclopramide HCl)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24	2	PA
ASACOL HD TBEC (Use Mesalamine)	NF	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC (Use Sulfasalazine)	NF	
AZULFIDINE TABS (Use Sulfasalazine)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP (Use Mesalamine)	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 Balsalazide Disodium)	NF	
DIPENTUM CAPS	2	
ENTYVIO SOLR	3	
INFLECTRA SOLR	4	PA; 30 rti lmt day(s),30 mail lmt day(s),
LIALDA TBEC (Use Mesalamine)	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

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Drug Name	Drug Tier	Requirements/ Limits
RENFLXIS SOLR	4	PA; 30 rti lmt day(s),30 mail lmt day(s),
STELARA SOLN IV 130 MG/26ML	4	PA
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron 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)
LOTRONEX 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
ELIPHOS TABS (Use <i>Calcium Acetate (Phosphate Binder)</i>)	NF	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	

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

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Drug Name	Drug Tier	Requirements/Limits
FLOMAX CAPS (<i>Use Tamsulosin HCl</i>)	NF	
PROSCAR TABS (<i>Use Finasteride</i>)	NF	
RAPAFLO CAPS 4 MG, 8 MG (<i>Use Silodosin</i>)	NF	
<i>silodosin caps</i>	1	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (<i>Use Alfuzosin HCl</i>)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i>	1	
PYRIDIUM TABS (<i>Use Phenazopyridine HCl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
DUZALLO TABS	3	PA
Gout Agents		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	1	QL(1 ea daily)
COLCRYS TABS	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 (<i>Use Febuxostat</i>)	3	PA; QL(1 ea daily)
ZURAMPIC TABS	3	PA
ZYLOPRIM TABS (<i>Use Allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	

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

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Drug Name	Drug Tier	Requirements/ Limits
PLAVIX TABS 75 MG (<i>Use Clopidogrel Bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
REOPRO SOLN	3	
ZONTIVITY TABS	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	4	PA; QL(2 ea daily)
CEREZYME SOLR	4	PA; SP
ELELYSO SOLR	4	PA; SP
<i>miglustat caps</i>	4	PA; QL(3 ea daily); SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS (<i>Use Miglustat</i>)	NF	PA; QL(3 ea daily); SP
Agents for Sickle Cell 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

Drug Name	Drug Tier	Requirements/ Limits
DOPTELET TABS	4	PA
EPOGEN SOLN	3	PA; SP
FULPHILA SOSY	4	PA;
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA
MULPLETA TABS	4	PA
NEULASTA ONPRO KIT PSKT	4	PA; SP
NEULASTA SOSY	4	PA; SP
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	4	PA
NPLATE SOLR	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
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)

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old)
<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)

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

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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 <i>Ramelteon</i>)	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 <i>Calcium Polycarbophil</i>)	NF	
Laxative Combinations		
CLENPIQ SOLN	3	PA
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (Use <i>PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	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 <i>Bisacodyl</i>)	NF	
Surfactant Laxatives		

Drug Name	Drug Tier	Requirements/ Limits
COLACE CAPS (Use <i>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 % (Use <i>Lidocaine HCl (Local Anesth.)</i>)	NF	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % (Use <i>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 (Use <i>Azithromycin</i>)	NF	
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use <i>Azithromycin</i>)	NF	
ZITHROMAX TABS OR 250 MG (Use <i>Azithromycin</i>)	NF	QL(6 ea per fill retail,6 ea per fill mail)
ZITHROMAX TABS OR 500 MG (Use <i>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		

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)

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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)

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/STUDDED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDAL EXTRA LARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDAL EXTRA STRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDAL 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/STUDED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
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)

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)

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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)

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)
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 TWIST LANCETS 28G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1	QL(6.6667 ea daily)

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

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

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Drug Name	Drug Tier	Requirements/ Limits
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)
EASY TOUCH LANCETS 33G/TWIST MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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	

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)

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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 ADVANCED LANCING DEVICE MISC	1	
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
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)

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 LANCETS 30G MISC	1	QL(6.6667 ea daily)
KINNEY LANCETS MISC	1	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1	QL(6.6667 ea daily)
KROGER LANCETS 21G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MISC	1	QL(6.6667 ea daily)
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 ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
KROGER LANCING DEVICE MISC	1	
LANCET DEVICE ADJUSTABLE MISC	1	
LANCET DEVICE WITH EJECTOR MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
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	
LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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)

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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)

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)

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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)

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)

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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)
SMARTEST 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)

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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	

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)

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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	

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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

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPSPLUS/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 SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	1	QL(5 ea daily)
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)

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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)

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/ULTRAFINE/32G X 6MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRAFINE/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 SYSYRINGE/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

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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)

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)

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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)

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)

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

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

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

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

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

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

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/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

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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

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

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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

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
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily); 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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/Limits
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
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
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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 EEDLES 31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT PEN NEEDLES 32G 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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily); 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

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Drug Name	Drug Tier	Requirements/ Limits
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
ULTICARE SHORT PEN NEEDLES/31G X 8MM 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)

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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 PENTIPSORIGINAL 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)

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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

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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 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

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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
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)
PARAFON FORTE DSC TABS (Use Chlorzoxazone)	NF	QL(6 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	

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS (Use <i>Tizanidine HCl</i>)	NF	
ZANAFLEX TABS (Use <i>Tizanidine HCl</i>)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use <i>Dantrolene Sodium</i>)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 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 <i>Azelastine HCl</i>)	NF	
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (Use <i>Olopatadine HCl (Nasal)</i>)	NF	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1	
Nasal Steroids		
<i>budesonide (nasal) susp</i>	1	
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>Fluticasone Propionate (Nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use <i>Fluticasone Propionate (Nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC

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 <i>Triamcinolone Acetonide (Nasal)</i>)	NF	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use <i>Triamcinolone Acetonide (Nasal)</i>)	NF	RX/OTC
NASONEX SUSP (Use <i>Mometasone Furoate (Nasal)</i>)	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 <i>Riluzole</i>)	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	

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%, 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	

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 <i>Ofloxacin (Ophth)</i>)	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (Use <i>Polymyxin B-Trimethoprim</i>)	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	
TOBEX SOLN (Use <i>Tobramycin (Ophth)</i>)	NF	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN (Use <i>Moxifloxacin HCl (Ophth)</i>)	NF	
VIROPTIC SOLN (Use <i>Trifluridine</i>)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (Use <i>Gatifloxacin (Ophth)</i>)	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (Use <i>Proparacaine HCl</i>)	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 <i>Fluorometholone (Ophth)</i>)	NF	
FML OINT	3	PA
LOTEMAX GEL	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (Use <i>Loteprednol Etabonate</i>)	3	PA
<i>loteprednol etabonate susp</i>	1	PA
MAXIDEX SUSP	3	PA
MAXITROL OINT (Use <i>Neomycin-Polymy-Dexameth</i>)	NF	
MAXITROL SUSP (Use <i>Neomycin-Polymy-Dexameth</i>)	NF	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP	1	
OMNIPRED SUSP (Use <i>Prednisolone Acetate (Ophth)</i>)	NF	
PRED MILD SUSP	3	PA
PREDNISOLONE ACETATE P-F SUSP	1	
PREDNISOLONE ACETATE SUSP	1	

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

Drug Name	Drug Tier	Requirements/Limits
PATADAY SOLN (Use Olopatadine HCl)	NF	
PATANOL SOLN (Use Olopatadine HCl)	NF	
TRUSOPT SOLN (Use Dorzolamide HCl)	NF	
ZADITOR SOLN (Use Ketotifen Fumarate (Ophth))	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 (Use Latanoprost)	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 (Use Ofloxacin (Otic))	NF	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	PA
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-hc (otic) soln</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium solr ij 0.5gm-1gm, 1gm-2gm</i>	1	
<i>ampicillin & sulbactam sodium solr iv 5gm-10gm</i>	1	
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	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
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		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	1	
<i>oxacillin sodium solr 1 gm, 10 gm</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	0	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	NF	PA

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate (appetite) susp</i>	1	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone micronized caps</i>	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		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (Use Disulfiram)	NF	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
Anti-Cataplectic Agents		
XYREM SOLN	4	PA; QL(18 ml daily); SP
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)
<i>donepezil hydrochloride tabs 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	1	QL(6 ml daily)
<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/AMITRIPTYLINE 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)

Drug Name	Drug Tier	Requirements/Limits
AVONEX KIT 30 MCG/VIAL	4	PA; QL(0.0714 ea daily); SP
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
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

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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 (<i>Use Pimozide</i>)	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

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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	

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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	
chlordiazepoxide hcl-clidinium bromide caps	1	
dicyclomine hcl caps or 10 mg	1	
dicyclomine hcl soln or 10 mg/5ml	1	
dicyclomine hcl tabs or 20 mg	1	
glycopyrrolate soln ij 4 mg/20ml	1	
glycopyrrolate tabs or 1 mg, 2 mg	1	
LIBRAX CAPS (Use Chlordiazepoxide HCl-Clidinium Bromide)	NF	
methscopolamine bromide tabs	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		
cimetidine tabs 200 mg	1	RX/OTC
cimetidine tabs 300 mg, 400 mg, 800 mg	1	
FAMOTIDINE PREMIXED SOLN	1	
famotidine soln iv 20 mg/2ml, 40 mg/4ml, 200 mg/20ml	1	
famotidine susr or 40 mg/5ml	1	QL(10 ml daily)
famotidine tabs or 20 mg	1	RX/OTC
famotidine tabs or 40 mg	1	
nizatidine caps 150 mg, 300 mg	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	
ranitidine hcl caps or 150 mg, 300 mg	1	
ranitidine hcl soln ij 150 mg/6ml	1	
ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml	1	QL(40 ml daily)
ranitidine hcl tabs or 150 mg	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)
OMEPRAZOLE TBEC 20 MG (<i>Use Omeprazole</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	

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Drug Name	Drug Tier	Requirements/ Limits
HIPREX TABS (Use Methenamine Hippurate)	NF	
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (Use Nitrofurantoin Macrocrystal)	NF	
methenamine hippurate tabs	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 syrpf	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)

Drug Name	Drug Tier	Requirements/ Limits
trospium chloride cp24 60 mg	1	QL(1 ea daily)
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,

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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 INJ	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 PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Spermicides		
SHUR-SEAL GEL	0	

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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 50000 unit</i>	0	
<i>ergocalciferol soln or 8000 unit/ml</i>	1	
VITAMIN D2 TABS	0	AL(At least 65 yrs old)

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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	

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BD INSULIN SYRINGE MICROFINE IV/U- 100/0.5ML/28G X 1/2".....	92	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".....	92	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".....	92	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".....	92	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	93	BELSOMRA.....	74
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8".....	92	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	93	BELVIQ.....	2
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2".....	92	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	93	benazepril & hydrochlorothiazide.....	31
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	92	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	93	benazepril hcl.....	30
BD INSULIN SYRINGE SLIP TIP/U-100/1ML.....	92	BD LANCET ULTRAFINE 30G.....	79	BENICAR.....	31
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM.....	92	BD LANCET ULTRAFINE 33G.....	79	BENICAR HCT.....	32
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM.....	92	BD MICROTAINER LANCETS.....	79	BENTYL.....	137
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM.....	92	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	93	BENZAACLIN.....	55
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM.....	92	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	93	BENZAACLIN WITH PUMP.....	55
BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM.....	93	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	93	BENZAMYCIN.....	55
BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM.....	93	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM.....	93	BENZEFOAM.....	55
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM.....	93	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	93	BENZEFOAM ULTRA.....	55
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	93	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	93	benzonatate.....	54
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	93	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	93	benzoyl peroxide.....	55,56
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".....	93	BENZOYL PEROXIDE CLEANSER.....	55
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	93	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	93	benzoyl peroxide- erythromycin.....	56
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	93	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	93	benztropine mesylate.....	40
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	93			BETAGAN.....	129

bisacodyl.....	75	butalbital-acetaminophen- caffeine w/ codeine.....	8	carbinoxamine maleate.....	28
bisoprolol & hydrochlorothiazide.....	32	butalbital-aspirin-caffeine....	6	carboplatin.....	35
bisoprolol fumarate.....	47	butalbital-aspirin-caffeine w/cod.....	8	CARDIOCOM LANCING DEVICE.....	79
bleomycin sulfate.....	37	butenafine hcl.....	57	CARDIZEM.....	48
BLEPH-10.....	129	butorphanol tartrate.....	9	CARDIZEM CD.....	48
BONIVA.....	66	BUTRANS.....	9	CARDIZEM LA.....	48
BOOSTRIX.....	137	BYDUREON.....	24	CARDURA.....	31
BORTEZOMIB.....	37	BYDUREON BCISE.....	24	CAREFINE PEN NEEDLE 32GX4MM.....	94
bosentan.....	50	BYDUREON PEN.....	24	CAREFINE PEN NEEDLES 29GX1/2".....	94
BOSULIF.....	37	BYETTA.....	24	CAREFINE PEN NEEDLES 30GX5/16".....	94
BOTOX.....	128	BYSTOLIC.....	47	CAREFINE PEN NEEDLES 31GX6MM.....	94
BP CLEANSING WASH.....	56	cabergoline.....	68	CAREFINE PEN NEEDLES 31GX8MM.....	94
BRAFTOVI.....	38	CADUET.....	49	CAREFINE PEN NEEDLES 32GX5MM.....	94
BREO ELLIPTA.....	15	CAFERGOT.....	122	CAREFINE PEN NEEDLES 32GX6MM.....	94
BREVICON-28.....	51	CALAN.....	48	CAREONE ADVANCED LANCINGDEVICE.....	79
BRILINTA.....	72	CALAN SR.....	48	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2".....	94
brimonidine tartrate.....	129	calcipotriene.....	59	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16".....	94
BRIVIACT.....	17	calcipotriene-betamethasone dipropionate.....	60	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2".....	94
BROMFENAC.....	131	calcitonin (salmon).....	66	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16".....	94
bromfenac sodium (ophth).....	131	CALCITRIOL.....	59	CAREONE INSULIN SYRINGES/1ML/30G X 1/2".....	94
bromocriptine mesylate.....	40	calcitriol.....	67	CAREONE INSULIN SYRINGES/1ML/31GX5/16".....	94
BROVANA.....	15	calcium acetate (phosphate binder).....	71	CAREONE LANCET THIN.....	79
budesonide.....	53	calcium chloride (dihydrate).....	123	CAREONE LANCET ULTRA THIN.....	79
budesonide (inhalation).....	14	calcium gluconate.....	123	CAREONE UNIFINE PENTIPS 29GX12MM.....	94
budesonide (nasal).....	128	calcium polycarbophil.....	75	CAREONE UNIFINE PENTIPS 31GX5MM.....	94
BULLSEYE MINI SAFETY LANCETS.....	79	CAMPATH.....	36	CAREONE UNIFINE PENTIPS 31GX6MM.....	94
BULLSEYE SAFETY LANCETS.....	79	CAMPTOSAR.....	40	CAREONE UNIFINE PENTIPS 31GX8MM.....	94
bumetanide.....	65	CANASA.....	70	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	94
BUMEX.....	65	CANCIDAS.....	27	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM.....	94
BUNAVAIL.....	9	candesartan cilexetil.....	31		
BUPHENYL.....	67	candesartan cilexetil- hydrochlorothiazide.....	32		
BUPRENEX.....	9	CAPASTAT SULFATE.....	34		
buprenorphine.....	9	capecitabine.....	35		
BUPRENORPHINE.....	9	CAPRELSA.....	38		
buprenorphine hcl.....	9	captopril.....	30		
buprenorphine hcl-naloxone hcl dihydrate.....	9	CARAFATE.....	138		
bupropion hcl.....	20	CARBAGLU.....	67		
bupropion hcl (smoking deterrent).....	135	carbamazepine.....	17		
buspirone hcl.....	12,13	CARBATROL.....	17		
busulfan.....	35	carbidopa.....	40		
BUSULFEX.....	35	carbidopa-levodopa.....	40		
butalbital-acetaminophen.....	6	CARBIDOPA/LEVODOPA/ENT ACAPONE.....	40		
butalbital-acetaminophen- caffeine.....	6				

CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	94	cefepime hcl	51	chlordiazepoxide hcl-clidinium bromide	137
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	94	cefexime	51	chlorhexidine gluconate (mouth-throat)	126
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	94	CEFOTAN	50	CHLOROQUINE PHOSPHATE	33
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	94	cefotaxime sodium	51	chloroquine phosphate	33
CARETOUCH LANCING DEVICewith EJECTOR	79	CEFOTAXIME SODIUM	51	CHLOROTHIAZIDE	65
CARETOUCH PEN NEEDLES 31G X 6 MM	94	CEFOTETAN	50	chlorothiazide	65
CARETOUCH PEN NEEDLES 31GX 5MM	94	cefotetan disodium	50	CHLORPROMAZINE HCL	43
CARETOUCH PEN NEEDLES 31GX 8MM	94	cefoxitin sodium	50	chlorpromazine hcl	43
CARETOUCH PEN NEEDLES 32GX 4MM	94	cefpodoxime proxetil	51	CHLORPROPAMIDE	25
CARETOUCH PEN NEEDLES 32GX 5MM	95	cefprozil	50	chlorthalidone	66
CARETOUCH SAFETY LANCETS/26G	79	ceftazidime	51	CHLORZOXAZONE	127
CARETOUCH SAFETY LANCETS/28G	79	CEFTIBUTEN	51	CHOLBAM	70
CARETOUCH TWIST LANCETS 28G	79	CEFTIN	50	cholecalciferol	142
CARETOUCH TWIST LANCETS 30G	79	ceftriaxone sodium	51	cholestyramine	29
CARETOUCH TWIST LANCETS 33G	79	cefuroxime axetil	51	cholestyramine light	29
carisoprodol	127	cefuroxime sodium	51	CHORIONIC GONADOTROPIN	67
carmustine	35	CELEBREX	4	CIALIS	49
carteolol hcl (ophth)	129	celecoxib	4	ciclopirox	57
carvedilol	47	CELEXA	21	ciclopirox olamine	57
CASODEX	36	CELLCEPT	125	cidofovir	46
casprofungin acetate	27	CELONTIN	20	cilostazol	72
CATAPRES	31	cephalexin	50	CILOXAN	129
CATAPRES-TTS-1	31	CEPHALEXIN	50	CIMDUO	43
CATAPRES-TTS-2	31	CERDELGA	73	cimetidine	137
CATAPRES-TTS-3	31	CEREBYX	19	CIMZIA	70
CAYA	76	CEREZYME	73	CIMZIA STARTER KIT	70
CAYSTON	12	CESAMET	26	cinacalcet hcl	67
CEDAX	51	cetirizine hcl	28	CINRYZE	72
cefaclor	50	cetirizine-pseudoephedrine	54	CIPRO	69
CEFACLOR	50	CETRAXAL	131	CIPRO HC	131
cefadroxil	50	CETROTIDE	67	CIPRODEX	131
cefazolin sodium	50	cevimeline hcl	126	CIPROFLOXACIN	70
CEFAZOLIN SODIUM	50	CHANTIX	135	ciprofloxacin	70
cefdinir	51	CHANTIX CONTINUING MONTHPAK	135	CIPROFLOXACIN	131
CEFDITOREN PIVOXIL	51	CHANTIX STARTING MONTHPAK	135	CIPROFLOXACIN HCL	69
		CHEK-STIX COMBO PAK URINALYSIS CONTROL	64	ciprofloxacin hcl	70
		CHEK-STIX CONTROL	64	ciprofloxacin hcl (ophth)	129
		CHEMET	25	ciprofloxacin in d5w	70
		CHEMSTRIP-K	64	cisplatin	35
		CHILDRENS ADVIL	4	citalopram hydrobromide	21
		CHILDRENS MOTRIN	4	CLARINEX	28
		CHLORAMPHENICOL SODIUM SUCCINATE	11	CLARITHROMYCIN	76
		chlordiazepoxide hcl	13	clarithromycin	76
				CLARITIN	28

CLARITIN ALLERGY CHILDRENS.....	28	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	95	CLICKFINE PEN NEEDLES 32G X 5/32".....	96
CLARITIN CHILDRENS.....	28	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2".....	95	CLICKFINE PEN NEEDLES/31GX1/4".....	96
CLARITIN REDITABS.....	28	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2".....	95	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	96
CLARITIN-D 12 HOUR.....	55	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	CLIMARA.....	69
CLARITIN-D 24 HOUR.....	55	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16".....	95	CLIMARA PRO.....	69
CLASS ACT LUBRICATED.....	76	CLEVER CHOICE COMFORT EZLANCETS 21G.....	80	clindamycin hcl.....	12
CLASSIC PRENATAL.....	126	CLEVER CHOICE COMFORT EZLANCETS 23G.....	80	clindamycin palmitate hydrochloride.....	12
CLEANLET LANCETS 28G.....	79	CLEVER CHOICE COMFORT EZLANCETS 28G.....	80	clindamycin phosphate.....	12
CLEMASTINE FUMARATE.....	28	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM.....	95	clindamycin phosphate (topical).....	56
CLENPIQ.....	75	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM.....	95	clindamycin phosphate vaginal.....	142
CLEOCIN.....	11,142	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM.....	95	clindamycin phosphate-benzoyl peroxide.....	56
CLEOCIN PEDIATRIC GRANULES.....	11	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM.....	95	clindamycin phosphate-benzoyl peroxide (refrigerate).....	56
CLEOCIN PHOSPHATE.....	12	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM.....	95	clindamycin phosphate-tretinoin.....	56
CLEOCIN-T.....	56	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	95	CLINIMIX 2.75%/DEXTROSE 5%.....	128
CLEVER CHEK LANCETS ULTRATHIN.....	80	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	95	CLINIMIX 4.25%/DEXTROSE 10%.....	129
CLEVER CHEK LANCETS ULTRATHIN 30G.....	80	CLICKFINE PEN NEEDLE 32GX5/32".....	95	CLINIMIX 4.25%/DEXTROSE 25%.....	129
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	95	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4".....	96	CLINIMIX 4.25%/DEXTROSE 5%.....	129
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2".....	95	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16".....	96	CLINIMIX 5%/DEXTROSE 25%.....	129
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	95	CLICKFINE PEN NEEDLES 31G X 1/4".....	96	CLINIMIX 4.25%/DEXTROSE 5%.....	129
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16".....	95	CLICKFINE PEN NEEDLES 31G X 3/16".....	96	CLINIMIX 4.25%/DEXTROSE 20%.....	129
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16".....	95	CLICKFINE PEN NEEDLES 31G X 5/16".....	96	CLINIMIX 5%/DEXTROSE 25%.....	129
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2".....	95	CLICKFINE PEN NEEDLES 31G X 8MM.....	96	CLINIMIX E 5%/DEXTROSE 20%.....	129
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2".....	95			clobazam.....	17
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	95			clobetasol propionate.....	61
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	95			clobetasol propionate emollient base.....	61
				CLOCORTOLONE PIVALATE.....	61
				CLOCORTOLONE PIVALATE PUMP.....	61
				CLODERM.....	61
				CLODERM PUMP.....	61
				clofarabine.....	35
				CLOLAR.....	35
				clomipramine hcl.....	22
				clonazepam.....	17
				clonidine.....	31
				clonidine hcl.....	31
				clonidine hcl (adhd).....	2
				clopidogrel bisulfate.....	72
				clorazepate dipotassium.....	13
				CLOSERCARE.....	80

clotrimazole.....	126	COMFORT ASSURED		CUBICIN.....	11
clotrimazole (topical).....	57	LANCETS MICRO THIN		CUBICIN RF.....	11
clotrimazole vaginal.....	142	33G.....	80	CUPRIMINE.....	124
clotrimazole w/		COMFORT ASSURED		CUTIVATE.....	61
betamethasone.....	57	LANCETS SUPER THIN		CUVITRU.....	132
clozapine.....	42	28G.....	80	CVS LANCETS 21G.....	80
CLOZAPINE.....	42	COMFORT EZ INSULIN		CVS LANCETS MICRO THIN	
clozapine.....	42	SYRINGE/U-100/0.5ML/31G X		33G.....	80
CLOZAPINE ODT.....	42	5/16".....	96	CVS LANCETS MICRO-THIN	
CLOZARIL.....	42	COMFORT EZ INSULIN		33G.....	80
COAGUCHEK LANCETS.....	80	SYRINGE/U-100/1ML/31G X		CVS LANCETS ORIGINAL.....	80
COARTEM.....	33	5/16".....	96	CVS LANCETS THIN 26G.....	80
CODEINE SULFATE.....	6	COMFORT EZ MICRO/32G X		CVS LANCETS ULTRA THIN	
codeine sulfate.....	6	4MM.....	96	30G.....	80
COGENTIN.....	40	COMFORT EZ SHORT/31G X		CVS LANCETS ULTRA-THIN	
COLACE.....	75	8MM.....	96	30G.....	80
COLAZAL.....	70	COMFORT EZ/31G X		CVS LANCETS ULTRA-THIN	
colchicine.....	72	5MM.....	96	30G.....	80
colchicine w/ probenecid.....	72	COMFORT EZ/31G X		CVS LANCING DEVICE.....	80
COLCRYS.....	72	6MM.....	96	CVS PRENATAL.....	126
colesevelam hcl.....	29	COMFORT LANCETS.....	80	CVS ULTRA THIN	
COLESTID.....	29	COMPLERA.....	43	LANCETS.....	80
COLESTID FLAVORED.....	29	COMTAN.....	40	cyanocobalamin.....	73
colestipol hcl.....	29	CONCERTA.....	2	CYCLESSA.....	51
COLY-MYCIN S.....	131	CONTRAVE.....	2	cyclobenzaprine hcl.....	127
COMBIGAN.....	129	COPAXONE.....	134	cyclophosphamide.....	35
COMBIVIR.....	43	COPEGUS.....	46	CYCLOPHOSPHAMIDE.....	35
COMETRIQ.....	38	COPIKTRA.....	38	cyclophosphamide.....	35
COMFORT ASSIST INSULIN		CORDRAN.....	61	cycloserine.....	34
SYRINGE 0.3ML/29G X 1/2".....	96	COREG.....	47	CYCLOSET.....	24
COMFORT ASSIST INSULIN		CORGARD.....	48	cyclosporine.....	125
SYRINGE/0.3ML/30G X		CORLANOR.....	50	CYCLOSPORINE	
5/16".....	96	CORTEF.....	53	MODIFIED.....	125
COMFORT ASSIST INSULIN		CORTENEMA.....	10	cyclosporine modified (for	
SYRINGE/0.3ML/31G X		CORTISONE ACETATE.....	53	microemulsion).....	125
5/16".....	96	CORTISPORIN.....	57	CYKLOKAPRON.....	74
COMFORT ASSIST INSULIN		CORTISPORIN-TC.....	131	CYMBALTA.....	22
SYRINGE/0.3ML/31G X		COSENTYX.....	59	cyproheptadine hcl.....	29
5/16".....	96	COSENTYX SENSOREADY		CYSTADANE.....	68
COMFORT ASSIST INSULIN		PEN.....	59	CYSTAGON.....	71
SYRINGE/0.5ML/29G X 1/2".....	96	COSMEGEN.....	37	CYSTARAN.....	131
COMFORT ASSIST INSULIN		COSOPT.....	129	cytarabine.....	35
SYRINGE/0.5ML/30G X		COUMADIN.....	16	CYTOMEL.....	136
5/16".....	96	COZAAR.....	31	CYTOTEC.....	138
COMFORT ASSIST INSULIN		CREON.....	65	CYTOVENE.....	46
SYRINGE/0.5ML/31G X		CRESEMBA.....	27	D.H.E. 45.....	122
5/16".....	96	CRESTOR.....	30	dacarbazine.....	39
COMFORT ASSIST INSULIN		CRIVAN.....	44	DACOGEN.....	35
SYRINGE/1ML/29G X 1/2".....	96	cromolyn sodium.....	14	dactinomycin.....	37
COMFORT ASSIST INSULIN		cromolyn sodium (ophth).....	131	DAKLINZA.....	46
SYRINGE/1ML/30G X 5/16".....	96	crotamiton.....	64	dalfampridine.....	134
COMFORT ASSIST INSULIN					
SYRINGE/1ML/31G X 5/16".....	96				

DALIRESP	14	DESOGEN	51	diclofenac sodium	4
danazol	10	desogestrel & ethinyl estradiol	51	diclofenac sodium (actinic keratoses)	58
DANTRIUM	128	desogestrel-ethinyl estradiol (biphasic)	51	diclofenac sodium (ophth)	131
dantrolene sodium	128	desogestrel-ethinyl estradiol (triphasic)	51	diclofenac sodium (topical)	57
dapsone	11	desonide	61	diclofenac w/ misoprostol	4
daptomycin	11	DESOWEN	61	dicloxacillin sodium	133
DARAPRIM	33	desoximetasone	61	dicyclomine hcl	137
darifenacin hydrobromide	139	DESOXYN	1	didanosine	44
DAURISMO	36	DESQUAM-X WASH	56	DIFFERIN	56
DAYPRO	4	desvenlafaxine succinate	22	DIFICID	76
DAYTRANA	2	DETROL	139	DIFLORASONE DIACETATE	61
DDAVP	68	DETROL LA	139	diflorasone diacetate	61
DEBACTEROL	126	dexamethasone	53	DIFLUCAN	27
decitabine	35	DEXAMETHASONE	53	diflunisal	6
deferasirox	25	dexamethasone	53	digoxin	49
DELESTROGEN	69	DEXAMETHASONE	53	DIGOXIN	49
DELSTRIGO	44	DEXAMETHASONE INTENSOL	53	digoxin	49
DEMADEX	65	dexamethasone sodium phosphate	53	dihydroergotamine mesylate	122
demeclocycline hcl	136	DEXAMETHASONE SODIUM PHOSPHATE	130	DILANTIN	19
DEMEROL	6	DEXCHLORPHENIRAMINE MALEATE	27	DILANTIN INFATABS	19
DENAVIR	60	DEXEDRINE	1	DILANTIN-125	19
DEPACON	20	DEXILANT	138	DILAUDID	6
DEPAKENE	20	dexmethylphenidate hcl	2	diltiazem hcl	48
DEPAKOTE	20	dextroamphetamine sulfate	1	DILTIAZEM HCL	48
DEPAKOTE ER	20	dextrose in lactated ringers	123	diltiazem hcl	48
DEPEN TITRATABS	124	DIAMOX	65	diltiazem hcl coated beads	48
DEPO-ESTRADIOL	69	DIASTAT ACUDIAL	17	diltiazem hcl extended release beads	48
DEPO-MEDROL	53	DIASTAT PEDIATRIC	17	DIOVAN	31
DEPO-PROVERA CONTRACEPTIVE	53	DIATHRIVE LANCETS	80	DIOVAN HCT	32
DEPO-SUBQ PROVERA 104	53	DIATHRIVE LANCETS ULTRA THIN 30G	80	DIPENTUM	70
DEPO-TESTOSTERONE	10	DIATHRIVE LANCING DEVICE	80	diphenhydramine hcl	28
DERMA-SMOOTH/FS BODY	61	diazepam	13	diphenoxylate w/ atropine	25
DERMA-SMOOTH/FS SCALP	61	DIAZEPAM	13	DIPHENOXYLATE/ATROPINE	25
DERMACINRX SILAPAK	61	diazepam	13	DIPROLENE	61
DERMATOP	61	diazepam (anticonvulsant)	17	DIPROLENE AF	61
DERMOTIC	132	DIAZEPAM RECTAL GEL	17	dipyridamole	72
DESCOVY	44	DIBENZYLINE	31	disopyramide phosphate	13
desipramine hcl	22	DICLEGIS	26	disulfiram	133
desloratadine	28	DICLOFENAC EPOLAMINE	57	DITROPAN XL	139
DESLORATADINE ODT	28	diclofenac potassium	4	divalproex sodium	20
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docusate sodium.....	75	SYRINGE/U-100/0.3ML/31G X		PENTIPS29G X 12MM.....	97
dofetilide.....	13	5/16".....	97	DRUG MART UNIFINE	
DOLOPHINE.....	6	DROPLET INSULIN		PENTIPS31GX6MM.....	97
donepezil hydrochloride....	133	SYRINGE/U-100/0.5ML/30G X		DRUG MART UNIFINE	
DOPTelet.....	73	1/2".....	97	PENTIPS31GX8MM.....	97
dorzolamide hcl.....	131	DROPLET INSULIN		DRUG MART UNIFINE	
dorzolamide hcl-timolol		SYRINGE/U-100/0.5ML/31G X		PENTIPS32GX4MM.....	97
maleate.....	129	5/16".....	97	DRUG MART UNIFINE	
DOVONEX.....	59	DROPLET INSULIN		PENTIPSPLUS 32GX4MM..	97
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doxepin hcl.....	23	1/2".....	97	LANCETSSUPER THIN 30G80	
DOXEPIN HCL.....	23	DROPLET INSULIN		DRUG MART UNILET	
doxepin hcl.....	23	SYRINGE/U-100/1ML/31G X		LANCETSULTRA THIN 28G.80	
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U-100/0.3ML/30G X 5/16"....	97	32GX4MM.....	97	26G.....	80
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EFFIENT.....	72	EMEND.....	27	EQL INSULIN SYRINGE/0.5ML/29G X 1/2".....	100
EFUDEX.....	59	EMFLAZA.....	53	EQL INSULIN SYRINGE/0.5ML/30G X 5/16".....	100
EGRIFTA.....	67	EMSAM.....	20	EQL INSULIN SYRINGE/0.5ML/31G X 5/16".....	100
ELAPRASE.....	68	EMTRIVA.....	44	EQL INSULIN SYRINGE/0.5ML/31G X 5/16".....	100
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estazolam.....	74	EXJADE.....	25	FEMHRT LOW DOSE.....	69
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estradiol valerate.....	69	EZ-LETS LANCETS 23G.....	81	fenopropfen calcium.....	5
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ESTROPIPATE.....	69	EZ-LETS LANCETS 28G ULTRA-SOFT.....	81	fentanyl citrate.....	6
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ethynodiol diacet & eth estrad.....	51	famciclovir.....	47	FETZIMA TITRATION PACK.....	22
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etodolac.....	4	FAMOTIDINE PREMIXED.....	137	fexofenadine-pseudoephedrine	55
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EURAX.....	64			FIFTY50 PEN NEEDLES 31G X5/16" (8MM).....	100
EVAMIST.....	69			FIFTY50 PEN NEEDLES 31GX5MM.....	100
EVISTA.....	67			FIFTY50 PEN NEEDLES/31GX8MM.....	100
EVOCLIN.....	56			FIFTY50 PEN NEEDLES/32GX4MM.....	100
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FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	100	FLUBLOK QUADRIVALENT 2019-2020	140	FLUZONE HIGH-DOSE PF 2018-2019	141
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	100	FLUCELVAX QUADRIVALENT 2017-2018	140	FLUZONE HIGH-DOSE PF 2019-2020	141
FIFTY50 UNILET LANCETS 33G	82	FLUCELVAX QUADRIVALENT 2018-2019	140	FLUZONE INTRADERMAL QUADRIVALENT 2017-2018	141
FINACEA	63	FLUCELVAX QUADRIVALENT 2019-2020	140	FLUZONE QUADRIVALENT 2017-2018	141
finasteride	71	fluconazole	27	FLUZONE QUADRIVALENT 2018-2019	141
FINE 30	82	flucytosine	27	FLUZONE QUADRIVALENT 2019-2020	141
FINGERSTIX LANCETS	82	fludarabine phosphate	35	FML	130
FIORICET	6	fludrocortisone acetate	54	FML FORTE	130
FIORICET/CODEINE	8	FLULAVAL QUADRIVALENT 2017-2018	141	FML LIQUIFILM	130
FIORINAL	6	FLULAVAL QUADRIVALENT 2018-2019	141	FOCALIN	2
FIORINAL/CODEINE #3	8	FLULAVAL QUADRIVALENT 2019-2020	141	FOCALIN XR	2
FIRAZYR	72	FLUMADINE	47	folic acid	73
FIRDAPSE	34	FLUMIST QUADRIVALENT	141	FOLOTYN	36
FIRMAGON	36	FLUNISOLIDE	128	fondaparinux sodium	16
FIRVANQ	11	fluocinolone acetonide	61	FORA GTEL BLOOD KETONE TEST STRIPS	64
FLAGYL	11	fluocinolone acetonide (otic)	132	FORA LANCETS	82
flavoxate hcl	139	fluocinonide	61	FORA LANCING DEVICE	82
flecainide acetate	13	fluocinonide emulsified base	61	FORA LANCING DEVICE/CLEARCAP	82
FLECTOR	57	fluorometholone (ophth)	130	FORTEO	66
FLOLAN	49	fluorouracil	35	FOSAMAX	66
FLOMAX	72	fluorouracil (topical)	59	FOSAMAX PLUS D	66
FLOMASE ALLERGY RELIEF	128	FLUOXETINE	135	fosamprenavir calcium	44
FLOMASE ALLERGY RELIEF CHILDRENS	128	fluoxetine hcl	21	fosinopril sodium	30
FLOVENT DISKUS	14	FLUOXETINE HYDROCHLORIDE	21	fosinopril sodium & hydrochlorothiazide	32
FLOVENT HFA	14	FLUPHENAZINE HCL	43	fosphenytoin sodium	19
FLOWTUSS	55	fluphenazine hcl	43	FOSRENOL	71
FLOXIN OTIC	131	FLUPHENAZINE HCL	43	FRAGMIN	16
floxuridine	35	flurandrenolide	62	FREDS PHARMACY AUTOLET LANCING DEVICE	82
FLUAD 2017-2018	140	flurbiprofen	5	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	100
FLUAD 2018-2019	140	flurbiprofen sodium	131	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM 101	101
FLUAD 2019-2020	140	flutamide	37	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM 101	101
FLUARIX QUADRIVALENT 2017-2018	140	fluticasone propionate	62	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	82
FLUARIX QUADRIVALENT 2018-2019	140	fluticasone propionate (nasal)	128	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	82
FLUARIX QUADRIVALENT 2019-2020	140	fluticasone-salmeterol	15	FREESTYLE LANCETS	82
FLUBLOK 2017-2018	140	fluvastatin sodium	30		
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FLUBLOK QUADRIVALENT 2018-2019	140	FLUVIRIN 2017-2018	141		
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FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	101	gentamicin sulfate (topical) 57	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM.....	101
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	101	GENTEEL BUTTERFLY TOUCH LANCETS.....	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16".....	101
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	101	GENTEEL LANCING DEVICE/BUFF BLACK.....	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM.....	101
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16".....	101	GENTEEL LANCING DEVICE/BUTTERFLY BLUE.....	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	101
FREESTYLE UNISTICK II LANCETS.....	82	GENTEEL LANCING DEVICE/GLORIOUS GOLD.....	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	101
FROVA.....	122	GENTEEL LANCING DEVICE/PLAYFUL PURPLE.....	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	101
frovatriptan succinate.....	122	GENTEEL LANCING DEVICE/PRECIOUS PLATINUM.....	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	101
FULPHILA.....	73	GENTEEL LANCING DEVICE/PRINCESS PINK.....	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	101
fulvestrant.....	37	GENTEEL LANCING DEVICE/STATELY SILVER.....	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	101
FULVESTRANT.....	37	GENTEEL LANCING DEVICE/WILLOWY WHITE.....	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	101
FURADANTIN.....	138	GENTLE-LET GP LANCETS.....	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	101
furosemide.....	65	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT.....	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	101
FUROSEMIDE.....	65	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT.....	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	101
furosemide.....	65	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT.....	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	101
FUZEON.....	44	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT.....	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	101
FYCOMPA.....	17	GENVOYA.....	44	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....
gabapentin.....	18	GEODON.....	41	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....
GABITRIL.....	19	GILENYA.....	134	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....
GALAFOLD.....	68	GILOTRIF.....	38	GLOBAL INJECT EASE LANCETS 28G.....
galantamine hydrobromide.....	133	glatiramer acetate.....	134	GLOBAL INJECT EASE LANCETS 30G.....
GALANTAMINE HYDROBROMIDE.....	134	GLEEVEC.....	38	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....
galantamine hydrobromide.....	134	GLEOSTINE.....	35	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16".....
GAMMAGARD LIQUID.....	132	glimepiride.....	25	GLOBAL LANCING DEVICE.....
GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	132	glipizide.....	25	
GAMMAKED.....	132	glipizide-metformin hcl.....	23	
GAMUNEX-C.....	132	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM.....	101	
ganciclovir sodium.....	46	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM.....	101	
ganirelix acetate.....	67	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM.....	101	
GANIRELIX ACETATE.....	67			
gatifloxacin (ophth).....	129			
gemcitabine hcl.....	36			
gemfibrozil.....	29			
GEMZAR.....	36			
GENERESS FE.....	51			
GENOTROPIN.....	67			
GENOTROPIN MINIQUICK.....	67			
gentamicin in saline.....	3			
gentamicin sulfate.....	3			
gentamicin sulfate (ophth).....	129			

GLUCAGEN DIAGNOSTIC	64	GNP CLICKFINE UNIVERSAL PEN NEEDLES		GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	103
GLUCAGEN HYPOKIT	24	31GX5/16"	102	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	103
GLUCAGON EMERGENCY KIT	24	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	102	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT	103
GLUCOCOM LANCETS 28G	82	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	102	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT	103
GLUCOCOM LANCETS 30G	82	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	102	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	103
GLUCOCOM LANCETS 33G	82	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	102	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	103
GLUCOPHAGE	24	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	102	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT	103
GLUCOPHAGE XR	24	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	102	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT	103
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	102	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	102	GOLYTELY	75
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	102	GNP INSULIN SYRINGE/1ML/28G X 1/2"	102	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	103
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	102	GNP INSULIN SYRINGE/1ML/29G X 1/2"	102	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	83
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	102	GNP INSULIN SYRINGE/1ML/30G X 5/16"	102	GOODSENSE LANCETS MICRO-THIN 33G	83
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	102	GNP INSULIN SYRINGE/1ML/31G X 5/16"	102	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	83
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	102	GNP LANCETS	82	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	83
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	102	GNP LANCETS 21G	82	GOODSENSE LANCETS ULTRA-THIN 30G	83
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	102	GNP LANCETS MICRO THIN 33G	82	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	83
GLUCOTROL	25	GNP LANCETS SUPER THIN 30G	82	GOODSENSE LANCING DEVICE	83
GLUCOTROL XL	25	GNP LANCETS THIN	83	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	103
GLUCOVANCE	23	GNP LANCETS THIN 26G	83	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	103
glyburide	25	GNP MICRO THIN LANCETS 33G	83	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	103
glyburide micronized	25	GNP PRENATAL	126	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	103
glyburide-metformin	23	GNP SUPER THIN LANCETS/30G	83		
glycine (gu irrigant)	71	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	102		
glycopyrrolate	137	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT	102		
GLYNASE	25				
GLYSET	23				
GLYXAMBI	23				
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16"	102				
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	102				

GOODSENSE PRENATAL VITAMINS	126	HALDOL	42	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	104
granisetron hcl	26	HALDOL DECANOATE 100	42	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	104
GRASTEK	3	HALDOL DECANOATE 50	42	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	83
GRIS-PEG	27	halobetasol propionate	62	HECTOROL	68
griseofulvin microsize	27	HALOG	62	HEMANGEOL	48
griseofulvin ultramicrosize	27	haloperidol	42	heparin sod (porcine) in d5w	16
guanfacine hcl	31	haloperidol decanoate	42	heparin sodium (porcine)	16
guanfacine hcl (adhd)	2	haloperidol lactate	42	HEPARIN SODIUM/NACL 0.45%	16,17
GUANIDINE HCL	34	HARVONI	46	HEPSERA	46
GYNAZOLE-1	142	HEALTH CARE LANCING DEVICE	83	HERCEPTIN	36
GYNE-LOTRIMIN	142	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	103	HETLIOZ	74
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	103	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	103	HEXALEN	35
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	103	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	103	HIPREX	139
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	103	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	103	HIZENTRA	132
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	103	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	103	HM PRENATAL	126
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	103	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	103	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	104
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	103	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	104	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	104
H-E-B INCONTROL ADVANCEDLANCING DEVICE	83	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	104	HM ULTICARE SHORT PEN NEEDLES 31GX8MM	104
H-E-B INCONTROL LANCETS MICRO THIN 33G	83	HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	104	HORIZANT	135
H-E-B INCONTROL LANCETS SUPER THIN 30G	83	HEALTHWISE MINI PEN NEEDLES 31GX6MM	104	HUMATROPE	67
H-E-B INCONTROL LANCETS ULTRA THIN 28G	83	HEALTHWISE PEN NEEDLES 29GX12MM	104	HUMATROPE COMBO PACK	67
H-E-B INCONTROL PEN NEEDLES 29GX12MM	103	HEALTHWISE SHORT PEN NEEDLES 31GX8MM	104	HUMIRA	4
HAEGARDA	72	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	104	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	3
HAEMOLANCE	83	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	104	HUMIRA PEN	3
HAEMOLANCE LOW FLOW LANCETS	83	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	104	HUMIRA PEN-CD/UC/HS STARTER	3
HAEMOLANCE PLUS	83	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	83	HUMIRA PEN-PS/UV STARTER	3
HAEMOLANCE PLUS HIGH FLOW	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	104	HUMULIN R U-500 (CONCENTRATED)	24
HAEMOLANCE PLUS LOW FLOW	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	104	HUMULIN R U-500 KWIKPEN	24
HAEMOLANCE PLUS MAX FLOW	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	104	HY-VEE LANCETS	83
HAEMOLANCE PLUS PEDIATRIC FLOW	83			HY-VEE THIN LANCETS	83
HALAVEN	39			HYCAMTIN	40
halcinonide	62			hydralazine hcl	33
HALCION	74			HYDREA	39
				hydrochlorothiazide	66

HYDROCODONE BITARTRATE/GUAIFENESIN	55	IMITREX STATDOSE SYSTEM.....	122	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	105
hydrocodone- acetaminophen.....	8,9	IMODIUM A-D.....	25	INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	105
hydrocodone-ibuprofen.....	9	IMPAVIDO.....	11	INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	105
hydrocortisone.....	53	IMURAN.....	125	INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	105
hydrocortisone (intrarectal).....	10	IN TOUCH LANCING DEVICE.....	83	INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	105
hydrocortisone (rectal).....	10	LANCETS30G.....	83	INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	105
hydrocortisone (topical).....	62	INCRELEX.....	67	INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	105
hydrocortisone acetate (rectal).....	10	INCRUSE ELLIPTA.....	14	INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	105
hydrocortisone butyrate.....	62	indapamide.....	66	INSULIN SYRINGES/0.5ML/27GX1/2"	105
hydrocortisone valerate.....	62	INDERAL LA.....	48	INSULIN SYRINGES/0.5ML/28GX1/2"	105
hydrocortisone w/acetic acid.....	132	indomethacin.....	5	INSULIN SYRINGES/0.5ML/29GX1/2"	105
hydromorphone hcl.....	6,7	INFLECTRA.....	70	INSULIN SYRINGES/0.5ML/30GX5/16"	105
HYDROMORPHONE HYDROCHLORIDE.....	7	INLYTA.....	38	INSULIN SYRINGES/0.5ML/31GX 5/16".....	105
hydroxychloroquine sulfate.....	34	INSPIRA.....	33	INSULIN SYRINGES/0.5ML/31GX5/16"	105
hydroxyurea.....	39	INSULIN SYRINGE/0.3ML/29G X 1".....	104	INSULIN SYRINGES/1ML/27GX1/2"	105
hydroxyzine hcl.....	13	INSULIN SYRINGE/0.3ML/29G X 1/2".....	104	INSULIN SYRINGES/1ML/28GX1/2"	105
HYDROXYZINE PAMOATE.....	13	INSULIN SYRINGE/0.3ML/30G X 5/16".....	104	INSULIN SYRINGES/1ML/29GX1/2"	105
HYPER-SAL.....	55	INSULIN SYRINGE/0.3ML/31G X 5/16".....	104	INSULIN SYRINGES/1ML/29GX1/2"	105
HYPERSAL.....	55	INSULIN SYRINGE/0.5ML/27G X 1/2".....	104	INSULIN SYRINGES/1ML/30GX1/2"	105
HYQVIA.....	132	INSULIN SYRINGE/0.5ML/28G X 1/2".....	104	INSULIN SYRINGES/1ML/30GX1/2"	105
HYZAAR.....	32	INSULIN SYRINGE/0.5ML/30G X 1/2".....	104	INSULIN SYRINGES/1ML/31GX5/16"	105
ibandronate sodium.....	66	INSULIN SYRINGE/0.5ML/30G X 5/16".....	104	INSUPEN 29G X 12MM.....	105
IBUDONE.....	9	INSULIN SYRINGE/0.5ML/31G X 5/16".....	104	INSUPEN 31G X 5MM.....	105
ibuprofen.....	5	INSULIN SYRINGE/0.5ML/31G X 5/16".....	104	INSUPEN 31G X 8MM.....	105
icatibant acetate.....	72	INSULIN SYRINGE/1ML/28G X 1/2".....	104	INSUPEN 32G X 4MM.....	105
IDAMYCIN PFS.....	37	INSULIN SYRINGE/1ML/29G X 1/2".....	104	INSUPEN PEN NEEDLES 32G X4MM.....	105
idarubicin hcl.....	37	INSULIN SYRINGE/1ML/30G X 5/16".....	104	INSUPEN SENSITIVE 32GX6MM.....	105
IFEX.....	35	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	104	INSUPEN ULTRAFIN 29GX12MM.....	105
ifosfamide.....	35	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	105		
ILARIS.....	4	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	105		
ILEVRO.....	131	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	105		
ILUMYA.....	59	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	105		
imatinib mesylate.....	38	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	105		
IMBRUVICA.....	38	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	105		
imipenem-cilastatin.....	11				
imipramine hcl.....	23				
imipramine pamoate.....	23				
imiquimod.....	63				
IMITREX.....	122,123				
IMITREX STATDOSE REFILL.....	122				

INSUPEN ULTRAFIN 30GX8MM	105	JANUMET XR	23	KIMONO PS PLUS SPERMICIDE/LUBRICATED	77
INSUPEN ULTRAFIN 31GX6MM	106	JANUVIA	24	KIMONO SENSATION LUBRICATED	77
INSUPEN ULTRAFIN 31GX8MM	106	JARDIANCE	25	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED	77
INTELENCE	44	JENTADUETO	23	KIMONO SPECIAL	77
INTRON A	39	JENTADUETO XR	23	KINERET	4
INTRON A W/DILUENT	39	JEVTANA	40	KINNEY LANCETS	83
INTUNIV	2	JUBLIA	57	KINNEY THIN LANCETS	83
INVANZ	11	JULUCA	44	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	106
INVEGA	42	JYNARQUE	69	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	106
INVIRASE	44	K-TAB	124	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	106
INVOKAMET	23	KADIAN	7	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	106
INVOKANA	25	KALETRA	44	KLARITY-A	129
IONOSOL-MB/DEXTROSE 5%	123	KALYDECO	135	KLARON	56
IOPIDINE	129	KAMELEON LUBRICATED	76	KLONOPIN	17
ipratropium bromide	14	KAPVAY	2	KLOR-CON M15	124
ipratropium bromide (nasal)	128	KCL 0.3%/D5W/NACL 0.9%	124	KMART VALU PLUS INSULIN SYRINGE/1ML/29G	106
ipratropium-albuterol	15	KEFLEX	50	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	106
irbesartan	31	KENALOG-40	53	KP PRENATAL MULTIVITAMINS	126
irbesartan-hydrochlorothiazide	32	KEPIVANCE	39	KRINTAFEL	34
irinotecan hcl	40	KEPPRA	18	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	106
irrigation solutions, physiological	125	KEPPRA XR	18	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	106
ISENTRESS	44	KERYDIN	57	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	106
ISENTRESS HD	44	ketoconazole	27	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	106
ISOLYTE-P/DEXTROSE 5%	124	ketoconazole (topical)	57	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	106
ISOLYTE-S	124	KETONE	64	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	106
ISONIAZID	34	KETONE TEST STRIPS	64	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	106
isoniazid	34	ketoprofen	5	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	106
ISOPTO CARPINE	129	ketorolac tromethamine	5	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	106
ISORDIL TITRADOSE	12	ketorolac tromethamine (ophth)	131	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	106
isosorbide dinitrate	12	KETOSTIX	64	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	106
ISOSORBIDE DINITRATE ER	12	ketotifen fumarate (ophth)	131	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	106
isosorbide mononitrate	12	KEVEYIS	65	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	106
isotretinoin	56	KEVZARA	4	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	106
isradipine	48	KIMONO COLORS	76	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	106
ISTODAX (OVERFILL)	38	KIMONO LUBRICATED	76	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	106
itraconazole	27	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED	76	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	106
ivermectin	10	KIMONO PLUS SPERMICIDE/LUBRICATED	76	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	106
IXEMPRA KIT	40	KIMONO PLUS SPERMICIDE/LUBRICATED	76		
JADENU	26	KIMONO PS LUBRICATED	77		
JADENU SPRINKLE	26				
JAKAFI	38				
JANUMET	23				

KROGER INSULIN SYRINGE/1ML/30G X 5/16"	106	LANCET DEVICE WITH EJECTOR	83	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	106
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	106	LANCETS	84	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	106
KROGER LANCETS	83	LANCETS 26G TWIST TOP	84	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	106
KROGER LANCETS 21G	83	LANCETS 28G	84	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	106
KROGER LANCETS MICRO THIN33G	83	LANCETS 30G	84	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	106
KROGER LANCETS SUPER THIN	83	LANCETS 30G TWIST TOP	84	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	106
KROGER LANCETS THIN	83	LANCETS 30G/TWIST TOP	84	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	106
KROGER LANCETS THIN 26G	83	LANCETS 31G TWIST TOP	84	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	106
KROGER LANCETS ULTRATHIN30G	83	LANCETS 33G UNIVERSAL DESIGN	84	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	106
KROGER LANCING DEVICE	83	LANCETS MICRO THIN 33G	84	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	107
KROGER PEN NEEDLES 29G X12MM	106	LANCETS SAFETY SEAL 21G	84	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	107
KROGER PEN NEEDLES 31G X8MM	106	LANCETS SAFETY SEAL 26G	84	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	107
KROGER PEN NEEDLES 31GX1/4"	106	LANCETS SAFETY SEAL 28G	84	LEADER UNIFINE PENTIPS/NANO/32GX5/32"	107
KRYSTEXXA	72	LANCETS SAFETY SEAL 30G	84	LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	107
KUVAN	68	LANCETS SUPER THIN 28G	84	LEDIPASVIR/SOFOSBUVIR	46
KYLEENA	53	LANCETS THIN	84	leflunomide	5
KYPROLIS	38	LANCETS TWIST TOP	84	LENVIMA 10 MG DAILY DOSE	38
labetalol hcl	47	LANCETS ULTRA FINE	84	LENVIMA 14 MG DAILY DOSE	38
LAC-HYDRIN	63	LANCETS ULTRA THIN	84	LENVIMA 20 MG DAILY DOSE	38
LAC-HYDRIN TWELVE	63	LANCETS ULTRA THIN 30G	84	LENVIMA 24 MG DAILY DOSE	38
LACRISERT	129	LANCETSBULLSEYE SAFETY	84	LETAIRIS	50
lactated ringer's	124	LANCING DEVICE	84	letrozole	37
lactated ringer's (irrigation)	125	LANCING DEVICE ADJUSTABLE	84	leucovorin calcium	39
LACTATED RINGERS VIAFLEX	124	LANOXIN	49	LEUCOVORIN CALCIUM	39
lactic acid (ammonium lactate)	63	lansoprazole	138	leucovorin calcium	39
lactulose	75	lanthanum carbonate	71	LEUKERAN	35
lactulose (encephalopathy)	71	LANZO	84	LEUKINE	73
LAMICTAL	18	LASIX	65	leuprolide acetate	37
LAMICTAL CHEWABLE DISPERSIBLE	18	latanoprost	131		
LAMICTAL ODT	18	LATUDA	41		
LAMISIL	27	LEADER ADVANCED LANCING DEVICE	84		
lamivudine	44	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	106		
lamivudine (hbv)	46	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	106		
lamivudine-zidovudine	44				
lamotrigine	18				
LANCET DEVICE ADJUSTABLE	83				

levalbuterol hcl	15	lisinopril	30	LITETOUCH LANCETS MICRO THIN 33G	84
levalbuterol tartrate	15	lisinopril & hydrochlorothiazide	32	LITETOUCH PEN NEEDLES 29GX12.7MM	107
LEVAQUIN	70	LITE TOUCH LANCETS	84	LITETOUCH PEN NEEDLES 31G X 6MM	107
LEVEMIR	24	LITE TOUCH LANCING PEN	84	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	107
LEVEMIR FLEXTOUCH	24	LITETOUCH INSULIN NEEDLES/32G X 4MM/MINI	107	LITETOUCH PEN NEEDLES 31GX8MM SHORT	107
levetiracetam	18	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	107	LITETOUCH PEN NEEDLES/31G X 3/16"	107
levobunolol hcl	129	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	107	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	107
levocetirizine dihydrochloride	28	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	107	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	108
levofloxacin	70	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	107	LITHIUM	41
levofloxacin (ophth)	129	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	107	lithium carbonate	41
levofloxacin in d5w	70	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	107	LITHIUM CARBONATE	41
levonorgestrel & eth estradiol	51	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	107	lithium carbonate	41
levonorgestrel (emergency oc)	53	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	107	LITHOBID	41
levonorgestrel-eth estradiol (triphasic)	51	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	107	LIVALO	30
levonorgestrel-ethinyl estradiol (91-day)	52	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	107	LIVE BETTER ADVANCED LANCING DEVICE	84
levonorgestrel-ethinyl estradiol (continuous)	52	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	107	LIVE BETTER LANCET SUPERTHIN 30G	84
levorphanol tartrate	7	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	107	LIVE BETTER LANCET ULTRATHIN 28G	84
levothyroxine sodium	136	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	107	LO LOESTRIN FE	52
LEXAPRO	21	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	107	LOCOID	62
LEXIVA	44	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	107	LODINE	5
LIALDA	70	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	107	LODOSYN	40
LIBERTY MEDICAL LANCETS 30G	84	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	LOESTRIN 1.5/30-21	52
LIBERTY MINI LANCING DEVICE	84	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	LOESTRIN 1/20-21	52
LIBRAX	137	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	LOESTRIN FE 1.5/30	52
lidocaine	63	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	LOESTRIN FE 1/20	52
lidocaine hcl	63	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	LOFIBRA	29
LIDOCAINE HCL	126	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	LOMOTIL	25
lidocaine hcl (local anesth.)	75	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	108
lidocaine hcl (mouth-throat)	126	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	LONGS LANCETS STANDARD	84
lidocaine-prilocaine	63	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	LONGS LANCETS THIN	84
LIDODERM	63	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	LONGS LANCETS ULTRA THIN	84
LIFESCAN UNISTIK 2 DEEP PENETRATION	84	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	loperamide hcl	25
LIFESCAN UNISTIK II LANCETS	84	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	LOPID	29
LILETTA	53	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	lopinavir-ritonavir	44
LINCOCIN	12	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107	LOPRESSOR	47
lincomycin hcl	12	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107		
LINDANE	64				
linezolid	12				
LINZESS	71				
liothyronine sodium	136				
LIPITOR	30				

LOPRESSOR HCT.....	32	LYRICA CR.....	135	MAXICOMFORT II PEN	
LOPROX.....	57	LYSODREN.....	37	NEEDLES/31G X 1/4".....	108
LOPROX SHAMPOO.....	57	LYSTEDA.....	74	MAXICOMFORT INSULIN	
loratadine.....	28	M-M-R II.....	141	SYRINGES 27G X 1/2".....	108
loratadine &		M-NATAL PLUS.....	126	MAXIDEX.....	130
pseudoephedrine.....	55	M-VIT.....	126	MAXIPIME.....	51
lorazepam.....	13	MACROBID.....	139	MAXITROL.....	130
LORBRENA.....	38	MACRODANTIN.....	139	MAXX LUBRICATED.....	77
LORTAB.....	9	mafenide acetate.....	60	MAXX PLUS SPERMICIDE	
losartan potassium.....	31	MAGELLAN INSULIN SAFETY		LUBRICATED.....	77
losartan potassium &		SYRINGE/U-100/0.3ML/29G X		MAXZIDE.....	65
hydrochlorothiazide.....	32	1/2".....	108	MAXZIDE-25.....	65
LOSEASONIQUE.....	52	MAGELLAN INSULIN SAFETY		meclizine hcl.....	26
LOTEMAX.....	130	SYRINGE/U-100/0.3ML/30G X		MECLOFENAMATE SODIUM 5	
LOTENSIN.....	30	5/16".....	108	MEDIC INSULIN	
LOTENSIN HCT.....	32	MAGELLAN INSULIN SAFETY		SYRINGE/0.3ML/30G X	
loteprednol etabonate.....	130	SYRINGE/U-100/0.5ML/29G X		5/16".....	108
LOTREL.....	32	1/2".....	108	MEDIC INSULIN	
LOTRIMIN AF.....	57	MAGELLAN INSULIN SAFETY		SYRINGE/0.5ML/30G X	
LOTRIMIN AF FOR HER.....	58	SYRINGE/U-100/0.5ML/30G X		5/16".....	108
LOTRIMIN AF JOCK ITCH.....	58	5/16".....	108	MEDICHOICE PRE-SET	
LOTRIMIN ULTRA.....	58	MAGELLAN INSULIN SAFETY		SAFETY LANCET DUAL	
LOTRISONE.....	58	SYRINGE/U-100/1ML/29G X		USE.....	84
LOTRONEX.....	71	1/2".....	108	MEDICHOICE PRE-SET	
lovastatin.....	30	MAGELLAN INSULIN SAFETY		SAFETY LANCET LOW	
LOVAZA.....	29	SYRINGE/U-100/1ML/30G X		FLOW.....	84
LOVENOX.....	17	5/16".....	108	MEDICHOICE PRE-SET	
loxapine succinate.....	42	magnesium sulfate.....	124	SAFETY LANCET MEDIUM	
LUCEMYRA.....	133	MALARONE.....	33	FLOW.....	84
LULICONAZOLE.....	58	malathion.....	64	MEDICHOICE PRE-SET	
LUMIGAN.....	131	MAPROTILINE HCL.....	20	SAFETY LANCET MODERATE	
LUMIZYME.....	68	MARATHON MEDICAL		FLOW.....	84
LUNESTA.....	74	PENTIPS29GX12MM.....	108	MEDICHOICE SAFETY	
LUPANETA PACK.....	67	MARATHON MEDICAL		LANCETEXTRA.....	84
LUPRON DEPOT (1-		PENTIPS31GX5MM.....	108	MEDICHOICE SAFETY	
MONTH).....	37	MARATHON MEDICAL		LANCETNORMAL.....	85
LUPRON DEPOT (3-		PENTIPS31GX8MM.....	108	MEDICINE SHOPPE PEN	
MONTH).....	37	MARATHON MEDICAL		NEEDLES 29G X 12MM.....	108
LUPRON DEPOT (4-		PENTIPS32GX4MM.....	108	MEDICINE SHOPPE PEN	
MONTH).....	37	MARINOL.....	27	NEEDLES 31G X 6MM.....	108
LUPRON DEPOT (6-		MARPLAN.....	20	MEDICINE SHOPPE PEN	
MONTH).....	37	MATULANE.....	39	NEEDLES 31G X 8MM.....	108
LUPRON DEPOT-PED (1-		MAVYRET.....	46	MEDISENSE THIN	
MONTH).....	67	MAXALT.....	123	LANCETS.....	85
LUPRON DEPOT-PED (3-		MAXALT-MLT.....	123	MEDLANCE PLUS EXTRA	
MONTH).....	67	MAXI-COMFORT INSULIN		LANCETS 21G.....	85
LUXIQ.....	62	SYRINGE/U-		MEDLANCE PLUS	
LUZU.....	58	100/0.5ML/28GX1/2".....	108	LANCETS.....	85
LYNPARZA.....	38	MAXI-COMFORT INSULIN		MEDLANCE PLUS LANCETS	
LYRICA.....	18	SYRINGE/U-		LITE 25G.....	85
		100/1ML/28GX1/2".....	108	MEDLANCE PLUS LITE	
		MAXI-COMFORT SAFETY		LANCETS 25G.....	85
		PEN NEEDLE/29G X		MEDLANCE PLUS SPECIAL	
		5/16".....	108	LANCETS 0.8MM.....	85
				MEDLANCE PLUS SUPERLITE	
				30G.....	85

MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	85	MEPERIDINE HCL	7	metoprolol & hydrochlorothiazide	32
MEDLANCE PLUS UNIVERSAL LANCETS 21G	85	meprobamate	13	metoprolol succinate	47
MEDLANCE PLUS/LITE 25G	85	MEPRON	11	metoprolol tartrate	48
MEDLANCE/EXTRA	85	mercaptapurine	36	METOPROLOL/HYDROCHLOR OTHIAZIDE	32
MEDLANCE/LITE	85	meropenem	11	METROCREAM	63
MEDLANCE/UNIVERSAL	85	MERREM	11	METROGEL	63
MEDROL	54	mesalamine	70	METROGEL-VAGINAL	142
MEDROL DOSEPAK	53	MESTINON	34	METROLOTION	63
medroxyprogesterone acetate	133	MESTINON TIMESPAN	34	metronidazole	11
medroxyprogesterone acetate (contraceptive)	53	METAPROTERENOL SULFATE	15	metronidazole (topical)	63
mefenamic acid	5	metaxalone	127	metronidazole vaginal	142
MEFLOQUINE HCL	34	metformin hcl	24	MEXILETINE HCL	13
MEGACE ES	133	methadone hcl	7	MICARDIS	31
megestrol acetate	37	METHADONE HCL	7	MICARDIS HCT	32
megestrol acetate (appetite)	133	methadone hcl	7	MICONAZOLE 3	142
MEIJER COLOR LANCETS UNIVERSAL 33G	85	METHADONE HCL	7	MICROLET LANCETS	85
MEIJER LANCETS	85	methadone hcl	7	MICROLET NEXT	85
MEIJER LANCETS THIN	85	METHADONE HCL	7	MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE	85
MEIJER LANCETS UNIVERSAL21G	85	methadone hcl	7	MICROZIDE	66
MEIJER LANCETS UNIVERSAL30G	85	METHADOSE	7	midodrine hcl	142
MEIJER LANCETS UNIVERSAL33G	85	METHADOSE SUGAR- FREE	7	miglitol	23
MEIJER PEN NEEDLES 29G X12MM	108	methamphetamine hcl	1	miglustat	73
MEIJER PEN NEEDLES 31G X6MM	108	methazolamide	65	MIGRANAL	122
MEIJER PEN NEEDLES 31G X8MM	108	methenamine hippurate	139	MILLIPRED	54
MEIJER SUPER THIN LANCETS	85	methimazole	136	MILLIPRED DP	54
MEKINIST	38	METHITEST	10	MINASTRIN 24 FE	52
MEKTOVI	38	methocarbamol	127	MINI LANCING DEVICE	85
meloxicam	5	METHOTREXATE	4	MINIPRESS	31
melphalan	35	METHOTREXATE SODIUM	36	MINIVELLE	69
melphalan hcl	35	methotrexate sodium	36	MINOCIN	136
memantine hcl	134	methoxsalen rapid	59	minocycline hcl	136
MENACTRA	139	methscopolamine bromide	137	minoxidil	33
MENEST	69	METHYLCLOTHIAZIDE	66	MIRAPEX	40
MENOSTAR	69	methyl dopa	31	MIRCERA	73
MENVEO	139	METHYLDOPATE HCL	31	MIRCETTE	52
meperidine hcl	7	METHYLIN	2	MIRENA	53
MEPERIDINE HCL	7	methylphenidate hcl	2	mirtazapine	20
meperidine hcl	7	methylprednisolone	54	MIRVASO	64
		methylprednisolone acetate	54	misoprostol	138
		methylprednisolone sod succ	54	mitomycin	37
		METIPRANOLOL	129	mitoxantrone hcl	37
		metoclopramide hcl	70	MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	108
		metolazone	66		

MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	108	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	110
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16".....	108	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	110
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16".....	108	MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2".....	109	MONOLET LANCETS.....	85
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	108	MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2".....	109	MONOLET OPD LANCETS.....	85
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	109	MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	109	MONOLETTOR SAFETY LANCETS.....	85
MM LANCING DEVICE.....	85	MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	109	montelukast sodium.....	14
MM PEN NEEDLES 31G X 1/4".....	109	MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	109	MONUROL.....	139
MM PEN NEEDLES 31G X 3/16".....	109	MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	109	MORPHABOND ER.....	7
MM PEN NEEDLES 31G X 5/16".....	109	MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	109	morphine sulfate.....	7
MM PEN NEEDLES 32G X 5/32".....	109	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	109	MORPHINE SULFATE.....	7
MM TWIST LANCETS.....	85	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	109	morphine sulfate.....	7
MOBIC.....	5	MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	109	MOTOFEN.....	25
modafinil.....	2	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	109	MOVIPREP.....	75
MODERIBA 1200 DOSE PACK.....	46	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	109	moxifloxacin hcl.....	70
MODERIBA 800 DOSE PACK.....	46	MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML.....	109	moxifloxacin hcl (ophth).....	130
moexipril hcl.....	30	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	109	moxifloxacin hcl in sodium chloride.....	70
mometasone furoate.....	62	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	109	MOZOBIL.....	74
mometasone furoate (nasal).....	128	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	109	MPD SAFETY LANCET 21G/1.8MM.....	85
MONISTAT SOOTHING CARE ITCH RELIEF.....	62	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	109	MPD SAFETY LANCET 28G/1.8MM.....	85
MONODOX.....	136	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	109	MPD SAFETY LANCET 30G/1.8MM.....	85
MONOJECT INSULIN SYRINGE/1ML.....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	109	MPD SAFETY LANCETS 23G/1.8MM.....	85
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	109	MS CONTIN.....	7
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	109	MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	110
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	109	MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	110
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	109	MS INSULIN SYRINGE/1ML/31G X 5/16".....	110
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	109	MULPLETA.....	73
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	109	MULTAQ.....	13
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2".....	109	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	110	MULTI PRENATAL.....	126
				MULTI-LANCET DEVICE.....	85
				mupirocin.....	57
				mupirocin calcium (topical).....	57
				MUSTARGEN.....	35
				MYALEPT.....	68
				MYAMBUTOL.....	34
				MYCAMINE.....	27
				MYCOBUTIN.....	34
				mycophenolate mofetil.....	125

mycophenolate sodium	125	neomycin sulfate	3	nisoldipine	49
MYDRIACYL	129	neomycin-bacitracin zn-polymyxin	130	NISOLDIPINE ER	49
MYFORTIC	125	neomycin-polymyx-dexameth	130	NITRO-BID	12
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	85	neomycin-polymyxin-hc (otic)	132	NITRO-DUR	12
MYLERAN	35	NEOMYCIN/POLYMYXIN/HYD	130	nitrofurantoin	139
MYRBETRIQ	139	ROCORTISONE	130	nitrofurantoin macrocrystal	139
MYSOLINE	18	NEONATAL PLUS	126	nitrofurantoin monohyd macro	139
nabumetone	5	NEONATAL VITAMIN	126	nitroglycerin	12
nadolol	48	NEORAL	125	NITROGLYCERIN	12
nafcillin sodium	133	NEPTAZANE	65	nitroglycerin	12
naftifine hcl	58	NESINA	24	NITROSTAT	12
NAFTIN	58	NETGROUP LANCETS	85	NIVA-PLUS	126
NAGLAZYME	68	NEULASTA	73	NIVESTYM	73
nalbuphine hcl	9	NEULASTA ONPRO KIT	73	NIX CREME RINSE	64
NALFON	5	NEUPOGEN	73	nizatidine	137
naloxone hcl	26	NEUPRO	40	NIZATIDINE	137
naltrexone hcl	26	NEURONTIN	18	NIZORAL	58
NAMENDA	134	NEVANAC	131	NORCO	9
NAMENDA TITRATION PAK	134	nevirapine	44	NORDITROPIN FLEXPRO	67
NAPROSYN	5	NEXAVAR	38	norethin acet & estrad-fe	52
naproxen	5	NEXIUM	138	norethindrone & eth estradiol	52
naproxen sodium	5	NEXIUM 24HR	138	norethindrone & ethinyl estradiol-fe	52
naratriptan hcl	123	NEXPLANON	53	norethindrone (contraceptive)	53
NARCAN	26	niacin	143	norethindrone acet & eth estra	52
NARDIL	21	niacin (antihyperlipidemic)	30	norethindrone acetate	133
NASACORT ALLERGY 24HR	128	NIACIN TR	143	norethindrone acetate-ethinyl estradiol	69
NASACORT ALLERGY 24HR CHILDRENS	128	niacinamide	143	norethindrone acetate-ethinyl estradiol-fe	52
NASONEX	128	NIASPAN	30	norethindrone-eth estradiol (triphasic)	52
NATACYN	130	nicardipine hcl	48	norgestimate-ethinyl estradiol	52
NATAZIA	52	NICODERM CQ	135	norgestimate-ethinyl estradiol (triphasic)	52
nateglinide	25	NICORETTE	135	norgestrel & ethinyl estradiol	52
NATROBA	64	NICORETTE MINI	135	NORMOSOL-M IN D5W	124
NATURE-THROID	136	NICORETTE STARTER KIT	135	NORMOSOL-R	124
NATURE-THROID NT-2.5	136	nicotine	135	NORPACE	13
NAVELBINE	40	nicotine polacrilex	135	NORPRAMIN	23
NEBUPENT	11	NICOTINE TRANSDERMAL SYSTEM	135	nortriptyline hcl	23
NEBUSAL	55	NICOTROL INHALER	135	NORTRIPTYLINE HCL	23
NECON 1/50-28	52	NICOTROL NS	135	nortriptyline hcl	23
NEFAZODONE HCL	22	nifedipine	48	NORVASC	49
nefazodone hcl	22	NILANDRON	37	NORVIR	44
NEFAZODONE HYDROCHLORIDE	22	nilutamide	37		
NEO-SYNALAR	57	nimodipine	49		
		NINLARO	38		
		NIPENT	39		

NOVA MAX PLUS KETONE TESTSTRIPS	64	OCTREOTIDE ACETATE	68	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	86
NOVA SAFETY LANCETS 23G	85	octreotide acetate	68	ONETOUCH DELICA PLUS LANCETS FINE 30G	86
NOVA SAFETY LANCETS 28G	85	OCUFLOX	130	ONETOUCH DELICA PLUS LANCING DEVICE	86
NOVA SUREFLEX LANCETS	85	ODEFSEY	45	ONETOUCH FINEPOINT LANCETS	86
NOVA SUREFLEX LANCING DEVICE	85	ODOMZO	36	ONETOUCH ULTRASOFT LANCETS	86
NOVAREL	67	OFEV	136	ONFI	17
NOVOFINE 30GX8MM	110	OFLOXACIN	70	ONGLYZA	24
NOVOFINE 32GX6MM	110	ofloxacin	70	OPANA	7
NOVOFINE AUTOCOVER 30GX8MM	110	ofloxacin (ophth)	130	OPSUMIT	50
NOVOFINE PLUS 32GX4MM	110	ofloxacin (otic)	131	ORAP	135
NOVOLIN 70/30	24	OGESTREL	52	ORAPRED ODT	54
NOVOLIN 70/30 FLEXPEN	24	olanzapine	42	ORENCIA	5
NOVOLIN 70/30 FLEXPEN RELION	24	olmesartan medoxomil	31	ORENCIA CLICKJECT	5
NOVOLIN 70/30 RELION	24	olmesartan medoxomil-amlodipine-hydrochlorothiazide	32	ORENITRAM	49
NOVOLIN N	24	olmesartan medoxomil-hydrochlorothiazide	32	ORFADIN	68
NOVOLIN N RELION	24	olopatadine hcl	131	ORKAMBI	135
NOVOLIN R	24	olopatadine hcl (nasal)	128	orphenadrine citrate	127
NOVOLIN R RELION	24	OLUMIANT	4	ORTHO MICRONOR	53
NOVOLOG	25	OLUX	62	ORTHO TRI-CYCLEN	52
NOVOLOG FLEXPEN	25	omega-3-acid ethyl esters	29	ORTHO TRI-CYCLEN LO	52
NOVOLOG MIX 70/30	25	omeprazole	138	ORTHO-CYCLEN	52
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	25	OMEPRAZOLE	138	ORTHO-NOVUM 1/35	52
NOVOLOG PENFILL	25	omeprazole magnesium	138	ORTHO-NOVUM 7/7/7	52
NOVOTWIST 32GX5MM	110	omeprazole-sodium bicarbonate	138	oseltamivir phosphate	47
NOXAFIL	27	OMNIFLEX DIAPHRAGM	77	OSMOPREP	75
NPLATE	73	OMNIPRED	130	OSPHERA	67
NUCALA	14	OMNITROPE	67	OTEZLA	5
NUCYNTA	7	ON CALL LANCETS	86	OTOVEL	132
NUCYNTA ER	7	ON CALL LANCING DEVICE	86	OVIDE	64
NUDEXTA	135	ON CALL PLUS LANCETS	86	oxacillin sodium	133
NULOJIX	125	ON CALL PLUS LANCING DEVICE	86	oxaliplatin	35
NUTROPIN AQ NUSPIN 10	67	ONCASPAR	39	OXANDRIN	10
NUVARING	53	ondansetron	26	oxandrolone	10
NUVIGIL	3	ondansetron hcl	26	oxaprozin	5
nystatin	27	ONETOUCH CLUB LANCETS FINE POINT	86	oxazepam	13
nystatin (mouth-throat)	126	ONETOUCH COMBO PACK	86	OXAZEPAM	13
nystatin (topical)	58	ONETOUCH DELICA LANCETS EXTRA FINE 33G	86	oxcarbazepine	18
nystatin-triamcinolone	58	ONETOUCH DELICA LANCETS FINE 30G	86	OXERVATE	130
O-CAL FA	126	ONETOUCH DELICA LANCING DEVICE	86	oxiconazole nitrate	58
OBREDON	55			OXISTAT	58
OCREVUS	134			OXSORALEN ULTRA	59
				oxybutynin chloride	139

oxycodone hcl.....	8	PC UNIFINE PENTIPS 31G		pentamidine isethionate.....	11
OXYCODONE HCL ER.....	7	X8MM SHORT.....	110	pentazocine w/ naloxone....	10
OXYCODONE		PEDIAPRED.....	54	PENTIPS 29G X 12MM.....	110
HYDROCHLORIDE ER.....	8	peg 3350-kcl-sod bicarb-sod		PENTIPS 29GX12MM.....	110
oxycodone w/ acetaminophen	9	chloride-sod sulfate.....	75	PENTIPS 31G X 5MM.....	110
OXYCODONE/ACETAMINOPHE		PEGANONE.....	19	PENTIPS 31G X 8MM.....	110
N.....	9	PEGASYS.....	46	PENTIPS 31GX5MM.....	110
OXYCODONE/IBUPROFEN.....	9	PEGASYS PROCLICK.....	46	PENTIPS 31GX6MM.....	110
OXYCONTIN.....	8	PEGINTRON.....	46	PENTIPS 31GX8MM.....	110
oxymorphone hcl.....	8	PEN NEEDLES 29G X		PENTIPS 32G X 4MM.....	110
OXYMORPHONE		12MM.....	110	PENTIPS 32GX4MM.....	110
HYDROCHLORIDE ER.....	8	PEN NEEDLES		pentoxifylline.....	72
OXYMORPHONE		29GX1/2".....	110	PEPCID.....	137
HYDROCHLORIDEER.....	8	PEN NEEDLES		PEPCID AC MAXIMUM	
paclitaxel.....	40	30GX5/16".....	110	STRENGTH.....	137
PACLITAXEL.....	40	PEN NEEDLES		PERCOCET.....	9
paliperidone.....	42	30GX8MM.....	110	PERFECT LANCETS 30G.....	86
palonosetron hcl.....	26	PEN NEEDLES 31G X 1/4"		PERFECT PRESSURE	
PALYNZIQ.....	68	SHORT.....	110	ACTIVATED SAFETY LANCETS	
PAMELOR.....	23	PEN NEEDLES 31G X		28G.....	86
pamidronate disodium.....	66	3/16".....	110	PERIDEX.....	126
PAMIDRONATE DISODIUM.....	66	PEN NEEDLES 31G X		perindopril erbumine.....	30
PANOXYL-4 CREAMY		5MM.....	110	PERJETA.....	36
WASH.....	56	PEN NEEDLES 31G X		permethrin.....	64
PANRETIN.....	59	6MM.....	110	perphenazine.....	43
pantoprazole sodium.....	138	PEN NEEDLES 31G X		PERPHENAZINE/AMITRIPTYLIN	
PARAFON FORTE DSC.....	127	8MM.....	110	E.....	134
PARAGARD INTRAUTERINE		PEN NEEDLES		PERSERIS.....	42
COPPER CONTRACEPTIVE		31GX5/16".....	110	PFIZERPEN.....	132
T380A.....	53	PEN NEEDLES 31GX6MM		PHARMACIST CHOICE ULTRA	
parenteral electrolytes.....	124	(1/4").....	110	THIN LANCETS.....	86
paricalcitol.....	68	PEN NEEDLES		PHARMACIST CHOICE ULTRA	
PARLODEL.....	40	31GX8MM.....	110	THIN LANCETS 28G.....	86
PARNATE.....	21	PEN NEEDLES 31GX8MM		PHARMACIST CHOICE ULTRA	
paromomycin sulfate.....	3	(5/16").....	110	THIN LANCETS 30G.....	86
paroxetine hcl.....	21	PEN NEEDLES 32G X		PHARMACIST CHOICE ULTRA	
PASER.....	34	4MM.....	110	THIN LANCETS 31G.....	86
PATADAY.....	131	PEN NEEDLES 32G X		PHARMACIST CHOICE ULTRA	
PATANASE.....	128	5MM.....	110	THIN LANCETS 33G.....	86
PATANOL.....	131	PEN NEEDLES 32G X		PHARMACY COUNTER	
PAXIL.....	21,22	6MM.....	110	LANCETS.....	86
PAXIL CR.....	21	PEN NEEDLES		phenazopyridine hcl.....	72
PC LANCETS SUPER THIN		32GX4MM.....	110	phendimetrazine tartrate.....	1
30G.....	86	penicillamine.....	124	phenelzine sulfate.....	21
PC UNIFINE PENTIPS 29G		penicillin g potassium.....	132	PHENERGAN.....	29
X1/2".....	110	PENICILLIN G POTASSIUM IN		phenobarbital.....	74
PC UNIFINE PENTIPS 31G		ISO-OSMOTIC		phenoxybenzamine hcl.....	31
X5MM MINI.....	110	DEXTROSE.....	132	phentermine hcl.....	2
PC UNIFINE PENTIPS 31G		PENICILLIN G.....	132	PHENYTEK.....	19
X6MM ULTRA SHORT.....	110	PROCAINE.....	132	phenytoin.....	19
		PENICILLIN G SODIUM.....	132		
		PENICILLIN V.....	132		
		POTASSIUM.....	132		
		penicillin v potassium.....	132		
		PENLAC NAIL LACQUER.....	58		
		PENTAM 300.....	11		

phenytoin sodium.....	19	potassium chloride in dextrose.....	124	PRECOSE.....	23
phenytoin sodium extended.....	19	potassium chloride in dextrose & sodium chloride.....	124	PRED MILD.....	130
PHOSLYRA.....	71	potassium chloride in nacl.....	124	prednicarbate.....	62
PHOSPHOLINE IODIDE.....	129	potassium chloride microencapsulated crystals.....	124	prednisolone.....	54
PHOTOFRIN.....	39	POTASSIUM CHLORIDE/DEXTROSE.....	124	PREDNISOLONE ACETATE.....	130
PICATO.....	59	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS.....	124	PREDNISOLONE SODIUM PHOSPHATE.....	54
PIFELTRO.....	45	potassium citrate (alkalinizer).....	71	prednisolone sodium phosphate.....	54
pilocarpine hcl.....	129	potassium phosphates.....	124	PREDNISOLONE SODIUM PHOSPHATE.....	131
pilocarpine hcl (oral).....	126	PRADAXA.....	17	PREDNISONE.....	54
pimecrolimus.....	63	pramipexole dihydrochloride.....	41	prednisone.....	54
PIMOZIDE.....	135	PRANDIN.....	25	PREDNISONE.....	54
pindolol.....	48	prasugrel hcl.....	73	prednisone.....	54
pioglitazone hcl.....	24	PRAVACHOL.....	30	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	111
pioglitazone hcl-glimepiride.....	23	pravastatin sodium.....	30	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	111
pioglitazone hcl-metformin hcl.....	23	praziquantel.....	10	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	111
PIP LANCETS/28G.....	86	prazosin hcl.....	31	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	111
PIP LANCETS/30G.....	86	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16".....	111	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	111
piperacillin sodium-tazobactam sodium.....	133	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2".....	111	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	111
piroxicam.....	5	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2".....	111	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	111
PLAN B ONE-STEP.....	53	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8".....	111	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	111
PLAQUENIL.....	34	PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2".....	111	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	111
PLASMA-LYTE A.....	124	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".....	111	PREFERRED PLUS LANCETS COLORED 21G.....	86
PLASMA-LYTE-148.....	124	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2".....	111	PREFERRED PLUS LANCETS SUPER THIN 30G.....	86
PLAVIX.....	72,73	PRECISION THIN LANCETS.....	86	PREFERRED PLUS LANCETS THIN 26G.....	86
PLEGRIDY.....	134	PRECISION THINS GP LANCET.....	86	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM.....	111
PLEGRIDY STARTER PACK.....	134	PRECISION ULTRA LANCET.....	86	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT.....	111
PNEUMOVAX 23.....	139	PRECISION XTRA.....	64	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT.....	111
PNEUMOVAX 23/1 DOSE.....	139				
PNV FOLIC ACID + IRON MULTIVITAMIN.....	126				
PNV PRENATAL PLUS MULTIVITAMIN.....	126				
podofilox.....	63				
polymyxin b sulfate.....	12				
polymyxin b-trimethoprim.....	130				
POLYTRIM.....	130				
POMALYST.....	37				
PONSTEL.....	5				
potassium acetate.....	124				
potassium bicarb & chloride.....	124				
potassium bicarbonate.....	124				
potassium chloride.....	124				
POTASSIUM CHLORIDE.....	124				
potassium chloride.....	124				
POTASSIUM CHLORIDE ER.....	124				

PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	111	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	111	PROGRAF	125
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	111	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	111	PROLASTIN-C	135
pregabalin	18	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	111	PROLEUKIN	39
PREGNYL W/DILUENT BENZYLALCOHOL/NACL	67	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	111	PROLIA	66
PREMARIN	69	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	111	PROMACTA	73
PREMIUM CONDOMS LUBRICATED	77	PRO COMFORT LANCETS 30G	86	promethazine hcl	29
PREMPHASE	69	PRO COMFORT LANCETS 31G	86	PROMETRIUM	133
PREMPRO	69	PRO COMFORT PEN NEEDLES/31G X 8MM	112	propafenone hcl	13
PRENATAL	127	PRO COMFORT PEN NEEDLES/32G X 4MM	112	proparacaine hcl	130
PRENATAL LOW IRON	126	PRO COMFORT PEN NEEDLES/32G X 5MM	112	propranolol hcl	48
PRENATAL MULTIVITAMIN	126	PRO COMFORT PEN NEEDLES/32G X 6MM	112	PROPRANOLOL HCL	48
PRENATAL ONE DAILY	126	PROAIR HFA	15	propranolol hcl	48
PRENATAL PLUS	126	probenecid	72	propylthiouracil	136
PRENATAL VITAMIN	127	procainamide hcl	13	PROSCAR	72
PRENATAL VITAMIN & MINERAL	127	PROCARDIA	49	PROTONIX	138
PRENATAL VITAMIN/IRON	127	PROCARDIA XL	49	PROTOPIC	63
PRENATAL VITAMINS	127	prochlorperazine	43	protriptyline hcl	23
PRENATAL VITAMINS PLUS LOW IRON	127	prochlorperazine maleate	43	PROVENTIL HFA	15
PREPLUS	127	PROCRIT	73	PROVERA	133
PREPOPIK	75	PROCTOCORT	10	PROVIGIL	3
PRESSURE ACTIVATED SAFETYLANCET 21G	86	PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	112	PROZAC	22
PREVACID	138	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	112	PRUDOXIN	59
PREVACID 24HR	138	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	112	PSORCON	62
PREVENT SAFETY PEN NEEDLES 31GX1/4"	111	PRODIGY LANCING DEVICE	86	PSS SELECT GP LANCETS	86
PREVENT SAFETY PEN NEEDLES 31GX5/16"	111	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	86	PSS SELECT SAFETY LANCETS	87
PREVNAR 13	139	PRODIGY SAFETY LANCETS	86	PTS PANELS KETONE TEST	64
PREZCOBIX	45	PRODIGY TWIST TOP LANCETS	86	PULMICORT	14
PREZISTA	45	progesterone micronized	133	PULMICORT FLEXHALER	14
PRIFTIN	34	PROGLYCEM	24	PULMOZYME	135
PRILOSEC OTC	138			PUSH BUTTON SAFETY LANCETS 21G	87
primaquine phosphate	34			PUSH BUTTON SAFETY LANCETS 28G	87
PRIMAQUINE PHOSPHATE	34			PX ADVANCED LANCING DEVICE	87
PRIMAXIN IV	11			PX EXTRA SHORT PEN NEEDLES 31GX6MM	112
primidone	18			PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	112
PRINIVIL	30			PX LANCET AUTO INJECTOR	87
PRISTIQ	22			PX LANCETS ULTRA THIN	87
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	111			PX LANCETS ULTRA THIN 28G	87
				PX MINI PEN NEEDLES 31GX5MM	112
				PX PEN NEEDLE 29GX12MM	112

PX PEN NEEDLE 31GX8MM.....	112	RA INSULIN SYRINGE/U- 100/1 ML/30G X 5/16".....	112	REBIF.....	134
PX PRENATAL MULTIVITAMINS.....	127	RA LANCING DEVICE.....	87	REBIF REBIDOSE.....	134
PX SHORTLENGTH PEN NEEDLES/31GX8MM.....	112	RA PEN NEEDLES 31G X 5MM3/16".....	112	REBIF REBIDOSE TITRATIONPACK.....	134
pyrazinamide.....	34	RA PEN NEEDLES 31G X 8MM5/16".....	112	REBIF TITRATION PACK.....	134
PYRIDIUM.....	72	RA PRENATAL.....	127	RECLAST.....	66
pyridostigmine bromide.....	34	RA PRENATAL FORMULA/FOLICACID..	127	RECTIV.....	10
QC ADVANCED LANCING DEVICE.....	87	rabeprazole sodium.....	138	REGLAN.....	70
QC LANCETS SUPER THIN	87	raloxifene hcl.....	67	REGRANEX.....	64
QC LANCETS ULTRA THIN	87	ramelteon.....	75	RELENZA DISKHALER.....	47
QC PEN NEEDLES 29G X 12MM.....	112	ramipril.....	30	RELION 2-IN-1 LANCET DEVICES 30G.....	87
QC PEN NEEDLES 31G X 6MM.....	112	RANEXA.....	12	RELION 2-IN-1 LANCING DEVICE 25G.....	87
QC PEN NEEDLES 31G X 8MM.....	112	ranitidine hcl.....	137,138	RELION 2-IN-1 LANCING DEVICE 30G.....	87
QC PRENATAL.....	127	ranolazine.....	12	RELION INSULIN SYRINGE 1ML/31GX15/64".....	112
QC UNIFINE PENTIPS 32GX4MM.....	112	RAPAFLO.....	72	RELION INSULIN SYRINGE/U- 00/1ML/29G X 1/2".....	112
QC UNILET LANCETS 28G/ULTRA THIN.....	87	RAPAMUNE.....	125	RELION INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	112
QC UNILET LANCETS 33G/MICRO THIN.....	87	rasagiline mesylate.....	41	RELION INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16".....	112
QUALAQUIN.....	34	RAZADYNE.....	134	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	112
QUARTETTE.....	52	RAZADYNE ER.....	134	RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	113
QUESTRAN.....	29	READYLANCE SAFETY LANCETS/21G/2.2MM.....	87	RELION INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	113
QUESTRAN LIGHT.....	29	READYLANCE SAFETY LANCETS/23G/1.8MM.....	87	RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16".....	113
quetiapine fumarate.....	42	READYLANCE SAFETY LANCETS/26G/1.8MM.....	87	RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	113
quinapril hcl.....	30	READYLANCE SAFETY LANCETS/28G/1.8MM.....	87	RELION INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	113
quinapril-hydrochlorothiazide	32	READYLANCE SAFETY LANCETS/30G/1.6MM.....	87	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64".....	113
QUINIDINE SULFATE.....	13	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	112	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	113
quinine sulfate.....	34	REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	112	RELION KETONE.....	64
QVAR.....	14	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	112	RELION KETONE TEST STRIPS.....	64
QVAR REDIHALER.....	14	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	112	RELION LANCETS MICRO- THIN33G.....	87
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G	87	REALITY LANCETS.....	87	RELION LANCETS STANDARD 21G.....	87
RA E-ZJECT LANCETS 28G	87	REALITY LATEX CONDOMS/LUBRICATED	77	RELION LANCETS THIN 26G.....	87
RA E-ZJECT LANCETS THIN 26G.....	87	REALITY LATEX/ULTRA TEXTURED.....	77	RELION LANCETS ULTRA- THIN30G.....	87
RA E-ZJECT LANCETS THIN 28G.....	87	REALITY LATEX/ULTRA THIN.....	77	RELION LANCING DEVICE	87
RA E-ZJECT LANCETS ULTRATHIN 30G.....	87	REALITY TRIGGER LANCETS.....	87	RELION MINI PEN NEEDLES 31GX6MM.....	113
RA INSULIN SYRINGE/0.5ML/29G X 1/2".....	112	REBETOL.....	46	RELION PEN NEEDLES 29GX12MM.....	113
RA INSULIN SYRINGE/1ML/29G X 1/2".....	112			RELION PEN NEEDLES 31GX6MM.....	113
RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	112				

RELION PEN NEEDLES 31GX8MM	113	RIDAURA	4	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	88
RELION PEN NEEDLES 32GX4MM	113	rifabutin	34	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	88
RELION SHORT PEN NEEDLES31GX8MM	113	RIFADIN	34	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16"	113
RELION ULTRA THIN LANCETS/30G	87	RIFAMATE	34	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"	113
RELION ULTRA THIN LANCETS30G	87	rifampin	34	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"	113
RELION ULTRA THIN PLUS LANCETS 32G	87	RIFATER	34	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"	113
RELION ULTRA THIN PLUS LANCETS 33G	87	RIGHT STEP PRENATAL	127	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"	113
RELISTOR	71	RIGHTEST GD500 LANCING DEVICE	87	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	113
RELPAK	123	RIGHTEST GL300 LANCETS	87	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	113
REMERON	20	RILUTEK	128	SAFETY INSULIN SYRINGES 1ML/27GX1/2"	113
REMERON SOLTAB	20	riluzole	128	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	113
REMICADE	70	rimantadine hydrochloride	47	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	113
REMODULIN	50	ringer's	124	SAFETY LANCET 21G/PRESSURE ACTIVATED	88
RENFLEXIS	71	ringer's irrigation	125	SAFETY LANCET 28G/PRESSURE ACTIVATED	88
REVELA	71	risedronate sodium	66	SAFETY LANCETS	88
REOPRO	73	RISPERDAL	42	SAFETY LANCETS 21G	88
repaglinide	25	RISPERDAL CONSTA	42	SAFETY LANCETS 28G	88
REPAGLINIDE/METFORMIN HYDROCHLORIDE	23	RISPERDAL M-TAB	42	SAFETY LET LANCETS	88
REPATHA	30	risperidone	42	SAFETY SEAL LANCETS 28G	88
REPATHA SURECLICK	30	RITALIN	3	SAFETY SEAL LANCETS 30G	88
REQUIP	41	RITALIN LA	3	SAFYRAL	52
REQUIP XL	41	ritonavir	45	SAIZEN	67
RESCRIPTOR	45	RITUXAN	36	SAIZEN CLICK.EASY	67
RESCULA	131	rivastigmine tartrate	134	SAIZENPREP RECONSTITUTIONKIT	67
RESECTISOL	71	rizatriptan benzoate	123	SALAGEN	126
RESTASIS	130	ROBAXIN	127	salsalate	6
RESTASIS MULTIDOSE	130	ROBAXIN-750	127	SAMSCA	69
RESTORIL	74	ROBINUL	137	SANDIMMUNE	125
RETIN-A	56	ROBINUL FORTE	137	SANDOSTATIN	68
RETIN-A MICRO	56	ROCALTROL	68	SANTYL	63
RETIN-A MICRO PUMP	56	ROMIDEPSIN	38	SAPHRIS	42
RETROVIR	45	ropinirole hydrochloride	41		
RETROVIR IV INFUSION	45	rosuvastatin calcium	30		
REVATIO	50	ROXICODONE	8		
REVLIMID	125	ROZEREM	75		
REXALL LANCETS ULTRA THIN	87	RUCONEST	72		
REXULTI	43	RYCLORA	28		
REYATAZ	45	RYTHMOL SR	13		
RIBASPHERE	46	SABRIL	19		
RIBASPHERE RIBAPAK	46	SAFE-T-LANCE LOW FLOW 25G	87		
ribavirin (hepatitis c)	46	SAFE-T-LANCE NORMAL FLOW21G	87		
		SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	88		

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TOP LANCETS	88		
SAPS HEALTH TWIST TOP			
LANCETS 30G	88		
SAPSCARE TWIST TOP			
LANCETS 30G	88		
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SB INSULIN SYRINGE/U-			
100/0.5ML/30G X 5/16"	113		
SB INSULIN SYRINGE/U-			
100/1ML/29G X 1/2"	113		
SB INSULIN SYRINGE/U-			
100/1ML/30G X 5/16"	113		
SB INSULIN SYRINGE/U-			
100/1ML/31G X 5/16"	113		
SB LANCETS THIN	88		
SB LANCETS ULTRA THIN	88		
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SEASONIQUE	52		
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INSULIN SYRINGES/U-			
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SECURESAFE SAFETY			
INSULIN SYRINGES/U-			
100/1ML/29GX1/2"	113		
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SELEGILINE HCL	41		
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SEROSTIM	67		
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hypertension)	50		
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SILIQ	60		
silodosin	72		
SILVADENE	60		
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LANCING DEVICE	88		
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SIMPONI ARIA	4		
SIMULECT	125		
simvastatin	30		
SINEMET	41		
SINEMET CR	41		
SINGLE-LET	88		
SINGULAIR	14		
sirolimus	125		
SIRTURO	34		
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SOLIRIS	72		
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SOLUS V2 PRESSURE			
ACTIVATED SAFETY LANCETS			
28G	88		
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SPRAVATO 56MG DOSE.....	21	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	114	SURE COMFORT PEN NEEDLES32GX6MM.....	115
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STALEVO 200.....	41	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	114	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	115
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STENDRA.....	49	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	114		
STERILANCE TL.....	88	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	114		
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STRATTERA.....	2				
STREPTOMYCIN SULFATE.....	3				
STRIBILD.....	45				
STRIVERDI RESPIMAT.....	15				
STROMECTOL.....	10				
SUBOXONE.....	10				
SUBSYS.....	8				
SUCRAID.....	65				
sucrafate.....	138				
SULAR.....	49				
sulfacetamide sodium (acne).....	56				
sulfacetamide sodium (ophth).....	130				

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SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	115	tadalafil (pulmonary hypertension)	50	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16"	116
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	115	TAFINLAR	38	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	116
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	115	TAGAMET HB	138	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	116
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	115	TAKHZYRO	72	TECHLITE LANCETS	89
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	115	TALTZ	60	TECHLITE LANCETS 30G	89
SURE-LANCE FLAT LANCETS	89	TALZENNA	38	TECHLITE PEN NEEDLES 29GX 12 MM	116
SURE-LANCE LANCETS 26G	89	TAMIFLU	47	TECHLITE PEN NEEDLES 31GX 5MM	116
SURE-LANCE THIN LANCETS 28G	89	tamoxifen citrate	37	TECHLITE PEN NEEDLES/31GX 5MM	116
SURE-LANCE ULTRA THIN LANCETS	89	tamsulosin hcl	72	TECHLITE PEN NEEDLES/31GX 6 MM	116
SURE-PEN	89	TANZEUM	24	TECHLITE PEN NEEDLES/31GX 8MM	116
SURE-TOUCH LANCETS	89	TAPAZOLE	136	TECHLITE PEN NEEDLES/32GX 4MM	116
UNIVERSAL	89	TARCEVA	38	TECHLITE PEN NEEDLES/32GX 6MM	116
SURELITE LANCETS	89	TARGRETIN	39,59	TEFLARO	51
SURMONTIL	23	TARKA	32	TEGRETOL	18
SUSTIVA	45	TASIGNA	38	TEGRETOL-XR	18
SUTENT	38	TASMAR	40	TEGSEDI	135
SW OMEPRAZOLE	138	TAXOTERE	40	TEKTRUNA	33
SYLATRON	39	TAYTULLA	52	telmisartan	31
SYMBICORT	15	tazarotene	60	telmisartan-amlodipine	32
SYMFI	45	TAZORAC	60	telmisartan-hydrochlorothiazide	32
SYMFI LO	45	TECFIDERA	135	temazepam	74
SYMLINPEN 120	23	TECFIDERA STARTER PACK	135	TEMODAR	35
SYMLINPEN 60	23	TECHLITE AST LANCETS	89	TEMOVATE	62
SYMTUZA	45	TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	115	temozolomide	35
SYNALAR	62	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2"	115	temsirolimus	38
SYNAREL	67	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	115	TENIPOSIDE	40
SYNERA	63	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	115	tenofovir disoproxil fumarate	45
SYNJARDY	23	TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	115	TENORETIC 100	32
SYNRIBO	39	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	115	TENORETIC 50	32
SYNTHROID	136	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	115	TENORMIN	48
SYPRINE	124	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	115	TERAZOL 7	142
TABLOID	36	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	115	terazosin hcl	31
TACLONEX	62	tadalafil	49	terbinafine hcl	27
tacrolimus	125	tadalafil (pulmonary hypertension)	50	terbutaline sulfate	15
tacrolimus (topical)	63	TAFINLAR	38	TERCONAZOLE	142
		TAGAMET HB	138	terconazole vaginal	142
		TAKHZYRO	72	TESSALON PERLES	54
		TALTZ	60	testosterone cypionate	10
		TALZENNA	38		
		TAMIFLU	47		
		tamoxifen citrate	37		
		tamsulosin hcl	72		
		TANZEUM	24		
		TAPAZOLE	136		
		TARCEVA	38		
		TARGRETIN	39,59		
		TARKA	32		
		TASIGNA	38		
		TASMAR	40		
		TAXOTERE	40		
		TAYTULLA	52		
		tazarotene	60		
		TAZORAC	60		
		TECFIDERA	135		
		TECFIDERA STARTER PACK	135		
		TECHLITE AST LANCETS	89		
		TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	115		
		TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2"	115		
		TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	115		
		TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	115		
		TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	115		
		TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	115		
		TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	115		
		TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	115		
		TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	115		

testosterone enanthate.....	10	TODAY SPONGE.....	142	TOPCARE ULTRA COMFORT
tetrabenazine.....	134	TODAYS HEALTH ADVANCED		INSULIN SYRINGE/U-
tetracycline hcl.....	136	LANCING DEVICE.....	89	100/1ML/29G X 1/2".....
TGT LANCET MICRO THIN		TODAYS HEALTH MINI PEN		TOPICORT.....
33G.....	89	NEEDLES 31G X 1/4".....	116	topiramate.....
TGT LANCET THIN 26G.....	89	TODAYS HEALTH ORIGINAL		topotecan hcl.....
TGT LANCET ULTRA THIN		PEN NEEDLES 29G X		TOPROL XL.....
30G.....	89	1/2".....	116	toremifene citrate.....
TGT LANCING DEVICE.....	89	TODAYS HEALTH SHORT		TORISEL.....
THALOMID.....	125	PEN NEEDLES 31G X		torsemide.....
theophylline.....	15	5/16".....	116	TOVIAZ.....
THERANATAL CORE		TODAYS HEALTH SUPER		TRACLEER.....
NUTRITION.....	127	THINLANCETS 30G.....	89	TRADJENTA.....
THINLETS GP LANCETS... ..	89	TODAYS HEALTH ULTRA		tramadol hcl.....
THINLETS LANCET.....	89	THINLANCETS 28G.....	89	tramadol-acetaminophen.....
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thiotepa.....	35	TOLAZAMIDE.....	25	trandolapril-verapamil hcl....
thiothixene.....	43	TOLBUTAMIDE.....	25	32
THYMOGLOBULIN.....	125	tolcapone.....	40	TRANDOLAPRIL/VERAPAMIL
thyroid.....	136	TOLMETIN SODIUM.....	5	HCL ER.....
THYROLAR-1.....	136	tolterodine tartrate.....	139	tranexamic acid.....
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THYROLAR-2.....	137	TOPCARE CLICKFINE		TRANSDERM-SCOP.....
THYROLAR-3.....	137	UNIVERSAL PEN EEDLES		26
tiagabine hcl.....	19	31GX1/4".....	116	TRANXENE T.....
TIAZAC.....	49	TOPCARE CLICKFINE		13
TIBSOVO.....	38	UNIVERSAL PEN EEDLES		tranylcypramine sulfate.....
TIGAN.....	26	31GX5/16".....	116	21
tigecycline.....	136	TOPCARE LANCETS MICRO-		TRAVATAN Z.....
TIGECYCLINE.....	136	THIN 33G.....	89	131
TIKOSYN.....	13	TOPCARE ULTRA COMFORT		TRAVEL LANCETS 30G.....
TIMOLOL MALEATE.....	48	INSULIN SYRINGE/0.3ML/30G		89
timolol maleate.....	48	X 5/16".....	116	TRAVEL LANCETS ADVANCED
timolol maleate (ophth).....	129	TOPCARE ULTRA COMFORT		28G.....
TIMOPTIC.....	129	INSULIN SYRINGE/0.5ML/30G		89
TIMOPTIC-XE.....	129	X 5/16".....	116	trazodone hcl.....
TIVICAY.....	45	TOPCARE ULTRA COMFORT		22
tizanidine hcl.....	128	INSULIN SYRINGE/0.5ML/31G		TREANDA.....
TOBI.....	3	X 5/16".....	116	35
TOBRADEX.....	131	TOPCARE ULTRA COMFORT		TREATOR.....
tobramycin.....	3	INSULIN SYRINGE/1ML/30G X		35
tobramycin (ophth).....	130	5/16".....	116	TRELEGY ELLIPTA.....
TOBRAMYCIN SULFATE....	3	TOPCARE ULTRA COMFORT		15
tobramycin sulfate.....	3	INSULIN SYRINGE/1ML/31G X		TRELSTAR MIXJECT.....
tobramycin-		5/16".....	116	37
dexamethasone.....	131	TOPCARE ULTRA COMFORT		TREMFYA.....
TOBREX.....	130	INSULIN SYRINGE/U-		60
		100/0.3ML/29G X 1/2".....	116	treprostinil.....
		TOPCARE ULTRA COMFORT		50
		INSULIN SYRINGE/U-		TRESIBA.....
		100/0.5ML/29G X 1/2".....	116	25
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				tretinoin.....
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				tretinoin (chemotherapy).....
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				tretinoin microsphere.....
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				TREXALL.....
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				TREZIX.....
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				(mouth).....
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				(nasal).....
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TRICOR.....	30	TRUE COMFORT PEN NEEDLES31G X 6MM.....	116	TRUEPLUS LANCETS 28G.....	89
TRIDESILON.....	63	TRUE COMFORT PEN NEEDLES32G X 4MM.....	117	TRUEPLUS LANCETS 28G SUPER THIN.....	89
trientine hcl.....	125	TRUE COMFORT TWIST TOP LANCETS 30G.....	89	TRUEPLUS LANCETS 30G.....	89
trifluoperazine hcl.....	43	TRUE METRIX BLOOD GLUCOSETEST STRIPS.....	64	TRUEPLUS LANCETS 30G ULTRA THIN.....	89
trifluridine.....	130	TRUE METRIX CONTROL SOLUTION LEVEL 3.....	89	TRUEPLUS LANCETS 33G.....	89
trihexyphenidyl hcl.....	40	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS.....	64	TRUEPLUS LANCETS 33G MICRO THIN.....	89
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trimethoprim.....	11	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM.....	117	TRUEPLUS PEN NEEDLES 31GX6MM.....	117
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ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2".....	117	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	118	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV.....	119
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ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2".....	118	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	118	ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM.....	119
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				ULTILET INSULIN SYRINGE/1ML/31G X 8MM.....	119
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ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	119	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	120	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	120
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	119	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	120	120
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ULTILET INSULIN SYRINGE/U- 100/1ML/30G X 1/2".....	119	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	120	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	120
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ULTILET PEN NEEDLE 29GX12.7MM.....	119	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/30GX5/16".....	120	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	121
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ULTILET PEN NEEDLE 31GX8MM.....	119	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/30GX5/16".....	120	ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	121
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ULTILET SHORT PEN NEEDLES 31GX5/16".....	119	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/31GX5/16".....	120	ULTRACARE PEN NEEDLES/32G X 3/16".....	121
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ULTRA THIN LANCETS 31G.....	90	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.3ML/29GX1/2".....	120	ULTRAM.....	8
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				UNIFINE PENTIPS 31GX5MM.....	121

UNIFINE PENTIPS 31GX6MM.....	121	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	90	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2".....	121
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UNIFINE PENTIPS 32GX4MM.....	121	UROCIT-K 10.....	71	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2".....	121
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UNIFINE PENTIPS PLUS 31GX5MM.....	121	URSO FORTE.....	70	VASCEPA.....	29
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UNIFINE PENTIPS PLUS 32GX4MM.....	121	UVADEX.....	39	VECAMEYL.....	33
UNILET COMFORTOUCH LANCET.....	90	VAGIFEM.....	142	VECTIBIX.....	36
UNILET EXCELITE.....	90	valacyclovir hcl.....	47	VECTICAL.....	60
UNILET EXCELITE II.....	90	VALCYTE.....	46	VELCADE.....	38
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
UNILET LANCETS SUPER- THIN30G.....	90	valsartan.....	31	VERAPAMIL HCL ER.....	49
UNILET LANCETS ULTRA-THIN 28G.....	90	valsartan-hydrochlorothiazide	33	VERAPAMIL HCL SR.....	49
UNILET SUPERLITE LANCET.....	90	VALSTAR.....	37	VEREGEN.....	57
UNISTIK 3 GENTLE.....	90	VALTREX.....	47	VERELAN.....	49
UNISTIK PRO SAFETY LANCET 21G.....	90	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	121	VERELAN PM.....	49
UNISTIK PRO SAFETY LANCET 25G.....	90	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	121	VERIPRED 20.....	54
UNISTIK PRO SAFETY LANCET 28G.....	90	VALUE PLUS LANCETS STANDARD 21G.....	90	VESICARE.....	139
UNISTIK SAFETY LANCETS 28G.....	90	VALUE PLUS LANCETS SUPERTHIN 30G.....	90	VFEND.....	27
UNISTIK SAFETY LANCETS 30G.....	90	VALUE PLUS LANCETS THIN 26G.....	90	VIAGRA.....	49
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UNISTIK TOUCH SAFETY LANCETS 28G.....	90	VALUMARK LANCET ULTRA THIN 28G.....	90	VIDA MIA AUTOLET LANCINGDEVICE.....	90
UNISTIK TOUCH SAFETY LANCETS 30G.....	90	VALUMARK PEN NEEDLES 29GX12MM.....	121	VIDA MIA UNIFINE PENTIPS32GX4MM.....	121
UNIVERSAL 1 LANCETS THIN26G.....	90	VALUMARK PEN NEEDLES 31GX 6MM.....	121	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM.....	121
UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	90	VALUMARK PEN NEEDLES 31GX 8MM.....	121	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM.....	122
		VANCOCIN.....	11	VIDA MIA UNILET LANCETS SUPER THIN 30G.....	90
		VANCOCIN HCL.....	11	VIDA MIA UNILET LANCETS ULTRA THIN 28G.....	90
		vancomycin hcl.....	11	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM.....	122
		VANCOMYCIN HYDROCHLORIDE.....	11	VIDAZA.....	36

VIDEX EC	45	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	91	XIFAXAN	11
VIDEXPEDIATRIC	45	WALGREENS LANCETS	91	XIGDUO XR	23
vigabatrin	19	WALGREENS THIN LANCETS	91	XODOL	9
VIGAMOX	130	WALGREENS ULTRA THIN LANCETS	91	XOLAIR	14
VIIBRYD	22	warfarin sodium	16	XOPENEX	15
VIIBRYD STARTER PACK	22	water for irrigation, sterile	125	XOPENEX CONCENTRATE	15
VIMPAT	19	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	122	XOPENEX HFA	15
VINCRISTINE SULFATE	40	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	122	XOSPATA	39
vincristine sulfate	40	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	122	XTAMPZA ER	8
vinorelbine tartrate	40	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	122	XTANDI	37
VIRACEPT	45	WELCHOL	29	XULANE	52
VIRAMUNE	45	WELLBUTRIN SR	20	XULTOPHY 100/3.6	23
VIRAMUNE XR	45	WELLBUTRIN XL	20	XYLOCAINE	75
VIREAD	45	WESTCORT	63	XYLOCAINE-MPF	75
VIROPTIC	130	WESTHROID	137	XYREM	133
VISTARIL	13	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	78	XYZAL ALLERGY 24HR CHILDRENS	28
VISTOGARD	26	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	78	XYZAL ALLERGY 24HR CHILDRENS	28
VITALET PRO LANCETS	90	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	78	YASMIN 28	52
VITALET PRO PLUS LANCETS	90	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	78	YAZ	52
VITAMIN D2	142	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	78	YERVOY	36
VITRAKVI	38	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	78	YONSA	37
VITUZ	55	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	78	ZADITOR	131
VIVAGUARD LANCETS	90	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	78	zafirlukast	14
VIVAGUARD LANCING DEVICE	90	WP THYROID	137	zaleplon	74
VIVELLE-DOT	69	XALATAN	131	ZALTRAP	36
VIZIMPRO	39	XALKORI	39	ZANAFLEX	128
VOL-PLUS	127	XANAX	13	ZANOSAR	35
VOLTAREN	57	XANAX XR	13	ZANTAC	138
VORAXAZE	39	XARELTO	16	ZANTAC 150 MAXIMUM STRENGTH	138
voriconazole	27	XARELTO STARTER PACK	16	ZARONTIN	20
VOSEVI	46	XELJANZ	4	ZARXIO	73
VOSPIRE ER	15	XELJANZ XR	4	ZAVESCA	73
VOTRIENT	39	XELODA	36	ZEGERID	138
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	122	XENAZINE	134	ZELBORAF	39
VPRIV	73	XEOMIN	128	ZEMAIRA	135
VYTORIN	29	XGEVA	66	ZEMPLAR	68
VYVANSE	1			ZENPEP	65
W&F LANCETS 26G	91			ZEPATIER	46
W&F LANCETS COLORED 21G	91			ZERIT	46
WALGREENS ADVANCED TRAVELLANCETS 28G	91			ZESTORETIC	33
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	91			ZESTRIL	30
				ZETIA	30
				ZIAC	33
				ZIAGEN	46
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FROM



Statement of Non-Discrimination

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

Ambetter from Peach State Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Ambetter from 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。