

Alluma™ Access Formulary - July to September 2022

This document provides an alphabetical listing of medications covered on the Alluma™ Access Formulary. Inclusion on this list does not guarantee coverage. Individual plans may vary and medications that do not appear on this abbreviated list may be covered. Agents listed are primarily oral, self-injected, inhaled or topical pharmaceutical formulations. Medications requiring provider administration are generally covered under the medical benefit and may not appear on this list.

PLEASE NOTE: Certain specialty medications may only be available through your plan's preferred specialty pharmacy. Some medications may be subject to the Affordable Care Act (ACA) provisions or your plan's preventive benefit and covered by your plan at 100%. Individual plans may vary. For questions regarding plan-specific restrictions, coverage criteria, cost sharing information, or information about drugs that do not appear on this abbreviated list, please log into your member portal and use the "Price a Medication" feature or call the phone number printed on your member ID card.

Each medication may have specific coverage requirements not reflected in this document. The key below explains common coverage indicators present on this file. Medications shown in *lower-case* are generically available and typically covered at the lowest member cost share.

T1: Tier 1 Medication: typically generics or medications available at lowest member cost share.

T2: Tier 2 Medication: typically preferred or formulary brand medications.

T3: Tier 3 Medication: typically non-preferred or non-formulary medications.

EXC: Excluded Medication

BP: Brand Penalty: Member may be responsible for the cost difference between brand and generic.

LA: Limited Availability: This medication may only be available through Mayo Clinic Specialty Pharmacy. For more information, please call Mayo Clinic Specialty Pharmacy at 800-337-3736.

PA: Prior Authorization: Medication requires prior authorization to confirm medical necessity prior to coverage.

QL: Quantity Limit: For certain medications, the formulary limits the amount of the medication that will be covered.

SP: Specialty Medication: This medication may only be available at the plan's preferred specialty pharmacy.

ST: Step Therapy: In some cases, the formulary requires you to first try certain medications to treat your medical condition before another medication will be covered. For example, if Medication A and Medication B can both be used to treat a medical condition, Medication B may not be covered unless you try Medication A first. If Medication A does not work, we may then allow coverage of Medication B

Drug Name	Drug Tier	Requirements/ Limits
2TEK GLUCOSE/BLO OD PRESSURE KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
<i>abacavir oral solution</i>	T1	
<i>abacavir oral tablet</i>	T1	
<i>abacavir- lamivudine oral tablet</i>	T1	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP	T3	Preferred Alternatives (aripiprazole)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD	T3	Preferred Alternatives (aripiprazole)
ABILIFY ORAL TABLET	T3	BP; Preferred Alternatives (aripiprazole)
<i>abiraterone oral tablet</i>	T1	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
ABSORICA LD ORAL CAPSULE	T3	PA; Preferred Alternatives (accutane, amnestem, claravis, isotretinoin, myorisan, zenatane)
ABSORICA ORAL CAPSULE	T3	PA; BP; Preferred Alternatives (accutane, amnestem, claravis, isotretinoin, myorisan, zenatane)
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	T1	
ACANYA TOPICAL GEL WITH PUMP	T3	BP; Preferred Alternatives (clindamycin- benzoyl peroxide)
<i>acarbose oral tablet</i>	T1	
ACCOLATE ORAL TABLET	T3	BP; Preferred Alternatives (zafirlukast)
ACCRUFER ORAL CAPSULE	T3	Preferred Alternatives (ferrous fumarate, ferrous gluconate)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ACCU-CHEK COMBO SYSTEM KIT	T2	
ACCU-CHEK GUIDE GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK GUIDE ME GLUCOSE MTR	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ACCU-CHEK GUIDE TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ACCUPRIL ORAL TABLET	T3	BP; Preferred Alternatives (quinapril)
ACCURETIC ORAL TABLET	T3	BP; Preferred Alternatives (quinapril- hydrochlorothia zide)
<i>accutane oral capsule</i>	T1	
ACCUTREND GLUCOSE CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
ACCUTREND GLUCOSE TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ACE AEROSOL CLOUD ENHANCER SPACER	T2	
<i>acebutolol oral capsule</i>	T1	
<i>acetaminophen- caff-dihydrocod oral capsule</i>	T1	PA
<i>acetaminophen- caff-dihydrocod oral tablet</i>	T1	PA
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml, 300 mg- 30 mg /12.5 ml</i>	T1	PA
<i>acetaminophen- codeine oral tablet</i>	T1	PA
<i>acetazolamide oral capsule, extended release</i>	T1	
<i>acetazolamide oral tablet</i>	T1	
<i>acetic acid irrigation solution</i>	T1	
<i>acetic acid otic (ear) solution</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>acetylcysteine solution</i>	T1	
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP; Preferred Alternatives (rabeprazole sodium)
<i>acitretin oral capsule</i>	T1	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; QL; LA
ACTEMRA SUBCUTANEOUS SYRINGE	T2	PA; SP; QL; LA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	T2	
ACTICLATE ORAL TABLET	T3	BP; Preferred Alternatives (doxycycline hyclate, doxycycline monohydrate)
ACTIMMUNE SUBCUTANEOUS SOLUTION	T2	PA; SP
ACTIQ BUCCAL LOZENGE ON A HANDLE	T3	PA; BP; QL; Preferred Alternatives (fentanyl citrate)
ACTIVELLA ORAL TABLET 1-0.5 MG	T3	BP; Preferred Alternatives (estradiol-norethindrone acetat)
ACTONEL ORAL TABLET 150 MG, 35 MG	T3	BP; QL; Preferred Alternatives (risedronate sodium)

Drug Name	Drug Tier	Requirements/ Limits
ACTOPLUS MET ORAL TABLET 15-850 MG	T3	BP; QL; Preferred Alternatives (pioglitazone-metformin)
ACTOS ORAL TABLET	T3	BP; QL; Preferred Alternatives (pioglitazone hcl)
ACULAR LS OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (ketorolac tromethamine)
ACULAR OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (ketorolac tromethamine)
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE	T3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
<i>acyclovir oral capsule</i>	T1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	T1	
<i>acyclovir oral tablet</i>	T1	
<i>acyclovir topical cream</i>	T1	QL
<i>acyclovir topical ointment</i>	T1	QL
ACZONE TOPICAL GEL	T3	BP; Preferred Alternatives (dapson)
ACZONE TOPICAL GEL WITH PUMP	T3	BP; Preferred Alternatives (dapson)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	T2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	T2	
ADALAT CC ORAL TABLET EXTENDED RELEASE	T3	BP; Preferred Alternatives (nifedipine er)
<i>adapalene topical cream</i>	T1	
<i>adapalene topical gel 0.3 %</i>	T1	
<i>adapalene topical gel with pump</i>	T1	
ADAPALENE TOPICAL LOTION	T3	Preferred Alternatives (adapalene, adapalene)
<i>adapalene topical solution</i>	T1	
<i>adapalene topical swab</i>	T1	
<i>adapalene-benzoyl peroxide topical gel with pump</i>	T1	
ADBRY SUBCUTANEOUS SYRINGE	T2	PA; SP; QL
ADCIRCA ORAL TABLET	T3	PA; SP; BP; QL; Preferred Alternatives (tadalafil)
ADDERALL ORAL TABLET	T3	BP; Preferred Alternatives (dextroamphetamine-amphetamine)

Drug Name	Drug Tier	Requirements/ Limits
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR	T3	BP; Preferred Alternatives (dextroamphetamine-amphetamine)
ADDYI ORAL TABLET	T3	
<i>adefovir oral tablet</i>	T1	
ADEMPAS ORAL TABLET	T2	PA; SP
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80	T3	Preferred Alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, QUILLICHEWER, QUILLIVANT XR)
ADIPEX-P ORAL CAPSULE	T3	BP; QL; Preferred Alternatives (phentermine hcl)
ADIPEX-P ORAL TABLET	T3	BP; QL; Preferred Alternatives (phentermine hcl)
ADLYXIN SUBCUTANEOUS PEN INJECTOR	T3	PA; QL; Preferred Alternatives (BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY, VICTOZA)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T3	Preferred Alternatives (HUMALOG)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION	T3	Preferred Alternatives (HUMALOG)
ADRENALIN NASAL SOLUTION	T3	
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	T1	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	T3	QL; Preferred Alternatives (fluticasone-salmeterol, wixela inhub)
ADVAIR HFA INHALATION HFA AEROSOL INHALER	T2	QL
ADVANCED GLUC METER TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
ADVANCED GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ADVATE INTRAVENOUS RECON SOLN	T2	PA; SP; LA
ADVOCATE BLOOD GLUCOSE MONITOR	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE DUO DEVICE	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ADVOCATE LOW CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
ADVOCATE REDI-CODE DUO METER DEVICE	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE REDI-CODE GLU MONITOR	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
ADVOCATE REDI-CODE STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ADYNOVATE INTRAVENOUS SOLUTION	T2	PA; SP; LA
ADZENYS XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H	T3	Preferred Alternatives (dextroamphetamine sulfate er, dextroamphetamine-amphetamine er, dexmethylphenidate hcl er, methylphenidate hcl cd, DYANAVEL XR, MYDAYIS, VYVANSE)
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	QL; Preferred Alternatives (azithromycin, ciprofloxacin hcl, levofloxacin, ofloxacin, XIFAXAN)
AEROCHAMBER MINI SPACER	T2	
AEROCHAMBER PLUS FLOW-VU SPACER	T2	

Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER PLUS Z STAT SPACER	T2	
AEROTRACH PLUS SPACER	T2	
AEROVENT PLUS SPACER	T2	
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	T3	PA; SP; BP; QL; LA; Preferred Alternatives (everolimus)
AFINITOR ORAL TABLET	T3	PA; SP; BP; QL; LA; Preferred Alternatives (everolimus)
<i>afirmelle oral tablet</i>	T1	
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE	T2	
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE	T2	
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION	T2	
AFREZZA INHALATION CARTRIDGE WITH INHALER	T3	Preferred Alternatives (HUMALOG)
AFSTYLA INTRAVENOUS RECON SOLN	T2	PA; SP; LA
<i>after pill oral tablet</i>	T1	QL
AFTERA ORAL TABLET	T3	BP; QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
AGAMATRIX AMP GLUC MONITOR SYS	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
AGAMATRIX AMP TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
AGAMATRIX CONTROL HIGH SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
AGRYLIN ORAL CAPSULE	T3	BP; Preferred Alternatives (anagrelide hydrochloride)
AIMOVIG AUTOINJECTOR SUBCUTANEOU S AUTO- INJECTOR	T2	PA; QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	T3	QL; Preferred Alternatives (fluticasone- salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	QL; Preferred Alternatives (fluticasone- salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT)
AJOVY AUTOINJECTOR SUBCUTANEOU S AUTO- INJECTOR	T2	PA; QL
AJOVY SYRINGE SUBCUTANEOU S SYRINGE	T2	PA; QL
AKLIEF TOPICAL CREAM	T3	PA; Preferred Alternatives (adapalene, tazarotene, tretinoin, tretinoin microsphere, TAZORAC)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>ak-poly-bac ophthalmic (eye) ointment</i>	T1	
AKTEN (PF) OPTHALMIC (EYE) GEL	T3	
AKYNZEO (NETUPITANT) ORAL CAPSULE	T3	Preferred Alternatives (granisetron hcl, ondansetron hcl, aprepitant, VARUBI)
ALA-SCALP TOPICAL LOTION	T3	BP; Preferred Alternatives (hydrocortisone)
<i>albendazole oral tablet</i>	T1	QL
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	T1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	T1	
<i>albuterol sulfate oral syrup</i>	T1	
<i>albuterol sulfate oral tablet</i>	T1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	T1	
ALCAINE OPTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (proparacaine hcl)
<i>alclometasone topical cream</i>	T1	
<i>alclometasone topical ointment</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
ALCORTIN A TOPICAL GEL	T3	ST; Preferred Alternatives (hydrocortisone , betamethasone dipropionate, clobetasol propionate, fluocinolone acetonide, fluocinonide, mometasone furoate, mupirocin)
ALCORTIN A TOPICAL GEL IN PACKET	T3	ST; Preferred Alternatives (hydrocortisone , betamethasone dipropionate, clobetasol propionate, fluocinolone acetonide, fluocinonide, mometasone furoate, mupirocin)
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	BP; Preferred Alternatives (spironolactone w/hctz)
ALDACTAZIDE ORAL TABLET 50-50 MG	T3	Preferred Alternatives (spironolactone w/hctz)
ALDACTONE ORAL TABLET	T3	BP; Preferred Alternatives (spironolactone)
ALECENSA ORAL CAPSULE	T2	PA; SP; QL; LA
<i>alendronate oral solution</i>	T1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1	QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>alfuzosin oral tablet extended release 24 hr</i>	T1	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	T2	QL
ALINIA ORAL TABLET	T3	BP; QL; Preferred Alternatives (nitazoxanide)
<i>aliskiren oral tablet</i>	T1	
ALKERAN ORAL TABLET	T3	BP; Preferred Alternatives (melphalan hcl)
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE	T3	ST; Preferred Alternatives (hydrocortisone)
<i>allopurinol oral tablet</i>	T1	
ALLZITAL ORAL TABLET	T3	ST; Preferred Alternatives (acetaminophen w/butalbital)
<i>almotriptan maleate oral tablet</i>	T1	QL
ALOCRILOPHthalmic (EYE) DROPS	T3	Preferred Alternatives (azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl)
ALOGLIPTIN ORAL TABLET	T3	QL; Preferred Alternatives (JANUVIA, TRADJENTA)

Drug Name	Drug Tier	Requirements/ Limits
ALOGLIPTIN-METFORMIN ORAL TABLET	T3	QL; Preferred Alternatives (JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET	T3	QL; Preferred Alternatives (pioglitazone hcl, JANUVIA, TRADJENTA)
ALOMIDOPHthalmic (EYE) DROPS	T3	Preferred Alternatives (azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl)
ALORA TRANSDERMAL PATCH SEMI-WEEKLY	T3	QL; Preferred Alternatives (estradiol)
<i>alose tron oral tablet</i>	T1	
ALPHAGAN P OPHthalmic (EYE) DROPS 0.1 %	T3	Preferred Alternatives (brimonidine tartrate)
ALPHAGAN P OPHthalmic (EYE) DROPS 0.15 %	T3	BP; Preferred Alternatives (brimonidine tartrate)
<i>alprazolam intensol oral concentrate</i>	T1	
<i>alprazolam oral tablet</i>	T1	
<i>alprazolam oral tablet extended release 24 hr</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>alprazolam oral tablet, disintegrating</i>	T1	
ALPROLIX INTRAVENOUS RECON SOLN	T2	PA; SP; LA
ALREX OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	Preferred Alternatives (azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl)
ALTABAX TOPICAL OINTMENT	T3	QL; Preferred Alternatives (mupirocin, mupirocin)
<i>altacaine ophthalmic (eye) drops</i>	T1	
ALTACE ORAL CAPSULE	T3	BP; Preferred Alternatives (ramipril)
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	T3	BP
<i>altavera (28) oral tablet</i>	T1	
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR	T3	QL; Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin, LIVALO)

Drug Name	Drug Tier	Requirements/ Limits
ALTRENO TOPICAL LOTION	T3	Preferred Alternatives (tretinoin)
ALUNBRIG ORAL TABLET	T2	PA; SP; QL; LA
ALUNBRIG ORAL TABLETS, DOSE PACK	T2	PA; SP; QL; LA
ALVESCO INHALATION HFA AEROSOL INHALER	T3	QL; Preferred Alternatives (ARNUITY ELLIPTA, ASMANEX HFA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER)
<i>alvimopan oral capsule</i>	T1	
<i>alyacen 1/35 (28) oral tablet</i>	T1	
<i>alyacen 7/7/7 (28) oral tablet</i>	T1	
<i>alyq oral tablet</i>	T1	PA; SP; QL
<i>amabelz oral tablet</i>	T1	
<i>amantadine hcl oral capsule</i>	T1	
<i>amantadine hcl oral solution</i>	T1	
<i>amantadine hcl oral tablet</i>	T1	
AMARYL ORAL TABLET	T3	BP; Preferred Alternatives (glimepiride)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE	T3	BP; QL; Preferred Alternatives (zolpidem tartrate er)
AMBIEN ORAL TABLET	T3	BP; QL; Preferred Alternatives (zolpidem tartrate)
<i>ambrisentan oral tablet</i>	T1	PA; SP
<i>amcinonide topical cream</i>	T1	
AMELUZ TOPICAL GEL	T3	
AMERGE ORAL TABLET	T3	BP; QL; Preferred Alternatives (natriptan hcl)
<i>amethia oral tablets,dose pack,3 month</i>	T1	
<i>amethyst (28) oral tablet</i>	T1	
AMICAR ORAL SOLUTION	T3	BP; Preferred Alternatives (aminocaproic acid)
AMICAR ORAL TABLET	T3	BP; Preferred Alternatives (aminocaproic acid)
<i>amiloride oral tablet</i>	T1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	T1	
<i>aminocaproic acid oral solution</i>	T1	
<i>aminocaproic acid oral tablet</i>	T1	
<i>amiodarone oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
AMITIZA ORAL CAPSULE	T3	QL; Preferred Alternatives (LINZESS, TRULANCE)
<i>amitriptyline oral tablet</i>	T1	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	T1	
<i>amlodipine oral tablet</i>	T1	
<i>amlodipine-atorvastatin oral tablet</i>	T1	QL
<i>amlodipine-benazepril oral capsule</i>	T1	
<i>amlodipine-olmesartan oral tablet</i>	T1	
<i>amlodipine-valsartan oral tablet</i>	T1	
<i>amlodipine-valsartan-hcthiaizid oral tablet</i>	T1	
<i>amnestem oral capsule</i>	T1	
<i>amoxapine oral tablet</i>	T1	
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	T1	QL
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension for reconstitution</i>	T1	
<i>amoxicillin oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	T1	
AMPHETAMINE ORAL SUSPEN, IR - ER, BIPHASIC 24HR	T3	Preferred Alternatives (dextroamphetamine sulfate er, dextroamphetamine-amphetamine er, dexmethylphenidate hcl er, methylphenidate hcl cd, DYANAVEL XR, MYDAYIS, VYVANSE)
<i>amphetamine sulfate oral tablet</i>	T1	
<i>ampicillin oral capsule 500 mg</i>	T1	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	T3	PA; SP; BP; QL; LA; Preferred Alternatives (dalfampridine er)
AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	ST; BP; Preferred Alternatives (cyclobenzaprine hcl)

Drug Name	Drug Tier	Requirements/Limits
AMZEEQ TOPICAL FOAM	T3	Preferred Alternatives (clindacin etz, clindamycin phosphate, ery, erythromycin, clindamycin phos-tretinoin, clindamycin-benzoyl peroxide, erythromycin-benzoyl peroxide)
ANAFRANIL ORAL CAPSULE	T3	BP; Preferred Alternatives (clomipramine hcl)
<i>anagrelide oral capsule</i>	T1	
ANA-LEX KIT RECTAL KIT	T3	
ANALPRAM-HC RECTAL CREAM 1-1 %	T3	Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
ANALPRAM-HC RECTAL CREAM 2.5-1 %	T3	BP; Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
ANALPRAM-HC SINGLES RECTAL CREAM	T3	BP; Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
ANALPRAM-HC TOPICAL LOTION	T3	BP; Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ANAPROX DS ORAL TABLET	T3	BP; Preferred Alternatives (naproxen sodium)
<i>anaspaz oral tablet, disintegrating</i>	T1	
<i>anastrozole oral tablet</i>	T1	
ANCOBON ORAL CAPSULE	T3	BP; Preferred Alternatives (flucytosine)
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T2	QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	T3	BP; QL; Preferred Alternatives (testosterone)
ANDROGEL TRANSDERMAL GEL IN PACKET	T3	BP; QL; Preferred Alternatives (testosterone)
ANGELIQ ORAL TABLET	T3	Preferred Alternatives (estradiol-norethindrone acetat, jinteli, mimvey, PREMPHASE, PREMPRO)
ANNOVERA VAGINAL RING	T3	QL; Preferred Alternatives (drospirenone-ethinyl estradiol, eluryng, etonogestrel-ethinyl estradiol, junel fe, sprintec, tri-sprintec, xulane)

Drug Name	Drug Tier	Requirements/ Limits
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	T2	QL
ANTARA ORAL CAPSULE 30 MG, 90 MG	T3	Preferred Alternatives (fenofibrate, fenofibric acid)
ANTIVERT ORAL TABLET 50 MG	T3	ST; Preferred Alternatives (meclizine hcl)
<i>anucort-hc rectal suppository</i>	T1	
ANUSOL-HC RECTAL SUPPOSITORY	T3	BP; Preferred Alternatives (hydrocortisone acetate)
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	T3	BP; Preferred Alternatives (procto-med hc, proctosol-hc, proctozone-hc)
APADAZ ORAL TABLET	T3	PA; Preferred Alternatives (hydrocodone w/acetaminophen)
<i>apexicon e topical cream</i>	T1	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T3	Preferred Alternatives (HUMALOG)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION	T3	Preferred Alternatives (HUMALOG)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR	T3	Preferred Alternatives (bupropion xl)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
APOKYN SUBCUTANEOU S CARTRIDGE	T3	PA; SP; Preferred Alternatives (KYNMOBI)
<i>apomorphine subcutaneous cartridge</i>	T1	PA; SP
<i>apraclonidine ophthalmic (eye) drops</i>	T1	
<i>aprepitant oral capsule</i>	T1	
<i>aprepitant oral capsule, dose pack</i>	T1	
<i>apri oral tablet</i>	T1	
APRISO ORAL CAPSULE, EXTE NDED RELEASE 24HR	T3	BP; Preferred Alternatives (mesalamine er)
APTENSIO XR ORAL CAP, ER SPRINKLE, BIPH ASIC 40-60	T3	BP; Preferred Alternatives (methylphenida te er)
APTIOM ORAL TABLET	T3	Preferred Alternatives (carbamazepin e, lacosamide, oxcarbazepine, pregabalin, topiramate)
APTIVUS ORAL CAPSULE	T2	
<i>aqua care sodium chloride irrigation solution</i>	T1	
<i>aqua care sterile water irrigation solution</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
ARAKODA ORAL TABLET	T3	QL; Preferred Alternatives (atovaquone- proguanil hcl, chloroquine phosphate, doxycycline hyclate, mefloquine hcl, primaquine generic)
<i>aranelle (28) oral tablet</i>	T1	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T2	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	T2	PA; SP
ARAVA ORAL TABLET	T3	BP; QL; Preferred Alternatives (leflunomide)
ARAZLO TOPICAL LOTION	T3	PA; Preferred Alternatives (adapalene, tazarotene, tretinoin, tretinoin microsphere, TAZORAC)
ARCALYST SUBCUTANEOU S RECON SOLN	T3	PA; SP; QL; Preferred Alternatives (ILARIS)
ARESTIN DENTAL CARTRIDGE	T3	SP

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>arformoterol inhalation solution for nebulization</i>	T1	QL
ARICEPT ORAL TABLET	T3	BP; Preferred Alternatives (donepezil hcl)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	T2	PA; SP
ARIMIDEX ORAL TABLET	T3	BP; Preferred Alternatives (anastrozole)
<i>aripiprazole oral solution</i>	T1	
<i>aripiprazole oral tablet</i>	T1	
<i>aripiprazole oral tablet, disintegrating</i>	T1	
ARIXTRA SUBCUTANEOUS SYRINGE	T3	SP; BP; Preferred Alternatives (fondaparinux sodium)
<i>armodafinil oral tablet</i>	T1	PA; QL
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	T3	QL; Preferred Alternatives (ARNUITY ELLIPTA, ASMANEX HFA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER)
ARMOUR THYROID ORAL TABLET	T2	

Drug Name	Drug Tier	Requirements/ Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	T2	QL
AROMASIN ORAL TABLET	T3	BP; Preferred Alternatives (exemestane)
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC	T3	BP; Preferred Alternatives (diclofenac sodium-misoprostol)
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC	T3	BP; Preferred Alternatives (diclofenac sodium-misoprostol)
ASACOL HD ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP; Preferred Alternatives (mesalamine)
<i>ascomp with codeine oral capsule</i>	T1	PA
<i>asenapine maleate sublingual tablet</i>	T1	
<i>ashlyna oral tablets, dose pack, 3 month</i>	T1	
ASMANEX HFA INHALATION HFA AEROSOL INHALER	T2	QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	T2	QL
<i>aspirin oral tablet</i>	T1	
<i>aspirin oral tablet,chewable</i>	T1	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	T1	
<i>aspirin- dipyridamole oral capsule, er multiphase 12 hr</i>	T1	
ASPIRIN- OMEPRAZOLE ORAL TABLET,IR,DEL AYED REL,BIPHASIC	T3	ST; Preferred Alternatives (aspirin, omeprazole, esomeprazole magnesium, lansoprazole, pantoprazole sodium, rabeprazole sodium)
<i>aspir-trin oral tablet,delayed release (dr/ec)</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
ASSURE 4 CONTROL SOLUTION COMBO PACK	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO)
ASSURE 4 STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ASSURE DOSE NORMAL CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ASSURE PLATINUM GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ASSURE PLATINUM TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO)
ASSURE PRISM MULTI METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
ASSURE PRISM MULTI STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	ST; Preferred Alternatives (tacrolimus)
AT HOME A1C DEVICE	T3	
ATACAND HCT ORAL TABLET	T3	BP; Preferred Alternatives (candesartan-hydrochlorothiazid)
ATACAND ORAL TABLET	T3	BP; Preferred Alternatives (candesartan cilexetil)
<i>atazanavir oral capsule</i>	T1	
AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP; QL; Preferred Alternatives (risedronate sodium dr)
<i>atenolol oral tablet</i>	T1	
<i>atenolol-chlorthalidone oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
ATIVAN ORAL TABLET	T3	BP; Preferred Alternatives (lorazepam)
<i>atomoxetine oral capsule</i>	T1	
<i>atorvastatin oral tablet</i>	T1	QL
<i>atovaquone oral suspension</i>	T1	
<i>atovaquone-proguanil oral tablet</i>	T1	QL
ATRALIN TOPICAL GEL	T3	BP; Preferred Alternatives (tretinoin)
ATRIPLA ORAL TABLET	T3	BP; Preferred Alternatives (efavirenz-emtricitenofovir disoproxil fumarate)
<i>atropine ophthalmic (eye) drops</i>	T1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	T3	
<i>atropine ophthalmic (eye) ointment</i>	T1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER	T3	QL; Preferred Alternatives (INCRUSE ELLIPTA, SEREVENT DISKUS, SPIRIVA, SPIRIVA RESPIMAT, STRIVERDI RESPIMAT)
AUBAGIO ORAL TABLET	T2	PA; SP; QL
<i>abra equecic acid oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>aubra oral tablet</i>	T1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	T2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	T3	BP; Preferred Alternatives (amoxicillin-clavulanate potass)
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	T3	BP; Preferred Alternatives (amoxicillin-clavulanate pot er)
<i>aurovela 1.5/30 (21) oral tablet</i>	T1	
<i>aurovela 1/20 (21) oral tablet</i>	T1	
<i>aurovela 24 fe oral tablet</i>	T1	
<i>aurovela fe 1.5/30 (28) oral tablet</i>	T1	
<i>aurovela fe 1-20 (28) oral tablet</i>	T1	
AURYXIA ORAL TABLET	T3	Preferred Alternatives (lanthanum carbonate, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO)
AUSTEDO ORAL TABLET	T2	PA; SP
AUTOSOFT 30 INFUSION SET	T2	

Drug Name	Drug Tier	Requirements/Limits
AUTOSOFT 90 INFUSION SET	T2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	T2	
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML	T3	QL; Preferred Alternatives (epinephrine, EPIPEN JR.)
AUVI-Q INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	T3	QL; Preferred Alternatives (epinephrine, EPIPEN)
AVALIDE ORAL TABLET	T3	BP; Preferred Alternatives (irbesartan-hydrochlorothiazide)
AVAPRO ORAL TABLET	T3	BP; Preferred Alternatives (irbesartan)
AVAR LS TOPICAL CLEANSER	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
AVAR LS TOPICAL FOAM	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
AVAR LS TOPICAL PADS, MEDICATED	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
<i>avar topical cleanser</i>	T1	
AVAR TOPICAL PADS, MEDICATED	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
AVAR-E GREEN TOPICAL CREAM	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
AVAR-E LS TOPICAL CREAM	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
<i>aviane oral tablet</i>	T1	
AVIDOXY DK KIT	T3	Preferred Alternatives (doxycycline monohydrate)
<i>avidoxy oral tablet</i>	T1	
<i>avita topical cream</i>	T1	
AVITA TOPICAL GEL	T3	Preferred Alternatives (tretinoin, adapalene)
AVODART ORAL CAPSULE	T3	BP; Preferred Alternatives (dutasteride)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	T2	PA; SP; QL; LA
AVONEX INTRAMUSCULAR SYRINGE KIT	T2	PA; SP; QL; LA
AYGESTIN ORAL TABLET	T3	BP; Preferred Alternatives (norethindrone acetate)
<i>ayuna oral tablet</i>	T1	
AYVAKIT ORAL TABLET	T3	PA; SP; QL; LA
AZASAN ORAL TABLET	T3	BP; Preferred Alternatives (azathioprine)
AZASITE OPHTHALMIC (EYE) DROPS	T2	

Drug Name	Drug Tier	Requirements/ Limits
<i>azathioprine oral tablet</i>	T1	
<i>azelaic acid topical gel</i>	T1	
<i>azelastine nasal aerosol, spray</i>	T1	QL
<i>azelastine nasal spray, non-aerosol</i>	T1	
<i>azelastine ophthalmic (eye) drops</i>	T1	
<i>azelastine-fluticasone nasal spray, non-aerosol</i>	T1	QL
AZELEX TOPICAL CREAM	T3	Preferred Alternatives (adapalene, ivermectin, metronidazole, tazarotene, tretinoin, FINACEA, TAZORAC)
AZILECT ORAL TABLET	T3	BP; Preferred Alternatives (rasagiline mesylate)
<i>azithromycin oral packet</i>	T1	
<i>azithromycin oral suspension for reconstitution</i>	T1	
<i>azithromycin oral tablet</i>	T1	
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	Preferred Alternatives (brinzolamide)
AZOR ORAL TABLET	T3	BP; Preferred Alternatives (amlodipine-olmesartan)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
AZSTARYS ORAL CAPSULE	T3	Preferred Alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, QUILLICHEWER, QUILLIVANT XR)
AZULFIDINE ENTABS ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP; Preferred Alternatives (sulfasalazine)
AZULFIDINE ORAL TABLET	T3	BP; Preferred Alternatives (sulfasalazine)
<i>azurette (28) oral tablet</i>	T1	
<i>b complex 1 (with folic acid) oral tablet</i>	T1	
<i>b complex-vitamin c-folic acid oral tablet</i>	T1	
<i>bacitracin ophthalmic (eye) ointment</i>	T1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	T1	
BACLOFEN ORAL SOLUTION	T3	ST; Preferred Alternatives (baclofen)
<i>baclofen oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
BACTRIM DS ORAL TABLET	T3	BP; Preferred Alternatives (sulfamethoxazole-trimethoprim)
BACTRIM ORAL TABLET	T3	BP; Preferred Alternatives (sulfamethoxazole-trimethoprim)
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T2	PA; SP; QL; LA
<i>balanced b-100 oral tablet</i>	T1	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
<i>bal-care dha oral combo pack, tablet and cap, dr</i>	T1	
BALCOLTRA ORAL TABLET	T3	Preferred Alternatives (aviane, lessina, levonorgestrel-eth estradiol, vienna, LO LOESTRIN FE)
<i>balsalazide oral capsule</i>	T1	
BALVERSA ORAL TABLET	T2	PA; SP; LA
<i>balziva (28) oral tablet</i>	T1	
BANZEL ORAL SUSPENSION	T3	BP; Preferred Alternatives (rufinamide)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
BANZEL ORAL TABLET	T3	BP; Preferred Alternatives (rufinamide)
BAQSIMI NASAL SPRAY, NON-AEROSOL	T2	QL
BARACLUDE ORAL SOLUTION	T2	
BARACLUDE ORAL TABLET	T3	BP; Preferred Alternatives (entecavir)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T3	Preferred Alternatives (LANTUS SOLOSTAR, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)
BAXDELA ORAL TABLET	T2	QL
<i>bayer aspirin oral tablet</i>	T1	
<i>bayer aspirin oral tablet, delayed release (dr/ec)</i>	T1	
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec)</i>	T1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	T1	
BD INTEGRA NEEDLE NEEDLE	T2	
BD MICROTAINER LANCET 30 GAUGE	T2	

Drug Name	Drug Tier	Requirements/ Limits
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	T2	
BD ULTRA FINE LANCETS	T2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	T2	
BD VERITOR AT-HOME COVID19 TST KIT	T2	QL
BECONASE AQ NASAL SPRAY, NON-AEROSOL	T3	QL; Preferred Alternatives (flunisolide, fluticasone propionate, mometasone furoate, QNASL)
BELBUCA BUCCAL FILM	T2	QL
<i>belladonna alkaloids-opium rectal suppository</i>	T1	PA
BELSOMRA ORAL TABLET	T3	QL; Preferred Alternatives (zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon)
<i>benazepril oral tablet</i>	T1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	T1	
BENEFIX INTRAVENOUS RECON SOLN	T2	PA; SP; LA

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
BENICAR HCT ORAL TABLET	T3	BP; Preferred Alternatives (olmesartan-hydrochlorothiazide)
BENICAR ORAL TABLET	T3	BP; Preferred Alternatives (olmesartan medoxomil)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	T2	PA; SP; QL; LA
BENLYSTA SUBCUTANEOUS SYRINGE	T2	PA; SP; QL; LA
BENZAMYCIN TOPICAL GEL	T3	BP; Preferred Alternatives (erythromycin-benzoyl peroxide)
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	T3	BP
<i>benzepro topical towelette</i>	T1	
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	T3	PA; Preferred Alternatives (hydrocodone w/acetaminophen)
BENZNIDAZOLE ORAL TABLET	T2	QL
<i>benzonatate oral capsule</i>	T1	
<i>benzoyl peroxide topical cleanser 7 %</i>	T1	
<i>benzoyl peroxide topical foam 9.8 %</i>	T1	
<i>benzphetamine oral tablet 50 mg</i>	T1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>benztropine oral tablet</i>	T1	
<i>bepotastine besilate ophthalmic (eye) drops</i>	T1	
BEPREVE OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (bepotastine besilate)
<i>beser topical lotion</i>	T1	
BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	Preferred Alternatives (ciprofloxacin hcl, gatifloxacin, levofloxacin, moxifloxacin hcl, ofloxacin)
BESREMI SUBCUTANEOUS SYRINGE	T3	PA; SP; LA
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	T3	
<i>betaine oral powder</i>	T1	SP
<i>betamethasone dipropionate topical cream</i>	T1	
<i>betamethasone dipropionate topical lotion</i>	T1	
<i>betamethasone dipropionate topical ointment</i>	T1	
<i>betamethasone valerate topical cream</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate topical foam</i>	T1	
<i>betamethasone valerate topical lotion</i>	T1	
<i>betamethasone valerate topical ointment</i>	T1	
<i>betamethasone, augmented topical cream</i>	T1	
<i>betamethasone, augmented topical gel</i>	T1	
<i>betamethasone, augmented topical lotion</i>	T1	
<i>betamethasone, augmented topical ointment</i>	T1	
BETAPACE AF ORAL TABLET	T3	BP; Preferred Alternatives (sotalol af)
BETAPACE ORAL TABLET	T3	BP; Preferred Alternatives (sotalol)
BETASERON SUBCUTANEOUS KIT	T2	PA; SP; QL; LA
<i>betaxolol ophthalmic (eye) drops</i>	T1	
<i>betaxolol oral tablet</i>	T1	
<i>bethanechol chloride oral tablet</i>	T1	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	T3	PA; SP; BP; QL; Preferred Alternatives (tobramycin sulfate)

Drug Name	Drug Tier	Requirements/ Limits
BETIMOL OPTHALMIC (EYE) DROPS	T3	Preferred Alternatives (timolol maleate, betaxolol hcl, levobunolol hcl)
BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (betaxolol hcl, carteolol hcl, levobunolol hcl, timolol maleate)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	T2	QL
<i>bexarotene oral capsule</i>	T1	PA; SP; LA
BEXSERO INTRAMUSCULAR SYRINGE	T2	
BEYAZ ORAL TABLET	T3	BP; Preferred Alternatives (drospirenone-eth estra-levomef)
<i>bicalutamide oral tablet</i>	T1	
BIDIL ORAL TABLET	T3	BP; Preferred Alternatives (isosorbide dinitrate, hydralazine hcl)
BIJUVA ORAL CAPSULE	T3	Preferred Alternatives (amabelz, estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, PREMPHASE, PREMPRO)
BIKTARVY ORAL TABLET	T2	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
BILTRICIDE ORAL TABLET	T3	BP; Preferred Alternatives (praziquantel)
<i>bimatoprost ophthalmic (eye) drops</i>	T1	
BINAXNOW COVID-19 AG SELF TEST KIT	T2	QL
BINOSTO ORAL TABLET, EFFERVESCENT	T3	QL; Preferred Alternatives (alendronate sodium)
BIONIME RIGHTEST GM300 SYSTEM KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
BIONIME RIGHTEST TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
BIOTEL CARE BGM-4 METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
<i>bisoprolol fumarate oral tablet</i>	T1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	T1	
BLEPH-10 OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (sulfacetamide sodium)
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (sulfacetamide w/prednisolone)
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	T3	Preferred Alternatives (sulfacetamide w/prednisolone)
<i>blisovi 24 fe oral tablet</i>	T1	
<i>blisovi fe 1.5/30 (28) oral tablet</i>	T1	
<i>blisovi fe 1/20 (28) oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
BLOOD GLUCOSE TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
BLOOD-GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
BONIVA ORAL TABLET	T3	BP; QL; Preferred Alternatives (ibandronate sodium)
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC	T3	QL; Preferred Alternatives (doxylamine succ-pyridoxine hcl)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	T2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	T2	
<i>bosentan oral tablet</i>	T1	PA; SP
BOSULIF ORAL TABLET	T2	PA; SP; QL; LA
<i>bp 10-1 topical cleanser</i>	T1	
BRAFTOVI ORAL CAPSULE	T3	PA; SP; QL; LA; Preferred Alternatives (TAFINLAR, ZELBORAF)
BREATHERITE MDI SPACER SPACER	T2	
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	T2	QL
BREXAFEMME ORAL TABLET	T3	Preferred Alternatives (fluconazole)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	T2	QL
<i>briellyn oral tablet</i>	T1	
BRILINTA ORAL TABLET	T2	
<i>brimonidine ophthalmic (eye) drops</i>	T1	
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	T3	
<i>brimonidine-timolol ophthalmic (eye) drops</i>	T1	
<i>brinzolamide ophthalmic (eye) drops, suspension</i>	T1	
BRIVIACT ORAL SOLUTION	T3	Preferred Alternatives (levetiracetam)
BRIVIACT ORAL TABLET	T3	Preferred Alternatives (levetiracetam)
BROMFED DM ORAL SYRUP	T3	BP; Preferred Alternatives (bromipheniramine-pseudoephedrine)
<i>bromfenac ophthalmic (eye) drops</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>bromocriptine oral capsule</i>	T1	
<i>bromocriptine oral tablet</i>	T1	
<i>brompheniramine-pseudoephedrine oral syrup</i>	T1	
BROMSITE OPHTHALMIC (EYE) DROPS	T3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	T3	PA; SP; Preferred Alternatives (nebulal, pulmosal, sodium chloride)
BROVANA INHALATION SOLUTION FOR NEBULIZATION	T3	BP; QL; Preferred Alternatives (arformoterol tartrate)
BRUKINSA ORAL CAPSULE	T3	PA; SP; LA; Preferred Alternatives (CALQUENCE, IMBRUVICA)
BRYHALI TOPICAL LOTION	T3	Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension for nebulization</i>	T1	QL
<i>budesonide oral capsule, delayed, extend.release</i>	T1	
<i>budesonide oral tablet, delayed and ext.release</i>	T1	
BUDESONIDE-FORMOTEROL INHALATION HFA AEROSOL INHALER	T3	QL; Preferred Alternatives (fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT)
<i>bumetanide oral tablet</i>	T1	
BUPAP ORAL TABLET	T3	ST; BP; Preferred Alternatives (acetaminophen w/butalbital)
BUPHENYL ORAL POWDER	T3	PA; BP; Preferred Alternatives (sodium phenylbutyrate)
BUPHENYL ORAL TABLET	T3	PA; BP; Preferred Alternatives (sodium phenylbutyrate)
<i>buprenorphine hcl sublingual tablet</i>	T1	
<i>buprenorphine transdermal patch weekly</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	T1	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T1	QL
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	T1	QL
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	T1	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	T1	
<i>bupropion hcl oral tablet</i>	T1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	T1	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	T3	Preferred Alternatives (bupropion xl)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	T1	
<i>bupirone oral tablet</i>	T1	
<i>butalbital compound w/codeine oral capsule</i>	T1	PA

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminop-caff-cod oral capsule</i>	T1	PA
<i>butalbital-acetaminophen oral capsule</i>	T1	
<i>butalbital-acetaminophen oral tablet</i>	T1	
<i>butalbital-acetaminophen-caff oral capsule</i>	T1	
<i>butalbital-acetaminophen-caff oral tablet</i>	T1	
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	
<i>butalbital-aspirin-caffeine oral tablet</i>	T1	
<i>butorphanol injection solution</i>	T1	PA
<i>butorphanol nasal spray, non-aerosol</i>	T1	PA; QL
BUTRANS TRANSDERMAL PATCH WEEKLY	T3	BP; Preferred Alternatives (buprenorphine)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	T2	PA; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	T2	PA; QL
BYLVAY ORAL CAPSULE	T3	PA; SP; QL; Preferred Alternatives (cholestyramine, rifampin, ursodiol)

Drug Name	Drug Tier	Requirements/Limits
BYLVAY ORAL PELLETT	T3	PA; SP; QL; Preferred Alternatives (cholestyramine, rifampin, ursodiol)
BYSTOLIC ORAL TABLET	T3	BP; Preferred Alternatives (nebivolol hcl)
<i>cabergoline oral tablet</i>	T1	QL
CABOMETYX ORAL TABLET	T2	PA; SP; QL; LA
CADUET ORAL TABLET	T3	BP; QL; Preferred Alternatives (amlodipine-atorvastatin)
<i>caffeine citrate oral solution</i>	T1	
CALAN SR ORAL TABLET EXTENDED RELEASE	T3	BP; Preferred Alternatives (verapamil er)
<i>calcipotriene scalp solution</i>	T1	QL
<i>calcipotriene topical cream</i>	T1	QL
CALCIPOTRIENE TOPICAL FOAM	T3	QL; Preferred Alternatives (calcipotriene, calcitriol)
<i>calcipotriene topical ointment</i>	T1	QL
<i>calcipotriene-betamethasone topical ointment</i>	T1	QL
<i>calcipotriene-betamethasone topical suspension</i>	T1	QL
<i>calcitonin (salmon) injection solution</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>calcitonin (salmon) nasal spray, non-aerosol</i>	T1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	T1	
<i>calcitriol oral capsule</i>	T1	
<i>calcitriol oral solution</i>	T1	
<i>calcitriol topical ointment</i>	T1	
<i>calcium acetate(phosphat bind) oral capsule</i>	T1	QL
<i>calcium acetate(phosphat bind) oral tablet</i>	T1	QL
CALQUENCE ORAL CAPSULE	T2	PA; SP; QL; LA
CAMBIA ORAL POWDER IN PACKET	T3	QL; Preferred Alternatives (diclofenac potassium, diclofenac sodium, diclofenac sodium)
<i>camila oral tablet</i>	T1	
<i>camrese lo oral tablets, dose pack, 3 month</i>	T1	
<i>camrese oral tablets, dose pack, 3 month</i>	T1	
CAMZYOS ORAL CAPSULE	T3	SP; LA
CANASA RECTAL SUPPOSITORY	T3	BP; Preferred Alternatives (mesalamine)
<i>candesartan oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>candesartan-hydrochlorothiazide oral tablet</i>	T1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION	T3	
CAPCOF ORAL LIQUID	T3	Preferred Alternatives (promethazine vc w/codeine)
<i>capecitabine oral tablet</i>	T1	PA; SP; QL; LA
CAPEX TOPICAL SHAMPOO	T3	Preferred Alternatives (fluocinolone acetonide)
CAPLYTA ORAL CAPSULE	T3	Preferred Alternatives (aripiprazole, asenapine maleate, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl, LATUDA)
CAPRELSA ORAL TABLET	T2	PA; SP; QL
<i>captopril oral tablet</i>	T1	
<i>captopril-hydrochlorothiazide oral tablet</i>	T1	
CARAC TOPICAL CREAM	T3	Preferred Alternatives (diclofenac sodium, fluorouracil, fluorouracil, imiquimod)
CARAFATE ORAL SUSPENSION	T3	BP; Preferred Alternatives (sucralfate)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
CARAFATE ORAL TABLET	T3	BP; Preferred Alternatives (sucralfate)
CARBAGLU ORAL TABLET, DISPERSIBLE	T2	PA; SP
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	T1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	T1	
<i>carbamazepine oral tablet</i>	T1	
<i>carbamazepine oral tablet extended release 12 hr</i>	T1	
<i>carbamazepine oral tablet, chewable</i>	T1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	T3	BP; Preferred Alternatives (carbamazepine er)
<i>carbidopa oral tablet</i>	T1	PA
<i>carbidopa-levodopa oral tablet</i>	T1	
<i>carbidopa-levodopa oral tablet extended release</i>	T1	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	T1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbinoxamine maleate oral liquid</i>	T1	
<i>carbinoxamine maleate oral tablet</i>	T1	
CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	BP; Preferred Alternatives (cartia xt, diltiazem 24hr er (cd), DILTIAZEM ER)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	T3	Preferred Alternatives (diltiazem 24hr er (cd))
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T3	BP; Preferred Alternatives (DILTIAZEM ER, matzim la)
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	BP; Preferred Alternatives (diltiazem hcl)
CARDURA ORAL TABLET	T3	BP; QL; Preferred Alternatives (doxazosin mesylate)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	T3	QL; Preferred Alternatives (alfuzosin hcl er, doxazosin mesylate, silodosin, tamsulosin hcl, terazosin hcl)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
CARESENS CONTROL A NORMAL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
CARESENS N	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CARESENS N TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
CARESENS N VOICE	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CARESTART COVID-19 AG HOME TST KIT	T2	QL
CARETOUCH GLUCOSE MONITORING KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>carglumic acid oral tablet, dispersible</i>	T1	PA; SP
<i>carisoprodol oral tablet</i>	T1	Preferred Alternatives (metaxalone, tizanidine hcl)
<i>carisoprodol- aspirin oral tablet</i>	T1	Preferred Alternatives (metaxalone, tizanidine hcl)
<i>carisoprodol- aspirin-codeine oral tablet</i>	T1	PA; Preferred Alternatives (metaxalone, tizanidine hcl)
CARNITOR (SUGAR-FREE) ORAL SOLUTION	T3	BP; Preferred Alternatives (levocarnitine)
CARNITOR ORAL SOLUTION	T3	BP; Preferred Alternatives (levocarnitine)
CARNITOR ORAL TABLET	T3	BP; Preferred Alternatives (levocarnitine)
CAROSPIR ORAL SUSPENSION	T3	ST; Preferred Alternatives (spironolactone)

Drug Name	Drug Tier	Requirements/ Limits
<i>carteolol ophthalmic (eye) drops</i>	T1	
<i>cartia xt oral capsule,extended release 24hr</i>	T1	
<i>carvedilol oral tablet</i>	T1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	T1	
CASODEX ORAL TABLET	T3	BP; Preferred Alternatives (bicalutamide)
<i>cataflam oral tablet</i>	T1	
CATAPRES- TTS-1 TRANSDERMAL PATCH WEEKLY	T3	BP; QL; Preferred Alternatives (clonidine hcl)
CATAPRES- TTS-2 TRANSDERMAL PATCH WEEKLY	T3	BP; QL; Preferred Alternatives (clonidine hcl)
CATAPRES- TTS-3 TRANSDERMAL PATCH WEEKLY	T3	BP; QL; Preferred Alternatives (clonidine hcl)
CAVERJECT IMPULSE INTRACAVERN OSAL KIT	T2	QL
CAVERJECT INTRACAVERN OSAL RECON SOLN	T2	QL
CAVERJECT INTRACAVERN OSAL SYRINGE	T2	QL
CAYA CONTOURED VAGINAL DIAPHRAGM	T3	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	T2	PA; SP; QL
<i>caziant (28) oral tablet</i>	T1	
<i>cefaclor oral capsule</i>	T1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	T1	
<i>cefaclor oral tablet extended release 12 hr</i>	T1	
<i>cefadroxil oral capsule</i>	T1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	T1	
<i>cefadroxil oral tablet</i>	T1	
<i>cefdinir oral capsule</i>	T1	
<i>cefdinir oral suspension for reconstitution</i>	T1	
<i>cefditoren pivoxil oral tablet</i>	T1	
<i>cefixime oral capsule</i>	T1	
<i>cefixime oral suspension for reconstitution</i>	T1	
<i>cefpodoxime oral suspension for reconstitution</i>	T1	
<i>cefpodoxime oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefprozil oral suspension for reconstitution</i>	T1	
<i>cefprozil oral tablet</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
CELEBREX ORAL CAPSULE	T3	BP; Preferred Alternatives (celecoxib)
<i>celecoxib oral capsule</i>	T1	
CELEXA ORAL TABLET	T3	BP; Preferred Alternatives (citalopram hbr)
CELLCEPT ORAL CAPSULE	T3	BP; Preferred Alternatives (mycophenolat e mofetil)
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTI ON	T3	BP; Preferred Alternatives (mycophenolat e mofetil)
CELLCEPT ORAL TABLET	T3	BP; Preferred Alternatives (mycophenolat e mofetil)
CELLTRION DIATRUST COV- 19 HOME KIT	T2	QL
CELONTIN ORAL CAPSULE 300 MG	T2	
CENTANY AT TOPICAL OINTMENT KIT	T3	QL; Preferred Alternatives (mupirocin, mupirocin)
CENTANY TOPICAL OINTMENT	T3	QL; Preferred Alternatives (mupirocin, mupirocin)
<i>cephalexin oral capsule</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>cephalexin oral suspension for reconstitution</i>	T1	
<i>cephalexin oral tablet</i>	T1	
CEQUA OPTHALMIC (EYE) DROPPERETTE	T3	Preferred Alternatives (RESTASIS, XIIDRA)
CEQR SIMPLICITY DEVICE	T3	
CERDELGA ORAL CAPSULE	T2	PA; SP
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	T3	
CETRAXAL OTIC (EAR) DROPPERETTE	T3	Preferred Alternatives (ciprofloxacin hcl, ofloxacin, OTOVEL)
<i>cevimeline oral capsule</i>	T1	
CHANTIX CONTINUING MONTH BOX ORAL TABLET	T3	Preferred Alternatives (varenicline tartrate)
CHANTIX ORAL TABLET 1 MG	T3	Preferred Alternatives (varenicline tartrate)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK	T3	Preferred Alternatives (varenicline tartrate)
<i>charlotte 24 fe oral tablet, chewable</i>	T1	
<i>chateal (28) oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>chateal eq (28) oral tablet</i>	T1	
CHEMET ORAL CAPSULE	T2	
CHENODAL ORAL TABLET	T2	PA; SP
<i>children's aspirin oral tablet, chewable</i>	T1	
<i>chlordiazepoxide hcl oral capsule</i>	T1	
<i>chlordiazepoxide-clidinium oral capsule</i>	T1	
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	T1	
<i>chloroquine phosphate oral tablet</i>	T1	
<i>chlorpromazine oral concentrate</i>	T1	
<i>chlorpromazine oral tablet</i>	T1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
<i>chlorzoxazone oral tablet</i>	T1	
CHOLBAM ORAL CAPSULE 250 MG	T2	PA; SP
CHOLBAM ORAL CAPSULE 50 MG	T2	PA; SP; QL
<i>cholestyramine (with sugar) oral powder</i>	T1	
<i>cholestyramine (with sugar) oral powder in packet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine light oral powder</i>	T1	
<i>cholestyramine light oral powder in packet</i>	T1	
<i>choline,magnesium salicylate oral liquid</i>	T1	
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	T3	PA; Preferred Alternatives (NOVAREL, OVIDREL)
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	T3	SP; QL; Preferred Alternatives (NOVAREL, OVIDREL)
CIALIS ORAL TABLET 10 MG, 20 MG	T3	BP; QL; Preferred Alternatives (tadalafil)
CIALIS ORAL TABLET 2.5 MG, 5 MG	T3	BP; QL
CIBINQO ORAL TABLET	T2	PA; SP; QL
CICLODAN KIT TOPICAL COMBO PACK	T3	
CICLODAN KIT TOPICAL SOLUTION	T3	Preferred Alternatives (ciclopirox)
<i>ciclodan topical cream</i>	T1	QL
<i>ciclodan topical solution</i>	T1	
<i>ciclopirox topical cream</i>	T1	QL
<i>ciclopirox topical gel</i>	T1	QL
<i>ciclopirox topical shampoo</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>ciclopirox topical solution</i>	T1	
<i>ciclopirox topical suspension</i>	T1	QL
<i>ciclopirox-urea-camphor-menthol topical solution</i>	T1	
<i>cilostazol oral tablet</i>	T1	
CILOXAN OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (ciprofloxacin hcl)
CILOXAN OPHTHALMIC (EYE) OINTMENT	T3	Preferred Alternatives (ciprofloxacin hcl, gatifloxacin, levofloxacin, moxifloxacin hcl, ofloxacin)
CIMDUO ORAL TABLET	T2	
<i>cimetidine hcl oral solution</i>	T1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	
CIMZIA SUBCUTANEOUS SYRINGE KIT	T3	PA; SP; QL; LA; Preferred Alternatives (ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ)
<i>cinacalcet oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	T3	Preferred Alternatives (ciprofloxacin-dexamethasone, OTOVEL)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	T3	BP; Preferred Alternatives (ciprofloxacin)
CIPRO ORAL TABLET 250 MG, 500 MG	T3	BP; Preferred Alternatives (ciprofloxacin hcl)
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	T3	BP; Preferred Alternatives (ciprofloxacin-dexamethasone)
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	T1	
<i>ciprofloxacin hcl oral tablet</i>	T1	
<i>ciprofloxacin hcl otic (ear) dropperette</i>	T1	
<i>ciprofloxacin oral suspension,micro capsule recon</i>	T1	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	T1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION	T3	Preferred Alternatives (ciprofloxacin-dexamethasone, OTOVEL)
CITALOPRAM ORAL CAPSULE	T3	Preferred Alternatives (citalopram hbr)
<i>citalopram oral solution</i>	T1	
<i>citalopram oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL	T3	Preferred Alternatives (prenatal plus, preplus)
<i>citrate of magnesia oral solution</i>	T1	
<i>citroma oral solution</i>	T1	
<i>claravis oral capsule</i>	T1	
CLARINEX ORAL TABLET	T3	BP; QL; Preferred Alternatives (desloratadine)
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	T3	QL; Preferred Alternatives (desloratadine, fexofenadine-pse er)
<i>clarithromycin oral suspension for reconstitution</i>	T1	
<i>clarithromycin oral tablet</i>	T1	
<i>clarithromycin oral tablet extended release 24 hr</i>	T1	
<i>classic prenatal oral tablet</i>	T1	
<i>clearlax oral powder</i>	T1	
<i>clemastine oral syrup</i>	T1	
<i>clemastine oral tablet 2.68 mg</i>	T1	
CLENIA PLUS TOPICAL SUSPENSION	T3	Preferred Alternatives (sodium sulfacetamide/sulfur)
CLENPIQ ORAL SOLUTION	T2	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN HCL ORAL CAPSULE	T3	BP; Preferred Alternatives (clindamycin hcl)
CLEOCIN PEDIATRIC ORAL RECON SOLN	T3	BP; Preferred Alternatives (clindamycin palmitate hcl)
CLEOCIN T TOPICAL LOTION	T3	BP; QL; Preferred Alternatives (clindamycin phosphate)
CLEOCIN VAGINAL CREAM	T3	BP; Preferred Alternatives (clindamycin phosphate)
CLEOCIN VAGINAL SUPPOSITORY	T3	Preferred Alternatives (clindamycin phosphate, metronidazole)
CLEVER CHEK BLOOD GLUCOSE	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE GLUCOSE MONITOR	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
CLEVER CHOICE MICRO	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE MICRO TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
CLEVER CHOICE PRO	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE PRO STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
CLEVER CHOICE TALK GLUCOSE SYS	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE TALK TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
CLEVER CHOICE TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE VOICE PLUS TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	T3	QL; Preferred Alternatives (COMBIPATCH)
CLIMARA TRANSDERMAL PATCH WEEKLY	T3	BP; QL; Preferred Alternatives (estradiol)
CLINDACIN ETZ TOPICAL KIT	T3	Preferred Alternatives (clindamycin phosphate, clindacin etz)
<i>clindacin etz topical swab</i>	T1	
<i>clindacin p topical swab</i>	T1	
CLINDACIN PAC TOPICAL KIT	T3	Preferred Alternatives (clindamycin phosphate, clindacin etz)
CLINDAGEL TOPICAL GEL, ONCE DAILY	T3	BP; QL; Preferred Alternatives (clindamycin phosphate)
<i>clindamycin hcl oral capsule</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin pediatric oral recon soln</i>	T1	
<i>clindamycin phosphate topical foam</i>	T1	QL
<i>clindamycin phosphate topical gel</i>	T1	QL
<i>clindamycin phosphate topical gel, once daily</i>	T1	QL
<i>clindamycin phosphate topical lotion</i>	T1	QL
<i>clindamycin phosphate topical solution</i>	T1	QL
<i>clindamycin phosphate topical swab</i>	T1	
<i>clindamycin phosphate vaginal cream</i>	T1	
<i>clindamycin-benzoyl peroxide topical gel</i>	T1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	T1	
<i>clindamycin-tretinoin topical gel</i>	T1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	T3	Preferred Alternatives (clindamycin phosphate, metronidazole)
CLINITEST COVID-19 HOME TEST KIT	T2	QL
CLINPRO 5000 DENTAL PASTE	T3	Preferred Alternatives (dentagel)

Drug Name	Drug Tier	Requirements/ Limits
<i>clobazam oral suspension</i>	T1	
<i>clobazam oral tablet</i>	T1	
<i>clobetasol scalp solution</i>	T1	QL
<i>clobetasol topical cream</i>	T1	QL
<i>clobetasol topical foam</i>	T1	QL
<i>clobetasol topical gel</i>	T1	QL
<i>clobetasol topical lotion</i>	T1	QL
<i>clobetasol topical ointment</i>	T1	QL
<i>clobetasol topical shampoo</i>	T1	QL
<i>clobetasol topical spray,non-aerosol</i>	T1	QL
<i>clobetasol-emollient topical cream</i>	T1	QL
<i>clobetasol-emollient topical foam</i>	T1	QL
CLOBEX TOPICAL SHAMPOO	T3	BP; QL; Preferred Alternatives (clobetasol propionate)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	T3	BP; QL; Preferred Alternatives (clobetasol propionate)
<i>clocortolone pivalate topical cream</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER	T3	QL; Preferred Alternatives (betamethason e dipropionate, clobetasol propionate, desoximetaso n e, diflorasone diacetate, fluocinonide, halobetasol propionate)
<i>clodan topical shampoo</i>	T1	QL
CLODERM TOPICAL CREAM	T3	BP; Preferred Alternatives (betamethason e valerate, desoximetaso n e, fluocinolone acetonide, flurandrenolide, hydrocortisone valerate, mometasone furoate, triamcinolone acetonide)
<i>clomiphene citrate oral tablet</i>	T1	
<i>clomipramine oral capsule</i>	T1	
<i>clonazepam oral tablet</i>	T1	
<i>clonazepam oral tablet, disintegrati ng</i>	T1	
<i>clonidine hcl oral tablet</i>	T1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	T1	
<i>clonidine transdermal patch weekly</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>clopidogrel oral tablet</i>	T1	
<i>clorazepate dipotassium oral tablet</i>	T1	
<i>clotrimazole mucous membrane troche</i>	T1	
<i>clotrimazole- betamethasone topical cream</i>	T1	QL
<i>clotrimazole- betamethasone topical lotion</i>	T1	QL
<i>clozapine oral tablet</i>	T1	
<i>clozapine oral tablet, disintegrati ng</i>	T1	
CLOZARIL ORAL TABLET	T3	BP; Preferred Alternatives (clozapine)
<i>c-nate dha oral capsule</i>	T1	
COAGADEX INTRAVENOUS RECON SOLN	T2	PA; SP; LA
COARTEM ORAL TABLET	T2	QL
COCAINE NASAL SOLUTION	T3	
<i>codeine sulfate oral tablet</i>	T1	PA
<i>codeine- butalbital-asa-caff oral capsule</i>	T1	PA
<i>codeine- guaifenesin oral liquid</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
CODITUSSIN AC ORAL LIQUID	T3	Preferred Alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
CODITUSSIN DAC ORAL LIQUID	T3	Preferred Alternatives (guaifenesin dac, lortuss ex, virtussin dac)
COLAZAL ORAL CAPSULE	T3	BP; Preferred Alternatives (balsalazide disodium)
COLCHICINE ORAL CAPSULE	T3	Preferred Alternatives (colchicine, MITIGARE)
<i>colchicine oral tablet</i>	T1	
COLCRYS ORAL TABLET	T3	BP; Preferred Alternatives (colchicine)
<i>colesevelam oral powder in packet</i>	T1	
<i>colesevelam oral tablet</i>	T1	
COLESTID FLAVORED ORAL PACKET	T3	Preferred Alternatives (colestipol hcl)
COLESTID ORAL GRANULES	T3	BP; Preferred Alternatives (colestipol hcl)
COLESTID ORAL PACKET	T3	BP; Preferred Alternatives (colestipol hcl)
COLESTID ORAL TABLET	T3	BP; Preferred Alternatives (colestipol hcl)
<i>colestipol oral granules</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>colestipol oral packet</i>	T1	
<i>colestipol oral tablet</i>	T1	
COMBIGAN OPHTHALMIC (EYE) DROPS	T3	Preferred Alternatives (brimonidine tartrate-timolol)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	T2	
COMBIVENT RESPIMAT INHALATION MIST	T2	QL
COMBIVIR ORAL TABLET	T3	BP; Preferred Alternatives (lamivudine-zidovudine)
COMETRIQ ORAL CAPSULE	T2	PA; SP; QL; LA
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION	T2	
COMPACT SPACE CHAMBER SPACER	T2	
COMPAZINE ORAL TABLET	T3	BP; Preferred Alternatives (prochlorperazine maleate)
COMPAZINE RECTAL SUPPOSITORY	T3	BP; Preferred Alternatives (prochlorperazine maleate)
COMPLERA ORAL TABLET	T3	Preferred Alternatives (ODEFSEY)
<i>complete natal dha oral combo pack</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>compro rectal suppository</i>	T1	
COMTAN ORAL TABLET	T3	BP; Preferred Alternatives (entacapone)
CONCEPT DHA ORAL CAPSULE	T3	BP; Preferred Alternatives (taron-c dha, virt-c dha)
CONCEPT OB ORAL CAPSULE	T3	BP; Preferred Alternatives (folivane-ob)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR	T3	BP; Preferred Alternatives (methylphenidate er)
CONDYLOX TOPICAL GEL	T3	QL; Preferred Alternatives (podofilox, imiquimod)
CONJUPRI ORAL TABLET	T3	Preferred Alternatives (amlodipine besylate, felodipine er, nifedipine er, nisoldipine)
CONSENSI ORAL TABLET	T3	Preferred Alternatives (amlodipine besylate, celecoxib)
<i>constulose oral solution</i>	T1	
CONTOUR CONTROL SOLUTION, NML SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT EZ METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
CONTOUR NEXT LINK 2.4 KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT LINK KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CONTOUR NEXT METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
CONTOUR NEXT ONE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
CONTOUR TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
CONTRAVE ORAL TABLET EXTENDED RELEASE	T3	PA; QL; Preferred Alternatives (benzphetamine hcl, diethylpropion hcl, phentermine hcl, WEGOVY)
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83	T3	QL; Preferred Alternatives (tramadol hcl er)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75	T3	QL; Preferred Alternatives (tramadol hcl er)
COOL BLOOD GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
COOL CONTROL A SOLUTION SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
COOL GLUCOSE TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
COPAXONE SUBCUTANEOUS SYRINGE	T3	PA; SP; BP; QL; LA
COPIKTRA ORAL CAPSULE	T3	PA; SP; QL; LA; Preferred Alternatives (CALQUENCE, IMBRUVICA, VENCLEXTA, ZYDELIG)
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	T3	Preferred Alternatives (flurandrenolide)
CORDRAN TOPICAL CREAM 0.025 %	T3	QL; Preferred Alternatives (flurandrenolide)
CORDRAN TOPICAL CREAM 0.05 %	T3	BP; QL; Preferred Alternatives (flurandrenolide)
CORDRAN TOPICAL LOTION	T3	BP; QL; Preferred Alternatives (flurandrenolide)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
CORDRAN TOPICAL OINTMENT	T3	BP; QL; Preferred Alternatives (flurandrenolide)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	T3	BP; Preferred Alternatives (carvedilol er)
COREG ORAL TABLET	T3	BP; Preferred Alternatives (carvedilol)
<i>coremino oral tablet extended release 24 hr</i>	T1	
CORGARD ORAL TABLET	T3	BP; Preferred Alternatives (nadolol)
CORLANOR ORAL SOLUTION	T2	
CORLANOR ORAL TABLET	T2	
CORTANE-B TOPICAL LOTION	T3	BP; Preferred Alternatives (hc pramoxine)
CORTEF ORAL TABLET	T3	BP; Preferred Alternatives (hydrocortisone)
CORTENEMA RECTAL ENEMA	T3	BP; Preferred Alternatives (hydrocortisone)
CORTIFOAM RECTAL FOAM	T3	Preferred Alternatives (hydrocortisone , UCERIS)
CORTISPORIN- TC OTIC (EAR) DROPS,SUSPE NSION	T3	Preferred Alternatives (neomycin/poly myxin/hc)

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX (2 SYRINGES) SUBCUTANEOU S SYRINGE	T3	PA; SP; QL; LA; Preferred Alternatives (TALTZ AUTOINJECT OR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMIFYA)
COSENTYX PEN (2 PENS) SUBCUTANEOU S PEN INJECTOR	T3	PA; SP; QL; LA; Preferred Alternatives (TALTZ AUTOINJECT OR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMIFYA)
COSENTYX PEN SUBCUTANEOU S PEN INJECTOR	T3	PA; SP; QL; LA; Preferred Alternatives (TALTZ AUTOINJECT OR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMIFYA)
COSENTYX SUBCUTANEOU S SYRINGE	T3	PA; SP; QL; LA; Preferred Alternatives (TALTZ AUTOINJECT OR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMIFYA)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
COSOPT (PF) OPTHALMIC (EYE) DROPPERETTE	T3	BP; Preferred Alternatives (dorzolamide-timolol)
COSOPT OPTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (dorzolamide-timolol)
COTELIC ORAL TABLET	T2	PA; SP; QL; LA
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRER BIPHASE 24H	T3	Preferred Alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, QUILLICHEWER, QUILLIVANT XR)
<i>covaryx h.s. oral tablet</i>	T1	
<i>covaryx oral tablet</i>	T1	
COVID-19 AT-HOME TEST KIT	T2	QL
COZAAR ORAL TABLET	T3	BP; Preferred Alternatives (losartan potassium)
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T2	
CRESEMBA ORAL CAPSULE	T2	PA
CRESTOR ORAL TABLET	T3	BP; QL; Preferred Alternatives (rosuvastatin calcium)

Drug Name	Drug Tier	Requirements/Limits
CRINONE VAGINAL GEL 4 %	T3	Preferred Alternatives (medroxyprogesterone acetate, megestrol acetate, norethindrone acetate, progesterone)
CRINONE VAGINAL GEL 8 %	T3	SP; Preferred Alternatives (ENDOMETRIN)
<i>cromolyn inhalation solution for nebulization</i>	T1	
<i>cromolyn ophthalmic (eye) drops</i>	T1	
<i>cromolyn oral concentrate</i>	T1	
<i>croton topical lotion</i>	T1	
<i>cryselle (28) oral tablet</i>	T1	
CUPRIMINE ORAL CAPSULE	T3	BP; Preferred Alternatives (penicillamine)
CUROSURF INTRATRACHEAL SUSPENSION	T3	
CUTAQUIG SUBCUTANEOUS SOLUTION	T3	PA; SP; Preferred Alternatives (GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY)
CUVITRU SUBCUTANEOUS SOLUTION	T3	PA; SP; LA; Preferred Alternatives (XEMBIFY)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
CUVPOSA ORAL SOLUTION	T3	BP; Preferred Alternatives (glycopyrrolate)
<i>cyanocobalamin (vitamin b-12) injection solution</i>	T1	
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	T1	ST
<i>cyclobenzaprine oral tablet</i>	T1	
CYCLOGYL OPTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (cyclopentolate hcl)
CYCLOMYDRIL OPTHALMIC (EYE) DROPS	T3	
<i>cyclopentolate ophthalmic (eye) drops</i>	T1	
CYCLOPENTROPIC-PHENYLEPH-WATR OPTHALMIC (EYE) DROPS	T3	
CYCLOPENTROPIC-PHEN-KETR-WAT OPTHALMIC (EYE) DROPS	T3	
<i>cyclophosphamide oral capsule</i>	T1	
CYCLOPHOSPHAMIDE ORAL TABLET	T3	Preferred Alternatives (cyclophosphamide)
CYCLOP-TROP-PROPA-PHEN-KET-WAT OPTHALMIC (EYE) DROPS	T3	

Drug Name	Drug Tier	Requirements/ Limits
CYCLOSERINE ORAL CAPSULE	T3	
CYCLOSET ORAL TABLET	T3	Preferred Alternatives (metformin hcl, glimepiride, glipizide, glyburide)
CYCLOSPORINE IN KLARITY OPTHALMIC (EYE) DROPS	T3	
<i>cyclosporine modified oral capsule</i>	T1	
<i>cyclosporine modified oral solution</i>	T1	
<i>cyclosporine ophthalmic (eye) dropperette</i>	T1	QL
<i>cyclosporine oral capsule</i>	T1	
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T3	BP; Preferred Alternatives (duloxetine hcl)
<i>cyproheptadine oral syrup</i>	T1	
<i>cyproheptadine oral tablet</i>	T1	
<i>cyred eq oral tablet</i>	T1	
<i>cyred oral tablet</i>	T1	
CYSTADANE ORAL POWDER	T2	SP; BP
CYSTADROPS OPTHALMIC (EYE) DROPS	T3	PA; SP; Preferred Alternatives (CYSTARAN)
CYSTAGON ORAL CAPSULE	T2	PA; SP

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
CYSTARAN OPHTHALMIC (EYE) DROPS	T2	PA; SP
CYTOMEL ORAL TABLET	T3	BP; Preferred Alternatives (lithyronine sodium)
CYTOTEC ORAL TABLET	T3	BP; Preferred Alternatives (misoprostol)
<i>dalfampridine oral tablet extended release 12 hr</i>	T1	PA; SP; QL; LA
DALIRESP ORAL TABLET 250 MCG	T2	PA; QL
DALIRESP ORAL TABLET 500 MCG	T2	PA
<i>danazol oral capsule</i>	T1	
DANTRIUM ORAL CAPSULE 25 MG	T3	BP; Preferred Alternatives (dantrolene sodium)
<i>dantrolene oral capsule</i>	T1	
<i>dapsone oral tablet</i>	T1	
<i>dapsone topical gel</i>	T1	
<i>dapsone topical gel with pump</i>	T1	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULA R SUSPENSION	T2	
DARAPRIM ORAL TABLET	T3	PA; SP; BP; Preferred Alternatives (pyrimethamine)

Drug Name	Drug Tier	Requirements/ Limits
<i>darifenacin oral tablet extended release 24 hr</i>	T1	
DARTISLA ORAL TABLET,DISINT EGRATING	T3	Preferred Alternatives (glycopyrrolate)
<i>dasetta 1/35 (28) oral tablet</i>	T1	
<i>dasetta 7/7/7 (28) oral tablet</i>	T1	
DAURISMO ORAL TABLET	T3	PA; SP; QL; LA; Preferred Alternatives (azacitidine, cytarabine, decitabine, VENCLEXTA)
DAYPRO ORAL TABLET	T3	BP; Preferred Alternatives (oxaprozin)
<i>daysee oral tablets,dose pack,3 month</i>	T1	
DAYTRANA TRANSDERMAL PATCH 24 HOUR	T2	
DAYVIGO ORAL TABLET	T3	Preferred Alternatives (zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon)
DDAVP ORAL TABLET	T3	BP; Preferred Alternatives (desmopressin acetate)
<i>deblitane oral tablet</i>	T1	
<i>decadron oral tablet 0.5 mg</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>deferasirox oral granules in packet</i>	T1	PA; SP; LA
<i>deferasirox oral tablet</i>	T1	PA; SP; LA
<i>deferasirox oral tablet, dispersible</i>	T1	PA; SP; LA
<i>deferiprone oral tablet</i>	T1	PA; SP
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	T3	Preferred Alternatives (estradiol valerate)
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	T3	BP; Preferred Alternatives (estradiol valerate)
DELSTRIGO ORAL TABLET	T3	Preferred Alternatives (BIKTARVY, GENVOYA, ODEFSEY, SYMFILO, SYMTUZA, TRIUMEQ)
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	T3	BP; Preferred Alternatives (mesalamine dr)
<i>demeclocycline oral tablet</i>	T1	
DEMSEER ORAL CAPSULE	T3	BP; Preferred Alternatives (metyrosine)
DENAVIR TOPICAL CREAM	T3	Preferred Alternatives (acyclovir, acyclovir, famciclovir, valacyclovir)

Drug Name	Drug Tier	Requirements/ Limits
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	T2	
<i>denta 5000 plus dental cream</i>	T1	
<i>dentagel dental gel</i>	T1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (divalproex sodium er)
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG	T3	BP; Preferred Alternatives (divalproex sodium)
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	T3	Preferred Alternatives (divalproex sodium)
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	T3	BP; Preferred Alternatives (divalproex sodium)
DEPEN TITRATABS ORAL TABLET	T3	BP; Preferred Alternatives (penicillamine)
DEPO-ESTRADIOL INTRAMUSCULAR OIL	T2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	BP; QL; Preferred Alternatives (medroxyprogesterone acetate)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA INTRAMUSCULAR SYRINGE	T3	BP; QL; Preferred Alternatives (medroxyprogesterone acetate)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	T3	QL; Preferred Alternatives (medroxyprogesterone acetate)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	T3	Preferred Alternatives (testosterone cypionate)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	T3	BP; Preferred Alternatives (testosterone cypionate)
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL	T3	BP; Preferred Alternatives (fluocinolone acetonide)
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL	T3	BP; Preferred Alternatives (fluocinolone acetonide)
DERMOTIC OIL OTIC (EAR) DROPS	T3	BP; Preferred Alternatives (fluocinolone acetonide oil)
DESCOVY ORAL TABLET	T2	
<i>desipramine oral tablet</i>	T1	
<i>desloratadine oral tablet</i>	T1	QL
<i>desloratadine oral tablet, disintegrating</i>	T1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	T1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	T3	SP
<i>desmopressin oral tablet</i>	T1	
<i>desogestrel/estradiol oral tablet</i>	T1	
<i>desogestrel/ethinyl estradiol oral tablet</i>	T1	
<i>desonide topical cream</i>	T1	
<i>desonide topical gel</i>	T1	
<i>desonide topical lotion</i>	T1	
<i>desonide topical ointment</i>	T1	
<i>desoximetasone topical cream</i>	T1	
<i>desoximetasone topical gel</i>	T1	
<i>desoximetasone topical ointment</i>	T1	
<i>desoximetasone topical spray, non-aerosol</i>	T1	
DESOXYN ORAL TABLET	T3	BP; Preferred Alternatives (methamphetamine hcl)
<i>desrx topical gel</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	T3	Preferred Alternatives (desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA)
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	T1	
DETROL LA ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	ST; BP; Preferred Alternatives (tolterodine tartrate er)
DETROL ORAL TABLET	T3	ST; BP; Preferred Alternatives (tolterodine tartrate)
<i>dexabliss oral tablets, dose pack</i>	T1	ST
<i>dexamethasone intensol oral drops</i>	T1	
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone oral tablets, dose pack</i>	T1	ST
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	T1	
<i>dexchlorpheniramine maleate oral solution</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	T3	BP; Preferred Alternatives (dextroamphetamine sulfate er)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG	T3	QL; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 60 MG	T3	Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
DEXLANSOPRAZOLE ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG	T3	QL; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
DEXLANSOPRAZOLE ORAL CAPSULE, BIPHASE DELAYED RELEASE 60 MG	T3	Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	T1	
<i>dexmethylphenidate oral tablet</i>	T1	
DEXTENZA INTRACANALICULAR INSERT	T3	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	T1	
<i>dextroamphetamine sulfate oral solution</i>	T1	
<i>dextroamphetamine sulfate oral tablet</i>	T1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	T1	
<i>dextroamphetamine-amphetamine oral tablet</i>	T1	
DHIVY ORAL TABLET	T3	Preferred Alternatives (carbidopa/levodopa)
DIACOMIT ORAL CAPSULE	T2	PA; SP
DIACOMIT ORAL POWDER IN PACKET	T2	PA; SP
<i>dialyvite 800 oral tablet</i>	T1	
DIASTAT ACUDIAL RECTAL KIT	T3	BP; Preferred Alternatives (diazepam)
DIASTAT RECTAL KIT	T3	BP; Preferred Alternatives (diazepam)

Drug Name	Drug Tier	Requirements/ Limits
DIATRUE CONTROL SOLN NORMAL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
DIATRUE PLUS BLOOD GLUCOSE MET	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
DIATRUE PLUS TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>diazepam intensol oral concentrate</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	T1	
<i>diazepam oral tablet</i>	T1	
<i>diazepam rectal kit</i>	T1	
<i>diazoxide oral suspension</i>	T1	
DIBENZYLINE ORAL CAPSULE	T3	BP; Preferred Alternatives (phenoxybenzamine hcl)
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP; QL; Preferred Alternatives (doxylamine succ-pyridoxine hcl)
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR	T3	QL; Preferred Alternatives (diclofenac sodium, diclofenac sodium, FLECTOR, LICART)
<i>diclofenac potassium oral capsule</i>	T1	
DICLOFENAC POTASSIUM ORAL TABLET 25 MG	T3	Preferred Alternatives (diclofenac potassium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone)
<i>diclofenac potassium oral tablet 50 mg</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac sodium ophthalmic (eye) drops</i>	T1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	T1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	T1	
<i>diclofenac sodium topical drops</i>	T1	QL
<i>diclofenac sodium topical gel 1 %</i>	T1	QL
<i>diclofenac sodium topical gel 3 %</i>	T1	PA; QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	T1	QL
DICLOFENAC SUBMICRONIZED ORAL CAPSULE	T3	Preferred Alternatives (diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone, piroxicam)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i>	T1	
<i>dicloxacillin oral capsule</i>	T1	
<i>dicyclomine oral capsule</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>dicyclomine oral solution</i>	T1	
<i>dicyclomine oral tablet</i>	T1	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	T1	
<i>diethylpropion oral tablet</i>	T1	QL
<i>diethylpropion oral tablet extended release</i>	T1	QL
DIFFERIN TOPICAL CREAM	T3	BP; Preferred Alternatives (adapalene)
DIFFERIN TOPICAL GEL WITH PUMP	T3	BP; Preferred Alternatives (adapalene)
DIFFERIN TOPICAL LOTION	T3	Preferred Alternatives (adapalene, adapalene)
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	T3	QL; Preferred Alternatives (vancomycin hcl)
DIFICID ORAL TABLET	T3	QL; Preferred Alternatives (vancomycin hcl)
<i>diflorasone topical cream</i>	T1	QL
<i>diflorasone topical ointment</i>	T1	QL
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	T3	BP; Preferred Alternatives (fluconazole)
DIFLUCAN ORAL TABLET	T3	BP; Preferred Alternatives (fluconazole)

Drug Name	Drug Tier	Requirements/ Limits
<i>diflunisal oral tablet</i>	T1	
<i>difluprednate ophthalmic (eye) drops</i>	T1	
<i>digitek oral tablet</i>	T1	
<i>digox oral tablet</i>	T1	
<i>digoxin oral solution</i>	T1	
<i>digoxin oral tablet</i>	T1	
<i>dihydroergotamine injection solution</i>	T1	
<i>dihydroergotamine nasal spray, non-aerosol</i>	T1	QL
DILANTIN EXTENDED ORAL CAPSULE	T3	BP; Preferred Alternatives (phenytoin sodium)
DILANTIN INFATABS ORAL TABLET, CHEWABLE	T3	BP; Preferred Alternatives (phenytoin)
DILANTIN ORAL CAPSULE	T2	
DILANTIN-125 ORAL SUSPENSION	T3	BP; Preferred Alternatives (phenytoin)
DILAUDID ORAL LIQUID	T3	PA; BP; Preferred Alternatives (hydromorphone hcl)
DILAUDID ORAL TABLET	T3	PA; BP; Preferred Alternatives (hydromorphone hcl)
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	T1	
<i>diltiazem hcl oral tablet</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	T1	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	T1	
<i>dimethyl fumarate oral capsule,delayed release(dr/ec)</i>	T1	PA; SP; QL; LA
DIOVAN HCT ORAL TABLET	T3	BP; Preferred Alternatives (valsartan-hydrochlorothiazide)
DIOVAN ORAL TABLET	T3	BP; Preferred Alternatives (valsartan)
DIPENTUM ORAL CAPSULE	T3	Preferred Alternatives (balsalazide disodium, mesalamine, mesalamine dr, mesalamine er, sulfasalazine, PENTASA)
<i>diphenoxylate-atropine oral liquid</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate-atropine oral tablet</i>	T1	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	T3	BP; Preferred Alternatives (betamethasone dipropionate)
<i>dipyridamole oral tablet</i>	T1	
DISALCID ORAL TABLET	T3	BP; Preferred Alternatives (salsalate)
<i>diskets oral tablet,soluble</i>	T1	
<i>disopyramide phosphate oral capsule</i>	T1	Preferred Alternatives (amiodarone hcl, quinidine sulfate, sotalol)
<i>disulfiram oral tablet</i>	T1	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	T3	ST; BP; Preferred Alternatives (oxybutynin chloride er)
DIURIL ORAL SUSPENSION	T3	Preferred Alternatives (chlorothiazide)
<i>divalproex oral capsule, delayed rel sprinkle</i>	T1	
<i>divalproex oral tablet extended release 24 hr</i>	T1	
<i>divalproex oral tablet,delayed release (dr/ec)</i>	T1	
DIVIGEL TRANSDERMAL GEL IN PACKET	T2	QL
<i>dodex injection solution</i>	T1	
<i>dofetilide oral capsule</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
DOJOLVI ORAL LIQUID	T3	PA; SP
<i>dolishale oral tablet</i>	T1	
<i>donepezil oral tablet</i>	T1	
<i>donepezil oral tablet, disintegrating</i>	T1	
DONNATAL ORAL ELIXIR 16.2-0.1037 - 0.0194 MG/5 ML	T3	BP; Preferred Alternatives (belladonna-phenobarbital)
DONNATAL ORAL TABLET	T3	Preferred Alternatives (belladonna-phenobarbital)
DOPTLET (15 TAB PACK) ORAL TABLET	T2	PA; SP; QL
DORAL ORAL TABLET	T3	Preferred Alternatives (estazolam, lorazepam)
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	Preferred Alternatives (doxycycline hyclate, doxycycline monohydrate)
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	T3	BP; Preferred Alternatives (doxycycline hyclate)
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	T3	Preferred Alternatives (doxycycline hyclate)
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	T3	

Drug Name	Drug Tier	Requirements/ Limits
<i>dorzolamide ophthalmic (eye) drops</i>	T1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	T1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	T3	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	T1	
<i>dotti transdermal patch semiweekly</i>	T1	QL
DOVATO ORAL TABLET	T2	
DOVONEX TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (calcipotriene)
<i>doxazosin oral tablet</i>	T1	QL
<i>doxepin oral capsule</i>	T1	
<i>doxepin oral concentrate</i>	T1	
<i>doxepin oral tablet</i>	T1	QL
<i>doxepin topical cream</i>	T1	ST; QL
<i>doxercalciferol oral capsule</i>	T1	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T1	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	T3	Preferred Alternatives (doxycycline hyclate, doxycycline monohydrate)
<i>doxycycline monohydrate oral capsule</i>	T1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE, IR - DELAY REL, BIPHASE	T3	Preferred Alternatives (doxycycline hyclate, doxycycline monohydrate, azelaic acid, ivermectin, metronidazole)
<i>doxycycline monohydrate oral suspension for reconstitution</i>	T1	
<i>doxycycline monohydrate oral tablet</i>	T1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</i>	T1	QL
DRISDOL ORAL CAPSULE	T3	BP; Preferred Alternatives (ergocalciferol)

Drug Name	Drug Tier	Requirements/ Limits
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE	T3	Preferred Alternatives (desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA)
<i>dronabinol oral capsule</i>	T1	
<i>drospirenone-estradiol-lm. fa oral tablet</i>	T1	
<i>drospirenone-ethinyl estradiol oral tablet</i>	T1	
DROXIA ORAL CAPSULE	T2	
<i>droxidopa oral capsule</i>	T1	PA; SP; Preferred Alternatives (desmopressin acetate, desmopressin acetate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	QL; Preferred Alternatives (ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT)
DUAVEE ORAL TABLET	T2	
DUET DHA BALANCED ORAL COMBO PACK	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
DUET DHA WITH OMEGA-3 ORAL COMBO PACK	T3	Preferred Alternatives (pvn-dha, prena1 pearl, virt-pn dha)
DUETACT ORAL TABLET	T3	BP; QL; Preferred Alternatives (pioglitazone-glimepiride)
DUEXIS ORAL TABLET	T3	BP; Preferred Alternatives (ibuprofen-famotidine)
<i>dulcolax (magnesium hydroxide) oral suspension</i>	T1	
DULERA INHALATION HFA AEROSOL INHALER	T2	QL
<i>duloxetine oral capsule, delayed release(drlec)</i>	T1	
DUOBRII TOPICAL LOTION	T3	QL; Preferred Alternatives (tazarotene, betamethasone dipropionate, clobetasol propionate, halobetasol propionate, triamcinolone acetonide, TAZORAC)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	T3	PA; SP; Preferred Alternatives (carbidopa/levodopa, carbidopa-levodopa er, carbidopa/levodopa)

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; QL; LA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE	T2	PA; SP; QL; LA
DUREZOL OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (difluprednate)
<i>dutasteride oral capsule</i>	T1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	T1	
DXEVO ORAL TABLETS, DOSE PACK	T3	ST
DYANAVAL XR ORAL SUSPENSION, IR - ER, BIPHASIC 24HR	T2	
DYMISTA NASAL SPRAY, NON-AEROSOL	T3	BP; QL; Preferred Alternatives (azelastine-fluticasone)
DYRENIUM ORAL CAPSULE	T3	BP; Preferred Alternatives (triamterene)
<i>e.e.s. 400 oral tablet</i>	T1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	T3	BP; Preferred Alternatives (erythromycin ethylsuccinate)
EASIVENT HOLDING CHAMBER SPACER	T2	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
EASY PLUS II HIGH CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EASY PLUS II TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASY STEP BLOOD GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
EASY STEP HIGH CONTROL SOLN SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EASY STEP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASY TALK GLUCOSE TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
EASY TALK HIGH CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EASY TALK PLUS II LOW CONTROL SOLUTION	T3	
EASY TALK PLUS II TEST STRIP STRIP	T3	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	T3	
EASY TOUCH BLU LINK GLUC SYST	T3	
EASY TOUCH BLU LINK TEST STRIP STRIP	T3	
EASY TOUCH GLUCOSE MONITOR	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASY TRAK GLUCOSE TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASY TRAK II CTRL SOLN- NORMAL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
EASY TRAK II TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASY TRAK LOW CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EASYGLUCO MONITORING SYSTEM KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EASYGLUCO PLUS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASYGLUCO TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
EASYMAX 15 LEVEL 2 SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EASYMAX NG KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EASYMAX NORMAL CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
EASYMAX STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EASYMAX V SPEAKING GLUCOSE SYS	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EC-NAPROSYN ORAL TABLET, DELAY ED RELEASE (DR/EC)	T3	BP; Preferred Alternatives (naproxen)
<i>econazole topical cream</i>	T1	QL
<i>econtra ez oral tablet</i>	T1	QL
<i>econtra one-step oral tablet</i>	T1	QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>ecotrin low strength oral tablet, delayed release (dr/ec)</i>	T1	
<i>ecotrin oral tablet, delayed release (dr/ec)</i>	T1	
ECOZA TOPICAL FOAM	T3	QL; Preferred Alternatives (econazole nitrate, ciclopirox, ketoconazole, naftifine hcl, oxiconazole nitrate)
EDARBI ORAL TABLET	T2	
EDARBYCLOR ORAL TABLET	T2	
EDECRIIN ORAL TABLET	T3	BP; Preferred Alternatives (ethacrynic acid)
EDEX INTRACAVERN OSAL KIT	T3	QL; Preferred Alternatives (CAVERJECT, MUSE)
EDLUAR SUBLINGUAL TABLET	T3	QL; Preferred Alternatives (eszopiclone, zaleplon, zolpidem tartrate)
<i>ed-spaz oral tablet, disintegrating</i>	T1	
EDURANT ORAL TABLET	T2	
<i>eemt hs oral tablet</i>	T1	
<i>eemt oral tablet</i>	T1	
<i>efavirenz oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz oral tablet</i>	T1	
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	T1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	T1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	T3	Preferred Alternatives (effer-k, klorcon-ef)
<i>effer-k oral tablet, effervescent 25 meq</i>	T1	
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG	T3	Preferred Alternatives (venlafaxine hcl er)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 37.5 MG, 75 MG	T3	BP; Preferred Alternatives (venlafaxine hcl er)
EFFIENT ORAL TABLET	T3	BP; Preferred Alternatives (prasugrel hcl)
EFUDEX TOPICAL CREAM	T3	BP; Preferred Alternatives (fluorouracil)
EGRIFTA SV SUBCUTANEOUS RECONSTITUTIONAL SOLUTION	T2	PA; SP

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ELEMENT COMPACT GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ELEMENT COMPACT NORMAL CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
ELEMENT COMPACT TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
ELEMENT COMPACT V GLUCOSE MTR	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ELEMENT NORMAL CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ELEMENT TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	Preferred Alternatives (levetiracetam)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	T3	QL; Preferred Alternatives (DIVIGEL)
<i>eletriptan oral tablet</i>	T1	QL
ELIDEL TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (pimecrolimus)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	T2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	T2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	T2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ELIGARD SUBCUTANEOUS SYRINGE	T2	PA; SP
ELIMITE TOPICAL CREAM	T3	BP; Preferred Alternatives (permethrin)
<i>elinest oral tablet</i>	T1	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	T2	
ELIQUIS ORAL TABLET	T2	
<i>elite-ob oral tablet</i>	T1	
ELIXOPHYLLIN ORAL ELIXIR	T3	Preferred Alternatives (theophylline anhydrous)
ELLA ORAL TABLET	T3	QL; Preferred Alternatives (econtra ez, levonorgestrel, my choice, my way, new day, opcicon one-step, option 2)
ELLUME COVID-19 HOME TEST KIT	T2	QL
ELMIRON ORAL CAPSULE	T2	
ELOCTATE INTRAVENOUS RECON SOLN	T2	PA; SP; LA
<i>eluryng vaginal ring</i>	T1	
ELYXYB ORAL SOLUTION	T3	QL; Preferred Alternatives (celecoxib)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE BLOOD GLUCOSE SYSTEM	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EMBRACE EVO LEVEL 1 SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE EVO TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EMBRACE GLUCOSE CONTROL LOW SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
EMBRACE PRO GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
EMBRACE PRO TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EMBRACE TALK BLOOD GLUCOSE SYS KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/Limits
EMBRACE TALK TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EMCYT ORAL CAPSULE	T2	
EMEND ORAL CAPSULE 80 MG	T3	BP; Preferred Alternatives (aprepitant)
EMEND ORAL CAPSULE,DOSE PACK	T3	BP; Preferred Alternatives (aprepitant)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	T3	Preferred Alternatives (aprepitant, VARUBI)
EMFLAZA ORAL SUSPENSION	T3	PA; SP; Preferred Alternatives (prednisone, prednisone)
EMFLAZA ORAL TABLET	T3	PA; SP; Preferred Alternatives (prednisone, prednisone)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	T2	PA; QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	T2	PA; QL
EMSAM TRANSDERMAL PATCH 24 HOUR	T3	Preferred Alternatives (phenelzine sulfate, tranylcypromine sulfate)
<i>emtricitabine oral capsule</i>	T1	
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	T1	
EMTRIVA ORAL CAPSULE	T3	BP; Preferred Alternatives (emtricitabine)
EMTRIVA ORAL SOLUTION	T2	
EMVERM ORAL TABLET,CHEWABLE	T2	QL
<i>enalapril maleate oral solution</i>	T1	
<i>enalapril maleate oral tablet</i>	T1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	T1	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE	T3	Preferred Alternatives (pvn-dha, prena1 pearl, virt-pn dha)
ENBREL MINI SUBCUTANEOUS CARTRIDGE	T2	ST; SP; QL; LA
ENBREL SUBCUTANEOUS RECON SOLN	T2	PA; SP; QL; LA
ENBREL SUBCUTANEOUS SOLUTION	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SUBCUTANEOUS SYRINGE	T2	PA; SP; QL; LA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; QL; LA
ENDARI ORAL POWDER IN PACKET	T3	PA; SP; Preferred Alternatives (hydroxyurea, DROXIA)
<i>endocet oral tablet</i>	T1	PA
ENDOMETRIN VAGINAL INSERT	T2	SP
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	T2	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	T2	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	T2	
<i>enoxaparin subcutaneous solution</i>	T1	SP
<i>enoxaparin subcutaneous syringe</i>	T1	SP
<i>enpresse oral tablet</i>	T1	
<i>enskyce oral tablet</i>	T1	
ENSPRYNG SUBCUTANEOUS SYRINGE	T2	PA; SP; LA
ENSTILAR TOPICAL FOAM	T2	QL
<i>entacapone oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>entecavir oral tablet</i>	T1	
ENTEREG ORAL CAPSULE	T3	Preferred Alternatives (alvimopan)
ENTRESTO ORAL TABLET	T2	
<i>enulose oral solution</i>	T1	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	ST; Preferred Alternatives (tacrolimus)
ENZOCLEAR TOPICAL FOAM	T3	
EPANED ORAL SOLUTION	T3	BP; Preferred Alternatives (enalapril maleate)
EPCLUSA ORAL PELLETS IN PACKET	T2	PA; SP; QL; LA
EPCLUSA ORAL TABLET	T2	PA; SP; QL; LA
EPIDIOLEX ORAL SOLUTION	T2	PA; SP; LA
EPIDUO FORTE TOPICAL GEL WITH PUMP	T3	BP; Preferred Alternatives (adapalene-benzoyl peroxide)
EPIFOAM TOPICAL FOAM	T3	Preferred Alternatives (hc pramoxine)
<i>epinastine ophthalmic (eye) drops</i>	T1	
<i>epinephrine hcl nasal solution</i>	T1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	T3	QL; Preferred Alternatives (epinephrine, EPIPEN JR.)

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	T1	QL
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	T2	BP; QL
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	T2	BP; QL
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	T3	
<i>epitol oral tablet</i>	T1	
EPIVIR HBV ORAL SOLUTION	T2	
EPIVIR HBV ORAL TABLET	T3	BP; Preferred Alternatives (lamivudine)
EPIVIR ORAL SOLUTION	T3	BP; Preferred Alternatives (lamivudine)
EPIVIR ORAL TABLET	T3	BP; Preferred Alternatives (lamivudine)
<i>eplerenone oral tablet</i>	T1	
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	T3	PA; SP; Preferred Alternatives (ARANESP, PROCIT)
EPRONTIA ORAL SOLUTION	T3	Preferred Alternatives (topiramate)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>eprosartan oral tablet</i>	T1	
EPSOLAY TOPICAL CREAM	T3	
EPZICOM ORAL TABLET	T3	BP; Preferred Alternatives (abacavir-lamivudine)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	T3	Preferred Alternatives (carbamazepine, carbamazepine er)
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	T1	
<i>ergoloid oral tablet</i>	T1	
ERGOMAR SUBLINGUAL TABLET	T3	Preferred Alternatives (ergotamine-caffeine)
<i>ergotamine-caffeine oral tablet</i>	T1	
ERIVEDGE ORAL CAPSULE	T2	PA; SP; QL; LA
ERLEADA ORAL TABLET	T2	PA; SP; QL; LA
<i>erlotinib oral tablet</i>	T1	PA; SP; QL; LA
<i>errin oral tablet</i>	T1	
ERTACZO TOPICAL CREAM	T3	QL; Preferred Alternatives (ciclopirox, clotrimazole, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)

Drug Name	Drug Tier	Requirements/Limits
<i>ery pads topical swab</i>	T1	
<i>erygel topical gel</i>	T1	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	T3	BP; Preferred Alternatives (erythromycin ethylsuccinate)
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	T3	BP; Preferred Alternatives (erythromycin ethylsuccinate)
<i>ery-tab oral tablet, delayed release (drlec) 250 mg, 333 mg</i>	T1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	T3	BP; Preferred Alternatives (erythromycin)
<i>erythrocin (as stearate) oral tablet 250 mg</i>	T1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	T1	
<i>erythromycin ethylsuccinate oral tablet</i>	T1	
<i>erythromycin ophthalmic (eye) ointment</i>	T1	
<i>erythromycin oral capsule, delayed release (drlec)</i>	T1	
<i>erythromycin oral tablet</i>	T1	
<i>erythromycin oral tablet, delayed release (drlec)</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin with ethanol topical gel</i>	T1	
<i>erythromycin with ethanol topical solution</i>	T1	
<i>erythromycin-benzoyl peroxide topical gel</i>	T1	
ESBRIET ORAL CAPSULE	T2	PA; SP; QL; LA
ESBRIET ORAL TABLET 267 MG	T2	PA; SP; QL; LA
ESBRIET ORAL TABLET 801 MG	T2	PA; SP; LA
<i>escitalopram oxalate oral solution</i>	T1	
<i>escitalopram oxalate oral tablet</i>	T1	
ESGIC ORAL CAPSULE	T3	ST; BP; Preferred Alternatives (butalbital/apap /caffeine)
ESGIC ORAL TABLET	T3	ST; BP; Preferred Alternatives (butalbital/apap /caffeine)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i>	T1	QL
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i>	T1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	T1	
ESOMEPRAZOL E STRONTIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC)	T3	Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
ESPEROCT INTRAVENOUS RECON SOLN	T2	PA; SP
<i>estarylla oral tablet</i>	T1	
<i>estazolam oral tablet</i>	T1	
ESTRACE ORAL TABLET	T3	BP; Preferred Alternatives (estradiol)
ESTRACE VAGINAL CREAM	T3	BP; Preferred Alternatives (estradiol)
<i>estradiol oral tablet</i>	T1	
<i>estradiol transdermal patch semiweekly</i>	T1	QL
<i>estradiol transdermal patch weekly</i>	T1	QL
<i>estradiol vaginal cream</i>	T1	
<i>estradiol vaginal tablet</i>	T1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol-norethindrone acet oral tablet</i>	T1	
ESTRING VAGINAL RING	T2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	T3	QL; Preferred Alternatives (DIVIGEL)
<i>estrogens-methyltestosterone oral tablet</i>	T1	
<i>eszopiclone oral tablet</i>	T1	QL
<i>ethacrynic acid oral tablet</i>	T1	
<i>ethambutol oral tablet</i>	T1	
<i>ethosuximide oral capsule</i>	T1	
<i>ethosuximide oral solution</i>	T1	
<i>ethynodiol diacetate estradiol oral tablet</i>	T1	
<i>etodolac oral capsule</i>	T1	
<i>etodolac oral tablet</i>	T1	
<i>etodolac oral tablet extended release 24 hr</i>	T1	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	T1	
<i>etoposide oral capsule</i>	T1	
<i>etravirine oral tablet</i>	T1	
EUCRISA TOPICAL OINTMENT	T3	QL; Preferred Alternatives (pimecrolimus, tacrolimus)

Drug Name	Drug Tier	Requirements/ Limits
EULEXIN ORAL CAPSULE	T3	BP
EURAX TOPICAL CREAM	T3	Preferred Alternatives (croton)
EURAX TOPICAL LOTION	T3	Preferred Alternatives (croton)
<i>euthyrox oral tablet</i>	T1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	T3	QL; Preferred Alternatives (DIVIGEL)
EVEKEO ODT ORAL TABLET, DISINTTEGRATING	T3	Preferred Alternatives (amphetamine sulfate, dextroamphetamine-amphetamine, methylphenidate er, methylphenidate hcl)
EVEKEO ORAL TABLET	T3	BP; Preferred Alternatives (amphetamine sulfate)
EVENCARE G2	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
EVENCARE G2 STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EVENCARE G3 GLUCOSE METER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
EVENCARE G3 TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EVENCARE MINI GLUCOSE TEST STR STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
EVENCARE MINI MONITOR SYSTEM	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EVENCARE PROVIEW TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>everolimus (antineoplastic) oral tablet</i>	T1	PA; SP; QL; LA
<i>everolimus (antineoplastic) oral tablet for suspension</i>	T1	PA; SP; QL; LA
<i>everolimus (immunosuppressive) oral tablet</i>	T1	LA
EVISTA ORAL TABLET	T3	BP; Preferred Alternatives (raloxifene hcl)

Drug Name	Drug Tier	Requirements/ Limits
EVOCLIN TOPICAL FOAM	T3	BP; QL; Preferred Alternatives (clindamycin phosphate)
EVOLUTION BLOOD GLUCOSE METER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
EVOLUTION NORMAL CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
EVOLUTION TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EVOTAZ ORAL TABLET	T3	Preferred Alternatives (atazanavir sulfate, lopinavir-ritonavir, ritonavir, NORVIR)
EVOXAC ORAL CAPSULE	T3	BP; Preferred Alternatives (cevimeline hcl)
EVRYSDI ORAL RECON SOLN	T3	PA; SP; QL; Preferred Alternatives (SPINRAZA)
EXELDERM TOPICAL CREAM	T3	QL; Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)

Drug Name	Drug Tier	Requirements/ Limits
EXELDERM TOPICAL SOLUTION	T3	QL; Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	T3	BP; Preferred Alternatives (rivastigmine)
EXEM INTRAUTERINE INFUSION FOAM IN SYRINGE	T3	
<i>exemestane oral tablet</i>	T1	
EXFORGE HCT ORAL TABLET	T3	BP; Preferred Alternatives (amlodipine-valsartan-hctz)
EXFORGE ORAL TABLET	T3	BP; Preferred Alternatives (amlodipine-valsartan)
EXJADE ORAL TABLET, DISPERSIBLE	T3	PA; SP; BP; LA; Preferred Alternatives (deferasirox)
EXKIVITY ORAL CAPSULE	T3	PA; SP; QL; LA
EXSERVAN ORAL FILM	T3	PA; SP; Preferred Alternatives (riluzole)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
EXTAVIA SUBCUTANEOU S KIT	T3	PA; SP; QL; LA; Preferred Alternatives (AVONEX ADMINISTRAT ION PACK, BETASERON, PLEGRIDY, REBIF)
EXTAVIA SUBCUTANEOU S RECON SOLN	T3	PA; SP; QL; LA; Preferred Alternatives (AVONEX ADMINISTRAT ION PACK, BETASERON, PLEGRIDY, REBIF)
EXTINA TOPICAL FOAM	T3	BP; QL; Preferred Alternatives (ketoconazole)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPE NSION	T3	PA; QL; Preferred Alternatives (loteprednol etabonate, artificial tears)
EZ SMART PLUS SYSTEM KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
EZ SMART PLUS TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EZ SMART SYSTEM KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
EZ SMART TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE	T3	QL; Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin, LIVALO)
<i>ezetimibe oral tablet</i>	T1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET	T3	QL; Preferred Alternatives (ezetimibe, atorvastatin calcium, rosuvastatin calcium)
<i>ezetimibe-simvastatin oral tablet</i>	T1	QL
FABIOR TOPICAL FOAM	T3	PA; Preferred Alternatives (tazarotene, TAZORAC)

Drug Name	Drug Tier	Requirements/ Limits
FACTIVE ORAL TABLET	T3	Preferred Alternatives (ciprofloxacin hcl, levofloxacin, moxifloxacin hcl, ofloxacin)
<i>falmina (28) oral tablet</i>	T1	
<i>famciclovir oral tablet</i>	T1	QL
<i>famotidine oral suspension</i>	T1	
<i>famotidine oral tablet 40 mg</i>	T1	
FANAPT ORAL TABLET	T3	Preferred Alternatives (aripiprazole, asenapine maleate, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl, LATUDA)
FANAPT ORAL TABLETS,DOSE PACK	T3	Preferred Alternatives (aripiprazole, asenapine maleate, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl, LATUDA)
FARESTON ORAL TABLET	T3	BP; Preferred Alternatives (toremifene citrate)
FARXIGA ORAL TABLET	T2	PA; QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FARYDAK ORAL CAPSULE	T3	PA; SP; QL; LA; Preferred Alternatives (NINLARO, POMALYST, REVLIMID, THALOMID)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	T2	PA; SP
FC2 FEMALE CONDOM	T2	
<i>febuxostat oral tablet</i>	T1	
<i>felbamate oral suspension</i>	T1	
<i>felbamate oral tablet</i>	T1	
FELBATOL ORAL SUSPENSION	T3	BP; Preferred Alternatives (felbamate)
FELBATOL ORAL TABLET	T3	BP; Preferred Alternatives (felbamate)
FELDENE ORAL CAPSULE	T3	BP; Preferred Alternatives (piroxicam)
<i>felodipine oral tablet extended release 24 hr</i>	T1	
<i>fem ph vaginal gel</i>	T1	
FEMARA ORAL TABLET	T3	BP; Preferred Alternatives (letrozole)
FEMCAP VAGINAL DEVICE 22 MM	T2	

Drug Name	Drug Tier	Requirements/ Limits
FEMRING VAGINAL RING	T3	Preferred Alternatives (estradiol, estradiol, estradiol, yuvafem, ESTRING, PREMARIN, PREMARIN)
<i>femynor oral tablet</i>	T1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	T3	Preferred Alternatives (fenofibrate, fenofibric acid)
<i>fenofibrate nanocrystallized oral tablet</i>	T1	
FENOFIBRATE ORAL CAPSULE	T3	Preferred Alternatives (fenofibrate, fenofibric acid)
<i>fenofibrate oral tablet</i>	T1	
<i>fenofibric acid (choline) oral capsule, delayed release(drlec)</i>	T1	
<i>fenofibric acid oral tablet</i>	T1	
FENOGLIDE ORAL TABLET	T3	BP; Preferred Alternatives (fenofibrate)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FENOPROFEN ORAL CAPSULE	T3	Preferred Alternatives (fenoprofen calcium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone)
<i>fenoprofen oral tablet</i>	T1	
FENORTHO ORAL CAPSULE	T3	Preferred Alternatives (fenoprofen calcium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone)
<i>fenanyl citrate buccal lozenge on a handle</i>	T1	PA; QL
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	T3	PA; QL; Preferred Alternatives (fentanyl citrate)
<i>fentanyl transdermal patch 72 hour</i>	T1	QL
FENTORA BUCCAL TABLET, EFFERVESCENT	T3	PA; QL; Preferred Alternatives (fentanyl citrate)
FERRIPROX (2 TIMES A DAY) ORAL TABLET	T2	ST; SP
FERRIPROX ORAL SOLUTION	T2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
FERRIPROX ORAL TABLET 1,000 MG	T2	PA; SP; BP
FERRIPROX ORAL TABLET 500 MG	T3	PA; SP; BP; Preferred Alternatives (deferiprone)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	T2	
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR	T2	
FEXMID ORAL TABLET	T3	ST; BP; Preferred Alternatives (cyclobenzapri ne hcl)
FIASP FLEXTOUCH U- 100 INSULIN SUBCUTANEOU S INSULIN PEN	T3	Preferred Alternatives (HUMALOG, LYUMJEV KWIKPEN U- 100)
FIASP PENFILL U-100 INSULIN SUBCUTANEOU S CARTRIDGE	T3	Preferred Alternatives (HUMALOG, LYUMJEV KWIKPEN U- 100)
FIASP U-100 INSULIN SUBCUTANEOU S SOLUTION	T3	Preferred Alternatives (HUMALOG, LYUMJEV)
FIBRICOR ORAL TABLET	T3	BP; Preferred Alternatives (fenofibric acid)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FINACEA TOPICAL FOAM	T2	
FINACEA TOPICAL GEL	T3	BP; Preferred Alternatives (azelaic acid)
<i>finasteride oral tablet 5 mg</i>	T1	
FINTEPLA ORAL SOLUTION	T3	PA; SP; Preferred Alternatives (DIACOMIT, EPIDIOLEX)
FIORICET ORAL CAPSULE	T3	ST; BP; Preferred Alternatives (butalbital/apap/caffeine)
FIORICET WITH CODEINE ORAL CAPSULE	T3	PA; BP; Preferred Alternatives (butalbital/caff/apap/codeine)
FIRAZYR SUBCUTANEOUS SYRINGE	T3	PA; SP; BP; LA; Preferred Alternatives (icatibant)
FIRDAPSE ORAL TABLET	T2	PA; SP; LA

Drug Name	Drug Tier	Requirements/ Limits
FIRVANQ ORAL RECON SOLN	T3	QL; Preferred Alternatives (vancomycin hcl)
<i>flac otic oil otic (ear) drops</i>	T1	
FLAGYL ORAL CAPSULE	T3	BP; Preferred Alternatives (metronidazole)
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, loteprednol etabonate, prednisolone acetate)
<i>flavoxate oral tablet</i>	T1	
<i>flecainide oral tablet</i>	T1	
FLECTOR TRANSDERMAL PATCH 12 HOUR	T2	QL
FLEQSUVY ORAL SUSPENSION	T3	Preferred Alternatives (baclofen)
FLEXICHAMBER SPACER	T2	
FLOLIPID ORAL SUSPENSION	T3	QL; Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin, LIVALO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FLOMAX ORAL CAPSULE	T3	BP; Preferred Alternatives (tamsulosin hcl)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	T2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER	T2	QL
FLOWFLEX COVID-19 AG HOME TEST KIT	T2	QL
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE	T2	
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION	T2	
<i>fluconazole oral suspension for reconstitution</i>	T1	
<i>fluconazole oral tablet</i>	T1	
<i>flucytosine oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fludrocortisone oral tablet</i>	T1	
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUMADINE ORAL TABLET	T3	BP; Preferred Alternatives (rimantadine hcl)
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE	T2	
<i>flunisolide nasal spray, non-aerosol</i>	T1	QL
<i>fluocinolone acetone oil otic (ear) drops</i>	T1	
<i>fluocinolone and shower cap scalp oil</i>	T1	
<i>fluocinolone topical cream</i>	T1	
<i>fluocinolone topical oil</i>	T1	
<i>fluocinolone topical ointment</i>	T1	
<i>fluocinolone topical solution</i>	T1	
<i>fluocinonide topical cream</i>	T1	QL
<i>fluocinonide topical gel</i>	T1	QL
<i>fluocinonide topical ointment</i>	T1	QL
<i>fluocinonide topical solution</i>	T1	QL
<i>fluocinonide-e topical cream</i>	T1	QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FLUORESC EIN-BENOXINATE OPTHALMIC (EYE) DROPS	T3	
<i>fluorescein-proparacaine ophthalmic (eye) drops</i>	T1	
<i>fluoride (sodium) dental cream</i>	T1	
<i>fluoride (sodium) dental gel</i>	T1	
<i>fluoride (sodium) dental paste</i>	T1	
<i>fluoride (sodium) dental solution</i>	T1	
<i>fluoride (sodium) oral drops</i>	T1	
<i>fluoride (sodium) oral tablet, chewable</i>	T1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	T3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	Preferred Alternatives (denta 5000 plus, sf 5000 plus)
<i>fluorometholone ophthalmic (eye) drops, suspension</i>	T1	
FLUOROPLEX TOPICAL CREAM	T3	Preferred Alternatives (diclofenac sodium, fluorouracil, fluorouracil, imiquimod)

Drug Name	Drug Tier	Requirements/ Limits
FLUOROURACIL TOPICAL CREAM 0.5 %	T3	Preferred Alternatives (diclofenac sodium, fluorouracil, fluorouracil, imiquimod)
<i>fluorouracil topical cream 5 %</i>	T1	
<i>fluorouracil topical solution</i>	T1	
<i>fluoxetine oral capsule</i>	T1	
<i>fluoxetine oral capsule, delayed release (drlec)</i>	T1	
<i>fluoxetine oral solution</i>	T1	
<i>fluoxetine oral tablet</i>	T1	
<i>fluphenazine hcl oral concentrate</i>	T1	
<i>fluphenazine hcl oral elixir</i>	T1	
<i>fluphenazine hcl oral tablet</i>	T1	
<i>flurandrenolide topical cream</i>	T1	QL
<i>flurandrenolide topical lotion</i>	T1	QL
<i>flurandrenolide topical ointment</i>	T1	QL
<i>flurazepam oral capsule</i>	T1	
<i>flurbiprofen oral tablet 100 mg</i>	T1	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	T1	
<i>flutamide oral capsule</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate nasal spray,suspension</i>	T1	QL
<i>fluticasone propionate topical cream</i>	T1	
<i>fluticasone propionate topical lotion</i>	T1	
<i>fluticasone propionate topical ointment</i>	T1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	QL; Preferred Alternatives (fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	T1	QL
<i>fluvastatin oral capsule</i>	T1	QL
<i>fluvastatin oral tablet extended release 24 hr</i>	T1	QL
<i>fluvoxamine oral capsule,extended release 24hr</i>	T1	
<i>fluvoxamine oral tablet</i>	T1	
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE	T2	
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION	T2	

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION	T2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, loteprednol etabonate, prednisolone acetate)
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	BP; Preferred Alternatives (fluorometholone)
FML S.O.P. OPHTHALMIC (EYE) OINTMENT	T3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, loteprednol etabonate, prednisolone acetate)
FOCALIN ORAL TABLET	T3	BP; Preferred Alternatives (dexmethylphenidate hcl)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50	T3	BP; Preferred Alternatives (dexmethylphenidate hcl er)
<i>folic acid oral tablet</i>	T1	
<i>folivane-ob oral capsule</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>foltabs 800 oral tablet</i>	T1	
<i>fondaparinux subcutaneous syringe</i>	T1	SP
FORA 6 CONNECT GLUCOSE STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA D10 KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
FORA D15 GLUCOSE-BP MONITOR DEVICE	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA D15G STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FORA D20 KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA D20 STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
FORA D40D GLUCOSE-BP MONITOR DEVICE	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA D40-G31 TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FORA G20 KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA G20 STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
FORA G30A	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA G30-PREMIUM V10 TEST STRP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FORA GD50 BLOOD GLUCOSE SYSTEM	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA GD50 TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
FORA GTEL GLUCOSE TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	T3	
FORA KETONE CONTROL SOLN-L1 SOLUTION	T3	
FORA NORMAL CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FORA PREMIUM V10 GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA TEST N'GO VOICE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
FORA TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA TN'G ADVAN PRO TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA TN'G ADVANCE PRO MONITOR DEVICE	T3	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FORA TN'G VOICE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA TN'G VOICE TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
FORA V10 KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORA V10 STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FORA V10-V12-D10-D20 STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA V12 BLOOD GLUCOSE SYSTEM	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
FORA V12 GLUCOSE STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA V20 KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FORA V20 STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORA V30A KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
FORACARE GD20 GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORACARE GD20 STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FORACARE GD40 TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORACARE GD40A GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
FORACARE GD40B GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FORACARE GDH LOW CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	T3	Preferred Alternatives (bupropion xl)
<i>formoterol fumarate inhalation solution for nebulization</i>	T1	QL
FORTEO SUBCUTANEOU S PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	T2	PA; SP; QL; LA

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FORTESTA TRANSDERMAL GEL IN METERED- DOSE PUMP	T3	BP; QL; Preferred Alternatives (testosterone)
FORTISCARE G1 TEST STRIP STRIP	T3	
FORTISCARE GLUCOSE TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FORTISCARE NORMAL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
FORTISCARE T1 BLOOD GLUC SYS	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FOSAMAX ORAL TABLET 70 MG	T3	BP; QL; Preferred Alternatives (alendronate sodium)
FOSAMAX PLUS D ORAL TABLET	T3	QL; Preferred Alternatives (alendronate sodium)
<i>fosamprenavir oral tablet</i>	T1	
<i>fosfomycin tromethamine oral packet</i>	T1	
<i>fosinopril oral tablet</i>	T1	
<i>fosinopril- hydrochlorothiazi de oral tablet</i>	T1	
FOSRENOL ORAL POWDER IN PACKET	T3	QL; Preferred Alternatives (lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FOSRENOL ORAL TABLET,CHEWABLE	T3	BP; QL; Preferred Alternatives (lanthanum carbonate)
FOTIVDA ORAL CAPSULE	T3	PA; SP; QL; LA; Preferred Alternatives (CABOMETYX, INLYTA, LENVIMA)
FRAGMIN SUBCUTANEOUS SOLUTION	T2	SP
FRAGMIN SUBCUTANEOUS SYRINGE	T2	SP
FREESTYLE CONTROL SOLUTION	T2	
FREESTYLE FLASH SYSTEM KIT	T2	
FREESTYLE FREEDOM KIT	T2	
FREESTYLE FREEDOM LITE KIT	T2	
FREESTYLE INSULINX	T2	
FREESTYLE INSULINX STRIP	T2	
FREESTYLE INSULINX TEST STRIPS STRIP	T2	
FREESTYLE LIBRE 14 DAY READER	T2	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT	T2	PA; QL
FREESTYLE LIBRE 2 READER	T2	PA

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 2 SENSOR KIT	T2	PA
FREESTYLE LITE METER KIT	T2	
FREESTYLE LITE STRIPS STRIP	T2	
FREESTYLE PRECISION NEO METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
FREESTYLE PRECISION NEO STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
FREESTYLE SIDEKICK II KIT	T2	
FREESTYLE SYSTEM KIT KIT	T2	
FREESTYLE TEST STRIP	T2	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
FROVA ORAL TABLET	T3	BP; QL; Preferred Alternatives (frovatriptan succinate)
<i>frovatriptan oral tablet</i>	T1	QL
<i>full spectrum b-vitamin c oral tablet</i>	T1	
FULPHILA SUBCUTANEOUS SYRINGE	T2	PA; SP; QL
FURADANTIN ORAL SUSPENSION	T3	BP; Preferred Alternatives (nitrofurantoin)
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>furosemide oral tablet</i>	T1	
FUZEON SUBCUTANEOUS RECON SOLN	T2	
<i>fyavolv oral tablet</i>	T1	
FYCOMPA ORAL SUSPENSION	T2	
FYCOMPA ORAL TABLET	T2	
<i>g tussin ac oral liquid</i>	T1	
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
GABITRIL ORAL TABLET	T3	BP; Preferred Alternatives (tiagabine hcl)
GALAFOLD ORAL CAPSULE	T3	PA; SP; QL; Preferred Alternatives (FABRAZYME)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	T1	
<i>galantamine oral solution</i>	T1	
<i>galantamine oral tablet</i>	T1	
GALZIN ORAL CAPSULE	T3	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	T2	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	T2	
GASTROCROM ORAL CONCENTRATE	T3	BP; Preferred Alternatives (cromolyn sodium)
<i>gatifloxacin ophthalmic (eye) drops</i>	T1	
GATTEX 30-VIAL SUBCUTANEOUS KIT	T3	PA; SP; Preferred Alternatives (diphenoxylate w/atropine, loperamide hcl, opium, paregoric)
<i>gavilyte-c oral recon soln</i>	T1	
<i>gavilyte-g oral recon soln</i>	T1	
<i>gavilyte-n oral recon soln</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
GAVRETO ORAL CAPSULE	T2	PA; SP; QL; LA
GE100 BLOOD GLUCOSE SYSTEM KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GE100 BLOOD GLUCOSE TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
GE100 CONTROL SOLUTION NORMAL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	T3	
GELNIQUE TRANSDERMAL GEL IN PACKET	T2	QL
GELX MUCOUS MEMBRANE GEL	T3	
<i>gemfibrozil oral tablet</i>	T1	
<i>gemmily oral capsule</i>	T1	
GEMTESA ORAL TABLET	T3	Preferred Alternatives (darifenacin er, oxybutynin chloride er, tolterodine tartrate er, trospium chloride, MYRBETRIQ, TOVIAZ)
GENERESS FE ORAL TABLET,CHEWABLE	T3	BP; Preferred Alternatives (kaitlib fe, layolis fe, norethindrone-e.estradiol-iron)
<i>generlac oral solution</i>	T1	
<i>gengraf oral capsule</i>	T1	
<i>gengraf oral solution</i>	T1	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE	T2	PA; SP; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T2	PA; SP; LA

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
GENSTRIP TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>gentak ophthalmic (eye) ointment</i>	T1	
<i>gentamicin ophthalmic (eye) drops</i>	T1	
<i>gentamicin topical cream</i>	T1	QL
<i>gentamicin topical ointment</i>	T1	QL
GENTEEL VACUUM LANCING DEVICE COMBO PACK	T3	
GENVOYA ORAL TABLET	T2	
GEODON ORAL CAPSULE	T3	BP; Preferred Alternatives (ziprasidone hcl)
GILENYA ORAL CAPSULE 0.5 MG	T2	PA; SP; QL; LA
GILOTRIF ORAL TABLET	T2	PA; SP; QL; LA
GIMOTI NASAL SPRAY WITH PUMP	T3	SP

Drug Name	Drug Tier	Requirements/ Limits
<i>glatiramer subcutaneous syringe</i>	T1	PA; SP; QL; LA
<i>glatopa subcutaneous syringe</i>	T1	PA; SP; QL; LA
GLEEVEC ORAL TABLET	T3	PA; SP; BP; QL; LA; Preferred Alternatives (imatinib mesylate)
GLEOLAN ORAL RECON SOLN	T3	
GLEOSTINE ORAL CAPSULE	T2	LA
<i>glimepiride oral tablet</i>	T1	
<i>glipizide oral tablet</i>	T1	
<i>glipizide oral tablet extended release 24hr</i>	T1	
<i>glipizide- metformin oral tablet</i>	T1	
GLOPERBA ORAL SOLUTION	T3	Preferred Alternatives (colchicine, MITIGARE)
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN	T2	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	T2	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	T2	QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>glucagon emergency kit (human) injection recon soln</i>	T1	QL
GLUCAGON HCL INJECTION RECON SOLN	T3	
GLUCO NAVII GLUCOSE MONITOR KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GLUCO NAVII TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD 01 METER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GLUCOCARD 01 NORMAL CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
GLUCOCARD 01 SENSOR PLUS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD EXPRESSION	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GLUCOCARD EXPRESSION STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD SHINE CONNEX METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GLUCOCARD SHINE EXPRESS METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GLUCOCARD SHINE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD SHINE TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
GLUCOCARD SHINE XL METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD VITAL KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GLUCOCARD VITAL SENSOR STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD VITAL TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
GLUCOCOM BLOOD GLUCOSE KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
GLUCOCOM CONTROL NORMAL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM GLUCOSE STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
GLUCOSE CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	T3	BP; Preferred Alternatives (glipizide er)
GLUMETZA ORAL TABLET,ER GAST.RETENTI ON 24 HR	T3	BP; QL; Preferred Alternatives (metformin hcl, metformin hcl er)
<i>glyburide micronized oral tablet</i>	T1	
<i>glyburide oral tablet</i>	T1	
<i>glyburide- metformin oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
GLYCATE ORAL TABLET	T3	Preferred Alternatives (glycopyrrolate)
<i>glycopyrrolate oral solution</i>	T1	
<i>glycopyrrolate oral tablet</i>	T1	
<i>glydo mucous membrane jelly in applicator</i>	T1	QL
GLYNASE ORAL TABLET	T3	BP; Preferred Alternatives (glyburide micronized)
GLYXAMBI ORAL TABLET	T2	PA; QL
GM100 KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
GM100 STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	PA; SP; Preferred Alternatives (amantadine hcl, amantadine hcl, amantadine hcl)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
GOJJI GLUCOSE CNTRL SOL- NORMAL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	T3	
GOJJI MULTI- FUNCTIONAL METER KIT	T3	
GOLYTELY ORAL RECON SOLN	T3	BP; Preferred Alternatives (gavilyte-g, peg 3350- electrolyte)
GONITRO SUBLINGUAL POWDER IN PACKET	T3	Preferred Alternatives (nitroglycerin, nitroglycerin)
GOPRELTO NASAL SOLUTION	T3	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	T3	Preferred Alternatives (gabapentin, pregabalin, pregabalin er)
<i>granisetron hcl oral tablet</i>	T1	
GRANIX SUBCUTANEOU S SOLUTION	T2	PA; SP
GRANIX SUBCUTANEOU S SYRINGE	T2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
GRASTEK SUBLINGUAL TABLET	T2	PA
<i>griseofulvin microsize oral suspension</i>	T1	
<i>griseofulvin microsize oral tablet</i>	T1	
<i>griseofulvin ultramicrosize oral tablet</i>	T1	
<i>guaifatussin ac oral liquid</i>	T1	
<i>guanfacine oral tablet</i>	T1	
<i>guanfacine oral tablet extended release 24 hr</i>	T1	
GVOKE HYPOPEN 2- PACK SUBCUTANEOU S AUTO- INJECTOR	T2	QL
GVOKE PFS 2- PACK SYRINGE SUBCUTANEOU S SYRINGE	T2	QL
GVOKE SUBCUTANEOU S SOLUTION	T2	QL
GYNAZOLE-1 VAGINAL CREAM	T3	Preferred Alternatives (terconazole)
<i>gynol ii vaginal gel</i>	T1	
HAEGARDA SUBCUTANEOU S RECON SOLN	T3	PA; SP; Preferred Alternatives (CINRYZE, TAKHZYRO)
<i>hailey 24 fe oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>hailey fe 1.5/30 (28) oral tablet</i>	T1	
<i>hailey fe 1/20 (28) oral tablet</i>	T1	
<i>hailey oral tablet</i>	T1	
<i>halcinonide topical cream</i>	T1	
HALCION ORAL TABLET 0.25 MG	T3	BP; Preferred Alternatives (triazolam)
<i>halobetasol propionate topical cream</i>	T1	
HALOBETASOL PROPIONATE TOPICAL FOAM	T3	Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate)
<i>halobetasol propionate topical ointment</i>	T1	
HALOG TOPICAL CREAM	T3	BP; Preferred Alternatives (betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide)

Drug Name	Drug Tier	Requirements/ Limits
HALOG TOPICAL OINTMENT	T3	Preferred Alternatives (betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide)
HALOG TOPICAL SOLUTION	T3	Preferred Alternatives (betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide)
<i>haloperidol lactate oral concentrate</i>	T1	
<i>haloperidol oral tablet</i>	T1	
HARMONY GLUCOSE TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
HARVONI ORAL PELLETS IN PACKET	T2	PA; SP; QL; LA

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
HARVONI ORAL TABLET	T2	PA; SP; QL; LA
HAVRIX (PF) INTRAMUSCULAR SYRINGE	T2	
HEALTHPRO GLUCOSE MONITOR	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
HEALTHPRO HIGH-LOW CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
HEALTHPRO TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>heather oral tablet</i>	T1	
HEMADY ORAL TABLET	T3	ST; Preferred Alternatives (dexamethasone)
HEMANGEOL ORAL SOLUTION	T3	SP; Preferred Alternatives (propranolol hcl)
HEMLIBRA SUBCUTANEOUS SOLUTION	T2	PA; SP; LA
<i>hemmorex-hc rectal suppository</i>	T1	
<i>hep flush-10 (pf) intravenous solution</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	T3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i>	T1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	T1	
<i>heparin (porcine) injection cartridge</i>	T1	
<i>heparin (porcine) injection solution</i>	T1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	T1	
<i>heparin flush(porcine)-0.9nacl intravenous kit</i>	T1	
<i>heparin lock flush (porcine) intravenous solution</i>	T1	
<i>heparin lockflush(porcine) (pf) intravenous syringe</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	T3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	T1	
<i>heparin, porcine (pf) injection solution</i>	T1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	T1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	T3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	T1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	T1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	T3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	T3	Preferred Alternatives (ENGERIX-B, PREHEVBRIO, RECOMBIVAX HB)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
HEPSERA ORAL TABLET	T3	BP; Preferred Alternatives (adefovir dipivoxil)
HETLIOZ LQ ORAL SUSPENSION	T3	PA; SP; QL
HETLIOZ ORAL CAPSULE	T3	PA; SP; QL
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	T2	
HIPREX ORAL TABLET	T3	BP; Preferred Alternatives (methenamine hippurate)
HISTEX-AC ORAL SYRUP	T3	Preferred Alternatives (promethazine vc w/codeine)
HIZENTRA SUBCUTANEOUS SOLUTION	T3	PA; SP; LA; Preferred Alternatives (XEMBIFY)
HIZENTRA SUBCUTANEOUS SYRINGE	T3	PA; SP; LA; Preferred Alternatives (XEMBIFY)
<i>homatropaire ophthalmic (eye) drops</i>	T1	
HORIZANT ORAL TABLET EXTENDED RELEASE	T3	Preferred Alternatives (gabapentin, pregabalin, pregabalin er)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	T2	

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	T2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	T2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	T2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	T2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	T2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	T2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	T2	
HUMATIN ORAL CAPSULE	T3	SP; BP
HUMATROPE INJECTION CARTRIDGE	T2	PA; SP; LA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	T2	PA; SP; QL; LA

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	T2	PA; SP; QL; LA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	T2	PA; SP; QL; LA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	T2	PA; SP; QL; LA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT	T2	PA; SP; QL; LA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	T2	PA; SP; QL; LA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT	T2	PA; SP; QL; LA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	T2	PA; SP; QL; LA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	T2	PA; SP; QL; LA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	T2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	T2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	T2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	T2	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION	T2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	T2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	T2	
HYCANTIN ORAL CAPSULE	T2	PA; SP
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	T3	BP
HYCODAN (WITH HOMATROPINE) ORAL TABLET	T3	BP
<i>hydralazine oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
HYDREA ORAL CAPSULE	T3	BP; Preferred Alternatives (hydroxyurea)
<i>hydrochlorothiazide oral capsule</i>	T1	
<i>hydrochlorothiazide oral tablet</i>	T1	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	T1	QL
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr</i>	T1	QL
<i>hydrocodone-acetaminophen oral solution</i>	T1	PA
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T1	PA
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr</i>	T1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	T1	
<i>hydrocodone-homatropine oral tablet</i>	T1	
<i>hydrocodone-ibuprofen oral tablet</i>	T1	PA
<i>hydrocortisone acetate rectal suppository</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone butyrate topical cream</i>	T1	QL
<i>hydrocortisone butyrate topical lotion</i>	T1	QL
<i>hydrocortisone butyrate topical ointment</i>	T1	
<i>hydrocortisone butyrate topical solution</i>	T1	QL
<i>hydrocortisone butyr-emollient topical cream</i>	T1	QL
<i>hydrocortisone oral tablet</i>	T1	
<i>hydrocortisone rectal enema</i>	T1	
<i>hydrocortisone topical cream 2.5 %</i>	T1	
<i>hydrocortisone topical cream with perineal applicator</i>	T1	
<i>hydrocortisone topical lotion 2.5 %</i>	T1	
<i>hydrocortisone topical ointment 2.5 %</i>	T1	
<i>hydrocortisone valerate topical cream</i>	T1	
<i>hydrocortisone valerate topical ointment</i>	T1	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	T1	
<i>hydrocortisone-pramoxine rectal cream</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone-pramoxine topical cream 2.5-1 %	T1	
hydromet oral syrup	T1	
hydromorphone oral liquid	T1	PA
hydromorphone oral tablet	T1	PA
hydromorphone oral tablet extended release 24 hr	T1	QL
hydromorphone rectal suppository	T1	PA
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	T3	Preferred Alternatives (hydroxychloroquine sulfate)
hydroxychloroquine oral tablet 200 mg	T1	
hydroxyurea oral capsule	T1	
hydroxyzine hcl oral solution	T1	
hydroxyzine hcl oral tablet	T1	
hydroxyzine pamoate oral capsule	T1	
hyophen oral tablet	T1	
hyoscyamine sulfate oral drops	T1	
hyoscyamine sulfate oral elixir	T1	
hyoscyamine sulfate oral tablet	T1	
hyoscyamine sulfate oral tablet extended release 12 hr	T1	

Drug Name	Drug Tier	Requirements/Limits
hyoscyamine sulfate oral tablet, disintegrating	T1	
hyoscyamine sulfate sublingual tablet	T1	
hyosyne oral drops	T1	
hyosyne oral elixir	T1	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	T3	Preferred Alternatives (sodium chloride)
HYQVIA SUBCUTANEOUS SOLUTION	T3	PA; SP; LA; Preferred Alternatives (GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY)
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL. 24 HR	T2	BP; QL
HYZAAR ORAL TABLET	T3	BP; Preferred Alternatives (losartan-hydrochlorothiazide)
ibandronate oral tablet	T1	QL
IBRANCE ORAL CAPSULE	T2	PA; SP; QL; LA
IBRANCE ORAL TABLET	T2	PA; SP; QL; LA
IBSRELA ORAL TABLET	T3	Preferred Alternatives (LINZESS, TRULANCE)
ibu oral tablet	T1	
ibuprofen oral suspension	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ibuprofen-famotidine oral tablet</i>	T1	
<i>icatibant subcutaneous syringe</i>	T1	PA; SP; LA
<i>iclevia oral tablets, dose pack, 3 month</i>	T1	
ICLUSIG ORAL TABLET	T2	PA; SP; QL; LA
<i>icosapent ethyl oral capsule</i>	T1	
IDELVION INTRAVENOUS RECON SOLN	T3	PA; SP; LA; Preferred Alternatives (ALPROLIX)
IDHIFA ORAL TABLET	T2	PA; SP; QL; LA
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION	T3	
IGLUCOSE BLOOD GLUCOSE MONITOR KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/Limits
IGLUCOSE TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
IHEALTH COVID-19 AG HOME TEST KIT	T2	QL
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
<i>imatinib oral tablet</i>	T1	PA; SP; QL; LA
IMBRUVICA ORAL CAPSULE	T2	PA; SP; QL; LA
IMBRUVICA ORAL TABLET	T2	PA; SP; QL; LA
IMCIVREE SUBCUTANEOUS SOLUTION	T3	PA; SP; QL
<i>imipramine hcl oral tablet</i>	T1	
<i>imipramine pamoate oral capsule</i>	T1	
<i>imiquimod topical cream in metered-dose pump</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod topical cream in packet</i>	T1	
IMITREX NASAL SPRAY, NON-AEROSOL	T3	BP; QL; Preferred Alternatives (sumatriptan)
IMITREX ORAL TABLET	T3	BP; QL; Preferred Alternatives (sumatriptan succinate)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR	T3	BP; QL; Preferred Alternatives (sumatriptan succinate)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE	T3	BP; QL; Preferred Alternatives (sumatriptan succinate)
IMPAVIDO ORAL CAPSULE	T2	PA; QL
IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP	T3	QL; Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halcinonide)
IMPOYZ TOPICAL CREAM	T3	QL; Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate)

Drug Name	Drug Tier	Requirements/Limits
IMURAN ORAL TABLET	T3	BP; Preferred Alternatives (azathioprine)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	T3	QL; Preferred Alternatives (estradiol, yuvafem, PREMARIN, ESTRING)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	T3	QL; Preferred Alternatives (estradiol, yuvafem, PREMARIN, ESTRING)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	T2	PA; SP
<i>incassia oral tablet</i>	T1	
INCRELEX SUBCUTANEOUS SOLUTION	T2	PA; SP; LA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	T2	QL
<i>indapamide oral tablet</i>	T1	
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (propranolol hcl er)
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	Preferred Alternatives (propranolol hcl er)
INDICAID COVID-19 AG HOME TEST KIT	T2	QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
INDOCIN ORAL SUSPENSION	T3	Preferred Alternatives (ibuprofen, naproxen)
INDOCIN RECTAL SUPPOSITORY	T3	Preferred Alternatives (indomethacin, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, naproxen sodium)
<i>indomethacin oral capsule</i>	T1	
<i>indomethacin oral capsule, extended release</i>	T1	
INDOMETHACIN SUBMICRONIZE D ORAL CAPSULE	T3	QL; Preferred Alternatives (diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone, piroxicam)
INFANRIX (DTAP) (PF) INTRAMUSCULA R SYRINGE	T2	
INFASURF INTRATRACHEA L SUSPENSION	T3	

Drug Name	Drug Tier	Requirements/ Limits
INFINITY CONTROL SOLUTION NORM SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
INFINITY STARTER KIT KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
INFINITY TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
INFINITY VOICE GLUCOSE MONITOR	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
INFINITY VOICE TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK	T3	PA; SP; Preferred Alternatives (AUSTEDO)
INGREZZA ORAL CAPSULE	T3	PA; SP; Preferred Alternatives (AUSTEDO)
INLYTA ORAL TABLET	T2	PA; SP; QL; LA
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR	T3	Preferred Alternatives (propranolol hcl er)
INOVA 4-1 TOPICAL COMBO PACK	T3	Preferred Alternatives (benzoyl peroxide)
INOVA 8-2 TOPICAL COMBO PACK	T3	Preferred Alternatives (benzoyl peroxide)
INOVA TOPICAL COMBO PACK	T3	Preferred Alternatives (benzoyl peroxide)
INQOVI ORAL TABLET	T3	PA; SP; QL; LA; Preferred Alternatives (decitabine)
INREBIC ORAL CAPSULE	T3	PA; SP; QL; LA; Preferred Alternatives (JAKAFI)
INSPIRACHAMBER SPACER	T2	
INSPIRA ORAL TABLET	T3	BP; Preferred Alternatives (eplerenone)
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN	T3	Preferred Alternatives (HUMALOG MIX 75-25)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART-INSULIN SUBCUTANEOUS SOLUTION	T3	Preferred Alternatives (HUMALOG MIX 75-25)
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	T3	Preferred Alternatives (HUMALOG)
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	T3	Preferred Alternatives (HUMALOG)
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	T3	Preferred Alternatives (HUMALOG)
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN	T3	
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	T3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	T3	Preferred Alternatives (LANTUS SOLOSTAR, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	T3	Preferred Alternatives (LANTUS, LEVEMIR, TOUJEO SOLOSTAR, TRESIBA)

Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	T3	Preferred Alternatives (HUMALOG MIX 75-25)
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	T3	Preferred Alternatives (HUMALOG)
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	T3	Preferred Alternatives (HUMALOG JUNIOR KWIKPEN)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	T3	Preferred Alternatives (HUMALOG)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	T3	Preferred Alternatives (B-D INSULIN SYRINGE)
INTELENCE ORAL TABLET 100 MG, 200 MG	T3	BP; Preferred Alternatives (etravirine)
INTELENCE ORAL TABLET 25 MG	T2	
INTELISWAB COVID-19 HOME TEST KIT	T2	QL
INTRAROSA VAGINAL INSERT	T3	Preferred Alternatives (estradiol, yuvafem, ESTRING, PREMARIN)
INTRON A INJECTION RECON SOLN	T2	SP; LA
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (guanfacine hcl er)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR	T3	BP; Preferred Alternatives (paliperidone er)
INVELTYS OPTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, loteprednol etabonate, prednisolone acetate)
INVIRASE ORAL TABLET	T2	
INVOKAMET ORAL TABLET	T2	QL
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	QL
INVOKANA ORAL TABLET	T2	QL
<i>iodine-sodium iodide topical tincture 2 %</i>	T1	
IODOFLEX TOPICAL PADS, MEDICATED	T3	
IODOSORB TOPICAL GEL	T3	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	T3	Preferred Alternatives (brimonidine tartrate)
IPOL INJECTION SUSPENSION	T2	
<i>ipratropium bromide inhalation solution</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ipratropium bromide nasal spray,non-aerosol</i>	T1	QL
<i>ipratropium-albuterol inhalation solution for nebulization</i>	T1	QL
<i>irbesartan oral tablet</i>	T1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	T1	
IRESSA ORAL TABLET	T2	PA; SP; QL; LA
ISENTRESS HD ORAL TABLET	T2	
ISENTRESS ORAL POWDER IN PACKET	T2	
ISENTRESS ORAL TABLET	T2	
ISENTRESS ORAL TABLET,CHEWABLE	T2	
<i>isibloom oral tablet</i>	T1	
<i>isoniazid oral solution</i>	T1	
<i>isoniazid oral tablet</i>	T1	
ISOPTO ATROPINE OPTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (atropine sulfate)
ISOPTO CARPINE OPTHALMIC (EYE) DROPS 1 %, 2 %	T3	BP; Preferred Alternatives (pilocarpine hcl)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ISORDIL ORAL TABLET	T3	BP; Preferred Alternatives (isosorbide dinitrate)
ISORDIL TITRADOSE ORAL TABLET 5 MG	T3	BP; Preferred Alternatives (isosorbide dinitrate)
<i>isosorbide dinitrate oral tablet</i>	T1	
<i>isosorbide mononitrate oral tablet</i>	T1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	T1	
<i>isosorbide-hydralazine oral tablet</i>	T1	
<i>isotretinoin oral capsule</i>	T1	
<i>isoxsuprine oral tablet</i>	T1	
<i>isradipine oral capsule</i>	T1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY	T3	BP; Preferred Alternatives (timolol maleate)
ISTURISA ORAL TABLET	T3	PA; SP; QL; Preferred Alternatives (SIGNIFOR)
<i>itraconazole oral capsule</i>	T1	
<i>itraconazole oral solution</i>	T1	
<i>ivermectin oral tablet</i>	T1	PA; QL
<i>ivermectin topical cream</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
IXINITY INTRAVENOUS RECON SOLN	T2	PA; SP; LA
JADENU ORAL TABLET	T3	PA; SP; BP; LA; Preferred Alternatives (deferasirox)
JADENU SPRINKLE ORAL GRANULES IN PACKET	T3	PA; SP; BP; LA; Preferred Alternatives (deferasirox)
<i>jaimiess oral tablets, dose pack, 3 month</i>	T1	
JAKAFI ORAL TABLET	T2	PA; SP; QL; LA
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	T3	BP; Preferred Alternatives (dutasteride-tamsulosin)
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION	T2	
<i>jantoven oral tablet</i>	T1	
JANUMET ORAL TABLET	T2	QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	T2	QL
JANUVIA ORAL TABLET	T2	QL
JARDIANCE ORAL TABLET	T2	PA; QL
<i>jasmiel (28) oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
JATENZO ORAL CAPSULE	T3	PA; QL; Preferred Alternatives (testosterone, ANDRODERM)
JAZZ WIRELESS 2 METER KIT KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
JELMYTO INTRA-PYELOCALYCEAL KIT	T3	PA; SP
<i>jencycla oral tablet</i>	T1	
JENTADUETO ORAL TABLET	T2	QL
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	QL
<i>jinteli oral tablet</i>	T1	
JIVI INTRAVENOUS RECON SOLN	T2	PA; SP; LA
<i>jolessa oral tablets, dose pack, 3 month</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK	T3	Preferred Alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, QUILLICHEWER, QUILLIVANT XR)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	T3	Preferred Alternatives (ciclopirox)
<i>juleber oral tablet</i>	T1	
JULUCA ORAL TABLET	T2	
<i>junel 1.5/30 (21) oral tablet</i>	T1	
<i>junel 1/20 (21) oral tablet</i>	T1	
<i>junel fe 1.5/30 (28) oral tablet</i>	T1	
<i>junel fe 1/20 (28) oral tablet</i>	T1	
<i>junel fe 24 oral tablet</i>	T1	
JUXTAPID ORAL CAPSULE	T2	PA; SP
JYNARQUE ORAL TABLET	T3	PA; SP; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL	T3	PA; SP; QL
<i>kaitlib fe oral tablet, chewable</i>	T1	
KALETRA ORAL SOLUTION	T3	BP; Preferred Alternatives (lopinavir-ritonavir)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
KALETRA ORAL TABLET	T3	BP; Preferred Alternatives (lopinavir-ritonavir)
<i>kalliga oral tablet</i>	T1	
KALYDECO ORAL GRANULES IN PACKET	T2	PA; SP; QL
KALYDECO ORAL TABLET	T2	PA; SP; QL
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR	T3	Preferred Alternatives (metoprolol succinate)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR	T3	BP; Preferred Alternatives (clonidine hcl er)
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR	T3	Preferred Alternatives (carbinoxamine)
<i>kariva (28) oral tablet</i>	T1	
KATERZIA ORAL SUSPENSION	T3	Preferred Alternatives (amlodipine besylate)
KAZANO ORAL TABLET	T3	QL; Preferred Alternatives (JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR)
<i>kelnor 1/35 (28) oral tablet</i>	T1	
<i>kelnor 1-50 (28) oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
KENALOG TOPICAL AEROSOL	T3	BP; QL; Preferred Alternatives (triamcinolone acetonide)
KEPPRA ORAL SOLUTION	T3	BP; Preferred Alternatives (levetiracetam)
KEPPRA ORAL TABLET	T3	BP; Preferred Alternatives (levetiracetam)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (levetiracetam)
KERENDIA ORAL TABLET	T2	PA; QL
KERYDIN TOPICAL SOLUTION WITH APPLICATOR	T3	BP; Preferred Alternatives (tavaborole)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; QL; LA
KETAMINE SUBLINGUAL TROCHE	T3	
<i>ketoconazole oral tablet</i>	T1	
<i>ketoconazole topical cream</i>	T1	QL
<i>ketoconazole topical foam</i>	T1	QL
<i>ketoconazole topical shampoo</i>	T1	QL
<i>ketodan kit topical combo pack</i>	T1	
<i>ketodan topical foam</i>	T1	QL
<i>ketoprofen oral capsule</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	T1	
KETOROLAC NASAL SPRAY, NON-AEROSOL	T3	QL; Preferred Alternatives (diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone, piroxicam)
<i>ketorolac ophthalmic (eye) drops</i>	T1	
<i>ketorolac oral tablet</i>	T1	QL
KEVEYIS ORAL TABLET	T3	PA; SP; Preferred Alternatives (acetazolamide)
KEVZARA SUBCUTANEOUS PEN INJECTOR	T3	PA; SP; QL; LA; Preferred Alternatives (ACTEMRA, ENBREL, HUMIRA, INFLECTRA, REMICADE, RINVOQ, XELJANZ)
KEVZARA SUBCUTANEOUS SYRINGE	T3	PA; SP; QL; LA; Preferred Alternatives (ACTEMRA, ENBREL, HUMIRA, INFLECTRA, REMICADE, RINVOQ, XELJANZ)

Drug Name	Drug Tier	Requirements/Limits
KINERET SUBCUTANEOUS SYRINGE	T3	PA; SP; QL
KINRIX (PF) INTRAMUSCULAR SYRINGE	T3	Preferred Alternatives (INFANRIX, PEDIARIX)
KISQALI FEMARA CO-PACK ORAL TABLET	T3	PA; SP; QL; Preferred Alternatives (IBRANCE, VERZENIO)
KISQALI ORAL TABLET	T3	PA; SP; QL; LA; Preferred Alternatives (IBRANCE, VERZENIO)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	T2	PA; SP; QL
KLARITY-A (AZITHROMYDIN)(PF) OPHTHALMIC (EYE) DROPS	T3	
KLARITY-B (BETAMETHASONE)(PF) OPHTHALMIC (EYE) DROPS	T3	
KLARITY-L (LOTEPRENEDIL)(PF) OPHTHALMIC (EYE) DROPS	T3	
KLARON TOPICAL SUSPENSION	T3	BP; Preferred Alternatives (sulfacetamide sodium)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
KLISYRI TOPICAL OINTMENT IN PACKET	T3	Preferred Alternatives (diclofenac sodium, fluorouracil, fluorouracil, imiquimod)
KLONOPIN ORAL TABLET	T3	BP; Preferred Alternatives (clonazepam)
<i>klor-con 10 oral tablet extended release</i>	T1	
<i>klor-con 8 oral tablet extended release</i>	T1	
<i>klor-con m10 oral tablet,er particles/crystals</i>	T1	
<i>klor-con m15 oral tablet,er particles/crystals</i>	T1	
<i>klor-con m20 oral tablet,er particles/crystals</i>	T1	
<i>klor-con oral packet</i>	T1	
<i>klor-con/lef oral tablet, effervescent</i>	T1	
KLOXXADO NASAL SPRAY, NON- AEROSOL	T2	QL
<i>kobee oral tablet</i>	T1	
KOGENATE FS INTRAVENOUS RECON SOLN	T2	PA; SP; LA
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR	T3	QL; Preferred Alternatives (JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR)

Drug Name	Drug Tier	Requirements/ Limits
KORLYM ORAL TABLET	T3	PA; SP; Preferred Alternatives (ketoconazole, LYSODREN, SIGNIFOR)
KOSELUGO ORAL CAPSULE	T3	PA; SP; LA
KOSHER PRENATAL PLUS IRON ORAL TABLET	T3	Preferred Alternatives (prenatal plus, preplus)
KOVALTRY INTRAVENOUS RECON SOLN	T2	PA; SP; LA
K-PHOS NO 2 ORAL TABLET	T3	Preferred Alternatives (phospha 250 neutral, K- PHOS ORIGINAL)
K-PHOS ORIGINAL ORAL TABLET, SOLUB LE	T2	
<i>kpn oral tablet</i>	T1	
KRINTAFEL ORAL TABLET	T3	QL; Preferred Alternatives (primaquine generic)
KRISTALOSE ORAL PACKET	T3	Preferred Alternatives (lactulose)
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	Preferred Alternatives (potassium chloride)
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	T3	BP
<i>kurvelo (28) oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
KUVAN ORAL POWDER IN PACKET	T3	PA; SP; BP; Preferred Alternatives (sapropterin dihydrochloride)
KUVAN ORAL TABLET,SOLUBLE	T3	PA; SP; BP; Preferred Alternatives (sapropterin dihydrochloride)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	T2	PA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month</i>	T1	
<i>labetalol oral tablet</i>	T1	
<i>lacosamide oral tablet</i>	T1	
LACRISERT OPHTHALMIC (EYE) INSERT	T3	PA; QL; Preferred Alternatives (RESTASIS)
<i>lactated ringers irrigation solution</i>	T1	
<i>lactulose oral packet</i>	T1	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	T1	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING	T3	BP; Preferred Alternatives (lamotrigine odt)

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	T3	BP; Preferred Alternatives (lamotrigine odt)
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	T3	BP; Preferred Alternatives (lamotrigine odt)
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	T3	BP; Preferred Alternatives (lamotrigine odt)
LAMICTAL ORAL TABLET	T3	BP; Preferred Alternatives (lamotrigine)
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	T3	BP; Preferred Alternatives (lamotrigine)
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	T3	BP; Preferred Alternatives (lamotrigine)
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	T3	BP; Preferred Alternatives (lamotrigine)
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	T3	BP; Preferred Alternatives (lamotrigine)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	T3	BP; Preferred Alternatives (lamotrigine)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	T3	Preferred Alternatives (lamotrigine)
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	T3	Preferred Alternatives (lamotrigine)
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	T3	Preferred Alternatives (lamotrigine)
<i>lamivudine oral solution</i>	T1	
<i>lamivudine oral tablet</i>	T1	
<i>lamivudine-zidovudine oral tablet</i>	T1	
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	T1	
<i>lamotrigine oral tablet extended release 24hr</i>	T1	
<i>lamotrigine oral tablet, chewable dispersible</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine oral tablet,disintegrating</i>	T1	
<i>lamotrigine oral tablets,dose pack</i>	T1	
LAMPIT ORAL TABLET	T3	QL; Preferred Alternatives (BENZNIDAZOLE)
LANCETS 33 GAUGE	T2	
LANCING DEVICE	T2	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	T3	BP; Preferred Alternatives (digoxin)
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i>	T1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	T1	QL
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	T1	
<i>lanthanum oral tablet,chewable</i>	T1	QL
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	T2	
<i>lapatinib oral tablet</i>	T1	PA; SP; QL; LA
<i>larin 1.5/30 (21) oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>larin 1/20 (21) oral tablet</i>	T1	
<i>larin 24 fe oral tablet</i>	T1	
<i>larin fe 1.5/30 (28) oral tablet</i>	T1	
<i>larin fe 1/20 (28) oral tablet</i>	T1	
<i>larissia oral tablet</i>	T1	
LASIX ORAL TABLET	T3	BP; Preferred Alternatives (furosemide)
LATANOPROST (PF) OPHTHALMIC (EYE) DROPS	T3	
<i>latanoprost ophthalmic (eye) drops</i>	T1	
LATUDA ORAL TABLET	T2	
<i>laxative peg 3350 oral powder</i>	T1	
<i>layolis fe oral tablet, chewable</i>	T1	
LAZANDA NASAL SPRAY, NON- AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	T3	PA; QL; Preferred Alternatives (fentanyl citrate)
LEDIPASVIR- SOFOSBUVIR ORAL TABLET	T3	PA; SP; QL; LA; Preferred Alternatives (HARVONI)
<i>leena 28 oral tablet</i>	T1	
<i>leflunomide oral tablet</i>	T1	QL
<i>lenalidomide oral capsule</i>	T1	PA; SP; QL
LENVIMA ORAL CAPSULE	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; QL; Preferred Alternatives (fluvastatin er)
<i>lessina oral tablet</i>	T1	
LETAIRIS ORAL TABLET	T3	PA; SP; BP; Preferred Alternatives (ambrisentan)
<i>letrozole oral tablet</i>	T1	
<i>leucovorin calcium oral tablet</i>	T1	
LEUKERAN ORAL TABLET	T2	
LEUKINE INJECTION RECON SOLN	T2	PA; SP
<i>leuprolide subcutaneous kit</i>	T1	PA; SP
<i>levalbuterol hcl inhalation solution for nebulization</i>	T1	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	T3	QL; Preferred Alternatives (albuterol sulfate hfa, VENTOLIN HFA)
LEVAMLODIPIN E ORAL TABLET	T3	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	T3	BP; Preferred Alternatives (hyoscyamine sulfate)
LEVEMIR FLEXTOUCH U- 100 INSULN SUBCUTANEOU S INSULIN PEN	T2	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	T2	
<i>levetiracetam oral solution</i>	T1	
<i>levetiracetam oral tablet</i>	T1	
<i>levetiracetam oral tablet extended release 24 hr</i>	T1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	T1	
<i>levocarnitine (with sugar) oral solution</i>	T1	
<i>levocarnitine oral solution 100 mg/ml</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	T1	
<i>levofloxacin oral solution</i>	T1	
<i>levofloxacin oral tablet</i>	T1	
<i>levonest (28) oral tablet</i>	T1	
<i>levonorgestrel oral tablet</i>	T1	QL
<i>levonorgestrel-ethinyl estrad oral tablet</i>	T1	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	T1	
<i>levonorg-eth estrad triphasic oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<i>levora-28 oral tablet</i>	T1	
<i>levorphanol tartrate oral tablet</i>	T1	PA
<i>levo-t oral tablet</i>	T1	
LEVOTHYROXINE ORAL CAPSULE	T3	Preferred Alternatives (euthyrox, levothyroxine sodium, levoxyl, unithroid)
<i>levothyroxine oral tablet</i>	T1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1	
LEVSIN ORAL TABLET	T3	BP; Preferred Alternatives (hyoscyamine sulfate)
LEVSIN/SL SUBLINGUAL TABLET	T3	BP; Preferred Alternatives (hyoscyamine sulfate)
LEVULAN TOPICAL SOLUTION	T3	
LEXAPRO ORAL TABLET	T3	BP; Preferred Alternatives (escitalopram oxalate)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
LEXETTE TOPICAL FOAM	T3	Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate)
LEXIVA ORAL SUSPENSION	T2	
LEXIVA ORAL TABLET	T3	BP; Preferred Alternatives (fosamprenavir calcium)
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP; Preferred Alternatives (mesalamine)
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE	T3	BP; Preferred Alternatives (clidinium w/chlordiazepoxide)
LICART TRANSDERMAL PATCH 24 HOUR	T2	QL
<i>lidocaine hcl laryngotracheal solution</i>	T1	
<i>lidocaine hcl mucous membrane jelly</i>	T1	QL
<i>lidocaine hcl mucous membrane jelly in applicator</i>	T1	QL
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl- hydrocortison ac rectal cream</i>	T1	
LIDOCAINE HCL- HYDROCORTIS ON AC RECTAL GEL	T3	
<i>lidocaine hcl- hydrocortison ac rectal kit</i>	T1	
<i>lidocaine hcl- hydrocortison ac topical cream</i>	T1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	T1	
<i>lidocaine topical ointment</i>	T1	QL
<i>lidocaine viscous mucous membrane solution</i>	T1	
<i>lidocaine- hydrocortisone- aloe rectal gel</i>	T1	
<i>lidocaine- hydrocortisone- aloe rectal kit</i>	T1	
<i>lidocaine- prilocaine topical cream</i>	T1	QL
<i>lidocaine- prilocaine topical kit</i>	T1	
LIDOCAINE- TETRACAINE TOPICAL CREAM	T3	QL; Preferred Alternatives (lidocaine-prilocaine, lidocaine hcl)
<i>lidocort topical cream</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
LIDODERM TOPICAL ADHESIVE PATCH, MEDICA TED	T3	BP; Preferred Alternatives (lidocaine)
<i>lillow (28) oral tablet</i>	T1	
<i>lindane topical shampoo</i>	T1	
<i>linezolid oral suspension for reconstitution</i>	T1	
<i>linezolid oral tablet</i>	T1	
LINZESS ORAL CAPSULE	T2	QL
<i>liothyronine oral tablet</i>	T1	
LIPITOR ORAL TABLET	T3	BP; QL; Preferred Alternatives (atorvastatin calcium)
LIPOFEN ORAL CAPSULE	T2	
<i>lisinopril oral tablet</i>	T1	
<i>lisinopril- hydrochlorothiazide oral tablet</i>	T1	
LITEAIRE MDI CHAMBER SPACER	T2	
<i>lithium carbonate oral capsule</i>	T1	
<i>lithium carbonate oral tablet</i>	T1	
<i>lithium carbonate oral tablet extended release</i>	T1	
LITHOBID ORAL TABLET EXTENDED RELEASE	T3	BP; Preferred Alternatives (lithium carbonate)

Drug Name	Drug Tier	Requirements/ Limits
LITHOSTAT ORAL TABLET	T3	
LIVALO ORAL TABLET	T2	QL
LIVMARLI ORAL SOLUTION	T3	PA; SP; Preferred Alternatives (cholestyramine, rifampin, ursodiol)
LIVTENCITY ORAL TABLET	T3	PA; QL
LO LOESTRIN FE ORAL TABLET	T2	
LOCOID LIPOCREAM TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (hydrocortisone butyrate)
LOCOID TOPICAL LOTION	T3	BP; QL; Preferred Alternatives (hydrocortisone butyrate)
LODINE ORAL TABLET	T3	BP
LODOSYN ORAL TABLET	T3	PA; BP; Preferred Alternatives (carbidopa)
LOESTRIN 1.5/30 (21) ORAL TABLET	T3	BP; Preferred Alternatives (aurovela, junel, larin, microgestin, norethindrone- ethin estradiol)
LOESTRIN 1/20 (21) ORAL TABLET	T3	BP; Preferred Alternatives (aurovela, junel, larin, microgestin, norethindrone- ethin estradiol)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	T3	BP; Preferred Alternatives (aurovela fe, blisovi fe, junel fe, larin fe, microgestin fe, norethindrone-e.estradiol-iron, tarina fe)
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	T3	BP; Preferred Alternatives (aurovela fe, blisovi fe, junel fe, larin fe, microgestin fe, norethindrone-e.estradiol-iron, tarina fe)
<i>lofena oral tablet</i>	T1	
<i>lojaimiess oral tablets, dose pack, 3 month</i>	T1	
LOKELMA ORAL POWDER IN PACKET	T2	QL
LOMAIRA ORAL TABLET	T3	QL; Preferred Alternatives (phentermine hcl)
LOMOTIL ORAL TABLET	T3	BP; Preferred Alternatives (diphenoxylate w/atropine)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION	T3	QL; Preferred Alternatives (INCRUSE ELLIPTA, SPIRIVA RESPIMAT, YUPELRI)

Drug Name	Drug Tier	Requirements/ Limits
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION	T3	QL; Preferred Alternatives (INCRUSE ELLIPTA, SPIRIVA RESPIMAT, YUPELRI)
LONSURF ORAL TABLET	T2	PA; SP; LA
LOPID ORAL TABLET	T3	BP; Preferred Alternatives (gemfibrozil)
<i>lopinavir-ritonavir oral solution</i>	T1	
<i>lopinavir-ritonavir oral tablet</i>	T1	
LOPRESSOR ORAL TABLET	T3	BP; Preferred Alternatives (metoprolol tartrate)
LOPROX (AS OLAMINE) TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (ciclopirox)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	T3	BP; QL; Preferred Alternatives (ciclopirox)
LOPROX KIT TOPICAL COMBO PACK	T3	QL; Preferred Alternatives (ciclopirox)
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	T3	QL; Preferred Alternatives (ciclopirox)
LOPROX TOPICAL SHAMPOO	T3	BP; QL; Preferred Alternatives (ciclopirox)
<i>lorazepam intensol oral concentrate</i>	T1	
<i>lorazepam oral concentrate</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>lorazepam oral tablet</i>	T1	
LORBRENA ORAL TABLET	T2	PA; SP; QL; LA
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR	T3	Preferred Alternatives (lorazepam)
LORTAB ELIXIR ORAL SOLUTION	T3	PA; Preferred Alternatives (hydrocodone w/acetaminophen)
<i>loryna (28) oral tablet</i>	T1	
LORZONE ORAL TABLET	T3	ST; BP; Preferred Alternatives (chlorzoxazone)
<i>losartan oral tablet</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet</i>	T1	
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	T3	BP; Preferred Alternatives (amethia lo, camrese lo, levonorg-eth estrad eth estrad, lojaimiess)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	T3	BP; Preferred Alternatives (loteprednol etabonate)
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	BP; Preferred Alternatives (loteprednol etabonate)

Drug Name	Drug Tier	Requirements/ Limits
LOTEMAX OPHTHALMIC (EYE) OINTMENT	T3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, loteprednol etabonate, prednisolone acetate)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	T3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, loteprednol etabonate, prednisolone acetate)
LOTENSIN HCT ORAL TABLET	T3	BP; Preferred Alternatives (benazepril hcl-hctz)
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	BP; Preferred Alternatives (benazepril hcl)
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	T1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	T1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	BP; Preferred Alternatives (amlodipine besylate-benazepril)
LOTRONEX ORAL TABLET	T3	BP; Preferred Alternatives (alosetron hcl)
<i>lovastatin oral tablet</i>	T1	QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
LOVAZA ORAL CAPSULE	T3	BP; Preferred Alternatives (omega-3 acid ethyl esters)
LOVENOX SUBCUTANEOUS SOLUTION	T3	SP; BP; Preferred Alternatives (enoxaparin sodium)
LOVENOX SUBCUTANEOUS SYRINGE	T3	SP; BP; Preferred Alternatives (enoxaparin sodium)
<i>low-ogestrel (28) oral tablet</i>	T1	
<i>loxapine succinate oral capsule</i>	T1	
<i>lo-zumandimine (28) oral tablet</i>	T1	
<i>lta pre-attached laryngotracheal solution</i>	T1	
LUBIPROSTONE ORAL CAPSULE	T3	QL; Preferred Alternatives (LINZESS, TRULANCE)
LUCEMYRA ORAL TABLET	T2	PA; QL
<i>ludent fluoride oral tablet, chewable</i>	T1	
<i>lugols oral solution</i>	T1	
<i>lugols topical solution</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
LULICONAZOLE TOPICAL CREAM	T3	QL; Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)
LUMAKRAS ORAL TABLET	T3	PA; SP; LA
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T3	Preferred Alternatives (bimatoprost, latanoprost, travoprost)
LUNESTA ORAL TABLET	T3	BP; QL; Preferred Alternatives (eszopiclone)
LUPKYNIS ORAL CAPSULE	T3	PA; SP; QL; Preferred Alternatives (mycophenolate mofetil, prednisone)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	T2	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	T3	PA; SP; Preferred Alternatives (ELIGARD, FIRMAGON)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	T3	PA; SP; Preferred Alternatives (ELIGARD, FIRMAGON)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	T3	PA; SP; Preferred Alternatives (ELIGARD, FIRMAGON)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	T2	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	T3	PA; SP; Preferred Alternatives (ELIGARD, FIRMAGON)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	T2	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT	T2	PA; SP
<i>lutera (28) oral tablet</i>	T1	
LUXIQ TOPICAL FOAM	T3	BP; Preferred Alternatives (betamethasone valerate)
LUZU TOPICAL CREAM	T3	QL; Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)
LYBALVI ORAL TABLET	T3	Preferred Alternatives (aripiprazole, asenapine maleate, olanzapine, paliperidone er, quetiapine fumarate, ziprasidone hcl, LATUDA)
<i>lyleq oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>lyllana transdermal patch semiweekly</i>	T1	QL
LYMEPAK ORAL TABLET	T3	BP
LYNPARZA ORAL TABLET	T2	PA; SP; QL; LA
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (pregabalin er)
LYRICA ORAL CAPSULE	T3	BP; Preferred Alternatives (pregabalin)
LYRICA ORAL SOLUTION	T3	BP; Preferred Alternatives (pregabalin)
LYSODREN ORAL TABLET	T2	SP
LYSTEDA ORAL TABLET	T3	BP; Preferred Alternatives (tranexamic acid)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	T2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	T2	
LYVISPAH ORAL GRANULES IN PACKET	T3	
<i>lyza oral tablet</i>	T1	
MACRILEN ORAL RECON SOLN	T3	SP; QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
MACROBID ORAL CAPSULE	T3	BP; Preferred Alternatives (nitrofurantoin mono-macro)
MACRODANTIN ORAL CAPSULE	T3	BP; Preferred Alternatives (nitrofurantoin)
<i>mafenide acetate topical packet</i>	T1	
<i>magnesium citrate oral solution</i>	T1	
MALARONE ORAL TABLET	T3	BP; QL; Preferred Alternatives (atovaquone- proguanil hcl)
MALARONE PEDIATRIC ORAL TABLET	T3	BP; QL; Preferred Alternatives (atovaquone- proguanil hcl)
<i>malathion topical lotion</i>	T1	
<i>maprotiline oral tablet</i>	T1	
<i>maraviroc oral tablet</i>	T1	
MAR-COF CG ORAL LIQUID	T3	Preferred Alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
MARINOL ORAL CAPSULE	T3	BP; Preferred Alternatives (dronabinol)
<i>marlissa (28) oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
MARNATAL-F ORAL CAPSULE	T3	Preferred Alternatives (prenatal plus, preplus)
MARPLAN ORAL TABLET	T3	Preferred Alternatives (phenelzine sulfate, tranlycypromin e sulfate)
MATULANE ORAL CAPSULE	T2	SP; LA
<i>matzim la oral tablet extended release 24 hr</i>	T1	
MAVENCLAD (10 TABLET PACK) ORAL TABLET	T3	PA; SP; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET	T3	PA; SP; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	T3	PA; SP; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET	T3	PA; SP; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET	T3	PA; SP; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET	T3	PA; SP; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET	T3	PA; SP; QL
MAVYRET ORAL PELLETS IN PACKET	T3	PA; SP; QL; LA; Preferred Alternatives (EPCLUSA, HARVONI, VOSEVI, ZEPATIER)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
MAVYRET ORAL TABLET	T3	PA; SP; QL; LA; Preferred Alternatives (EPCLUSA, HARVONI, VOSEVI, ZEPATIER)
MAXALT ORAL TABLET 10 MG	T3	BP; QL; Preferred Alternatives (rizatriptan)
MAXALT-MLT ORAL TABLET,DISINT EGRATING 10 MG	T3	BP; QL; Preferred Alternatives (rizatriptan)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate)
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	BP; Preferred Alternatives (neo/polymyxin/dexamethasone)
MAXITROL OPHTHALMIC (EYE) OINTMENT	T3	BP; Preferred Alternatives (neo/polymyxin/dexamethasone)
<i>maxi-tuss ac oral liquid</i>	T1	
MAXI-TUSS CD ORAL LIQUID	T3	
MAXZIDE ORAL TABLET	T3	BP; Preferred Alternatives (triamterene w/hctz)

Drug Name	Drug Tier	Requirements/ Limits
MAXZIDE-25MG ORAL TABLET	T3	BP; Preferred Alternatives (triamterene w/hctz)
MAYZENT ORAL TABLET 0.25 MG, 2 MG	T2	PA; SP; QL; LA
MAYZENT ORAL TABLET 1 MG	T2	ST; SP; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	T2	ST; SP; LA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	T2	PA; SP; LA
<i>m-clear wc oral liquid</i>	T1	
<i>meclofenamate oral capsule</i>	T1	
MEDISENSE COMBO PACK	T2	
MEDISENSE GLUCOSE KETONE COMBO PACK	T2	
MEDROL (PAK) ORAL TABLETS,DOSE PACK	T3	BP; Preferred Alternatives (methylprednisolone)
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	T3	BP; Preferred Alternatives (methylprednisolone)
MEDROL ORAL TABLET 2 MG	T3	Preferred Alternatives (methylprednisolone)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone intramuscular suspension</i>	T1	QL
<i>medroxyprogesterone intramuscular syringe</i>	T1	QL
<i>medroxyprogesterone oral tablet</i>	T1	
<i>mefenamic acid oral capsule</i>	T1	
<i>mefloquine oral tablet</i>	T1	QL
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	T1	
<i>megestrol oral tablet</i>	T1	
MEKINIST ORAL TABLET	T2	PA; SP; QL; LA
MEKTOVI ORAL TABLET	T3	PA; SP; QL; LA; Preferred Alternatives (COTELLIC, MEKINIST)
<i>meloxicam oral tablet 15 mg</i>	T1	
<i>meloxicam oral tablet 7.5 mg</i>	T1	QL
<i>meloxicam submicronized oral capsule 10 mg</i>	T1	
<i>meloxicam submicronized oral capsule 5 mg</i>	T1	QL
<i>melphalan oral tablet</i>	T1	
<i>memantine oral capsule, sprinkle, er 24hr</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<i>memantine oral solution</i>	T1	
<i>memantine oral tablet</i>	T1	
MEMANTINE ORAL TABLETS,DOSE PACK	T3	Preferred Alternatives (memantine hcl)
MENACTRA (PF) INTRAMUSCULAR SOLUTION	T2	
M-END PE ORAL LIQUID	T3	Preferred Alternatives (promethazine vc w/codeine)
MENEST ORAL TABLET	T3	Preferred Alternatives (estradiol, PREMARIN)
MENOSTAR TRANSDERMAL PATCH WEEKLY	T3	QL; Preferred Alternatives (estradiol)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	T3	Preferred Alternatives (MENACTRA)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	T3	Preferred Alternatives (MENACTRA)
<i>meperidine oral solution</i>	T1	PA; Preferred Alternatives (hydromorphone hcl, morphine sulfate, oxycodone hcl)
<i>meperidine oral tablet 50 mg</i>	T1	PA; Preferred Alternatives (codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
MEPHYTON ORAL TABLET	T3	BP; QL; Preferred Alternatives (phytonadione)
<i>meprobamate oral tablet</i>	T1	Preferred Alternatives (alprazolam, buspirone hcl, chlordiazepoxid e hcl, diazepam, lorazepam)
MEPRON ORAL SUSPENSION	T3	BP; Preferred Alternatives (atovaquone)
<i>mercaptopurine oral tablet</i>	T1	
<i>merzee oral capsule</i>	T1	
<i>mesalamine oral capsule (with del rel tablets)</i>	T1	
<i>mesalamine oral capsule, extended release</i>	T1	
<i>mesalamine oral capsule,extended release 24hr</i>	T1	
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	T1	
<i>mesalamine rectal enema</i>	T1	
<i>mesalamine rectal suppository</i>	T1	
<i>mesalamine with cleansing wipe rectal enema kit</i>	T1	
MESNEX ORAL TABLET	T2	
MESTINON ORAL SYRUP	T3	BP; Preferred Alternatives (pyridostigmine bromide)

Drug Name	Drug Tier	Requirements/ Limits
MESTINON ORAL TABLET	T3	BP; Preferred Alternatives (pyridostigmine bromide)
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	T3	BP; Preferred Alternatives (pyridostigmine bromide er)
<i>metaproterenol oral syrup</i>	T1	
<i>metaxalone oral tablet</i>	T1	
<i>metformin oral solution</i>	T1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	T1	
<i>metformin oral tablet extended release 24 hr</i>	T1	QL
<i>metformin oral tablet extended release 24hr</i>	T1	QL
<i>metformin oral tablet,er gast.retention 24 hr</i>	T1	QL
<i>methadone oral concentrate</i>	T1	
<i>methadone oral solution</i>	T1	
<i>methadone oral tablet</i>	T1	
<i>methadone oral tablet,soluble</i>	T1	
<i>methadose oral concentrate</i>	T1	
<i>methadose oral tablet,soluble</i>	T1	
<i>methamphetamine oral tablet</i>	T1	
<i>methazolamide oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>methenamine hippurate oral tablet</i>	T1	
<i>methenamine mandelate oral tablet</i>	T1	
<i>methen-sod phos-meth blue-hyos oral tablet</i>	T1	
<i>methergine oral tablet</i>	T1	QL
<i>methimazole oral tablet 10 mg, 5 mg</i>	T1	
METHITEST ORAL TABLET	T2	PA
<i>methocarbamol oral tablet</i>	T1	
<i>methotrexate sodium (pf) injection solution</i>	T1	
<i>methotrexate sodium injection solution</i>	T1	
<i>methotrexate sodium oral tablet</i>	T1	
<i>methoxsalen oral capsule,liqd-filled,rapid rel</i>	T1	
<i>methscopolamine oral tablet</i>	T1	Preferred Alternatives (glycopyrrolate)
<i>methyl salicylate oil</i>	T1	
<i>methyl salicylate topical liquid</i>	T1	
<i>methyl dopa oral tablet</i>	T1	
<i>methyl dopa-hydrochlorothiazide oral tablet</i>	T1	
<i>methyl ergonovine oral tablet</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
METHYLIN ORAL SOLUTION	T3	BP; Preferred Alternatives (methylphenidate hcl)
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	T1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	T1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	T1	
<i>methylphenidate hcl oral solution</i>	T1	
<i>methylphenidate hcl oral tablet</i>	T1	
<i>methylphenidate hcl oral tablet extended release</i>	T1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	T1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	T3	Preferred Alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, QUILLICHEWER, QUILLIVANT XR)
<i>methylphenidate hcl oral tablet,chewable</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>methylprednisolone oral tablet</i>	T1	
<i>methylprednisolone oral tablets, dose pack</i>	T1	
<i>methyltestosterone oral capsule</i>	T1	
<i>metoclopramide hcl oral solution</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metoclopramide hcl oral tablet, disintegrating</i>	T1	
<i>metolazone oral tablet</i>	T1	
METOPIRONE ORAL CAPSULE	T3	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	T1	
<i>metoprolol tartrate hydrochlorothiazide oral tablet</i>	T1	
<i>metoprolol tartrate oral tablet</i>	T1	
METROCREAM TOPICAL CREAM	T3	BP; Preferred Alternatives (metronidazole)
METROGEL TOPICAL GEL 1 %	T3	BP; Preferred Alternatives (metronidazole)
<i>metronidazole oral capsule</i>	T1	
<i>metronidazole oral tablet</i>	T1	
<i>metronidazole topical cream</i>	T1	
<i>metronidazole topical gel</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole topical gel with pump</i>	T1	
<i>metronidazole topical lotion</i>	T1	
<i>metronidazole vaginal gel</i>	T1	
<i>metyrosine oral capsule</i>	T1	
<i>mexiletine oral capsule</i>	T1	
MIACALCIN INJECTION SOLUTION	T3	BP; Preferred Alternatives (calcitonin-salmon)
<i>mibelas 24 fe oral tablet, chewable</i>	T1	
MICARDIS HCT ORAL TABLET	T3	BP; Preferred Alternatives (telmisartan-hydrochlorothiazide)
MICARDIS ORAL TABLET	T3	BP; Preferred Alternatives (telmisartan)
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT	T3	QL; Preferred Alternatives (miconazole nitrate)
<i>miconazole-3 vaginal suppository</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
MICRO BLOOD GLUCOSE STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
MICROCHAMBE R SPACER	T2	
MICRODOT BLOOD GLUCOSE SYSTEM	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
MICRODOT XTRA BLOOD GLUCOSE STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>microgestin 1.5/30 (21) oral tablet</i>	T1	
<i>microgestin 1/20 (21) oral tablet</i>	T1	
MICROGESTIN 24 FE ORAL TABLET	T3	BP; Preferred Alternatives (aurovela 24 fe, blisovi 24 fe, hailey fe, junel fe, larin fe, tarina fe)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>microgestin fe 1.5/30 (28) oral tablet</i>	T1	
<i>microgestin fe 1/20 (28) oral tablet</i>	T1	
MICROSPACER SPACER	T2	
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	T3	
<i>midazolam oral syrup 2 mg/ml</i>	T1	
<i>midodrine oral tablet</i>	T1	
<i>migergot rectal suppository</i>	T1	
<i>miglitol oral tablet</i>	T1	
<i>miglustat oral capsule</i>	T1	PA; SP
MIGRANAL NASAL SPRAY, NON-AEROSOL	T3	BP; QL; Preferred Alternatives (dihydroergota mine mesylate)
<i>mili oral tablet</i>	T1	
<i>milk of magnesia concentrated oral suspension</i>	T1	
<i>milk of magnesia oral suspension</i>	T1	
<i>millipred dp oral tablets, dose pack</i>	T1	
<i>millipred oral tablet</i>	T1	
<i>mimvey oral tablet</i>	T1	
MINASTRIN 24 FE ORAL TABLET, CHEWABLE	T3	BP; Preferred Alternatives (mibelas 24 fe, norethindrone-e.estradiol-iron)

Drug Name	Drug Tier	Requirements/ Limits
MINIMED 770G INSULIN PUMP	T2	
MINIMED MIO ADVANCE INF SET23" INFUSION SET	T2	
MINIMED QUICK SET 43" INFUSION SET	T2	
MINIMED SILHOUETTE 23" INFUSION SET	T2	
MINIMED SURE T 32" INFUSION SET	T2	
MINIPRESS ORAL CAPSULE	T3	BP; Preferred Alternatives (prazosin hcl)
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	T3	BP; QL; Preferred Alternatives (estradiol)
<i>minocycline oral capsule</i>	T1	
MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	Preferred Alternatives (minocycline hcl er)
<i>minocycline oral tablet</i>	T1	
<i>minocycline oral tablet extended release 24 hr</i>	T1	
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	Preferred Alternatives (minocycline hcl er)
<i>minoxidil oral tablet</i>	T1	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (pramipexole er)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
MIRCETTE (28) ORAL TABLET	T3	BP; Preferred Alternatives (azurette, bekyree, desogestr-eth estrad eth estra, kariva, pimtrea, simliya, viorele)
<i>mirtazapine oral tablet</i>	T1	
<i>mirtazapine oral tablet, disintegrating</i>	T1	
MIRVASO TOPICAL GEL WITH PUMP	T2	PA
<i>misoprostol oral tablet</i>	T1	
MITIGARE ORAL CAPSULE	T2	
MITOMYCIN (PF) IN WATER OPHTHALMIC (EYE) SYRINGE	T3	
MITOSOL OPHTHALMIC (EYE) KIT	T3	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE	T3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	T2	
<i>m-natal plus oral tablet</i>	T1	
<i>modafinil oral tablet</i>	T1	PA; QL

Drug Name	Drug Tier	Requirements/Limits
MODERNA COVID-19 BOOSTER (EUA) INTRAMUSCULAR SUSPENSION	T2	
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION	T2	
<i>moexipril oral tablet</i>	T1	
<i>molindone oral tablet</i>	T1	
MOLNUPIRAVIR ORAL CAPSULE	T2	QL
<i>mometasone nasal spray, non-aerosol</i>	T1	QL
<i>mometasone topical cream</i>	T1	
<i>mometasone topical ointment</i>	T1	
<i>mometasone topical solution</i>	T1	
<i>mondoxylene oral capsule</i>	T1	
MONODOX ORAL CAPSULE	T3	BP; Preferred Alternatives (doxycycline monohydrate)
<i>mono-lynyah oral tablet</i>	T1	
<i>montelukast oral granules in packet</i>	T1	
<i>montelukast oral tablet</i>	T1	
<i>montelukast oral tablet, chewable</i>	T1	
MONUROL ORAL PACKET	T3	BP; Preferred Alternatives (fosfomycin tromethamine)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
MORGIDOX 1X 50 KIT	T3	Preferred Alternatives (doxycycline hyclate)
MORGIDOX 2X100 KIT	T3	Preferred Alternatives (doxycycline hyclate)
<i>morgidox oral capsule 100 mg</i>	T1	
<i>morphine concentrate oral solution</i>	T1	PA
<i>morphine oral capsule, er multiphase 24 hr</i>	T1	QL
<i>morphine oral capsule, extend.re lease pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	T1	QL
<i>morphine oral solution</i>	T1	PA
<i>morphine oral tablet</i>	T1	PA
<i>morphine oral tablet extended release</i>	T1	QL
<i>morphine rectal suppository</i>	T1	PA
MOTEGRITY ORAL TABLET	T3	QL; Preferred Alternatives (LINZESS, TRULANCE)
MOTOFEN ORAL TABLET	T3	Preferred Alternatives (diphenoxylate w/atropine)
MOVANTIK ORAL TABLET	T2	QL

Drug Name	Drug Tier	Requirements/ Limits
MOVIPREP ORAL POWDER IN PACKET	T3	BP; Preferred Alternatives (peg3350-sod sul-nacl-kcl- asb-c)
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	T3	Preferred Alternatives (amoxicillin)
<i>moxifloxacin ophthalmic (eye) drops</i>	T1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	T1	
<i>moxifloxacin oral tablet</i>	T1	
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	BP; QL; Preferred Alternatives (morphine sulfate er)
MUGARD MUCOUS MEMBRANE SOLUTION	T3	
MULPLETA ORAL TABLET	T3	PA; SP; QL; Preferred Alternatives (DOPTELET)
MULTAQ ORAL TABLET	T3	Preferred Alternatives (amiodarone hcl, dofetilide, flecainide acetate, propafenone hcl, quinidine sulfate, sotalol)
<i>multi-vitamin with fluoride oral drops</i>	T1	
<i>multi-vitamin with fluoride oral tablet, chewable</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 1 mg</i>	T1	
<i>mupirocin calcium topical cream</i>	T1	QL
<i>mupirocin topical ointment</i>	T1	QL
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	T2	QL
<i>mvc-fluoride oral tablet, chewable</i>	T1	
<i>my choice oral tablet</i>	T1	QL
<i>my way oral tablet</i>	T1	QL
MYAMBUTOL ORAL TABLET 400 MG	T3	BP; Preferred Alternatives (ethambutol hcl)
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T3	PA; SP; Preferred Alternatives (SOMATULINE DEPOT)
MYCOBUTIN ORAL CAPSULE	T3	BP; Preferred Alternatives (rifabutin)
<i>mycophenolate mofetil oral capsule</i>	T1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	T1	
<i>mycophenolate mofetil oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	T1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	T2	
MYDRIACYL OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (tropicamide)
MYDRIATIC4 (TR OP-PROP-PEKTRLC) OPHTHALMIC (EYE) DROPS	T3	
MYFEMBREE ORAL TABLET	T2	PA
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP; Preferred Alternatives (mycophenolic acid)
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
MYGLUCOHEALTH KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
MYGLUCOHEALTH STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
MYLERAN ORAL TABLET	T2	
<i>mynatal oral capsule</i>	T1	
<i>mynatal plus oral tablet</i>	T1	
<i>mynatal-z oral tablet</i>	T1	
<i>myorisan oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
MYRBETRIQ ORAL SUSPENSION, EXTENDED RELEASE RECON	T2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	T2	
MYSOLINE ORAL TABLET	T3	BP; Preferred Alternatives (primidone)
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	SP; Preferred Alternatives (diphenoxylate w/atropine, loperamide hcl)
<i>nabumetone oral tablet</i>	T1	
<i>nadolol oral tablet</i>	T1	
<i>naftifine topical cream</i>	T1	QL
NAFTIN TOPICAL GEL 1 %	T3	BP; QL; Preferred Alternatives (naftifine hcl)
NAFTIN TOPICAL GEL 2 %	T3	QL; Preferred Alternatives (naftifine hcl, ciclopirox, clotrimazole, econazole nitrate, ketoconazole, oxiconazole nitrate)
NALFON ORAL CAPSULE 400 MG	T3	Preferred Alternatives (fenoprofen calcium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
NALFON ORAL TABLET	T3	BP; Preferred Alternatives (fenoprofen calcium)
NALOCET ORAL TABLET	T3	PA; Preferred Alternatives (oxycodone w/acetaminophen)
<i>naloxone injection solution</i>	T1	
<i>naloxone injection syringe</i>	T1	
<i>naloxone nasal spray, non-aerosol</i>	T1	QL
<i>naltrexone oral tablet</i>	T1	
NAMENDA ORAL TABLET	T3	BP; Preferred Alternatives (memantine hcl)
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK	T3	Preferred Alternatives (memantine hcl)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	T3	Preferred Alternatives (memantine hcl er)
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR	T3	BP; Preferred Alternatives (memantine hcl er)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	T2	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	T2	

Drug Name	Drug Tier	Requirements/ Limits
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	T3	BP; Preferred Alternatives (naproxen sodium er)
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	T3	Preferred Alternatives (naproxen sodium er)
NAPROSYN ORAL SUSPENSION	T3	BP; Preferred Alternatives (naproxen)
NAPROSYN ORAL TABLET 500 MG	T3	BP; Preferred Alternatives (naproxen)
<i>naproxen oral suspension</i>	T1	
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	T1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	T1	
NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	T3	Preferred Alternatives (diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone, piroxicam)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic</i>	T1	
<i>naratriptan oral tablet</i>	T1	QL
NARCAN NASAL SPRAY, NON-AEROSOL	T2	BP; QL
NARDIL ORAL TABLET	T3	BP; Preferred Alternatives (phenelzine sulfate)
NASCOBAL NASAL SPRAY, NON-AEROSOL	T2	QL
NATACHEW (FEBISGLYCINATE) ORAL TABLET, CHEWABLE	T3	Preferred Alternatives (prenatal plus, preplus)
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION	T2	
NATAZIA ORAL TABLET	T3	Preferred Alternatives (drospirenone-ethinyl estradiol, junel fe, sprintec, tri-sprintec, LO LOESTRIN FE)
<i>nateglinide oral tablet</i>	T1	
NATESTO NASAL GEL IN METERED-DOSE PUMP	T2	QL
NATPARA SUBCUTANEOUS CARTRIDGE	T2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
NATROBA TOPICAL SUSPENSION	T3	BP; Preferred Alternatives (spinosad)
<i>natura-lax oral powder</i>	T1	
NAYZILAM NASAL SPRAY, NON-AEROSOL	T2	
<i>nebivolol oral tablet</i>	T1	
NEBUPENT INHALATION RECON SOLN	T3	BP; QL; Preferred Alternatives (pentamidine isethionate)
<i>nebusal inhalation solution for nebulization 3 %</i>	T1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	T3	
<i>necon 0.5/35 (28) oral tablet</i>	T1	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	T3	Preferred Alternatives (pnr-dha, prena1 pearl, virt-pn dha)
<i>nefazodone oral tablet</i>	T1	Preferred Alternatives (bupropion hcl, mirtazapine, trazodone hcl)
<i>neomycin oral tablet</i>	T1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	T1	
<i>neomycin-polymyxin b gu irrigation solution</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	T1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	T1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	T1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	T1	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	T1	
NEONATAL COMPLETE ORAL TABLET	T3	
NEONATAL FE ORAL TABLET	T3	
NEONATAL PLUS VITAMIN ORAL TABLET	T3	
NEONATAL-DHA ORAL COMBO PACK	T3	

Drug Name	Drug Tier	Requirements/ Limits
<i>neo-polycin hc ophthalmic (eye) ointment</i>	T1	
<i>neo-polycin ophthalmic (eye) ointment</i>	T1	
NEORAL ORAL CAPSULE	T3	BP; Preferred Alternatives (cyclosporine)
NEORAL ORAL SOLUTION	T3	BP; Preferred Alternatives (cyclosporine)
NEO-SYNALAR KIT TOPICAL CREAM	T3	
NEO-SYNALAR TOPICAL CREAM	T3	
NERLYNX ORAL TABLET	T2	PA; SP; LA
NESINA ORAL TABLET	T3	QL; Preferred Alternatives (JANUVIA, TRADJENTA)
NESTABS ABC ORAL COMBO PACK	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
NESTABS DHA ORAL COMBO PACK	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
NESTABS ONE ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
NESTABS ORAL TABLET	T3	Preferred Alternatives (prenatal plus, preplus)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	T3	
<i>neuac topical gel</i>	T1	
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	T2	PA; SP; QL
NEULASTA SUBCUTANEOUS SYRINGE	T2	PA; SP; QL
NEUPOGEN INJECTION SOLUTION	T2	PA; SP
NEUPOGEN INJECTION SYRINGE	T2	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR	T3	Preferred Alternatives (pramipexole di-hcl, pramipexole er, ropinirole hcl)
NEURONTIN ORAL CAPSULE	T3	BP; Preferred Alternatives (gabapentin)
NEURONTIN ORAL SOLUTION	T3	BP; Preferred Alternatives (gabapentin)
NEURONTIN ORAL TABLET	T3	BP; Preferred Alternatives (gabapentin)

Drug Name	Drug Tier	Requirements/Limits
NEUTEK 2TEK TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
<i>nevirapine oral suspension</i>	T1	
<i>nevirapine oral tablet</i>	T1	
<i>nevirapine oral tablet extended release 24 hr</i>	T1	
<i>new day oral tablet</i>	T1	QL
<i>newgen oral tablet</i>	T1	
NEXAVAR ORAL TABLET	T2	PA; SP; QL; LA
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	Preferred Alternatives (clonidine hcl, clonidine hcl)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	T3	BP; QL; Preferred Alternatives (esomeprazole magnesium)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	T3	BP; Preferred Alternatives (esomeprazole magnesium)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG	T3	BP; QL; Preferred Alternatives (esomeprazole magnesium)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	T3	QL; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	T3	BP; Preferred Alternatives (esomeprazole magnesium)
NEXLETOL ORAL TABLET	T2	PA
NEXLIZET ORAL TABLET	T2	PA
NEXTSTELLIS ORAL TABLET	T3	Preferred Alternatives (aurovela fe, blisovi fe, drospirenone-ethinyl estradiol, estarylla, junel fe, tri-sprintec, sprintec)

Drug Name	Drug Tier	Requirements/ Limits
<i>niacin oral tablet 500 mg</i>	T1	
<i>niacin oral tablet extended release 24 hr</i>	T1	
NIACOR ORAL TABLET	T3	Preferred Alternatives (niacin er)
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (niacin er)
<i>nicardipine oral capsule</i>	T1	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	T2	BP
NICORETTE BUCCAL GUM 2 MG	T2	BP
<i>nicorette buccal gum 4 mg</i>	T1	
NICORETTE BUCCAL LOZENGE	T2	
NICORETTE BUCCAL MINI LOZENGE	T2	
<i>nicotine (polacrilex) buccal gum</i>	T1	
<i>nicotine (polacrilex) buccal lozenge</i>	T1	
<i>nicotine (polacrilex) buccal mini lozenge</i>	T1	
<i>nicotine transdermal patch 24 hour</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>nicotine transdermal patch, td daily, sequential</i>	T1	
NICOTROL INHALATION CARTRIDGE	T3	Preferred Alternatives (nicotine, nicotine gum)
NICOTROL NS NASAL SPRAY, NON-AEROSOL	T3	Preferred Alternatives (nicotine, nicotine gum)
<i>nifedipine oral capsule</i>	T1	Preferred Alternatives (nicardipine hcl, isradipine)
<i>nifedipine oral tablet extended release</i>	T1	
<i>nifedipine oral tablet extended release 24hr</i>	T1	
<i>nikki (28) oral tablet</i>	T1	
NILANDRON ORAL TABLET	T3	PA; BP; LA; Preferred Alternatives (nilutamide)
<i>nilutamide oral tablet</i>	T1	PA; LA
<i>nimodipine oral capsule</i>	T1	
NINJACOF-XG ORAL LIQUID	T3	Preferred Alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
NINLARO ORAL CAPSULE	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
<i>nisoldipine oral tablet extended release 24 hr</i>	T1	
<i>nitazoxanide oral tablet</i>	T1	QL
<i>nitisinone oral capsule</i>	T1	PA; SP
<i>nitro-bid transdermal ointment</i>	T1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	T3	Preferred Alternatives (nitroglycerin)
<i>nitrofurantoin macrocrystal oral capsule</i>	T1	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	T1	
<i>nitrofurantoin oral suspension</i>	T1	
<i>nitroglycerin sublingual tablet</i>	T1	
<i>nitroglycerin transdermal patch 24 hour</i>	T1	
<i>nitroglycerin translingual spray, non-aerosol</i>	T1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL	T3	BP; Preferred Alternatives (nitroglycerin)
NITROMIST TRANSLINGUAL AEROSOL, SPRAY	T3	BP; Preferred Alternatives (nitroglycerin)
NITROSTAT SUBLINGUAL TABLET	T3	BP; Preferred Alternatives (nitroglycerin)
<i>nitro-time oral capsule, extended release</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
NITYR ORAL TABLET	T2	PA; SP
NIVESTYM INJECTION SOLUTION	T2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE	T2	PA; SP
<i>nizatidine oral capsule</i>	T1	
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING	T3	PA; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING	T3	PA; QL
NOCTIVA NASAL SPRAY, NON-AEROSOL	T3	QL; Preferred Alternatives (desmopressin acetate)
<i>nolix topical cream</i>	T1	QL
<i>nolix topical lotion</i>	T1	QL
<i>nora-be oral tablet</i>	T1	
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; LA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable</i>	T1	
<i>norethindrone (contraceptive) oral tablet</i>	T1	
<i>norethindrone acetate oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate estradiol oral tablet</i>	T1	
<i>norethindrone-estradiol-iron oral capsule</i>	T1	
<i>norethindrone-estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	T1	
<i>norethindrone-estradiol-iron oral tablet, chewable</i>	T1	
NORGESIC FORTE ORAL TABLET	T3	BP; Preferred Alternatives (orphenadrine-aspirin-caffeine)
<i>norgestimate-ethinyl estradiol oral tablet</i>	T1	
NORITATE TOPICAL CREAM	T3	Preferred Alternatives (metronidazole)
NORLIQVA ORAL SOLUTION	T3	
<i>norlyda oral tablet</i>	T1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE	T3	Preferred Alternatives (amiodarone hcl, quinidine sulfate, sotalol)
NORPACE ORAL CAPSULE	T3	BP; Preferred Alternatives (amiodarone hcl, quinidine sulfate, sotalol)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	BP; Preferred Alternatives (desipramine hcl)
NORTHERA ORAL CAPSULE	T3	PA; SP; BP; Preferred Alternatives (desmopressin acetate, desmopressin acetate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide)
<i>nortrel 0.5/35 (28) oral tablet</i>	T1	
<i>nortrel 1/35 (21) oral tablet</i>	T1	
<i>nortrel 1/35 (28) oral tablet</i>	T1	
<i>nortrel 7/7/7 (28) oral tablet</i>	T1	
<i>nortriptyline oral capsule</i>	T1	
<i>nortriptyline oral solution</i>	T1	
NORVASC ORAL TABLET	T3	BP; Preferred Alternatives (amlodipine besylate)
NORVIR ORAL POWDER IN PACKET	T2	
NORVIR ORAL SOLUTION	T2	
NORVIR ORAL TABLET	T3	BP; Preferred Alternatives (ritonavir)

Drug Name	Drug Tier	Requirements/ Limits
NOURIANZ ORAL TABLET	T3	PA; SP; Preferred Alternatives (cabergoline, entacapone, pramipexole di-hcl, rasagiline mesylate, ropinirole hcl, selegiline hcl, KYNMOBI)
NOVA MAX GLUCOSE CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
NOVA MAX GLUCOSE TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
NOVA MAX PLUS GLUC- KETON METER DEVICE	T3	
NOVA MAX PLUS GLUC- KETON METER KIT	T3	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
NOVAMAX PLUS GLU-KET SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
NOVAREL INTRAMUSCULA R RECON SOLN	T2	SP; QL
NOVOEIGHT INTRAVENOUS RECON SOLN	T2	PA; SP; LA
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOU S INSULIN PEN	T3	Preferred Alternatives (HUMULIN 70/30 KWIKPEN)
NOVOLIN N FLEXPEN SUBCUTANEOU S INSULIN PEN	T3	Preferred Alternatives (HUMULIN N KWIKPEN)
NOVOLIN R FLEXPEN SUBCUTANEOU S INSULIN PEN	T3	Preferred Alternatives (HUMULIN R)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOU S INSULIN PEN	T3	Preferred Alternatives (HUMALOG)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOU S SOLUTION	T3	Preferred Alternatives (HUMALOG MIX 75-25)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOU S INSULIN PEN	T3	Preferred Alternatives (HUMALOG MIX 75-25)

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOU S CARTRIDGE	T3	Preferred Alternatives (HUMALOG)
NOVOLOG U- 100 INSULIN ASPART SUBCUTANEOU S SOLUTION	T3	Preferred Alternatives (HUMALOG)
NOVOSEVEN RT INTRAVENOUS RECON SOLN	T3	PA; SP; LA; Preferred Alternatives (SEVENFACT)
NOXAFIL ORAL SUSPENSION	T2	PA
NOXAFIL ORAL TABLET,DELAY ED RELEASE (DR/EC)	T3	PA; BP; Preferred Alternatives (posaconazole)
<i>np thyroid oral tablet</i>	T1	
NUBEQA ORAL TABLET	T2	PA; SP; QL; LA
NUCALA SUBCUTANEOU S AUTO- INJECTOR	T2	PA; SP; QL; LA
NUCALA SUBCUTANEOU S SYRINGE 100 MG/ML	T2	PA; SP; QL; LA
NUCORT TOPICAL LOTION	T3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	T3	QL; Preferred Alternatives (hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER, OXYCONTIN)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA ORAL TABLET	T3	PA; QL; Preferred Alternatives (hydrocodone w/acetaminophen, morphine sulfate, oxycodone hcl, tramadol hcl, tramadol hcl-acetaminophen)
NUEDEXTA ORAL CAPSULE	T2	
NULEV ORAL TABLET, DISINTEGRATING	T3	BP; Preferred Alternatives (hyoscyamine sulfate)
NUMBRINO NASAL SOLUTION	T3	
NUPLAZID ORAL CAPSULE	T3	PA; SP; Preferred Alternatives (clozapine, quetiapine fumarate)
NUPLAZID ORAL TABLET	T3	PA; SP; Preferred Alternatives (clozapine, quetiapine fumarate)
NURTEC ODT ORAL TABLET, DISINTEGRATING	T3	PA; QL; Preferred Alternatives (almotriptan malate, eletriptan hbr, frovatriptan succinate, naratriptan hcl, rizatriptan, sumatriptan succinate, zolmitriptan)

Drug Name	Drug Tier	Requirements/ Limits
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	T3	PA; SP; LA; Preferred Alternatives (GENOTROPIN, HUMATROPE, NORDITROPIN FLEXPRO)
NUVARING VAGINAL RING	T3	BP; Preferred Alternatives (eluryng, etonogestrel-ethinyl estradiol)
NUVESSA VAGINAL GEL	T3	Preferred Alternatives (metronidazole, clindamycin phosphate)
NUVIGIL ORAL TABLET	T3	PA; BP; QL; Preferred Alternatives (armodafinil)
NUVIQ INTRAVENOUS RECON SOLN	T3	PA; SP; LA; Preferred Alternatives (ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT)
NUZYRA ORAL TABLET	T3	QL; Preferred Alternatives (doxycycline hyclate, tetracycline hcl)
<i>nyamyc topical powder</i>	T1	QL
<i>nylia 1/35 (28) oral tablet</i>	T1	
<i>nylia 7/7 (28) oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
NYMALIZE ORAL SOLUTION 60 MG/10 ML	T3	Preferred Alternatives (nimodipine)
NYMALIZE ORAL SYRINGE	T3	Preferred Alternatives (nimodipine)
<i>nymyo oral tablet</i>	T1	
<i>nystatin oral suspension</i>	T1	
<i>nystatin oral tablet</i>	T1	
<i>nystatin topical cream</i>	T1	QL
<i>nystatin topical ointment</i>	T1	QL
<i>nystatin topical powder</i>	T1	QL
<i>nystatin-triamcinolone topical cream</i>	T1	QL
<i>nystatin-triamcinolone topical ointment</i>	T1	QL
<i>nystop topical powder</i>	T1	QL
NYVEPRIA SUBCUTANEOUS SYRINGE	T2	PA; SP; QL
OB COMPLETE ONE ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
OB COMPLETE ORAL TABLET	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
OB COMPLETE PETITE ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)

Drug Name	Drug Tier	Requirements/ Limits
OB COMPLETE PREMIER ORAL TABLET	T3	Preferred Alternatives (prenatal plus, preplus)
OB COMPLETE WITH DHA ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
OBREDON ORAL SOLUTION	T3	ST; Preferred Alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
OCALIVA ORAL TABLET	T2	PA; SP; QL
<i>ocella oral tablet</i>	T1	
<i>octreotide acetate injection solution</i>	T1	PA; SP
<i>octreotide acetate injection syringe</i>	T1	PA; SP
OCUFLOX OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (ofloxacin)
ODACTRA SUBLINGUAL TABLET	T2	PA
ODEFSEY ORAL TABLET	T2	
ODOMZO ORAL CAPSULE	T2	PA; SP; QL; LA
OFEV ORAL CAPSULE	T2	PA; SP; QL; LA
<i>ofloxacin ophthalmic (eye) drops</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin otic (ear) drops</i>	T1	
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet, disintegrating</i>	T1	
<i>olanzapine-fluoxetine oral capsule</i>	T1	
<i>olmesartan oral tablet</i>	T1	
<i>olmesartan-amlodipin-hcthiaizid oral tablet</i>	T1	
<i>olmesartan-hydrochlorothiazide oral tablet</i>	T1	
<i>olopatadine nasal spray, non-aerosol</i>	T1	QL
OLUMIANT ORAL TABLET 1 MG, 2 MG	T2	PA; SP; QL; LA
OLUX TOPICAL FOAM	T3	BP; QL; Preferred Alternatives (clobetasol propionate)
OLUX-E TOPICAL FOAM	T3	BP; QL; Preferred Alternatives (clobetasol propionate)
OMECLAMOX-PAK ORAL COMBO PACK	T3	QL; Preferred Alternatives (lansoprazol-amoxicil-clarithro, TALICIA)
<i>omega-3 acid ethyl esters oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole oral capsule, delayed release(drlec) 10 mg</i>	T1	QL
<i>omeprazole oral capsule, delayed release(drlec) 20 mg, 40 mg</i>	T1	
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	T1	
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	T1	QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	T1	
OMNARIS NASAL SPRAY, NON-AEROSOL	T3	QL; Preferred Alternatives (flunisolide, fluticasone propionate, mometasone furoate, QNASL)
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	T2	
OMNIPOD CLASSIC PDM KIT(GEN 3)	T2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	T2	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	T2	
OMNITROPE SUBCUTANEOUS CARTRIDGE	T3	PA; SP; LA; Preferred Alternatives (GENOTROPIN, HUMATROPE, NORDITROPIN FLEXPRO)
OMNITROPE SUBCUTANEOUS RECON SOLN	T3	PA; SP; LA; Preferred Alternatives (GENOTROPIN, HUMATROPE, NORDITROPIN FLEXPRO)
ON CALL EXPRESS CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
ON CALL EXPRESS METER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ON CALL EXPRESS TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ON CALL PLUS CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO)
ON CALL PLUS METER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
ON CALL PLUS TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ON CALL VIVID CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ON CALL VIVID METER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ON CALL VIVID PAL METER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
ON CALL VIVID TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>ondansetron hcl oral solution</i>	T1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	
<i>ondansetron oral tablet, disintegrati ng</i>	T1	
<i>one daily prenatal oral combo pack</i>	T1	
ONETOUCH SOLUTIONS STARTER KIT	T3	
ONETOUCH ULTRA CONTROL SOLUTION	T2	
ONETOUCH ULTRA TEST STRIP	T2	
ONETOUCH ULTRA2 METER	T2	
ONETOUCH ULTRAMINI KIT	T2	
ONETOUCH VERIO FLEX METER	T2	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO IQ METER	T2	
ONETOUCH VERIO METER	T2	
ONETOUCH VERIO REFLECT METER	T2	
ONETOUCH VERIO TEST STRIPS STRIP	T2	
ONEXTON TOPICAL GEL WITH PUMP	T2	
ONFI ORAL SUSPENSION	T3	BP; Preferred Alternatives (clobazam)
ONFI ORAL TABLET	T3	BP; Preferred Alternatives (clobazam)
ONGENTYS ORAL CAPSULE	T3	PA; Preferred Alternatives (entacapone)
ONGLYZA ORAL TABLET	T3	QL; Preferred Alternatives (JANUVIA, TRADJENTA)
ON-GO COVID- 19 AG AT HOME TEST KIT	T2	QL
ONUREG ORAL TABLET	T3	PA; SP; QL; LA; Preferred Alternatives (azacitidine, decitabine)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	T3	QL; Preferred Alternatives (sumatriptan, ZOMIG)
<i>opcicon one-step oral tablet</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>opium tincture oral tincture</i>	T1	
OPSUMIT ORAL TABLET	T2	PA; SP
OPTICHAMBER DIAMOND VHC SPACER	T2	
<i>option-2 oral tablet</i>	T1	QL
OPTIUM EZ STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
OPTIUM TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
OPTUMRX KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
OPTUMRX STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
OPZELURA TOPICAL CREAM	T3	QL; Preferred Alternatives (pimecrolimus, tacrolimus, betamethasone dipropionate, fluocinonide, halcinonide, triamcinolone acetonide)

Drug Name	Drug Tier	Requirements/Limits
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE	T3	Preferred Alternatives (doxycycline hyclate, doxycycline monohydrate, azelaic acid, ivermectin, metronidazole)
ORACIT ORAL SOLUTION	T3	Preferred Alternatives (sodium citrate & citric acid)
<i>oral saline laxative oral liquid</i>	T1	
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	T2	PA; SP
<i>oralone dental paste</i>	T1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	T3	
ORAPRED ODT ORAL TABLET,DISINT EGRATING	T3	BP; Preferred Alternatives (prednisolone sodium phosphate)
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	T3	Preferred Alternatives (nystatin, clotrimazole)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ORENCIA CLICKJECT SUBCUTANEOU S AUTO- INJECTOR	T3	PA; SP; QL; LA; Preferred Alternatives (ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECT OR, XELJANZ)
ORENCIA SUBCUTANEOU S SYRINGE	T3	PA; SP; QL; LA; Preferred Alternatives (ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECT OR, XELJANZ)
ORENITRAM ORAL TABLET EXTENDED RELEASE	T3	PA; SP; Preferred Alternatives (UPTRAVI)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	T3	PA; SP; BP; Preferred Alternatives (nitisinone)
ORFADIN ORAL CAPSULE 20 MG	T3	PA; SP; Preferred Alternatives (nitisinone, NITYR)
ORFADIN ORAL SUSPENSION	T3	PA; SP; Preferred Alternatives (nitisinone, NITYR)
ORGOVYX ORAL TABLET	T3	PA; SP; QL; LA; Preferred Alternatives (ELIGARD, FIRMAGON)

Drug Name	Drug Tier	Requirements/ Limits
ORIAHNN ORAL CAPSULE, SEQUENTIAL	T2	PA
ORLISSA ORAL TABLET	T2	PA; QL
ORKAMBI ORAL GRANULES IN PACKET	T2	PA; SP; QL
ORKAMBI ORAL TABLET	T2	PA; SP; QL
ORLADEYO ORAL CAPSULE	T3	PA; SP; Preferred Alternatives (TAKHZYRO)
<i>orphenadrine citrate oral tablet extended release</i>	T1	
<i>orphenadrine- asa-caffeine oral tablet</i>	T1	
<i>orphengesic forte oral tablet</i>	T1	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE	T3	Preferred Alternatives (budesonide ec)
<i>oscimin oral tablet</i>	T1	
<i>oscimin sl sublingual tablet</i>	T1	
<i>oseltamivir oral capsule</i>	T1	QL
<i>oseltamivir oral suspension for reconstitution</i>	T1	QL
OSENI ORAL TABLET	T3	QL; Preferred Alternatives (pioglitazone hcl, JANUVIA, TRADJENTA)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 322 MG/DAY(129 MG X1-193MG X1)	T3	PA; SP; Preferred Alternatives (amantadine hcl)
OSMOPREP ORAL TABLET	T3	Preferred Alternatives (peg3350-sod sul-nacl-kcl- asb-c, CLENPIQ, SUPREP, SUTAB)
OSPHENA ORAL TABLET	T3	Preferred Alternatives (estradiol, yuvafem, ESTRING, PREMARIN)
OTEZLA ORAL TABLET	T2	PA; SP; QL; LA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	T2	PA; SP; QL; LA
OTIPRIO INTRATYMPANI C SUSPENSION	T3	QL
OTOVEL OTIC (EAR) SOLUTION	T2	
OTREXUP (PF) SUBCUTANEOU S AUTO- INJECTOR	T2	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	T3	Preferred Alternatives (sodium sulfacetamide)

Drug Name	Drug Tier	Requirements/ Limits
OVACE PLUS TOPICAL CLEANSER	T3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL CREAM	T3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL FOAM	T3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL LOTION	T3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS WASH TOPICAL CLEANSER, GEL	T3	Preferred Alternatives (sodium sulfacetamide)
OVACE TOPICAL CLEANSER	T3	BP; Preferred Alternatives (sodium sulfacetamide)
OVIDE TOPICAL LOTION	T3	BP; Preferred Alternatives (malathion)
OVIDREL SUBCUTANEOU S SYRINGE	T2	SP
<i>oxandrolone oral tablet</i>	T1	PA
<i>oxaprozin oral tablet</i>	T1	
OXAYDO ORAL TABLET, ORAL ONLY	T3	PA; Preferred Alternatives (oxycodone hcl)
<i>oxazepam oral capsule</i>	T1	Preferred Alternatives (lorazepam)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
OXBRYTA ORAL TABLET	T3	PA; SP; QL; Preferred Alternatives (hydroxyurea, DROXIA)
OXBRYTA ORAL TABLET FOR SUSPENSION	T3	PA; SP; QL; Preferred Alternatives (hydroxyurea, DROXIA)
<i>oxcarbazepine oral suspension</i>	T1	
<i>oxcarbazepine oral tablet</i>	T1	
OXERVATE OPHTHALMIC (EYE) DROPS	T2	PA; SP
<i>oxiconazole topical cream</i>	T1	QL
OXISTAT TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (oxiconazole nitrate)
OXISTAT TOPICAL LOTION	T3	QL; Preferred Alternatives (oxiconazole nitrate, ciclopirox, clotrimazole, econazole nitrate, ketoconazole, naftifine hcl)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	Preferred Alternatives (oxcarbazepine)
<i>oxybutynin chloride oral syrup</i>	T1	
<i>oxybutynin chloride oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride oral tablet extended release 24hr</i>	T1	
<i>oxycodone oral capsule</i>	T1	PA
<i>oxycodone oral concentrate</i>	T1	PA
<i>oxycodone oral solution</i>	T1	PA
<i>oxycodone oral tablet</i>	T1	PA
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL. 12 HR 10 MG, 20 MG, 40 MG, 80 MG	T3	QL; Preferred Alternatives (hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER, OXYCONTIN)
<i>oxycodone-acetaminophen oral solution</i>	T1	PA
<i>oxycodone-acetaminophen oral tablet</i>	T1	PA
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL. 12 HR	T2	QL
<i>oxymorphone oral tablet</i>	T1	PA
<i>oxymorphone oral tablet extended release 12 hr</i>	T1	QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	T3	ST; QL; Preferred Alternatives (oxybutynin chloride er, solifenacin succinate, tolterodine tartrate er, trospium chloride, TOVIAZ, MYRBETRIQ)
OZEMPIC SUBCUTANEOU S PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	T2	PA; QL
OZEMPIC SUBCUTANEOU S PEN INJECTOR 2 MG/DOSE (8 MG/3 ML)	T2	PA
OZOBAX ORAL SOLUTION	T3	ST; Preferred Alternatives (baclofen)
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	T1	
PACNEX TOPICAL CLEANSER	T3	BP; Preferred Alternatives (benzoyl peroxide)
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE	T3	PA; SP; QL
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE	T3	PA; SP; QL

Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE	T3	PA; SP; QL
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE	T3	PA; SP; QL
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE	T3	PA; SP; QL
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE	T3	PA; SP; QL
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE	T3	PA; SP; QL
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE	T3	PA; SP; QL
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE	T3	PA; SP; QL
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE	T3	PA; SP; QL
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE	T3	PA; SP; QL
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET	T3	PA; SP; QL
<i>paliperidone oral tablet extended release 24hr</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
PALYNZIQ SUBCUTANEOUS SYRINGE	T2	PA; SP; QL
PAMELOR ORAL CAPSULE	T3	BP; Preferred Alternatives (nortriptyline hcl)
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	T2	
PANDEL TOPICAL CREAM	T3	Preferred Alternatives (betamethasone valerate, desoximetasone, fluocinolone acetonide, flurandrenolide, hydrocortisone valerate, mometasone furoate, triamcinolone acetonide)
PANRETIN TOPICAL GEL	T3	
<i>pantoprazole oral granules dr for susp in packet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	T1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	T1	
PAREMYD OPHTHALMIC (EYE) DROPS	T3	
<i>paricalcitol oral capsule</i>	T1	
PARLODEL ORAL CAPSULE	T3	BP; Preferred Alternatives (bromocriptine mesylate)
PARLODEL ORAL TABLET	T3	BP; Preferred Alternatives (bromocriptine mesylate)
PARNATE ORAL TABLET	T3	BP; Preferred Alternatives (tranylcypromine sulfate)
<i>paroex oral rinse mucous membrane mouthwash</i>	T1	
<i>paramomycin oral capsule</i>	T1	
<i>paroxetine hcl oral suspension</i>	T1	
<i>paroxetine hcl oral tablet</i>	T1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	T1	
<i>paroxetine mesylate (menop. sym) oral capsule</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
PASER ORAL GRANULES DR FOR SUSP IN PACKET	T3	
PATANASE NASAL SPRAY, NON-AEROSOL	T3	BP; QL; Preferred Alternatives (olopatadine hcl)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (paroxetine er)
PAXIL ORAL SUSPENSION	T3	BP; Preferred Alternatives (paroxetine hcl)
PAXIL ORAL TABLET	T3	BP; Preferred Alternatives (paroxetine hcl)
PAXLOVID (EUA) ORAL TABLET 150-100 MG	T2	
PAXLOVID (EUA) ORAL TABLET 300 MG (150 MG X 2)-100 MG	T2	QL
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	T2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	T2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	T1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
PEGASYS SUBCUTANEOUS SOLUTION	T2	SP; QL; LA
PEGASYS SUBCUTANEOUS SYRINGE	T2	SP; QL; LA
<i>peg-electrolyte soln oral recon soln</i>	T1	
<i>peg-prep oral kit</i>	T1	
PEMAZYRE ORAL TABLET	T2	PA; SP; QL; LA
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	T3	Preferred Alternatives (BD INSULIN PEN NEEDLE UF MINI, BD NANO PEN NEEDLE, BD ULTRA-FINE PEN NEEDLE, NOVOFINE, NOVOFINE PLUS, NOVOTWIST)
<i>penicillamine oral capsule</i>	T1	
<i>penicillamine oral tablet</i>	T1	
<i>penicillin v potassium oral recon soln</i>	T1	
<i>penicillin v potassium oral tablet</i>	T1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	T3	QL; Preferred Alternatives (diclofenac sodium, diclofenac sodium, FLECTOR, LICART)
PENTACEL (PF) INTRAMUSCULAR KIT	T2	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	T2	
<i>pentamidine inhalation recon soln</i>	T1	QL
PENTASA ORAL CAPSULE, EXTENDED RELEASE	T2	
<i>pentazocine-naloxone oral tablet</i>	T1	PA; Preferred Alternatives (codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl)
<i>pentoxifylline oral tablet extended release</i>	T1	
PEPCID ORAL TABLET 40 MG	T3	BP; Preferred Alternatives (famotidine)
PERCOCET ORAL TABLET	T3	PA; BP; Preferred Alternatives (oxycodone w/acetaminophen)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	T3	BP; QL; Preferred Alternatives (formoterol fumarate)
PERIDEX MUCOUS MEMBRANE MOUTHWASH	T3	BP; Preferred Alternatives (chlorhexidine gluconate)
<i>perindopril erbumine oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<i>periogard mucous membrane mouthwash</i>	T1	
<i>permethrin topical cream</i>	T1	
<i>perphenazine oral tablet</i>	T1	
<i>perphenazine-amitriptyline oral tablet</i>	T1	
<i>perry prenatal oral capsule</i>	T1	
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T3	Preferred Alternatives (CREON, PANCREAZE, ZENPEP)
PEXEVA ORAL TABLET	T3	Preferred Alternatives (citalopram hbr, escitalopram oxalate, fluoxetine hcl, paroxetine hcl, sertraline hcl, VIIBRYD)
PFIZER COVID-19 TRIS VACCIN(PF) INTRAMUSCULAR SUSPENSION	T2	
PFIZER COVID-19 TRIS VACCIN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	T2	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	T2	
PHARMACIST CHOICE GLUCOSE SYS	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PHARMACIST CHOICE STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	T1	
<i>phendimetrazine tartrate oral capsule, extended release</i>	T1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>phendimetrazine tartrate oral tablet</i>	T1	QL
<i>phenelzine oral tablet</i>	T1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	T1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	T1	
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	T1	
<i>phenohydro oral tablet</i>	T1	
<i>phenoxybenzamine oral capsule</i>	T1	
<i>phentermine oral capsule</i>	T1	QL
<i>phentermine oral tablet</i>	T1	QL
<i>phenylephrine hcl ophthalmic (eye) drops</i>	T1	
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS	T3	
PHENYTEK ORAL CAPSULE	T3	BP; Preferred Alternatives (phenytoin sodium)
<i>phenytoin oral suspension</i>	T1	
<i>phenytoin oral tablet, chewable</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended oral capsule</i>	T1	
PHEXXI VAGINAL GEL	T3	QL; Preferred Alternatives (CONDOM, FC2 FEMALE CONDOM, FEMCAP, gynol ii, vcf, TODAY CONTRACEPTIVE SPONGE)
<i>philith oral tablet</i>	T1	
PHOSLYRA ORAL SOLUTION	T2	QL
<i>phosphasal oral tablet</i>	T1	
<i>phosphate laxative oral liquid</i>	T1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	T2	
PHYSIOLYTE IRRIGATION SOLUTION	T3	BP
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	T3	BP
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	T2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	T1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	T2	

Drug Name	Drug Tier	Requirements/Limits
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	T1	QL
PIFELTRO ORAL TABLET	T3	Preferred Alternatives (efavirenz, efavirenz-emtricitenofovir disoproxil fumarate, EDURANT)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T1	
<i>pilocarpine hcl oral tablet</i>	T1	
<i>pimecrolimus topical cream</i>	T1	QL
<i>pimozide oral tablet</i>	T1	
<i>pimtree (28) oral tablet</i>	T1	
<i>pindolol oral tablet</i>	T1	
<i>pioglitazone oral tablet</i>	T1	QL
<i>pioglitazone-glimepiride oral tablet</i>	T1	QL
<i>pioglitazone-metformin oral tablet</i>	T1	QL
PIQRAY ORAL TABLET	T3	PA; SP; LA; Preferred Alternatives (IBRANCE, VERZENIO)
<i>pirfenidone oral tablet 267 mg</i>	T1	PA; SP; QL; LA
<i>pirfenidone oral tablet 801 mg</i>	T1	PA; SP; LA
<i>pirmella oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>piroxicam oral capsule</i>	T1	
PLAN B ONE-STEP ORAL TABLET	T2	BP; QL
PLAQUENIL ORAL TABLET	T3	BP; Preferred Alternatives (hydroxychloroquine sulfate)
PLAVIX ORAL TABLET 75 MG	T3	BP; Preferred Alternatives (clopidogrel)
PLEGRIDY INTRAMUSCULAR SYRINGE	T2	PA; SP; QL; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; QL; LA
PLEGRIDY SUBCUTANEOUS SYRINGE	T2	PA; SP; QL; LA
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL	T3	Preferred Alternatives (peg3350-sodium-sulfate, sodium-asorbate-c, CLENPIQ, SUPREP, SUTAB)
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
PLEXION NS TOPICAL SHAMPOO	T3	
PLEXION TOPICAL CLEANSER	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
PLEXION TOPICAL CREAM	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)

Drug Name	Drug Tier	Requirements/ Limits
PLEXION TOPICAL LOTION	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
PLIAGLIS TOPICAL CREAM	T3	QL; Preferred Alternatives (lidocaine hcl, lidocaine-prilocaine)
PNEUMOVAX-23 INJECTION SOLUTION	T2	
PNEUMOVAX-23 INJECTION SYRINGE	T2	
<i>pnv-dha oral capsule</i>	T1	
<i>pnv-omega oral capsule</i>	T1	
<i>pnv-select oral tablet</i>	T1	
POCKET CHAMBER SPACER	T2	
<i>podofilox topical solution</i>	T1	
POGO AUTOMATIC BLOOD GLUC SYS	T3	
<i>polycin ophthalmic (eye) ointment</i>	T1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	T1	
POLYTRIM OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (polymyxin b sulf-trimethoprim)
POLY-TUSSIN AC ORAL LIQUID	T3	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
POMALYST ORAL CAPSULE	T2	PA; SP
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	T2	PA; SP; QL; LA
PONVORY ORAL TABLET	T2	PA; SP; QL; LA
<i>portia 28 oral tablet</i>	T1	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	T1	PA
POTABA ORAL CAPSULE	T3	
<i>potassium chloride oral capsule, extended release</i>	T1	
<i>potassium chloride oral liquid</i>	T1	
<i>potassium chloride oral packet</i>	T1	
<i>potassium chloride oral tablet extended release</i>	T1	
<i>potassium chloride oral tablet, er particles/crystals</i>	T1	
<i>potassium citrate oral tablet extended release</i>	T1	
<i>potassium iodide oral solution</i>	T1	
<i>powderlax oral powder</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
PR BENZOYL PEROXIDE TOPICAL CLEANSER	T3	BP
<i>pr natal 400 ec oral combo pack, tablet and cap, dr</i>	T1	
<i>pr natal 400 oral combo pack</i>	T1	
<i>pr natal 430 ec oral combo pack, tablet and cap, dr</i>	T1	
<i>pr natal 430 oral combo pack</i>	T1	
PRADAXA ORAL CAPSULE	T3	Preferred Alternatives (ELIQUIS, XARELTO)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	T3	PA; LA; Preferred Alternatives (REPATHA SURECLICK)
<i>pramipexole oral tablet</i>	T1	
<i>pramipexole oral tablet extended release 24 hr</i>	T1	
PRAMOSONE TOPICAL CREAM	T3	Preferred Alternatives (hc pramoxine)
PRAMOSONE TOPICAL LOTION	T3	Preferred Alternatives (hc pramoxine)
PRAMOSONE TOPICAL OINTMENT	T3	Preferred Alternatives (hc pramoxine)
<i>prasugrel oral tablet</i>	T1	
<i>pravastatin oral tablet</i>	T1	QL
<i>praziquantel oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>prazosin oral capsule</i>	T1	
PRECISION PCX PLUS TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
PRECISION PCX TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
PRECISION POINT OF CARE TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
PRECISION Q-I-D TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
PRECISION XTRA KETONE-GLUCOSE KIT	T2	
PRECISION XTRA MONITOR	T2	
PRECISION XTRA TEST STRIP	T2	
PRECOSE ORAL TABLET	T3	BP; Preferred Alternatives (acarbose)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	BP; Preferred Alternatives (prednisolone acetate)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, loteprednol etabonate, prednisolone acetate)
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (tobramycin-dexamethasone)
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT	T3	Preferred Alternatives (tobramycin-dexamethasone)
<i>prednicarbate topical cream</i>	T1	
<i>prednicarbate topical ointment</i>	T1	
PREDNISOLACE-GATIFLOXBROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	
PREDNISOLNSP-GATIFLOXBROMFEN OPHTHALMIC (EYE) DROPS	T3	
PREDNISOLNSP-MOXIFLOXBROMFEN OPHTHALMIC (EYE) DROPS	T3	

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	T1	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	
PREDNISOLONE ACET-GATIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	
<i>prednisolone oral solution</i>	T1	
PREDNISOLONE SODIUM PH-MOXIFLOX OPHTHALMIC (EYE) DROPS	T3	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	T1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	T1	
PREDNISOLON E-MOXIFLO-NEPAFENAC OPTHALMIC (EYE) DROPS,SUSPENSION	T3	
PREDNISOLON E-MOXIFLOXACIN HCL OPTHALMIC (EYE) DROPS,SUSPENSION	T3	
PREDNISOLON E-MOXIFLOX-BROMFEN OPTHALMIC (EYE) DROPS,SUSPENSION	T3	
<i>prednisone intensol oral concentrate</i>	T1	
<i>prednisone oral solution</i>	T1	
<i>prednisone oral tablet</i>	T1	
<i>prednisone oral tablets, dose pack</i>	T1	
PREFEST ORAL TABLET	T3	Preferred Alternatives (estradiol-norethindrone acetat, jinteli, mimvey, PREMPHASE, PREMPRO)
<i>pregabalin oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral solution</i>	T1	
<i>pregabalin oral tablet extended release 24 hr</i>	T1	
PREGNYL INTRAMUSCULAR RECON SOLN	T3	PA; SP; QL; Preferred Alternatives (NOVAREL, OVIDREL)
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	T2	
PREMARIN ORAL TABLET	T2	
PREMARIN VAGINAL CREAM	T2	
PREMIER BLU GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PREMIER CLASSIC GLUCOSE METER	T3	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
PREMIER COMPACT GLUCOSE METER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PREMIER TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
PREMIER VOICE GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PREMIUM BLOOD GLUCOSE MONITOR	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PREMIUM V10	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
PREMIUM V10 STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
PREMPHASE ORAL TABLET	T2	
PREMPRO ORAL TABLET	T2	
<i>prena1 chew oral tablet, chew, ir - dr, biphase</i>	T1	
<i>prena1 pearl oral capsule, ir - delay rel, biphase</i>	T1	
<i>prena1 true oral combo pack</i>	T1	
PRENATA ORAL TABLET, CHEWABLE	T3	Preferred Alternatives (prenatal plus, preplus)
<i>prenatabs fa oral tablet</i>	T1	
<i>prenatabs rx oral tablet</i>	T1	
<i>prenatal complete oral tablet</i>	T1	
<i>prenatal multi-dha (algal oil) oral capsule</i>	T1	
<i>prenatal multivitamins oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>prenatal one daily oral tablet</i>	T1	
<i>prenatal oral tablet 28 mg iron-800 mcg</i>	T1	
<i>prenatal plus (calcium carb) oral tablet</i>	T1	
PRENATAL PLUS DHA ORAL COMBO PACK	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
<i>prenatal plus oral tablet</i>	T1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	T3	
<i>prenatal vit no.179-iron-folic oral tablet</i>	T1	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	T1	
<i>prenatal vitamin with minerals oral tablet</i>	T1	
<i>prenatal vits96-iron fum-folic oral tablet</i>	T1	
<i>prenatal-u oral capsule</i>	T1	
PRENATE AM ORAL TABLET	T3	Preferred Alternatives (prenatal plus, preplus)
PRENATE CHEWABLE ORAL TABLET, CHEWABLE	T3	Preferred Alternatives (prenatal plus, preplus)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	T3	Preferred Alternatives (prenatal plus, preplus)
PRENATE ENHANCE ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE ESSENTIAL(IRO N-ASP-GL) ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE PIXIE ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE RESTORE ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE STAR ORAL TABLET	T3	Preferred Alternatives (prenatal plus, preplus)
PREPIDIL VAGINAL GEL	T3	
PRESTALIA ORAL TABLET	T3	Preferred Alternatives (amlodipine besylate-benazepril)

Drug Name	Drug Tier	Requirements/ Limits
PRESTO PRO BLOOD GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PRETOMANID ORAL TABLET	T3	PA
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	T3	BP; Preferred Alternatives (lansoprazole)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRATING, DELAYED RELEASE 15 MG	T3	BP; QL; Preferred Alternatives (lansoprazole)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRATING, DELAYED RELEASE 30 MG	T3	BP; Preferred Alternatives (lansoprazole)
<i>prevalite oral powder</i>	T1	
<i>prevalite oral powder in packet</i>	T1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	T3	Preferred Alternatives (dentagel)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	T3	Preferred Alternatives (denta 5000 plus, sf 5000 plus)
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	T3	
PREVIDENT 5000 PLUS DENTAL CREAM	T3	BP; Preferred Alternatives (dentagel)
PREVIDENT 5000 SENSITIVE DENTAL PASTE	T3	Preferred Alternatives (denta 5000 plus, sf 5000 plus)
PREVIDENT DENTAL GEL	T3	BP; Preferred Alternatives (dentagel)
PREVIDENT DENTAL SOLUTION	T3	BP; Preferred Alternatives (dentagel)
<i>previfem oral tablet</i>	T1	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	T2	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	T2	
PREVYMIS ORAL TABLET	T2	QL
PREZCOBIX ORAL TABLET	T3	Preferred Alternatives (atazanavir sulfate, lopinavir-ritonavir, ritonavir, PREZISTA)
PREZISTA ORAL SUSPENSION	T2	

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T2	
PRIFTIN ORAL TABLET	T2	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	T3	QL; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
PRIMACARE ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
<i>primaquine oral tablet</i>	T1	QL
PRIMEAIRE SPACER	T2	
<i>primidone oral tablet</i>	T1	
PRIMLEV ORAL TABLET	T3	PA; Preferred Alternatives (oxycodone w/acetaminophen)
PRIMSOL ORAL SOLUTION	T3	Preferred Alternatives (trimethoprim)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (desvenlafaxine succinate er)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
PRO VOICE V8 GLUCOSE MONITOR	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PRO VOICE V8- V9 TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
PRO VOICE V9 GLUCOSE MONITOR	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	T3	QL; Preferred Alternatives (albuterol sulfate hfa, VENTOLIN HFA)
PROAIR HFA INHALATION HFA AEROSOL INHALER	T3	BP; QL; Preferred Alternatives (albuterol sulfate hfa)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	QL; Preferred Alternatives (albuterol sulfate hfa, VENTOLIN HFA)
<i>probenecid oral tablet</i>	T1	
<i>probenecid- colchicine oral tablet</i>	T1	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	T3	BP; Preferred Alternatives (nifedipine er)
<i>procentra oral solution</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
PROCHAMBER SPACER	T2	
<i>prochlorperazine maleate oral tablet</i>	T1	
<i>prochlorperazine rectal suppository</i>	T1	
PROCORT RECTAL CREAM	T3	Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortison e)
PROCRIT INJECTION SOLUTION	T2	PA; SP
PROCTOCORT RECTAL SUPPOSITORY	T3	BP; Preferred Alternatives (hydrocortisone acetate)
PROCTOFOAM HC RECTAL FOAM	T3	Preferred Alternatives (hc pramoxine, pramoxine hcl w/hydrocortison e)
<i>procto-med hc topical cream with perineal applicator</i>	T1	
<i>procto-pak topical cream with perineal applicator</i>	T1	
<i>proctosol hc topical cream with perineal applicator</i>	T1	
<i>proctozone-hc topical cream with perineal applicator</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	T3	ST; SP; Preferred Alternatives (CYSTAGON)
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	T3	ST; SP; Preferred Alternatives (CYSTAGON)
PRODIGY AUTOCODE METER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PRODIGY AUTOCODE MONITOR SYST	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
PRODIGY CONTROL SOLUTION, LOW SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
PRODIGY CONTROL SOLUTION, HIGH SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
PRODIGY NO CODING STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
PRODIGY POCKET METER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
PRODIGY VOICE GLUCOSE METER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
<i>progesterone intramuscular oil</i>	T1	SP
<i>progesterone micronized oral capsule</i>	T1	
PROGLYCEM ORAL SUSPENSION	T3	BP; Preferred Alternatives (diazoxide)
PROGRAF ORAL CAPSULE	T3	BP; Preferred Alternatives (TACROLIMUS)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
PROGRAF ORAL GRANULES IN PACKET	T2	
PROLATE ORAL SOLUTION	T3	PA; Preferred Alternatives (oxycodone w/acetaminoph en)
<i>prolate oral tablet</i>	T1	PA
PROLENSA OPHTHALMIC (EYE) DROPS	T3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
PROMACTA ORAL POWDER IN PACKET	T2	PA; SP; LA
PROMACTA ORAL TABLET	T2	PA; SP; LA
<i>promethazine oral syrup</i>	T1	
<i>promethazine oral tablet</i>	T1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	T1	
<i>promethazine- codeine oral syrup</i>	T1	
<i>promethazine-dm oral syrup</i>	T1	
<i>promethazine- phenyleph- codeine oral syrup</i>	T1	
<i>promethazine- phenylephrine oral syrup</i>	T1	
<i>promethegan rectal suppository</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
PROMETRIUM ORAL CAPSULE	T3	BP; Preferred Alternatives (progesterone)
<i>propafenone oral capsule, extended release 12 hr</i>	T1	
<i>propafenone oral tablet</i>	T1	
<i>proparacaine ophthalmic (eye) drops</i>	T1	
<i>propranolol oral capsule, extended release 24 hr</i>	T1	
<i>propranolol oral solution</i>	T1	
<i>propranolol oral tablet</i>	T1	
<i>propranolol- hydrochlorothiazid d oral tablet</i>	T1	
<i>propylthiouracil oral tablet</i>	T1	
PROQUAD (PF) SUBCUTANEOU S SUSPENSION FOR RECONSTITUTI ON	T2	
PROSCAR ORAL TABLET	T3	BP; Preferred Alternatives (finasteride)
PROTHELIAL MUCOUS MEMBRANE PASTE	T3	SP
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	T3	BP; Preferred Alternatives (pantoprazole sodium)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
PROTONIX ORAL TABLET,DELAY ED RELEASE (DR/EC) 20 MG	T3	BP; QL; Preferred Alternatives (pantoprazole sodium)
PROTONIX ORAL TABLET,DELAY ED RELEASE (DR/EC) 40 MG	T3	BP; Preferred Alternatives (pantoprazole sodium)
PROTOPIC TOPICAL OINTMENT	T3	BP; QL; Preferred Alternatives (tacrolimus)
<i>protriptyline oral tablet</i>	T1	
PROVENTIL HFA INHALATION HFA AEROSOL INHALER	T3	BP; QL; Preferred Alternatives (albuterol sulfate hfa)
PROVERA ORAL TABLET	T3	BP; Preferred Alternatives (medroxyproge sterone acetate)
PROVIDA OB ORAL CAPSULE	T3	Preferred Alternatives (prenatal plus, preplus)
PROVIGIL ORAL TABLET	T3	PA; BP; QL; Preferred Alternatives (modafinil)
PROZAC ORAL CAPSULE	T3	BP; Preferred Alternatives (fluoxetine hcl)
<i>prudoxin topical cream</i>	T1	ST; QL
PSORCON TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (diflorasone diacetate)

Drug Name	Drug Tier	Requirements/ Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	T2	QL
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION	T3	BP; QL; Preferred Alternatives (budesonide)
<i>pulmosal inhalation solution for nebulization</i>	T1	
PULMOZYME INHALATION SOLUTION	T2	PA; SP
PUREFE OB PLUS ORAL CAPSULE	T3	Preferred Alternatives (prenatal plus, preplus)
PURIXAN ORAL SUSPENSION	T2	SP
PYLERA ORAL CAPSULE	T3	Preferred Alternatives (lansoprazol- amoxicil- clarithro, TALICIA)
<i>pyrazinamide oral tablet</i>	T1	
PYRIDIDIUM ORAL TABLET	T3	BP; Preferred Alternatives (phenazopyridi ne hcl)
<i>pyridostigmine bromide oral syrup</i>	T1	
PYRIDOSTIGMI NE BROMIDE ORAL TABLET 30 MG	T3	Preferred Alternatives (pyridostigmine bromide)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
<i>pyridostigmine bromide oral tablet extended release</i>	T1	
<i>pyrimethamine oral tablet</i>	T1	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK	T3	PA; SP
QBRELIS ORAL SOLUTION	T3	ST; Preferred Alternatives (lisinopril)
QBREXZA TOPICAL TOWELETTE	T3	PA; Preferred Alternatives (certain, BROMILOTION)
QDOLO ORAL SOLUTION	T3	Preferred Alternatives (tramadol hcl)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR	T3	Preferred Alternatives (atomoxetine hcl, clonidine hcl er, guanfacine hcl er)
QINLOCK ORAL TABLET	T3	PA; SP; QL; Preferred Alternatives (imatinib mesylate, sunitinib malate, NEXAVAR, SPRYCEL, STIVARGA, TASIGNA, VOTRIENT)
QNASL NASAL HFA AEROSOL INHALER	T2	QL

Drug Name	Drug Tier	Requirements/ Limits
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR	T3	PA; QL; Preferred Alternatives (benzphetamine hcl, diethylpropion hcl, phentermine hcl, WEGOVY)
QTERN ORAL TABLET	T3	PA; Preferred Alternatives (GLYXAMBI, STEGLUJAN)
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	T2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	T2	
QUALAQUIN ORAL CAPSULE	T3	BP; QL; Preferred Alternatives (quinine sulfate)
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH	T3	BP; Preferred Alternatives (FAYOSIM, levonorg-eth estrad eth estrad, rivelsa)
QUAZEPAM ORAL TABLET	T3	Preferred Alternatives (estazolam, lorazepam)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR	T3	BP; Preferred Alternatives (topiramate er)
QUESTRAN LIGHT ORAL POWDER	T3	BP; Preferred Alternatives (cholestyramine light)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
QUESTRAN ORAL POWDER	T3	BP; Preferred Alternatives (cholestyramin e)
QUESTRAN ORAL POWDER IN PACKET	T3	BP; Preferred Alternatives (cholestyramin e)
<i>quetiapine oral tablet</i>	T1	
<i>quetiapine oral tablet extended release 24 hr</i>	T1	
QUICKVUE AT- HOME COVID-19 TEST KIT	T2	QL
QUILLICHEW ER ORAL TABLET,CHEW,I R- ER.BIPHASIC24 HR	T2	
QUILLIVANT XR ORAL SUSPENSION,E XT REL 24HR,RECON	T2	
<i>quinapril oral tablet</i>	T1	
<i>quinapril- hydrochlorothiazi de oral tablet</i>	T1	
<i>quinidine gluconate oral tablet extended release</i>	T1	
<i>quinidine sulfate oral tablet</i>	T1	
<i>quinine sulfate oral capsule</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
QUINTET AC STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
QUINTET BLOOD GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
<i>quit 2 buccal gum</i>	T1	
<i>quit 2 buccal lozenge</i>	T1	
<i>quit 4 buccal gum</i>	T1	
<i>quit 4 buccal lozenge</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
QULIPTA ORAL TABLET	T3	PA; QL; Preferred Alternatives (amitriptyline hcl, candesartan cilexetil, lisinopril, propranolol hcl er, topiramate, venlafaxine hcl, verapamil er)
QUVIVIQ ORAL TABLET	T3	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	T2	QL
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	T3	QL; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	T1	
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	T3	PA; SP
RADIOGARDASE ORAL CAPSULE	T3	
RAGWITEK SUBLINGUAL TABLET	T2	PA
<i>raloxifene oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ramelteon oral tablet</i>	T1	QL
<i>ramipril oral capsule</i>	T1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	T3	BP; Preferred Alternatives (ranolazine er)
<i>ranolazine oral tablet extended release 12 hr</i>	T1	
RAPAFLO ORAL CAPSULE	T3	BP; Preferred Alternatives (silodosin)
RAPAMUNE ORAL SOLUTION	T3	BP; Preferred Alternatives (sirolimus)
RAPAMUNE ORAL TABLET	T3	BP; Preferred Alternatives (sirolimus)
<i>rasagiline oral tablet</i>	T1	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	T2	
RAVICTI ORAL LIQUID	T2	PA; SP
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR	T3	Preferred Alternatives (calcitriol, doxercalciferol, paricalcitol)
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	ST; Preferred Alternatives (prednisone)
RAZADYNE ER ORAL CAPSULE, EXT REL. PELLETS 24 HR	T3	BP; Preferred Alternatives (galantamine er)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	T2	PA; SP; QL; LA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; QL; LA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	T2	PA; SP; QL; LA
REBINYN INTRAVENOUS RECON SOLN	T3	PA; SP; LA; Preferred Alternatives (ALPROLIX)
<i>reclipsen (28) oral tablet</i>	T1	
RECOMBINATE INTRAVENOUS RECON SOLN	T3	PA; SP; LA; Preferred Alternatives (ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	T2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	T2	
RECORLEV ORAL TABLET	T3	PA; SP; Preferred Alternatives (ketoconazole, LYSODREN)
RECTIV RECTAL OINTMENT	T2	

Drug Name	Drug Tier	Requirements/ Limits
REDITREX (PF) SUBCUTANEOUS SYRINGE	T3	Preferred Alternatives (methotrexate, OTREXUP, RASUVO)
REFUAH PLUS GLUCOSE CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
REFUAH PLUS GLUCOSE MONITOR KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
REFUAH PLUS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
REGLAN ORAL TABLET	T3	BP; Preferred Alternatives (metoclopramide hcl)
REGRANEX TOPICAL GEL	T2	QL
RELAFEN DS ORAL TABLET	T3	Preferred Alternatives (nabumetone, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, oxaprozin)
RELAFEN ORAL TABLET	T3	BP
RELAGARD VAGINAL GEL	T3	BP; Preferred Alternatives (fem ph)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	T3	QL; Preferred Alternatives (oseltamivir phosphate)
RELEUKO INJECTION SOLUTION	T3	ST; SP; Preferred Alternatives (NIVESTYM, ZARXIO)

Drug Name	Drug Tier	Requirements/ Limits
RELEUKO SUBCUTANEOUS SYRINGE	T3	ST; SP; Preferred Alternatives (NIVESTYM, ZARXIO)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR	T3	Preferred Alternatives (dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, QUILLICHEWER, QUILLIVANT XR)
RELION ALL-IN-ONE METER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
RELION CONFIRM KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
RELION CONFIRM-MICRO STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
RELION MICRO GLUCOSE MONITOR KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	T3	Preferred Alternatives (HUMULIN 70-30)
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION	T3	Preferred Alternatives (HUMULIN N)
RELION NOVOLIN R INJECTION SOLUTION	T3	Preferred Alternatives (HUMULIN R)
RELION PRIME METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
RELION PRIME TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
RELION ULTIMA STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
RELISTOR ORAL TABLET	T2	ST
RELISTOR SUBCUTANEOUS SOLUTION	T2	ST
RELISTOR SUBCUTANEOUS SYRINGE	T2	ST
RELPAK ORAL TABLET	T3	BP; QL; Preferred Alternatives (eletriptan hbr)

Drug Name	Drug Tier	Requirements/ Limits
RELTONE ORAL CAPSULE	T3	Preferred Alternatives (ursodiol)
REMERON ORAL TABLET 15 MG, 30 MG	T3	BP; Preferred Alternatives (mirtazapine)
REMERON SOLTAB ORAL TABLET, DISINT EGRATING	T3	BP; Preferred Alternatives (mirtazapine)
RENACIDIN IRRIGATION SOLUTION	T2	
RENAGEL ORAL TABLET 800 MG	T3	BP; QL; Preferred Alternatives (sevelamer hcl)
<i>rena-vite oral tablet</i>	T1	
RENVELA ORAL POWDER IN PACKET	T3	BP; QL; Preferred Alternatives (sevelamer carbonate)
RENVELA ORAL TABLET	T3	BP; QL; Preferred Alternatives (sevelamer carbonate)
<i>repaglinide oral tablet</i>	T1	
<i>repaglinide-metformin oral tablet</i>	T1	QL
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	T2	PA; LA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	T2	PA; LA

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
REPATHA SYRINGE SUBCUTANEOU S SYRINGE	T2	PA; LA
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	T3	BP
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	T2	QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	T2	BP; QL
RESTORIL ORAL CAPSULE	T3	BP; Preferred Alternatives (lorazepam)
RETACRIT INJECTION SOLUTION	T3	PA; SP; Preferred Alternatives (ARANESP, PROCRIT)
RETEVMO ORAL CAPSULE	T3	PA; SP; QL; LA; Preferred Alternatives (GAVRETO)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	T3	BP; Preferred Alternatives (tretinoin microsphere)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	T3	Preferred Alternatives (tretinoin microsphere)
RETIN-A MICRO TOPICAL GEL	T3	BP; Preferred Alternatives (tretinoin microsphere)
RETIN-A TOPICAL CREAM	T3	BP; Preferred Alternatives (tretinoin)

Drug Name	Drug Tier	Requirements/ Limits
RETIN-A TOPICAL GEL	T3	BP; Preferred Alternatives (tretinoin)
RETROVIR ORAL CAPSULE	T3	BP; Preferred Alternatives (zidovudine)
RETROVIR ORAL SYRUP	T3	BP; Preferred Alternatives (zidovudine)
REVATIO ORAL SUSPENSION FOR RECONSTITUTI ON	T3	PA; SP; BP; QL; Preferred Alternatives (sildenafil citrate)
REVATIO ORAL TABLET	T3	PA; SP; BP; QL; Preferred Alternatives (sildenafil citrate)
REVEAL BLOOD GLUCOSE METER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
REVEAL TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
REVLIMID ORAL CAPSULE	T2	PA; SP; QL
REXULTI ORAL TABLET	T3	Preferred Alternatives (aripiprazole, asenapine maleate, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl, LATUDA)
REYATAZ ORAL CAPSULE 200 MG, 300 MG	T3	BP; Preferred Alternatives (atazanavir sulfate)
REYATAZ ORAL POWDER IN PACKET	T2	

Drug Name	Drug Tier	Requirements/ Limits
REYVOW ORAL TABLET	T3	PA; QL; Preferred Alternatives (almotriptan malate, eletriptan hbr, frovatriptan succinate, naratriptan hcl, rizatriptan, sumatriptan succinate, zolmitriptan)
REZUROCK ORAL TABLET	T3	PA; QL; LA
RHOFADE TOPICAL CREAM	T3	PA; Preferred Alternatives (MIRVASO)
RHOPRESSA OPHTHALMIC (EYE) DROPS	T2	
<i>ribavirin oral capsule</i>	T1	PA; SP; LA
<i>ribavirin oral tablet 200 mg</i>	T1	PA; SP; LA
RIDAURA ORAL CAPSULE	T2	
<i>rifabutin oral capsule</i>	T1	
<i>rifampin oral capsule</i>	T1	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
RIGHTEST GM550 SYSTEM KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
RIGHTEST GS550 TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
RIGHTEST GT333 GLUCOSE METER	T3	
RIGHTEST GT333 TEST STRIP STRIP	T3	
RILUTEK ORAL TABLET	T3	PA; BP; Preferred Alternatives (riluzole)
<i>riluzole oral tablet</i>	T1	PA
<i>rimantadine oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<i>ringer's irrigation solution</i>	T1	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	T2	PA; SP; QL; LA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	T2	ST; SP; QL; LA
RIOMET ER ORAL SUSPENSION, EXTENDED RELEASE RECON	T3	Preferred Alternatives (metformin hcl, metformin hcl er)
RIOMET ORAL SOLUTION	T3	BP; Preferred Alternatives (metformin hcl)
<i>risedronate oral tablet</i>	T1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	T1	QL
RISPERDAL ORAL SOLUTION	T3	BP; Preferred Alternatives (risperidone)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	BP; Preferred Alternatives (risperidone)
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet, disintegrating</i>	T1	
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50	T3	BP; Preferred Alternatives (methylphenidate er)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
RITALIN ORAL TABLET	T3	BP; Preferred Alternatives (methylphenidate hcl)
RITEFLO AEROCHAMBER SPACER	T2	
<i>ritonavir oral tablet</i>	T1	
<i>rivastigmine tartrate oral capsule</i>	T1	
<i>rivastigmine transdermal patch 24 hour</i>	T1	
<i>rivelsa oral tablets, dose pack, 3 month</i>	T1	
RIXUBIS INTRAVENOUS RECON SOLN	T3	PA; SP; LA; Preferred Alternatives (BENEFIX)
<i>rizatriptan oral tablet</i>	T1	QL
<i>rizatriptan oral tablet, disintegrating</i>	T1	QL
R-NATAL OB ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
ROBINUL FORTE ORAL TABLET	T3	BP; Preferred Alternatives (glycopyrrolate)
ROBINUL ORAL TABLET	T3	BP; Preferred Alternatives (glycopyrrolate)
ROCALTROL ORAL CAPSULE	T3	BP; Preferred Alternatives (calcitriol)
ROCALTROL ORAL SOLUTION	T3	BP; Preferred Alternatives (calcitriol)

Drug Name	Drug Tier	Requirements/ Limits
ROCKLATAN OPHTHALMIC (EYE) DROPS	T3	Preferred Alternatives (latanoprost, RHOPRESSA)
<i>ropinirole oral tablet</i>	T1	
<i>ropinirole oral tablet extended release 24 hr</i>	T1	
<i>rosadan topical cream</i>	T1	
<i>rosadan topical gel</i>	T1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	T3	Preferred Alternatives (metronidazole)
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	T3	Preferred Alternatives (metronidazole)
<i>rosula cleansing cloths topical pads, medicated</i>	T1	
ROSULA TOPICAL CLEANSER	T3	
<i>rosuvastatin oral tablet</i>	T1	QL
ROSZET ORAL TABLET	T3	QL; Preferred Alternatives (ezetimibe, atorvastatin calcium, rosuvastatin calcium)
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	T3	Preferred Alternatives (ROTATEQ)
ROTATEQ VACCINE ORAL SOLUTION	T2	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ROWASA RECTAL ENEMA KIT	T3	BP; Preferred Alternatives (mesalamine)
<i>roweepra oral tablet</i>	T1	
ROXICODONE ORAL TABLET	T3	PA; BP; Preferred Alternatives (oxycodone hcl)
ROZEREM ORAL TABLET	T3	BP; QL; Preferred Alternatives (ramelteon)
ROZLYTREK ORAL CAPSULE	T2	PA; SP; QL; LA
RUBRACA ORAL TABLET	T2	PA; SP; QL; LA
<i>rufinamide oral suspension</i>	T1	
<i>rufinamide oral tablet</i>	T1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	T3	PA
RYBELSUS ORAL TABLET	T2	PA; QL
RYCLORA ORAL SOLUTION	T3	BP; Preferred Alternatives (dexchlorphenir amine maleate)
RYDAPT ORAL CAPSULE	T2	PA; SP; QL; LA
RYTARY ORAL CAPSULE, EXTENDED RELEASE	T3	Preferred Alternatives (carbidopa/levo dopa, carbidopa- levodopa er)
RYTHMOL SR ORAL CAPSULE, EXTE NDED RELEASE 12 HR	T3	BP; Preferred Alternatives (propafenone hcl er)

Drug Name	Drug Tier	Requirements/ Limits
RYVENT ORAL TABLET	T3	Preferred Alternatives (carbinoxamine)
SABRIL ORAL POWDER IN PACKET	T3	PA; SP; BP; Preferred Alternatives (vigabatrin, vigadrone)
SABRIL ORAL TABLET	T3	PA; SP; BP; Preferred Alternatives (vigabatrin)
SAFYRAL ORAL TABLET	T3	BP; Preferred Alternatives (drospirenone- eth estra- levomef, tydemy)
SAIZEN SAIZENPREP SUBCUTANEOU S CARTRIDGE	T3	PA; SP; LA; Preferred Alternatives (GENOTROPI N, HUMATROPE, NORDITROPIN FLEXPRO)
SAIZEN SUBCUTANEOU S RECON SOLN	T3	PA; SP; LA; Preferred Alternatives (GENOTROPI N, HUMATROPE, NORDITROPIN FLEXPRO)
<i>sajazir subcutaneous syringe</i>	T1	PA; SP; LA
SALAGEN (PILOCARPINE) ORAL TABLET	T3	BP; Preferred Alternatives (pilocarpine hcl)
<i>salsalate oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
SAMSCA ORAL TABLET	T3	PA; SP; BP; QL; Preferred Alternatives (tolvaptan)
SANCUSO TRANSDERMAL PATCH WEEKLY	T3	Preferred Alternatives (granisetron hcl, ondansetron hcl)
SANDIMMUNE ORAL CAPSULE	T3	BP; Preferred Alternatives (cyclosporine)
SANDIMMUNE ORAL SOLUTION	T2	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	T3	PA; SP; BP; Preferred Alternatives (octreotide acetate)
SANTYL TOPICAL OINTMENT	T2	QL
SAPHRIS SUBLINGUAL TABLET 10 MG	T3	Preferred Alternatives (asenapine maleate)
SAPHRIS SUBLINGUAL TABLET 2.5 MG, 5 MG	T3	BP; Preferred Alternatives (asenapine maleate)
<i>sapropterin oral powder in packet</i>	T1	PA; SP; LA
<i>sapropterin oral tablet, soluble</i>	T1	PA; SP; LA
SAVAYSA ORAL TABLET	T3	Preferred Alternatives (ELIQUIS, XARELTO)
SAVELLA ORAL TABLET	T2	

Drug Name	Drug Tier	Requirements/ Limits
SAVELLA ORAL TABLETS,DOSE PACK	T2	
SAXENDA SUBCUTANEOUS PEN INJECTOR	T3	PA; QL; Preferred Alternatives (WEGOVY)
SCALACORT DK TOPICAL COMBO PACK	T3	
<i>scalacort topical lotion</i>	T1	
SCEMBLIX ORAL TABLET	T3	PA; SP; QL; LA; Preferred Alternatives (imatinib mesylate, BOSULIF, ICLUSIG, SPRYCEL, TASIGNA)
<i>scopolamine base transdermal patch 3 day</i>	T1	
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	T3	BP; Preferred Alternatives (amethia, ashlyna, camrese, daysee, jaimiess, levonorg-eth estrad eth estrad, simpesse)
SECUADO TRANSDERMAL PATCH 24 HOUR	T3	Preferred Alternatives (aripiprazole, asenapine maleate, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl, LATUDA)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
SEGLENTIS ORAL TABLET	T3	PA; QL; Preferred Alternatives (celecoxib, tramadol hcl)
SEGLUOMET ORAL TABLET	T2	PA; QL
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	T3	BP; Preferred Alternatives (prenatal plus, preplus)
SELECT-OB + DHA ORAL COMBO PACK	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
SELECT-OB ORAL TABLET,CHEWABLE	T3	Preferred Alternatives (prenatal plus, preplus)
<i>selegiline hcl oral capsule</i>	T1	
<i>selegiline hcl oral tablet</i>	T1	
<i>selenium sulfide topical lotion</i>	T1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	T1	
SELRX TOPICAL SHAMPOO	T3	Preferred Alternatives (selenium sulfide)
SELZENTRY ORAL SOLUTION	T2	
SELZENTRY ORAL TABLET	T2	

Drug Name	Drug Tier	Requirements/ Limits
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	T3	Preferred Alternatives (LANTUS, LEVEMIR, TOUJEO SOLOSTAR, TRESIBA)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	T3	Preferred Alternatives (LANTUS SOLOSTAR, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100)
<i>se-natal 19 chewable oral tablet,chewable</i>	T1	
<i>se-natal-19 oral tablet</i>	T1	
SENSIPAR ORAL TABLET	T3	BP; Preferred Alternatives (cinacalcet hcl)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	T2	QL
SERNIVO TOPICAL SPRAY WITH PUMP	T3	Preferred Alternatives (betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinolone acetonide, fluocinonide, triamcinolone acetonide)
SEROQUEL ORAL TABLET	T3	BP; Preferred Alternatives (quetiapine fumarate)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (quetiapine fumarate er)
SEROSTIM SUBCUTANEOU S RECON SOLN 4 MG, 5 MG, 6 MG	T2	PA; SP
SERTRALINE ORAL CAPSULE	T3	Preferred Alternatives (sertraline hcl)
<i>sertraline oral concentrate</i>	T1	
<i>sertraline oral tablet</i>	T1	
<i>setlakin oral tablets, dose pack, 3 month</i>	T1	
<i>sevelamer carbonate oral powder in packet</i>	T1	QL
<i>sevelamer carbonate oral tablet</i>	T1	QL
<i>sevelamer hcl oral tablet</i>	T1	QL
SEVENFACT INTRAVENOUS RECON SOLN	T2	PA; SP
SEYSARA ORAL TABLET	T3	Preferred Alternatives (doxycycline hyclate, minocycline hcl, tetracycline hcl)
<i>sf 5000 plus dental cream</i>	T1	
<i>sf dental gel</i>	T1	
SFROWASA RECTAL ENEMA	T3	BP; Preferred Alternatives (mesalamine)
<i>sharobel oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
SHINGRIX (PF) INTRAMUSCULA R SUSPENSION FOR RECONSTITUTI ON	T2	
SIGNIFOR SUBCUTANEOU S SOLUTION	T2	PA; SP
SIKLOS ORAL TABLET	T3	Preferred Alternatives (DROXIA)
SILATRIX MUCOUS MEMBRANE GEL	T3	
<i>sildenafil (pulm.hypertensi on) oral suspension for reconstitution</i>	T1	PA; SP; QL
<i>sildenafil (pulm.hypertensi on) oral tablet</i>	T1	PA; SP; QL
<i>sildenafil oral tablet</i>	T1	QL
SILENOR ORAL TABLET	T3	BP; QL; Preferred Alternatives (doxepin hcl)
SILIQ SUBCUTANEOU S SYRINGE	T3	PA; SP; QL; Preferred Alternatives (ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECT OR, TREMIFYA)
<i>sildenafil oral capsule</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
SILVADENE TOPICAL CREAM	T3	BP; Preferred Alternatives (silver sulfadiazine)
<i>silver sulfadiazine topical cream</i>	T1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPE NSION	T3	Preferred Alternatives (brimonidine tartrate, brinzolamide, dorzolamide- timolol)
<i>simliya (28) oral tablet</i>	T1	
<i>simpesse oral tablets,dose pack,3 month</i>	T1	
SIMPONI SUBCUTANEOU S PEN INJECTOR 100 MG/ML	T2	PA; SP; QL; LA
SIMPONI SUBCUTANEOU S PEN INJECTOR 50 MG/0.5 ML	T3	PA; SP; QL; LA; Preferred Alternatives (ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECT OR, XELJANZ)
SIMPONI SUBCUTANEOU S SYRINGE 100 MG/ML	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
SIMPONI SUBCUTANEOU S SYRINGE 50 MG/0.5 ML	T3	PA; SP; QL; LA; Preferred Alternatives (ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECT OR, XELJANZ)
<i>simvastatin oral tablet</i>	T1	QL
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	T3	BP; Preferred Alternatives (carbidopa/levo dopa)
SINGULAIR ORAL GRANULES IN PACKET	T3	BP; Preferred Alternatives (montelukast sodium)
SINGULAIR ORAL TABLET	T3	BP; Preferred Alternatives (montelukast sodium)
SINGULAIR ORAL TABLET,CHEWA BLE	T3	BP; Preferred Alternatives (montelukast sodium)
SINUVA SINUS IMPLANT	T3	SP
<i>sirolimus oral solution</i>	T1	
<i>sirolimus oral tablet</i>	T1	
SIRTURO ORAL TABLET	T2	PA
SITAVIG BUCCAL MUCO- ADHESIVE BUCCAL TABLET	T3	ST; QL; Preferred Alternatives (acyclovir, acyclovir, famciclovir, valacyclovir)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
SIVEXTRO ORAL TABLET	T3	Preferred Alternatives (linezolid)
SKYRIZI SUBCUTANEOU S PEN INJECTOR	T2	PA; SP; QL; LA
SKYRIZI SUBCUTANEOU S SYRINGE 150 MG/ML	T2	PA; SP; QL; LA
SKYRIZI SUBCUTANEOU S SYRINGE KIT	T2	PA; SP; QL; LA
SKYTROFA SUBCUTANEOU S CARTRIDGE	T3	PA; SP; Preferred Alternatives (GENOTROPI N, HUMATROPE, NORDITROPIN FLEXPRO)
SLYND ORAL TABLET	T3	Preferred Alternatives (camila, deblitane, errin, heather, norethindrone acetate, norlyda, sharobel)
SMART SENSE MONITORING SYSTEM	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
SMARTEST CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
SMARTEST EJECT KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
SMARTEST PERSONA STARTER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
SMARTEST PRONTO STARTER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
SMARTEST PROTEGE KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
SMARTEST TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
SOANZ ORAL TABLET	T3	Preferred Alternatives (bumetanide, furosemide, torsemide)
<i>sodium chloride 0.9 % (flush) injection syringe</i>	T1	
<i>sodium chloride 0.9 % injection solution</i>	T1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	T1	
<i>sodium chloride inhalation solution for nebulization</i>	T1	
<i>sodium chloride injection syringe</i>	T1	
<i>sodium chloride irrigation solution</i>	T1	
<i>sodium fluoride 5000 plus dental cream</i>	T1	
<i>sodium fluoride-pot nitrate dental paste</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium phenylbutyrate oral powder</i>	T1	PA
<i>sodium phenylbutyrate oral tablet</i>	T1	PA
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SOFOSBUVIR-VELPATASVIR ORAL TABLET	T3	PA; SP; QL; LA; Preferred Alternatives (EPCLUSA)
<i>solifenacin oral tablet</i>	T1	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	T2	QL
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T3	BP; Preferred Alternatives (minocycline hcl er)
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	T2	QL
SOLTAMOX ORAL SOLUTION	T3	Preferred Alternatives (tamoxifen citrate)

Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 AUDIBLE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
SOLUS V2 AUDIBLE METER KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
SOMA ORAL TABLET	T3	BP; Preferred Alternatives (metaxalone, tizanidine hcl)
SOMAVERT SUBCUTANEOUS RECON SOLN	T2	PA; SP
SOOLANTRA TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (ivermectin)
SORBITOL IRRIGATION SOLUTION 3 %	T3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	T3	
SORILUX TOPICAL FOAM	T3	QL; Preferred Alternatives (calcipotriene, calcitriol)
<i>sorine oral tablet</i>	T1	
<i>sotalol af oral tablet</i>	T1	
<i>sotalol oral tablet</i>	T1	
SOTYLIZE ORAL SOLUTION	T2	

Drug Name	Drug Tier	Requirements/ Limits
SOVALDI ORAL PELLETS IN PACKET	T3	PA; SP; QL; LA; Preferred Alternatives (EPCLUSA, HARVONI, VOSEVI, ZEPATIER)
SOVALDI ORAL TABLET	T3	PA; SP; QL; LA; Preferred Alternatives (EPCLUSA, HARVONI, VOSEVI, ZEPATIER)
SPACE CHAMBER SPACER	T2	
SPECTRACEF ORAL TABLET 400 MG	T3	BP; Preferred Alternatives (cefditoren pivoxil)
<i>spinosad topical suspension</i>	T1	
SPIRIVA RESPIMAT INHALATION MIST	T2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	T2	QL
<i>spironolactone oral tablet</i>	T1	
<i>spironolactone-hydrochlorothiaz oral tablet</i>	T1	
SPORANOX ORAL SOLUTION	T3	BP; Preferred Alternatives (itraconazole)
SPORANOX PULSEPAK ORAL CAPSULE	T3	BP; Preferred Alternatives (itraconazole)
<i>sprintec (28) oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
SPRITAM ORAL TABLET FOR SUSPENSION	T3	Preferred Alternatives (levetiracetam, levetiracetam)
SPRIX NASAL SPRAY, NON-AEROSOL	T3	SP; QL; Preferred Alternatives (etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone, naproxen)
SPRYCEL ORAL TABLET	T2	PA; SP; QL; LA
<i>sps (with sorbitol) oral suspension</i>	T1	
<i>sps (with sorbitol) rectal enema</i>	T1	
<i>sronyx oral tablet</i>	T1	
<i>ssd topical cream</i>	T1	
SSKI ORAL SOLUTION	T3	Preferred Alternatives (strong iodine)
<i>sss 10-5 topical cream</i>	T1	
<i>sss 10-5 topical foam</i>	T1	
<i>st joseph aspirin oral tablet, chewable</i>	T1	
<i>st. joseph aspirin oral tablet, delayed release (dr/ec)</i>	T1	
STALEVO 100 ORAL TABLET	T3	BP; Preferred Alternatives (carbidopa-levodopa-entacapone)

Drug Name	Drug Tier	Requirements/ Limits
STALEVO 125 ORAL TABLET	T3	BP; Preferred Alternatives (carbidopa-levodopa-entacapone)
STALEVO 150 ORAL TABLET	T3	BP; Preferred Alternatives (carbidopa-levodopa-entacapone)
STALEVO 200 ORAL TABLET	T3	BP; Preferred Alternatives (carbidopa-levodopa-entacapone)
STALEVO 50 ORAL TABLET	T3	BP; Preferred Alternatives (carbidopa-levodopa-entacapone)
STALEVO 75 ORAL TABLET	T3	BP; Preferred Alternatives (carbidopa-levodopa-entacapone)
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	T1	
STEGLATRO ORAL TABLET	T2	PA; QL
STEGLUJAN ORAL TABLET	T2	PA; QL
STELARA SUBCUTANEOUS SYRINGE	T2	PA; SP; QL; LA
STENDRA ORAL TABLET	T3	QL; Preferred Alternatives (sildenafil citrate, tadalafil, vardenafil hcl)
STIOLTO RESPIMAT INHALATION MIST	T2	QL
STIVARGA ORAL TABLET	T2	PA; SP; QL; LA

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>stop smoking aid buccal lozenge</i>	T1	
STRATTERA ORAL CAPSULE	T3	BP; Preferred Alternatives (atomoxetine hcl)
STRENSIQ SUBCUTANEOUS SOLUTION	T2	PA; SP
<i>stress formula with iron oral tablet</i>	T1	
<i>stress formula with iron(sulf) oral tablet</i>	T1	
STRIBILD ORAL TABLET	T3	Preferred Alternatives (BIKTARVY, GENVOYA)
STRIVERDI RESPIMAT INHALATION MIST	T2	QL
STROMEKTOL ORAL TABLET	T3	PA; BP; QL; Preferred Alternatives (ivermectin)
<i>strong iodine oral solution</i>	T1	
<i>strong iodine topical solution</i>	T1	
SUBOXONE SUBLINGUAL FILM 12-3 MG	T3	BP; Preferred Alternatives (buprenorphine -naloxone)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	T3	BP; QL; Preferred Alternatives (buprenorphine -naloxone)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL	T3	PA; QL; Preferred Alternatives (fentanyl citrate)

Drug Name	Drug Tier	Requirements/ Limits
<i>subvenite oral tablet</i>	T1	
<i>subvenite starter (blue) kit oral tablets, dose pack</i>	T1	
<i>subvenite starter (green) kit oral tablets, dose pack</i>	T1	
<i>subvenite starter (orange) kit oral tablets, dose pack</i>	T1	
SUCRAID ORAL SOLUTION	T2	PA; SP
<i>sucrafate oral suspension</i>	T1	
<i>sucrafate oral tablet</i>	T1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	T3	BP; Preferred Alternatives (nisoldipine)
SULCONAZOLE TOPICAL CREAM	T3	QL; Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)
SULCONAZOLE TOPICAL SOLUTION	T3	QL; Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)
<i>sulfacetamide sodium (acne) topical suspension</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	T1	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	T1	
<i>sulfacetamide sodium topical cleanser</i>	T1	
<i>sulfacetamide sodium topical cleanser, gel</i>	T1	
<i>sulfacetamide sodium topical shampoo</i>	T1	
<i>sulfacetamide sodium-sulfur topical cleanser</i>	T1	
<i>sulfacetamide sodium-sulfur topical cream</i>	T1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	T1	
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	T1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	T1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	T1	
<i>sulfacetamide-sulfur-cleansr23 topical kit</i>	T1	
<i>sulfacleanse 8-4 topical suspension</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfadiazine oral tablet</i>	T1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
SULFAMYLON TOPICAL CREAM	T2	
SULFAMYLON TOPICAL PACKET	T3	BP; Preferred Alternatives (mafenide acetate)
<i>sulfasalazine oral tablet</i>	T1	
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	T1	
<i>sulfatrim oral suspension</i>	T1	
<i>sulindac oral tablet</i>	T1	
SUMADAN TOPICAL CLEANSER	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
SUMADAN TOPICAL KIT	T3	Preferred Alternatives (sodium sulfacetamide/sulfur)
SUMADAN XLT TOPICAL COMBO PACK, CLEANSE R AND CREAM	T3	
<i>sumatriptan nasal spray, non-aerosol</i>	T1	QL
<i>sumatriptan succinate oral tablet</i>	T1	QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate subcutaneous cartridge</i>	T1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	T1	QL
<i>sumatriptan succinate subcutaneous solution</i>	T1	QL
<i>sumatriptan-naproxen oral tablet</i>	T1	QL
SUMAXIN CP TOPICAL KIT	T3	Preferred Alternatives (sodium sulfacetamide/sulfur)
SUMAXIN TOPICAL CLEANSER	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
SUMAXIN TOPICAL PADS, MEDICATED	T3	BP; Preferred Alternatives (sulfacetamide sodium-sulfur)
SUMAXIN TS TOPICAL SUSPENSION	T3	Preferred Alternatives (sulfacetamide sodium-sulfur)
<i>sunitinib oral capsule</i>	T1	PA; SP; QL; LA
SUNOSI ORAL TABLET	T2	PA; QL
<i>super b maxi complex oral tablet</i>	T1	
<i>super quints oral tablet</i>	T1	
SUPRAX ORAL CAPSULE	T3	BP; Preferred Alternatives (cefixime)

Drug Name	Drug Tier	Requirements/ Limits
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	T3	BP; Preferred Alternatives (cefixime)
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	T3	
SUPRAX ORAL TABLET, CHEWABLE	T3	Preferred Alternatives (cefaclor, cefdinir, cefpodoxime proxetil, cefprozil, cefuroxime axetil)
SUPREP BOWEL PREP KIT ORAL RECON SOLN	T2	
SURE-TEST EASYPLUS MINI METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
SURE-TEST EASYPLUS MINI STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
SURVANTA INTRATRACHEA L SUSPENSION	T3	
SUSTIVA ORAL CAPSULE	T3	BP; Preferred Alternatives (efavirenz)
SUSTIVA ORAL TABLET	T3	BP; Preferred Alternatives (efavirenz)
SUTAB ORAL TABLET	T2	
SUTENT ORAL CAPSULE	T3	PA; SP; BP; QL; LA; Preferred Alternatives (sunitinib malate)
<i>syeda oral tablet</i>	T1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE	T3	Preferred Alternatives (hyoscyamine sulfate)
<i>symax fastabs oral tablet, disintegrating</i>	T1	
<i>symax-sl sublingual tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>symax-sr oral tablet extended release 12 hr</i>	T1	
SYMBICORT INHALATION HFA AEROSOL INHALER	T2	QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	T3	BP; Preferred Alternatives (olanzapine- fluoxetine hcl)
SYMDEKO ORAL TABLETS, SEQUENTIAL	T2	PA; SP; QL
SYMFI LO ORAL TABLET	T2	BP
SYMFI ORAL TABLET	T2	BP
SYMJEPI INJECTION SYRINGE	T2	QL
SYMLINPEN 120 SUBCUTANEOU S PEN INJECTOR	T2	PA; QL
SYMLINPEN 60 SUBCUTANEOU S PEN INJECTOR	T2	PA; QL
SYMPAZAN ORAL FILM	T3	Preferred Alternatives (clobazam)
SYMPROIC ORAL TABLET	T2	
SYMTUZA ORAL TABLET	T2	
SYNALAR CREAM KIT TOPICAL CREAM	T3	Preferred Alternatives (fluocinolone acetonide)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMEN T AND CREAM	T3	Preferred Alternatives (fluocinolone acetamide)
SYNALAR TOPICAL CREAM	T3	BP; Preferred Alternatives (fluocinolone acetamide)
SYNALAR TOPICAL OINTMENT	T3	BP; Preferred Alternatives (fluocinolone acetamide)
SYNALAR TOPICAL SOLUTION	T3	BP; Preferred Alternatives (fluocinolone acetamide)
SYNALAR TS TOPICAL KIT	T3	Preferred Alternatives (fluocinolone acetamide)
SYNAREL NASAL SPRAY, NON- AEROSOL	T2	PA
SYNDROS ORAL SOLUTION	T3	Preferred Alternatives (dronabinol)
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING	T3	Preferred Alternatives (lidocaine, lidocaine- prilocaine)
SYNJARDY ORAL TABLET	T2	PA; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	PA; QL

Drug Name	Drug Tier	Requirements/ Limits
SYNTHROID ORAL TABLET	T3	BP; Preferred Alternatives (euthyrox, levothyroxine sodium, levoxyl, unithroid)
SYPRINE ORAL CAPSULE	T3	PA; BP; Preferred Alternatives (trientine hcl)
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICA TED	T3	
T:SLIM X2 BASAL-IQ INSULIN PMP	T3	
T:SLIM X2 CONTROL-IQ	T3	
TABLOID ORAL TABLET	T3	
TABRECTA ORAL TABLET	T2	PA; SP; LA
TACLONEX TOPICAL OINTMENT	T3	BP; QL; Preferred Alternatives (calcipotriene- betamethasone dp)
TACLONEX TOPICAL SUSPENSION	T3	BP; QL; Preferred Alternatives (calcipotriene- betamethasone dp)
<i>tacrolimus oral capsule</i>	T1	
<i>tacrolimus topical ointment</i>	T1	QL
<i>tadalafil (pulm. hypertension) oral tablet</i>	T1	PA; SP; QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>tadalafil oral tablet</i>	T1	QL
TAFINLAR ORAL CAPSULE	T2	PA; SP; QL; LA
TAGRISSO ORAL TABLET	T2	PA; SP; QL; LA
TAKE ACTION ORAL TABLET	T3	BP; QL
TAKHZYRO SUBCUTANEOUS SOLUTION	T2	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE	T2	ST; SP
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE	T2	QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	T2	PA; SP; QL; LA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	T2	PA; SP; QL; LA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	T2	PA; SP; QL; LA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	T2	PA; SP; QL; LA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	T2	PA; SP; QL; LA
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	T2	PA; SP; LA

Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU ORAL CAPSULE	T3	BP; QL; Preferred Alternatives (oseltamivir phosphate)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	T3	BP; QL; Preferred Alternatives (oseltamivir phosphate)
<i>tamoxifen oral tablet</i>	T1	
<i>tamsulosin oral capsule</i>	T1	
TAPERDEX ORAL TABLETS,DOSE PACK	T3	ST
TARCEVA ORAL TABLET	T3	PA; SP; BP; QL; LA; Preferred Alternatives (erlotinib hcl)
TARGADOX ORAL TABLET	T3	Preferred Alternatives (doxycycline hyclate)
TARGRETIN ORAL CAPSULE	T3	PA; SP; BP; LA; Preferred Alternatives (bexarotene)
TARGRETIN TOPICAL GEL	T2	PA; SP; LA
<i>tarina 24 fe oral tablet</i>	T1	
<i>tarina fe 1/20 (28) oral tablet</i>	T1	
<i>taron-c dha oral capsule</i>	T1	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	T3	PA; SP; QL; Preferred Alternatives (methylprednisolone, prednisone)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
TASIGNA ORAL CAPSULE	T2	PA; SP; QL; LA
TASMAR ORAL TABLET 100 MG	T3	PA; BP; Preferred Alternatives (tolcapone)
<i>tavorole topical solution with applicator</i>	T1	
TAVALISSE ORAL TABLET	T2	PA; SP; QL; LA
TAVNEOS ORAL CAPSULE	T3	PA; SP; QL; LA; Preferred Alternatives (azathioprine, methotrexate, mycophenolate mofetil, RUXIENCE)
<i>taysofy oral capsule</i>	T1	
TAYTULLA ORAL CAPSULE	T3	BP; Preferred Alternatives (gemmily, merzee, norethindrone-estradiol-iron)
<i>tazarotene topical cream</i>	T1	PA
TAZAROTENE TOPICAL FOAM	T3	PA; Preferred Alternatives (tazarotene, TAZORAC)
TAZORAC TOPICAL CREAM 0.05 %	T2	PA
TAZORAC TOPICAL CREAM 0.1 %	T3	PA; BP; Preferred Alternatives (tazarotene)
TAZORAC TOPICAL GEL	T2	PA
<i>taztia xt oral capsule, extended release 24 hr</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
TAZVERIK ORAL TABLET	T3	PA; SP; LA
TDVAX INTRAMUSCULAR SUSPENSION	T2	
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T3	PA; SP; BP; QL; LA
TEGRETOL ORAL SUSPENSION	T3	BP; Preferred Alternatives (carbamazepine)
TEGRETOL ORAL TABLET	T3	BP; Preferred Alternatives (carbamazepine)
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	T3	BP; Preferred Alternatives (carbamazepine)
TEGSEDI SUBCUTANEOUS SYRINGE	T2	PA; SP
TEKTURNA HCT ORAL TABLET	T2	
TEKTURNA ORAL TABLET	T3	BP; Preferred Alternatives (aliskiren)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
TELCARE BGM KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
TELCARE BLOOD GLUCOSE KIT KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
TELCARE CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
TELCARE TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>telmisartan oral tablet</i>	T1	
<i>telmisartan-amlodipine oral tablet</i>	T1	
<i>telmisartan-hydrochlorothiazid oral tablet</i>	T1	
<i>temazepam oral capsule</i>	T1	Preferred Alternatives (lorazepam)
TEMIXYS ORAL TABLET	T2	
TEMODAR ORAL CAPSULE 250 MG	T3	PA; SP; BP; LA; Preferred Alternatives (temozolomide)
TEMOVATE TOPICAL OINTMENT	T3	BP; QL; Preferred Alternatives (clobetasol propionate)
<i>temozolomide oral capsule</i>	T1	PA; SP; LA
<i>tencon oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	T3	Preferred Alternatives (TETANUS DIPHTHERIA TOXOIDS)
TENIVAC (PF) INTRAMUSCULAR SYRINGE	T3	Preferred Alternatives (TETANUS DIPHTHERIA TOXOIDS)
<i>tenofovir disoproxil fumarate oral tablet</i>	T1	
TENORETIC 100 ORAL TABLET	T3	BP; Preferred Alternatives (atenolol w/chlorthalidone)
TENORETIC 50 ORAL TABLET	T3	BP; Preferred Alternatives (atenolol w/chlorthalidone)
TENORMIN ORAL TABLET	T3	BP; Preferred Alternatives (atenolol)
TEPMETKO ORAL TABLET	T3	PA; SP; LA; Preferred Alternatives (TABRECTA)
<i>terazosin oral capsule</i>	T1	QL
<i>terbinafine hcl oral tablet</i>	T1	
<i>terbutaline oral tablet</i>	T1	
<i>terconazole vaginal cream</i>	T1	
<i>terconazole vaginal suppository</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR	T3	PA; SP; QL; LA; Preferred Alternatives (FORTEO, NATPARA, TYMLOS)
TERSI FOAM TOPICAL FOAM	T3	Preferred Alternatives (selenium sulfide)
TEST N'GO BLOOD GLUCOSE SYSTEM	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
TEST N'GO TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
TESTIM TRANSDERMAL GEL	T3	BP; QL; Preferred Alternatives (testosterone)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	T1	
<i>testosterone enanthate intramuscular oil</i>	T1	
<i>testosterone transdermal gel</i>	T1	QL
<i>testosterone transdermal gel in metered-dose pump</i>	T1	QL
<i>testosterone transdermal gel in packet</i>	T1	QL
<i>testosterone transdermal solution in metered pump w/app</i>	T1	QL
TETANUS,DIPH THERIA TOX PED(PF) INTRAMUSCULA R SUSPENSION	T2	
<i>tetrabenazine oral tablet</i>	T1	PA; SP
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	T3	
<i>tetracaine hcl ophthalmic (eye) drops</i>	T1	
<i>tetracycline oral capsule</i>	T1	
TEXACORT TOPICAL SOLUTION	T3	Preferred Alternatives (hydrocortisone butyrate)
THALITONE ORAL TABLET	T3	Preferred Alternatives (chlorthalidone)

Drug Name	Drug Tier	Requirements/ Limits
THALOMID ORAL CAPSULE	T2	PA; SP; QL
THEO-24 ORAL CAPSULE,EXTE NDED RELEASE 24HR	T3	Preferred Alternatives (theophylline anhydrous)
<i>theophylline oral elixir</i>	T1	
<i>theophylline oral solution</i>	T1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	T1	
<i>theophylline oral tablet extended release 24 hr</i>	T1	
THIOLA EC ORAL TABLET,DELAY ED RELEASE (DR/EC)	T3	PA; SP; Preferred Alternatives (tiopronin)
THIOLA ORAL TABLET	T3	PA; SP; BP; Preferred Alternatives (tiopronin)
<i>thioridazine oral tablet</i>	T1	
<i>thiothixene oral capsule</i>	T1	
THRIVITE RX ORAL TABLET	T3	Preferred Alternatives (prenatal plus, preplus)
THYQUIDITY ORAL SOLUTION	T3	Preferred Alternatives (euthyrox, levothyroxine sodium, levoxyl, unithroid)
<i>tiadylt er oral capsule,extended release 24 hr</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine oral tablet</i>	T1	
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (diltiazem er, taztia xt)
TIBSOVO ORAL TABLET	T2	PA; SP; LA
TIGLUTIK ORAL SUSPENSION	T3	PA; Preferred Alternatives (riluzole)
TIKOSYN ORAL CAPSULE	T3	BP; Preferred Alternatives (dofetilide)
<i>tilia fe oral tablet</i>	T1	
TIMOL-BRIMON-DORZO-LATANOP(PF) OPTHALMIC (EYE) DROPS	T3	
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	T1	
<i>timolol maleate ophthalmic (eye) drops</i>	T1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	T1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	T1	
<i>timolol maleate oral tablet</i>	T1	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPTHALMIC (EYE) DROPS	T3	
TIMOLOL-DORZOLAMID-LATANOP(PF) OPTHALMIC (EYE) DROPS	T3	

Drug Name	Drug Tier	Requirements/Limits
TIMOLOL-LATANOPROST(PF) OPTHALMIC (EYE) DROPS	T3	
TIMOPTIC OCUDOSE (PF) OPTHALMIC (EYE) DROPPERETTE 0.25 %	T3	Preferred Alternatives (timolol maleate, betaxolol hcl, levobunolol hcl)
TIMOPTIC OCUDOSE (PF) OPTHALMIC (EYE) DROPPERETTE 0.5 %	T3	BP; Preferred Alternatives (timolol maleate)
TIMOPTIC OPTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (timolol maleate)
TIMOPTIC-XE OPTHALMIC (EYE) GEL FORMING SOLUTION	T3	BP; Preferred Alternatives (timolol maleate)
<i>tinidazole oral tablet</i>	T1	QL
<i>tiopronin oral tablet</i>	T1	PA; SP
TIROSINT ORAL CAPSULE	T3	Preferred Alternatives (euthyrox, levothyroxine sodium, levoxyl, unithroid)
TIROSINT-SOL ORAL SOLUTION	T3	Preferred Alternatives (euthyrox, levothyroxine sodium, levoxyl, unithroid)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>tis-u-sol pentalyte irrigation irrigation solution</i>	T1	
TIVICAY ORAL TABLET	T2	
TIVICAY PD ORAL TABLET FOR SUSPENSION	T2	
TIVORBEX ORAL CAPSULE 20 MG	T3	QL; Preferred Alternatives (indomethacin, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone)
<i>tizanidine oral capsule</i>	T1	
<i>tizanidine oral tablet</i>	T1	
TLANDO ORAL CAPSULE	T3	PA
TOBI INHALATION SOLUTION FOR NEBULIZATION	T3	PA; SP; BP; QL; Preferred Alternatives (tobramycin sulfate)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	T2	PA; SP; QL
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	BP; Preferred Alternatives (tobramycin-dexamethasone)
TOBRADEX OPHTHALMIC (EYE) OINTMENT	T3	Preferred Alternatives (tobramycin-dexamethasone)

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives (tobramycin-dexamethasone)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	T1	PA; SP; QL
<i>tobramycin inhalation solution for nebulization</i>	T1	PA; SP; QL
<i>tobramycin ophthalmic (eye) drops</i>	T1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	T3	PA; SP; QL; Preferred Alternatives (tobramycin sulfate, TOBI PODHALER)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	T1	
TOBREX OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (tobramycin sulfate)
TOBREX OPHTHALMIC (EYE) OINTMENT	T3	Preferred Alternatives (tobramycin sulfate)
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE	T2	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
TOLAK TOPICAL CREAM	T3	Preferred Alternatives (diclofenac sodium, fluorouracil, fluorouracil, imiquimod)
<i>tolcapone oral tablet</i>	T1	PA
<i>tolmetin oral tablet 200 mg</i>	T1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION	T3	ST; Preferred Alternatives (itraconazole, itraconazole)
<i>tolterodine oral capsule, extended release 24hr</i>	T1	
<i>tolterodine oral tablet</i>	T1	
<i>tolvaptan oral tablet</i>	T1	PA; SP; QL
TOPAMAX ORAL CAPSULE, SPRINKLE	T3	BP; Preferred Alternatives (topiramate)
TOPAMAX ORAL TABLET	T3	BP; Preferred Alternatives (topiramate)
TOPICORT TOPICAL CREAM	T3	BP; Preferred Alternatives (desoximetasone)
TOPICORT TOPICAL GEL	T3	BP; Preferred Alternatives (desoximetasone)
TOPICORT TOPICAL OINTMENT	T3	BP; Preferred Alternatives (desoximetasone)
TOPICORT TOPICAL SPRAY, NON-AEROSOL	T3	BP; Preferred Alternatives (desoximetasone)

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral capsule, sprinkle</i>	T1	
<i>topiramate oral capsule, sprinkle, er 24hr</i>	T1	
<i>topiramate oral tablet</i>	T1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (metoprolol succinate)
<i>toremifene oral tablet</i>	T1	
<i>torsemide oral tablet</i>	T1	
TOSYMRA NASAL SPRAY, NON-AEROSOL	T3	QL; Preferred Alternatives (sumatriptan, ZOMIG)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	T2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	T2	
<i>tovet emollient topical foam</i>	T1	QL
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	T2	
TRACLEER ORAL TABLET	T3	PA; SP; BP; Preferred Alternatives (bosentan)
TRACLEER ORAL TABLET FOR SUSPENSION	T2	PA; SP
TRADJENTA ORAL TABLET	T2	QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	T3	QL; Preferred Alternatives (tramadol hcl er)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	T3	QL; Preferred Alternatives (tramadol hcl er)
TRAMADOL ORAL TABLET 100 MG	T3	PA; Preferred Alternatives (tramadol hcl)
<i>tramadol oral tablet 50 mg</i>	T1	PA; QL
<i>tramadol oral tablet extended release 24 hr</i>	T1	QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	T1	QL
<i>tramadol- acetaminophen oral tablet</i>	T1	PA; QL
<i>trandolapril oral tablet</i>	T1	
<i>trandolapril- verapamil oral tablet, ir - er, biphasic 24hr</i>	T1	
<i>tranexamic acid oral tablet</i>	T1	
TRANSDERM- SCOP TRANSDERMAL PATCH 3 DAY	T3	BP; Preferred Alternatives (scopolamine)
TRANXENE T- TAB ORAL TABLET	T3	BP; Preferred Alternatives (clorazepate dipotassium)
<i>tranylcypromine oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
TRAVATAN Z OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (travoprost)
<i>travoprost ophthalmic (eye) drops</i>	T1	
<i>trazodone oral tablet</i>	T1	
TRECATOR ORAL TABLET	T3	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	T2	QL
TREMFYA SUBCUTANEOU S AUTO- INJECTOR	T2	PA; SP; QL; LA
TREMFYA SUBCUTANEOU S SYRINGE	T2	PA; SP; QL; LA
TRESIBA FLEXTOUCH U- 100 SUBCUTANEOU S INSULIN PEN	T2	
TRESIBA FLEXTOUCH U- 200 SUBCUTANEOU S INSULIN PEN	T2	
TRESIBA U-100 INSULIN SUBCUTANEOU S SOLUTION	T2	
<i>tretinoin (antineoplastic) oral capsule</i>	T1	
<i>tretinoin microspheres topical gel</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin microspheres topical gel with pump</i>	T1	
<i>tretinoin topical cream</i>	T1	
<i>tretinoin topical gel</i>	T1	
TREXALL ORAL TABLET	T3	Preferred Alternatives (methotrexate)
TREXIMET ORAL TABLET	T3	BP; QL; Preferred Alternatives (sumatriptan succ-naproxen sod)
TREZIX ORAL CAPSULE	T3	PA; Preferred Alternatives (apap-caffeine-dihydrocodeine)
<i>tri femynor oral tablet</i>	T1	
<i>triamcinolone acetonide dental paste</i>	T1	
<i>triamcinolone acetonide topical aerosol</i>	T1	QL
<i>triamcinolone acetonide topical cream</i>	T1	
<i>triamcinolone acetonide topical lotion</i>	T1	
<i>triamcinolone acetonide topical ointment</i>	T1	
<i>triamterene oral capsule</i>	T1	
<i>triamterene-hydrochlorothiazi d oral capsule 37.5-25 mg</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene-hydrochlorothiazi d oral tablet</i>	T1	
<i>trianex topical ointment</i>	T1	
<i>triazolam oral tablet</i>	T1	
TRIBENZOR ORAL TABLET	T3	BP; Preferred Alternatives (olmesartan-amlodipine-hctz)
TRICARE ORAL TABLET	T3	Preferred Alternatives (prenatal plus, preplus)
TRICOR ORAL TABLET	T3	BP; Preferred Alternatives (fenofibrate)
<i>triderm topical cream</i>	T1	
TRIDESILON TOPICAL CREAM	T3	BP; Preferred Alternatives (desonide)
<i>trientine oral capsule</i>	T1	PA
<i>tri-estarylla oral tablet</i>	T1	
TRIFERIC HEMODIALYSIS POWDER IN PACKET	T3	
TRIFERIC HEMODIALYSIS SOLUTION	T3	
<i>trifluoperazine oral tablet</i>	T1	
<i>trifluridine ophthalmic (eye) drops</i>	T1	
<i>trihexyphenidyl oral elixir</i>	T1	
<i>trihexyphenidyl oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL	T2	PA; SP; QL
<i>tri-legest fe oral tablet</i>	T1	
TRILEPTAL ORAL SUSPENSION	T3	BP; Preferred Alternatives (oxcarbazepine)
TRILEPTAL ORAL TABLET	T3	BP; Preferred Alternatives (oxcarbazepine)
<i>tri-linyah oral tablet</i>	T1	
TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T3	BP; Preferred Alternatives (fenofibric acid)
<i>tri-lo-estarylla oral tablet</i>	T1	
<i>tri-lo-marzia oral tablet</i>	T1	
<i>tri-lo-mili oral tablet</i>	T1	
<i>tri-lo-sprintec oral tablet</i>	T1	
<i>trimethobenzamide oral capsule</i>	T1	
<i>trimethoprim oral tablet</i>	T1	
<i>tri-mili oral tablet</i>	T1	
<i>trimipramine oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERN OSAL RECON SOLN	T3	
TRIMO-SAN JELLY VAGINAL GEL	T2	
<i>trinatal rx 1 oral tablet</i>	T1	
<i>trinate oral tablet</i>	T1	
TRINAZ ORAL TABLET	T3	Preferred Alternatives (prenatal plus, preplus)
TRINTELLIX ORAL TABLET	T3	Preferred Alternatives (citalopram hbr, escitalopram oxalate, fluoxetine hcl, paroxetine hcl, sertraline hcl, VIIBRYD)
<i>tri-nymyo oral tablet</i>	T1	
<i>tri-sprintec (28) oral tablet</i>	T1	
TRISTART DHA ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
<i>tritocin topical ointment</i>	T1	
TRIUMEQ ORAL TABLET	T2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	T2	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>tri-vitamin with fluoride oral drops</i>	T1	
<i>trivora (28) oral tablet</i>	T1	
<i>tri-vylibra lo oral tablet</i>	T1	
<i>tri-vylibra oral tablet</i>	T1	
TRIZIVIR ORAL TABLET	T3	BP; Preferred Alternatives (abacavir-lamivudine-zidovudine)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	Preferred Alternatives (topiramate, topiramate er)
<i>tropicamide ophthalmic (eye) drops</i>	T1	
<i>tropium oral capsule, extended release 24hr</i>	T1	
<i>tropium oral tablet</i>	T1	
TRUDHESA NASAL SPRAY, NON-AEROSOL	T3	QL; Preferred Alternatives (dihydroergotamine mesylate)

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX AIR GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
TRUE METRIX GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX GLUCOSE TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
TRUE METRIX GO GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
TRUE METRIX LEVEL 1 SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
TRUECONTROL LEVEL 0 SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
TRUERESULT BLOOD GLUCOSE SYSTEM KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
TRUETEST TEST STRIPS STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
TRUETRACK SMART SYSTEM KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
TRUETRACK TEST STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
TRULANCE ORAL TABLET	T2	
TRULICITY SUBCUTANEOU S PEN INJECTOR	T2	PA; QL
TRUMENBA INTRAMUSCULA R SYRINGE	T2	
TRUSELTIQ ORAL CAPSULE	T3	PA; SP; QL; LA; Preferred Alternatives (PEMAZYRE)
TRUSOPT OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (dorzolamide hcl)
TRUSTEEL INFUSION SET 23" INFUSION SET	T2	
TRUVADA ORAL TABLET	T3	BP; Preferred Alternatives (emtricitabine- tenofovir disop)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	QL; Preferred Alternatives (INCRUSE ELLIPTA, SPIRIVA RESPIMAT, SPIRIVA)
TUKYSA ORAL TABLET	T3	PA; SP; QL; LA
<i>tulana oral tablet</i>	T1	
TURALIO ORAL CAPSULE	T3	PA; SP; QL
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	T3	
TUZISTRA XR ORAL SUSPENSION, EXTENDED REL 12 HR	T3	ST; Preferred Alternatives (hydrocodone-chlorpheniramine, promethazine w/codeine)
TWINRIX (PF) INTRAMUSCULAR SYRINGE	T2	
TWIRLA TRANSDERMAL PATCH WEEKLY	T3	Preferred Alternatives (blisovi fe, etonogestrel-ethinyl estradiol, hailey fe, junel fe, xulane, LO LOESTRIN FE)
TWYNEO TOPICAL CREAM	T3	Preferred Alternatives (adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin phos-tretinoin, tretinoin)

Drug Name	Drug Tier	Requirements/ Limits
TYBLUME ORAL TABLET,CHEWABLE	T3	Preferred Alternatives (altavera, aviane, falmina, lessina, levonorgestrel-eth estradiol, portia, vienva)
TYBOST ORAL TABLET	T3	Preferred Alternatives (ritonavir, NORVIR)
<i>tydemy oral tablet</i>	T1	
TYKERB ORAL TABLET	T3	PA; SP; BP; QL; LA; Preferred Alternatives (lapatinib)
TYMLOS SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; QL; LA
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	T3	Preferred Alternatives (RESTASIS, XIIDRA)
TYVASO INHALATION SOLUTION FOR NEBULIZATION	T2	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	T2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	T2	PA; SP

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
UBRELVY ORAL TABLET	T3	PA; QL; Preferred Alternatives (almotriptan malate, eletriptan hbr, frovatriptan succinate, naratriptan hcl, rizatriptan, sumatriptan succinate, zolmitriptan)
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE	T3	BP; Preferred Alternatives (budesonide er)
UCERIS RECTAL FOAM	T2	
UDENYCA SUBCUTANEOUS SYRINGE	T2	PA; SP; QL
ULESFA TOPICAL LOTION	T3	Preferred Alternatives (ivermectin, permethrin, malathion, spinosad)
ULORIC ORAL TABLET	T3	BP; Preferred Alternatives (febuxostat)
ULTIMA MONITOR	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)

Drug Name	Drug Tier	Requirements/ Limits
ULTRACET ORAL TABLET	T3	PA; BP; QL; Preferred Alternatives (tramadol hcl-acetaminophen)
ULTRAM ORAL TABLET	T3	PA; BP; QL; Preferred Alternatives (tramadol hcl)
ULTRATRAK GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ULTRATRAK STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ULTRATRAK ULTIMATE	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
ULTRATRAK ULTIMATE STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
ULTRAVATE TOPICAL LOTION	T3	Preferred Alternatives (betamethason e dipropionate, clobetasol propionate, desoximetaso n e, diflorasone diacetate, fluocinonide, halobetasol propionate)

Drug Name	Drug Tier	Requirements/ Limits
UNISTRIP LOW CONTROL SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
UNISTRIP1 TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
<i>unithroid oral tablet</i>	T1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE	T3	PA
UPTRAVI ORAL TABLET	T2	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK	T2	PA; SP
URELLE ORAL TABLET	T3	Preferred Alternatives (phosphasal, UR N-C, uretron d-s)
<i>uretron d-s oral tablet</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
URIBEL ORAL CAPSULE	T3	Preferred Alternatives (ustell)
<i>urimar-t oral tablet</i>	T1	
<i>uro-458 oral tablet</i>	T1	
UROKIT-K 10 ORAL TABLET EXTENDED RELEASE	T3	BP; Preferred Alternatives (potassium citrate er)
UROKIT-K 15 ORAL TABLET EXTENDED RELEASE	T3	BP; Preferred Alternatives (potassium citrate er)
UROKIT-K 5 ORAL TABLET EXTENDED RELEASE	T3	BP; Preferred Alternatives (potassium citrate er)
<i>urogesic-blue oral tablet</i>	T1	
<i>uro-mp oral capsule</i>	T1	
UROQID-ACID NO.2 ORAL TABLET	T3	Preferred Alternatives (methenamine mandelate)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (alfuzosin hcl er)
URSO 250 ORAL TABLET	T3	BP; Preferred Alternatives (ursodiol)
URSO FORTE ORAL TABLET	T3	BP; Preferred Alternatives (ursodiol)
<i>ursodiol oral capsule</i>	T1	
<i>ursodiol oral tablet</i>	T1	
<i>uryl oral tablet</i>	T1	
<i>ustell oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>utira-c oral tablet</i>	T1	
VAGIFEM VAGINAL TABLET	T3	BP; Preferred Alternatives (estradiol, yuvafem)
<i>valacyclovir oral tablet</i>	T1	QL
VALCHLOR TOPICAL GEL	T2	PA; SP
VALCYTE ORAL RECON SOLN	T3	BP; Preferred Alternatives (valganciclovir hcl)
VALCYTE ORAL TABLET	T3	BP; Preferred Alternatives (valganciclovir hcl)
<i>valganciclovir oral recon soln</i>	T1	
<i>valganciclovir oral tablet</i>	T1	
VALIUM ORAL TABLET	T3	BP; Preferred Alternatives (diazepam)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	T1	
<i>valproic acid oral capsule</i>	T1	
VALSARTAN ORAL SOLUTION	T3	Preferred Alternatives (valsartan)
<i>valsartan oral tablet</i>	T1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	T1	
VALTOCO NASAL SPRAY, NON-AEROSOL	T3	Preferred Alternatives (NAYZILAM)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
VALTREX ORAL TABLET	T3	BP; QL; Preferred Alternatives (valacyclovir)
<i>vanadom oral tablet</i>	T1	Preferred Alternatives (metaxalone, tizanidine hcl)
VANOCOCIN ORAL CAPSULE	T3	BP; QL; Preferred Alternatives (vancomycin hcl)
<i>vancomycin oral capsule</i>	T1	QL
<i>vancomycin oral recon soln</i>	T1	QL
<i>vandazole vaginal gel</i>	T1	
VANOS TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (fluocinonide)
VANOXIDE-HC TOPICAL SUSPENSION	T3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	T3	Preferred Alternatives (HAVRIX)
VAQTA (PF) INTRAMUSCULAR SYRINGE	T3	Preferred Alternatives (HAVRIX)
<i>ardenafil oral tablet</i>	T1	QL
<i>ardenafil oral tablet, disintegrating</i>	T1	QL
<i>varenicline oral tablet</i>	T1	
<i>varenicline oral tablets, dose pack</i>	T1	
VARISOFT INFUSION SET 23" INFUSION SET	T2	

Drug Name	Drug Tier	Requirements/ Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	T2	
VARUBI ORAL TABLET	T2	
VASCEPA ORAL CAPSULE 0.5 GRAM	T2	
VASCEPA ORAL CAPSULE 1 GRAM	T2	BP
VASERETIC ORAL TABLET	T3	BP; Preferred Alternatives (enalapril maleate/hctz)
VASOTEC ORAL TABLET	T3	BP; Preferred Alternatives (enalapril maleate)
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	T3	Preferred Alternatives (DAPTACEL, PENTACEL, IPOL, HIBERIX, PEDVAXHIB, ENGERIX-B, RECOMBIVAX HB)
VAXELIS (PF) INTRAMUSCULAR SYRINGE	T3	Preferred Alternatives (DAPTACEL, PENTACEL, IPOL, HIBERIX, PEDVAXHIB, ENGERIX-B, RECOMBIVAX HB)
VAXNEUVANCE INTRAMUSCULAR SYRINGE	T2	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
VCF CONTRACEPTIV E FILM VAGINAL FILM	T2	
VCF CONTRACEPTIV E GEL VAGINAL GEL	T2	
VECAMYL ORAL TABLET	T3	PA; Preferred Alternatives (clonidine hcl, RESERPINE)
VECTICAL TOPICAL OINTMENT	T3	BP; Preferred Alternatives (calcitriol)
<i>velivet triphasic regimen (28) oral tablet</i>	T1	
VELPHORO ORAL TABLET,CHEWA BLE	T2	QL
VELTASSA ORAL POWDER IN PACKET	T2	QL
VELTIN TOPICAL GEL	T3	Preferred Alternatives (clindamycin- benzoyl peroxide, clindamycin phos-tretinoin, clindamycin phosphate, tretinoin, ONEXTON)
VEMLIDY ORAL TABLET	T2	
VENCLEXTA ORAL TABLET	T2	PA; SP; QL; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine oral capsule,extended release 24hr</i>	T1	
<i>venlafaxine oral tablet</i>	T1	
<i>venlafaxine oral tablet extended release 24hr</i>	T1	
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	T3	PA; SP; Preferred Alternatives (TYVASO)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	T2	QL
<i>verapamil oral capsule, 24 hr er pellet ct</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	T1	
<i>verapamil oral tablet</i>	T1	
<i>verapamil oral tablet extended release</i>	T1	
VERDESO TOPICAL FOAM	T3	Preferred Alternatives (alclometasone dipropionate, betamethasone valerate, desonide, desoximetason e, fluocinolone acetone, hydrocortisone butyrate, triamcinolone acetone)
VEREGEN TOPICAL OINTMENT	T3	PA; Preferred Alternatives (imiquimod, podofilox)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR	T3	BP; Preferred Alternatives (verapamil er)
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT	T3	BP; Preferred Alternatives (verapamil er pm)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE	T3	QL
VERQUVO ORAL TABLET	T2	
VERSACLOZ ORAL SUSPENSION	T3	Preferred Alternatives (clozapine odt, clozapine)
VERZENIO ORAL TABLET	T2	PA; SP; QL; LA
VESICARE LS ORAL SUSPENSION	T3	ST; Preferred Alternatives (oxybutynin chloride, oxybutynin chloride er)
VESICARE ORAL TABLET	T3	ST; BP; Preferred Alternatives (solifenacin succinate)
<i>vestura (28) oral tablet</i>	T1	
VFEND ORAL SUSPENSION FOR RECONSTITUTION	T3	PA; BP; Preferred Alternatives (voriconazole)
VFEND ORAL TABLET	T3	PA; BP; Preferred Alternatives (voriconazole)
V-GO 20 DEVICE	T2	

Drug Name	Drug Tier	Requirements/Limits
V-GO 30 DEVICE	T2	
V-GO 40 DEVICE	T2	
VIAGRA ORAL TABLET	T3	BP; QL; Preferred Alternatives (sildenafil citrate)
VIBERZI ORAL TABLET	T2	
VIBRAMYCIN (CALCIUM) ORAL SYRUP	T3	Preferred Alternatives (doxycycline hyclate)
VIBRAMYCIN (MONO) ORAL SUSPENSION FOR RECONSTITUTION	T3	BP; Preferred Alternatives (doxycycline monohydrate)
VIBRAMYCIN ORAL CAPSULE 100 MG	T3	BP; Preferred Alternatives (doxycycline hyclate)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	T2	PA; QL
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	T2	PA; QL
VIEKIRA PAK ORAL TABLETS,DOSE PACK	T3	PA; SP; QL; LA; Preferred Alternatives (EPCLUSA, HARVONI, VOSEVI, ZEPATIER)
<i>vienva oral tablet</i>	T1	
<i>vigabatin oral powder in packet</i>	T1	PA; SP
<i>vigabatin oral tablet</i>	T1	PA; SP

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
<i>vigadrone oral powder in packet</i>	T1	PA; SP
VIGAMOX OPTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (moxifloxacin hcl)
VIIBRYD ORAL TABLET	T2	
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	T2	
VIJOICE ORAL TABLET	T2	PA; SP; LA
VIMOVO ORAL TABLET,IR,DEL AYED REL,BIPHASIC	T3	BP; Preferred Alternatives (naproxen-esomeprazole mag)
VIMPAT ORAL SOLUTION	T2	
VIMPAT ORAL TABLET	T3	Preferred Alternatives (lacosamide)
VIOKACE ORAL TABLET	T2	
<i>viorele (28) oral tablet</i>	T1	
VIRACEPT ORAL TABLET	T2	
VIREAD ORAL POWDER	T2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	
VIREAD ORAL TABLET 300 MG	T3	BP; Preferred Alternatives (tenofovir disoproxil fumarate)
<i>virt-c dha oral capsule</i>	T1	
<i>virt-nate dha oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>virt-pn dha oral capsule</i>	T1	
<i>virtussin ac oral liquid</i>	T1	
<i>virtussin dac oral syrup</i>	T1	
VISTARIL ORAL CAPSULE	T3	BP; Preferred Alternatives (hydroxyzine pamoate)
VISTOGARD ORAL GRANULES IN PACKET	T2	PA; SP; QL
VITAFOL FE PLUS ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAFOL NANO ORAL TABLET	T3	Preferred Alternatives (prenatal plus, preplus)
VITAFOL ULTRA ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAFOL-OB ORAL TABLET	T3	Preferred Alternatives (prenatal plus, preplus)
VITAFOL-OB+DHA ORAL COMBO PACK	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
VITAFOL-ONE ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAMED MD ONE RX ORAL CAPSULE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,I R - DR,BIPHASE	T3	BP; Preferred Alternatives (prena1 chew)
<i>vitamin b complex-folic acid oral tablet</i>	T1	
<i>vitamin k injection solution</i>	T1	
<i>vitamin k1 injection solution</i>	T1	
<i>vitamins a,c,d and fluoride oral drops</i>	T1	
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITATRUE ORAL COMBO PACK	T3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITRAKVI ORAL CAPSULE	T2	PA; SP; QL; LA
VITRAKVI ORAL SOLUTION	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO)
VIVAGUARD INO GLUCOSE METER	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
VIVAGUARD INO SMART GLUC METER	T3	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
VIVAGUARD INO TEST STRIP STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	T3	BP; QL; Preferred Alternatives (estradiol)
VIVLODEX ORAL CAPSULE 10 MG	T3	BP; Preferred Alternatives (meloxicam, etodolac, flurbiprofen, ibuprofen, ketoprofen, nabumetone, oxaprozin)
VIVLODEX ORAL CAPSULE 5 MG	T3	BP; QL; Preferred Alternatives (meloxicam, etodolac, flurbiprofen, ibuprofen, ketoprofen, nabumetone, oxaprozin)
VIZIMPRO ORAL TABLET	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
VOGELXO TRANSDERMAL GEL	T3	BP; QL; Preferred Alternatives (testosterone)
VOGELXO TRANSDERMAL GEL IN METERED- DOSE PUMP	T3	QL; Preferred Alternatives (testosterone)
VOGELXO TRANSDERMAL GEL IN PACKET	T3	QL; Preferred Alternatives (testosterone)
<i>volnea (28) oral tablet</i>	T1	
VONJO ORAL CAPSULE	T2	PA; SP; LA
<i>voriconazole oral suspension for reconstitution</i>	T1	PA
<i>voriconazole oral tablet</i>	T1	PA
VORTEX HOLDING CHAMBER SPACER	T2	
VOSEVI ORAL TABLET	T2	PA; SP; QL; LA
VOTRIENT ORAL TABLET	T2	PA; SP; QL; LA
VOXZOGO SUBCUTANEOU S RECON SOLN	T3	PA; SP
VRAYLAR ORAL CAPSULE	T3	Preferred Alternatives (aripiprazole, asenapine maleate, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl, LATUDA)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
VRAYLAR ORAL CAPSULE,DOSE PACK	T3	Preferred Alternatives (aripiprazole, asenapine maleate, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl, LATUDA)
<i>vtol lq oral solution</i>	T1	
VUITY OPHTHALMIC (EYE) DROPS	T3	
VUMERITY ORAL CAPSULE,DELA YED RELEASE(DR/E C)	T2	PA; SP; QL; LA
VUSION TOPICAL OINTMENT	T3	QL; Preferred Alternatives (miconazole nitrate)
<i>vyfemla (28) oral tablet</i>	T1	
VYLEESI SUBCUTANEOUS AUTO-INJECTOR	T3	SP; QL
<i>vylibra oral tablet</i>	T1	
VYNDAMAX ORAL CAPSULE	T2	PA; SP; LA
VYNDAQEL ORAL CAPSULE	T2	PA; SP; LA
VYTORIN 10-10 ORAL TABLET	T3	BP; QL; Preferred Alternatives (ezetimibe-simvastatin)

Drug Name	Drug Tier	Requirements/ Limits
VYTORIN 10-20 ORAL TABLET	T3	BP; QL; Preferred Alternatives (ezetimibe-simvastatin)
VYTORIN 10-40 ORAL TABLET	T3	BP; QL; Preferred Alternatives (ezetimibe-simvastatin)
VYTORIN 10-80 ORAL TABLET	T3	BP; QL; Preferred Alternatives (ezetimibe-simvastatin)
VYVANSE ORAL CAPSULE	T2	
VYVANSE ORAL TABLET,CHEWABLE	T2	
VYZULTA OPHTHALMIC (EYE) DROPS	T3	Preferred Alternatives (bimatoprost, latanoprost, travoprost)
WAKIX ORAL TABLET	T3	PA; SP; QL; Preferred Alternatives (armodafinil, modafinil, SUNOSI)
<i>warfarin oral tablet</i>	T1	
<i>water for irrigation, sterile irrigation solution</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
WAVESENSE AMP KIT	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
WAVESENSE CONTROL SOLUTION SOLUTION	T3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO)
WAVESENSE JAZZ STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)

Drug Name	Drug Tier	Requirements/ Limits
WAVESENSE PRESTO	T3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX)
WAVESENSE PRESTO STRIP	T3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO)
WEGOVY SUBCUTANEOU S PEN INJECTOR	T2	PA; QL
WELCHOL ORAL POWDER IN PACKET	T3	BP; Preferred Alternatives (colesevelam hcl)
WELCHOL ORAL TABLET	T3	BP; Preferred Alternatives (colesevelam hcl)
WELIREG ORAL TABLET	T3	PA; SP

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR	T3	BP; Preferred Alternatives (bupropion sr)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (bupropion xl)
<i>wera (28) oral tablet</i>	T1	
<i>wescap-c dha oral capsule</i>	T1	
<i>wescap-pn dha oral capsule</i>	T1	
<i>wesnate dha oral capsule</i>	T1	
<i>westab plus oral tablet</i>	T1	
<i>westgel dha oral capsule</i>	T1	
WIDE-SEAL DIAPHRAGM	T3	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	T2	PA; SP; LA
WINLEVI TOPICAL CREAM	T3	PA; Preferred Alternatives (azelaic acid, clindamycin phosphate, clindamycin phos-tretinoin, dapsone, erythromycin, tretinoin, ONEXTON)
<i>wintergreen oil oil</i>	T1	
<i>wixela inhub inhalation blister with device</i>	T1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec)</i>	T1	
<i>wymzya fe oral tablet, chewable</i>	T1	
WYNZORA TOPICAL CREAM	T3	QL; Preferred Alternatives (betamethason e dipropionate, calcipotriene-betamethasone dp, clobetasol propionate, diflorasone diacetate, calcipotriene, ENSTILAR)
XADAGO ORAL TABLET	T3	Preferred Alternatives (rasagiline mesylate, selegiline hcl)
XALATAN OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (latanoprost)
XALKORI ORAL CAPSULE	T2	PA; SP; QL; LA
XANAX ORAL TABLET	T3	BP; Preferred Alternatives (alprazolam)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP; Preferred Alternatives (alprazolam er)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	T2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	T2	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
XARELTO ORAL TABLET	T2	
XATMEP ORAL SOLUTION	T3	ST; Preferred Alternatives (methotrexate)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	T3	Preferred Alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide)
XCOPRI ORAL TABLET	T3	Preferred Alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	T3	Preferred Alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide)
XELJANZ ORAL SOLUTION	T2	PA; SP; QL; LA
XELJANZ ORAL TABLET	T2	PA; SP; QL; LA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	T2	PA; SP; QL; LA
XELODA ORAL TABLET	T3	PA; SP; BP; QL; LA; Preferred Alternatives (capecitabine)

Drug Name	Drug Tier	Requirements/ Limits
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION	T3	Preferred Alternatives (bimatoprost, latanoprost, travoprost)
XEMBIFY SUBCUTANEOUS SOLUTION	T2	PA; SP
XENAZINE ORAL TABLET	T3	PA; SP; BP; Preferred Alternatives (tetrabenazine)
XENICAL ORAL CAPSULE	T3	PA; QL; Preferred Alternatives (benzphetamine hcl, diethylpropion hcl, phentermine hcl)
XENLETA ORAL TABLET	T3	Preferred Alternatives (azithromycin, clarithromycin, doxycycline hyclate, moxifloxacin hcl, levofloxacin, amoxicillin-clavulanate potass, cefdinir)
XEPI TOPICAL CREAM	T3	QL; Preferred Alternatives (mupirocin, mupirocin)
XERESE TOPICAL CREAM	T3	Preferred Alternatives (acyclovir, acyclovir, famciclovir, valacyclovir)
XERMELO ORAL TABLET	T2	PA; SP; QL; LA

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
XHANCE NASAL AEROSOL BREATH ACTIVATED	T3	QL; Preferred Alternatives (flunisolide, fluticasone propionate, mometasone furoate, QNASL)
XIFAXAN ORAL TABLET	T2	PA; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	PA; QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	T2	PA; QL
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	Preferred Alternatives (minocycline hcl er)
XOFLUZA ORAL TABLET	T3	QL; Preferred Alternatives (oseltamivir phosphate)
XOLAIR SUBCUTANEOUS SYRINGE	T2	PA; SP; QL
XOLEGEL TOPICAL GEL	T3	QL; Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate)
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION	T3	BP; Preferred Alternatives (levolbuterol hcl)

Drug Name	Drug Tier	Requirements/Limits
XOPENEX HFA INHALATION HFA AEROSOL INHALER	T3	QL; Preferred Alternatives (albuterol sulfate hfa, VENTOLIN HFA)
XOPENEX INHALATION SOLUTION FOR NEBULIZATION	T3	BP; Preferred Alternatives (levolbuterol hcl)
XOSPATA ORAL TABLET	T2	PA; SP; QL; LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	T3	PA; SP; LA; Preferred Alternatives (DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE)
XTAMPZA ER ORAL CAP, SPRINKLE, ER 12HR (DONT CRUSH)	T3	QL; Preferred Alternatives (hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxycodone hcl er, HYSINGLA ER, OXYCONTIN)
XTANDI ORAL CAPSULE	T2	PA; SP; QL; LA
XTANDI ORAL TABLET	T2	PA; SP; QL; LA
<i>xulane transdermal patch weekly</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	T2	QL
XURIDEN ORAL GRANULES IN PACKET	T2	PA; SP
XYNTHA INTRAVENOUS SOLUTION	T3	PA; SP; LA; Preferred Alternatives (ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT)
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	T3	PA; SP; LA; Preferred Alternatives (ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT)
XYOSTED SUBCUTANEOUS AUTO- INJECTOR	T3	QL; Preferred Alternatives (testosterone enanthate, testosterone cypionate)
XYREM ORAL SOLUTION	T2	ST; SP
XYWAV ORAL SOLUTION	T2	ST; SP
YASMIN (28) ORAL TABLET	T3	BP; Preferred Alternatives (ocella, syeda, zarah)

Drug Name	Drug Tier	Requirements/ Limits
YAZ (28) ORAL TABLET	T3	BP; Preferred Alternatives (drospirenone- ethinyl estradiol, gianvi, jasmiel, loryna, lo- zumandimine, nikki)
YONSA ORAL TABLET	T2	PA; SP; QL; LA
YOSPRALA ORAL TABLET,IR,DEL AYED REL,BIPHASIC	T3	ST; Preferred Alternatives (aspirin, omeprazole, esomeprazole magnesium, lansoprazole, pantoprazole sodium, rabeprazole sodium)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	T2	QL
<i>yuvafem vaginal tablet</i>	T1	
<i>zafemy transdermal patch weekly</i>	T1	
<i>zafirlukast oral tablet</i>	T1	
<i>zaleplon oral capsule</i>	T1	QL
ZANAFLEX ORAL CAPSULE	T3	BP; Preferred Alternatives (tizanidine hcl)
ZANAFLEX ORAL TABLET	T3	BP; Preferred Alternatives (tizanidine hcl)
<i>zarah oral tablet</i>	T1	
ZARONTIN ORAL CAPSULE	T3	BP; Preferred Alternatives (ethosuximide)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ZARONTIN ORAL SOLUTION	T3	BP; Preferred Alternatives (ethosuximide)
ZARXIO INJECTION SYRINGE	T2	PA; SP
<i>zatean-pn dha oral capsule</i>	T1	
<i>zatean-pn plus oral capsule</i>	T1	
ZAVESCA ORAL CAPSULE	T3	PA; SP; BP; Preferred Alternatives (miglustat)
ZCORT ORAL TABLETS, DOSE PACK	T3	ST
<i>zebutal oral capsule</i>	T1	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	T2	QL
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	T2	QL
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	T3	BP; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)

Drug Name	Drug Tier	Requirements/ Limits
ZEGERID ORAL PACKET 20-1,680 MG	T3	BP; QL; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
ZEGERID ORAL PACKET 40-1,680 MG	T3	BP; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
ZEJULA ORAL CAPSULE	T2	PA; SP; QL; LA
ZELAPAR ORAL TABLET, DISINTEGRATING	T3	Preferred Alternatives (rasagiline mesylate, selegiline hcl)
ZELBORAF ORAL TABLET	T2	PA; SP; QL; LA
ZELNORM ORAL TABLET	T3	Preferred Alternatives (LINZESS, TRULANCE)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	T3	QL; Preferred Alternatives (sumatriptan succinate)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	BP; Preferred Alternatives (paricalcitol)
<i>zenatane oral capsule</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000-42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	T2	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	T1	
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG	T3	BP; Preferred Alternatives (dextroamphetamine sulfate)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	T3	Preferred Alternatives (dextroamphetamine sulfate)
ZEPATIER ORAL TABLET	T2	PA; SP; QL; LA
ZEPOSIA ORAL CAPSULE	T2	PA; SP; QL; LA
ZEPOSIA STARTER KIT ORAL CAPSULE, DOSE PACK	T2	PA; SP; QL; LA
ZEPOSIA STARTER PACK ORAL CAPSULE, DOSE PACK	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE	T3	Preferred Alternatives (azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl)
ZESTORETIC ORAL TABLET	T3	BP; Preferred Alternatives (lisinopril-hctz)
ZESTRIL ORAL TABLET	T3	BP; Preferred Alternatives (lisinopril)
ZETIA ORAL TABLET	T3	BP; Preferred Alternatives (ezetimibe)
ZETONNA NASAL HFA AEROSOL INHALER	T3	QL; Preferred Alternatives (flunisolide, fluticasone propionate, mometasone furoate, QNASL)
ZIAC ORAL TABLET	T3	BP; Preferred Alternatives (bisoprolol fumarate/hctz)
ZIAGEN ORAL SOLUTION	T3	BP; Preferred Alternatives (abacavir)
ZIAGEN ORAL TABLET	T3	BP; Preferred Alternatives (abacavir)
ZIANA TOPICAL GEL	T3	BP; Preferred Alternatives (clindamycin phos-tretinoin)
<i>zidovudine oral capsule</i>	T1	
<i>zidovudine oral syrup</i>	T1	

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral tablet</i>	T1	
ZIEXTENZO SUBCUTANEOUS SYRINGE	T2	PA; SP
<i>zileuton oral tablet, er multiphase 12 hr</i>	T1	ST
ZILXI TOPICAL FOAM	T3	Preferred Alternatives (azelaic acid, ivermectin, metronidazole, rosula, FINACEA)
ZIMHI INJECTION SYRINGE	T3	Preferred Alternatives (naloxone hcl)
<i>zingiber oral tablet</i>	T1	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	T3	Preferred Alternatives (bimatoprost, latanoprost, travoprost)
<i>ziprasidone hcl oral capsule</i>	T1	
ZIPSOR ORAL CAPSULE	T3	BP; Preferred Alternatives (diclofenac potassium)
ZIRGAN OPHTHALMIC (EYE) GEL	T3	Preferred Alternatives (trifluridine)
ZITHROMAX ORAL PACKET	T3	BP; Preferred Alternatives (azithromycin)
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	T3	BP; Preferred Alternatives (azithromycin)

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX ORAL TABLET 250 MG, 500 MG	T3	BP; Preferred Alternatives (azithromycin)
ZITHROMAX TRI-PAK ORAL TABLET	T3	BP; Preferred Alternatives (azithromycin)
ZITHROMAX Z-PAK ORAL TABLET	T3	BP; Preferred Alternatives (azithromycin)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	T3	BP; QL; Preferred Alternatives (simvastatin)
ZOKINVY ORAL CAPSULE	T3	PA; SP; QL
ZOLINZA ORAL CAPSULE	T2	PA; SP; QL; LA
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	T3	QL; Preferred Alternatives (sumatriptan, ZOMIG)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	T1	QL
<i>zolmitriptan oral tablet</i>	T1	QL
<i>zolmitriptan oral tablet, disintegrating</i>	T1	QL
ZOLOFT ORAL CONCENTRATE	T3	BP; Preferred Alternatives (sertraline hcl)
ZOLOFT ORAL TABLET	T3	BP; Preferred Alternatives (sertraline hcl)
<i>zolpidem oral tablet</i>	T1	QL
<i>zolpidem oral tablet, ext release multiphase</i>	T1	QL
<i>zolpidem sublingual tablet</i>	T1	QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ZOLPIMIST ORAL SPRAY, NON-AEROSOL	T3	QL; Preferred Alternatives (eszopiclone, zaleplon, zolpidem tartrate)
ZOMACTON SUBCUTANEOUS RECON SOLN	T3	PA; SP; LA; Preferred Alternatives (GENOTROPIN, HUMATROPE, NORDITROPIN FLEXPRO)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	T2	QL
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	T2	BP; QL
ZOMIG ORAL TABLET	T3	BP; QL; Preferred Alternatives (zolmitriptan)
ZONALON TOPICAL CREAM	T3	ST; BP; QL; Preferred Alternatives (pradoxin)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	T3	BP; Preferred Alternatives (zonisamide)
<i>zonisamide oral capsule</i>	T1	
ZONTIVITY ORAL TABLET	T3	Preferred Alternatives (clopidogrel, aspirin)
ZORTRESS ORAL TABLET	T3	BP; LA; Preferred Alternatives (everolimus)

Drug Name	Drug Tier	Requirements/ Limits
ZORVOLEX ORAL CAPSULE 18 MG	T3	QL; Preferred Alternatives (diclofenac potassium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone)
ZORVOLEX ORAL CAPSULE 35 MG	T3	Preferred Alternatives (diclofenac potassium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone)
<i>zovia 1-35 (28) oral tablet</i>	T1	
ZOVIRAX ORAL SUSPENSION	T3	BP; Preferred Alternatives (acyclovir)
ZOVIRAX TOPICAL CREAM	T3	BP; QL; Preferred Alternatives (acyclovir)
ZOVIRAX TOPICAL OINTMENT	T3	BP; QL; Preferred Alternatives (acyclovir)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED	T2	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	T2	QL

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members

Drug Name	Drug Tier	Requirements/ Limits
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	T2	
<i>zumandimine (28) oral tablet</i>	T1	
ZUPLENZ ORAL FILM	T3	Preferred Alternatives (ondansetron odt, ondansetron hcl, granisetron hcl)
ZYCLARA TOPICAL CREAM IN METERED- DOSE PUMP 2.5 %	T3	
ZYCLARA TOPICAL CREAM IN METERED- DOSE PUMP 3.75 %	T3	BP
ZYCLARA TOPICAL CREAM IN PACKET	T3	BP
ZYDELIG ORAL TABLET	T2	PA; SP; QL; LA
ZYFLO ORAL TABLET	T3	ST; Preferred Alternatives (zileuton, montelukast sodium, zafirlukast)
ZYKADIA ORAL TABLET	T2	PA; SP; QL; LA
ZYLET OPHTHALMIC (EYE) DROPS,SUSPE NSION	T3	Preferred Alternatives (tobramycin- dexamethason e)

Drug Name	Drug Tier	Requirements/ Limits
ZYLOPRIM ORAL TABLET 100 MG	T3	BP; Preferred Alternatives (allopurinol)
ZYMAXID OPHTHALMIC (EYE) DROPS	T3	BP; Preferred Alternatives (gatifloxacin)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	T3	QL; Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin, LIVALO)
ZYPREXA ORAL TABLET	T3	BP; Preferred Alternatives (olanzapine)
ZYPREXA ZYDIS ORAL TABLET,DISINT EGRATING	T3	BP; Preferred Alternatives (olanzapine odt)
ZYTIGA ORAL TABLET	T3	PA; SP; BP; QL; LA; Preferred Alternatives (abiraterone acetate)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTI ON	T3	BP; Preferred Alternatives (linezolid)
ZYVOX ORAL TABLET	T3	BP; Preferred Alternatives (linezolid)

For plan specific information, call the pharmacy phone number listed on your member ID card or login to your member portal at allumaco.com/members