

Alluma™ Care Formulary - July to September 2022

This document provides an alphabetical listing of medications covered on the Alluma™ Care 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	EXC	
<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	EXC	Preferred Alternatives: (ARIPIPRAZOL E)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD	EXC	Preferred Alternatives: (ARIPIPRAZOL E)
ABILIFY ORAL TABLET	T2	BP
<i>abiraterone oral tablet 250 mg</i>	T1	PA; SP; QL; LA
<i>abiraterone oral tablet 500 mg</i>	EXC	SP; QL; LA; Preferred Alternatives: (ABIRATERON E ACETATE)
ABSORICA LD ORAL CAPSULE	T3	
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	T1	
ACANYA TOPICAL GEL WITH PUMP	T3	BP
<i>acarbose oral tablet</i>	T1	
ACCOLATE ORAL TABLET	T3	BP

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	T2	
ACCU-CHEK GUIDE GLUCOSE METER	T2	QL
ACCU-CHEK GUIDE ME GLUCOSE MTR	T2	QL
ACCU-CHEK GUIDE TEST STRIPS STRIP	T2	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	T2	
ACCUPRIL ORAL TABLET	T2	BP
ACCURETIC ORAL TABLET	T2	BP
<i>accutane oral capsule</i>	T1	
ACCUTREND GLUCOSE TEST STRIPS STRIP	T2	
ACE AEROSOL CLOUD ENHANCER SPACER	EXC	
<i>acebutolol oral capsule</i>	T1	
<i>acetaminophen- caff-dihydrocod oral capsule</i>	T3	PA
<i>acetaminophen- caff-dihydrocod oral tablet</i>	T3	PA
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml, 300 mg- 30 mg /12.5 ml</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>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>	T2	
<i>acetic acid otic (ear) solution</i>	T1	
<i>acetylcysteine solution</i>	T1	
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP
<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	EXC	BP
ACTIMMUNE SUBCUTANEOUS SOLUTION	T2	PA; SP; QL
ACTIQ BUCCAL LOZENGE ON A HANDLE	T3	BP
ACTIVELLA ORAL TABLET 1-0.5 MG	T2	BP

Drug Name	Drug Tier	Requirements/ Limits
ACTONEL ORAL TABLET 150 MG, 35 MG	T2	BP
ACTOPLUS MET ORAL TABLET 15-850 MG	T2	BP
ACTOS ORAL TABLET	T2	BP
ACULAR LS OPHTHALMIC (EYE) DROPS	T2	BP
ACULAR OPHTHALMIC (EYE) DROPS	T2	BP
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE	T3	
<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>	T2	
<i>acyclovir topical ointment</i>	T1	
ACZONE TOPICAL GEL	T3	BP
ACZONE TOPICAL GEL WITH PUMP	T3	BP
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	T2	
ADACEL(TDAP ADOLESN/ADULT)(PF) 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
ADALAT CC ORAL TABLET EXTENDED RELEASE	T2	BP
<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	
<i>adapalene topical solution</i>	EXC	
<i>adapalene topical swab</i>	EXC	
<i>adapalene- benzoyl peroxide topical gel with pump</i>	EXC	
ADBRY SUBCUTANEOU S SYRINGE	T3	PA; SP; QL
ADCIRCA ORAL TABLET	T2	SP; BP; QL
ADDERALL ORAL TABLET	T2	BP
ADDERALL XR ORAL CAPSULE,EXTE NDED RELEASE 24HR	T2	BP
ADDYI ORAL TABLET	T2	QL
<i>adefovir oral tablet</i>	T1	
ADEMPAS ORAL TABLET	T2	PA; SP
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80	T3	PA

Drug Name	Drug Tier	Requirements/ Limits
ADIPEX-P ORAL CAPSULE	T2	BP
ADIPEX-P ORAL TABLET	T2	BP
ADLYXIN SUBCUTANEOU S PEN INJECTOR	EXC	PA
ADMELOG SOLOSTAR U- 100 INSULIN SUBCUTANEOU S INSULIN PEN	T3	PA
ADMELOG U- 100 INSULIN LISPRO SUBCUTANEOU S SOLUTION	T3	PA
ADRENALIN NASAL SOLUTION	T2	
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	T1	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	T1	
ADVAIR HFA INHALATION HFA AEROSOL INHALER	T2	
ADVANCED GLUC METER TEST STRIP STRIP	EXC	PA
ADVANCED GLUCOSE METER	EXC	QL
ADVATE INTRAVENOUS RECON SOLN	T2	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
ADVOCATE BLOOD GLUCOSE MONITOR	EXC	QL
ADVOCATE DUO DEVICE	T3	
ADVOCATE REDI-CODE DUO METER DEVICE	EXC	
ADVOCATE REDI-CODE GLU MONITOR	EXC	QL
ADVOCATE REDI-CODE STRIP	EXC	PA
ADVOCATE TEST STRIPS STRIP	EXC	PA
ADYNOVATE INTRAVENOUS SOLUTION	T2	SP; LA
ADZENYS XR-ODT ORAL TABLET, DISINTEGRER BIPHASE 24H	T3	
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	QL
AEROCHAMBER MINI SPACER	T3	
AEROCHAMBER PLUS FLOW-VU SPACER	T3	
AEROCHAMBER PLUS Z STAT SPACER	T3	
AEROTRACH PLUS SPACER	EXC	
AEROVENT PLUS SPACER	T3	

Drug Name	Drug Tier	Requirements/ Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	T2	PA; SP; BP; QL; LA
AFINITOR ORAL TABLET	T2	PA; SP; BP; QL; LA
<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 QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE	T2	
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION	T2	
AFREZZA INHALATION CARTRIDGE WITH INHALER	T3	PA
AFSTYLA INTRAVENOUS RECON SOLN	T2	SP; LA
<i>after pill oral tablet</i>	T1	
AFTERA ORAL TABLET	T2	BP
AGAMATRIX AMP GLUC MONITOR SYS	EXC	QL
AGAMATRIX AMP TEST STRIPS STRIP	EXC	PA
AGRYLIN ORAL CAPSULE	T2	BP

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
AIMOVIG AUTOINJECTOR SUBCUTANEOU S AUTO- INJECTOR	T2	PA; QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	T3	QL
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	EXC	
AJOVY AUTOINJECTOR SUBCUTANEOU S AUTO- INJECTOR	T2	PA; QL
AJOVY SYRINGE SUBCUTANEOU S SYRINGE	T2	PA; QL
AKLIEF TOPICAL CREAM	T3	
<i>ak-poly-bac ophthalmic (eye) ointment</i>	T3	
AKTEN (PF) OPHTHALMIC (EYE) GEL	T2	
AKYNZEO (NETUPITANT) ORAL CAPSULE	T3	
ALA-SCALP TOPICAL LOTION	T3	BP
<i>albendazole oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<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 OPHTHALMIC (EYE) DROPS	EXC	BP
<i>alclometasone topical cream</i>	T3	
<i>alclometasone topical ointment</i>	T3	
ALCORTIN A TOPICAL GEL	EXC	
ALCORTIN A TOPICAL GEL IN PACKET	EXC	
ALDACTAZIDE ORAL TABLET 25-25 MG	T2	BP
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
ALDACTONE ORAL TABLET	T2	BP
ALECENSA ORAL CAPSULE	T2	PA; SP; QL; LA
<i>alendronate oral solution</i>	T2	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 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>alfuzosin oral tablet extended release 24 hr</i>	T3	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	T2	
ALINIA ORAL TABLET	T2	BP
<i>aliskiren oral tablet</i>	T1	
ALKERAN ORAL TABLET	T2	BP
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE	T3	PA
<i>allopurinol oral tablet</i>	T1	
ALLZITAL ORAL TABLET	T3	
<i>almotriptan malate oral tablet</i>	T1	ST; QL
ALOCRILOPHthalmic (EYE) DROPS	T3	
ALOGLIPTIN ORAL TABLET	T3	PA
ALOGLIPTIN-METFORMIN ORAL TABLET	T3	PA
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-45 MG	T3	PA
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 25-30 MG	EXC	PA

Drug Name	Drug Tier	Requirements/ Limits
ALOMIDEPHthalmic (EYE) DROPS	T2	
ALORA TRANSDERMAL PATCH SEMI-WEEKLY	T2	
<i>alosetron oral tablet</i>	T1	
ALPHAGAN P OPHthalmic (EYE) DROPS 0.1 %	T2	
ALPHAGAN P OPHthalmic (EYE) DROPS 0.15 %	T2	BP
<i>alprazolam intensol oral concentrate</i>	T3	
<i>alprazolam oral tablet</i>	T1	
<i>alprazolam oral tablet extended release 24 hr</i>	T3	
<i>alprazolam oral tablet, disintegrating</i>	T3	
ALPROLIX INTRAVENOUS RECON SOLN	T2	SP; LA
ALREX OPHthalmic (EYE) DROPS, SUSPENSION	T3	
ALTABAX TOPICAL OINTMENT	T3	
<i>altacaine ophthalmic (eye) drops</i>	T1	
ALTACE ORAL CAPSULE	T2	BP

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
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	T3	BP
<i>altavera (28) oral tablet</i>	T1	
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR	EXC	
ALTRENO TOPICAL LOTION	T3	
ALUNBRIG ORAL TABLET	T2	PA; SP; QL; LA
ALUNBRIG ORAL TABLETS,DOSE PACK	T2	PA; SP; LA
ALVESCO INHALATION HFA AEROSOL INHALER	T2	ST
<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>	T2	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	T2	BP

Drug Name	Drug Tier	Requirements/ Limits
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE	T2	BP
AMBIEN ORAL TABLET	T2	BP
<i>ambrisentan oral tablet</i>	T1	PA; SP
<i>amcinonide topical cream</i>	T3	
AMELUZ TOPICAL GEL	T2	PA
AMERGE ORAL TABLET	T2	BP; QL
<i>amethia oral tablets,dose pack,3 month</i>	T1	
<i>amethyst (28) oral tablet</i>	T1	
AMICAR ORAL SOLUTION	T2	BP
AMICAR ORAL TABLET	T2	BP
<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 100 mg, 200 mg</i>	T1	
<i>amiodarone oral tablet 400 mg</i>	T3	
AMITIZA ORAL CAPSULE	T2	
<i>amitriptyline 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
amitriptyline- chlordiazepoxide oral tablet	T3	
amlodipine oral tablet	T1	
amlodipine- atorvastatin oral tablet	EXC	
amlodipine- benazepril oral capsule	T1	
amlodipine- olmesartan oral tablet	T3	
amlodipine- valsartan oral tablet	T3	
amlodipine- valsartan- hcthiazid oral tablet	T3	
amnestem oral capsule	T1	
amoxapine oral tablet	T3	
amoxicil- clarithromy- lansopraz oral combo pack	T1	
amoxicillin oral capsule	T1	
amoxicillin oral suspension for reconstitution	T1	
amoxicillin oral tablet	T1	
amoxicillin oral tablet, chewable 125 mg	T2	
amoxicillin oral tablet, chewable 250 mg	T1	

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin-pot clavulanate oral suspension for reconstitution	T1	
amoxicillin-pot clavulanate oral tablet	T1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	T3	
amoxicillin-pot clavulanate oral tablet, chewable	T1	
AMPHETAMINE ORAL SUSPEN, IR - ER, BIPHASIC 24HR	T3	
amphetamine sulfate oral tablet	T3	
ampicillin oral capsule 500 mg	T3	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	T2	PA; SP; BP; LA
AMRIX ORAL CAPSULE, EXTE NDED RELEASE 24HR	EXC	BP; Preferred Alternatives: (CYCLOBENZ APRINE HCL, CYCLOBENZA PRINE HCL)
AMZEEQ TOPICAL FOAM	T3	PA
ANAFRANIL ORAL CAPSULE	T2	BP
anagrelide oral capsule	T1	
ANA-LEX KIT RECTAL KIT	T3	
ANALPRAM-HC RECTAL CREAM 1-1 %	EXC	

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
ANALPRAM-HC RECTAL CREAM 2.5-1 %	T2	BP
ANALPRAM-HC SINGLES RECTAL CREAM	T2	BP
ANALPRAM-HC TOPICAL LOTION	T3	BP
ANAPROX DS ORAL TABLET	T2	BP
<i>anaspaz oral tablet, disintegrating</i>	T2	
<i>anastrozole oral tablet</i>	T1	
ANCOBON ORAL CAPSULE	T2	PA; BP
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T2	
ANDROGEL TRANSDERMAL GEL IN METERED- DOSE PUMP	T2	BP
ANDROGEL TRANSDERMAL GEL IN PACKET	T2	BP
ANGELIQ ORAL TABLET	T2	
ANNOVERA VAGINAL RING	T2	QL
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	T2	
ANTARA ORAL CAPSULE 30 MG, 90 MG	T3	
ANTIVERT ORAL TABLET 50 MG	EXC	

Drug Name	Drug Tier	Requirements/ Limits
<i>anucort-hc rectal suppository</i>	T1	
ANUSOL-HC RECTAL SUPPOSITORY	T1	BP
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	T2	BP
APADAZ ORAL TABLET	T3	PA
<i>apexicon e topical cream</i>	T3	
APIDRA SOLOSTAR U- 100 INSULIN SUBCUTANEOU S INSULIN PEN	T2	PA
APIDRA U-100 INSULIN SUBCUTANEOU S SOLUTION	T2	PA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR	EXC	Preferred Alternatives: (BUPROPION XL)
APOKYN SUBCUTANEOU S CARTRIDGE	T2	PA; SP
<i>apomorphine subcutaneous cartridge</i>	T2	PA; SP
<i>apraclonidine ophthalmic (eye) drops</i>	T1	
<i>aprepitant oral capsule 125 mg, 80 mg</i>	T2	
<i>aprepitant oral capsule 40 mg</i>	T1	PA
<i>aprepitant oral capsule, dose pack</i>	T2	
<i>apri 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
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR	T2	BP
APTENSIO XR ORAL CAP, ER SPRINKLE, BIPHASIC 40-60	T3	BP
APTIOM ORAL TABLET	T2	ST; QL
APTIVUS ORAL CAPSULE	T2	
<i>aqua care sodium chloride irrigation solution</i>	T2	
<i>aqua care sterile water irrigation solution</i>	T2	
ARAKODA ORAL TABLET	T3	
<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	SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	T2	SP
ARAVA ORAL TABLET	T2	BP
ARAZLO TOPICAL LOTION	T3	
ARCALYST SUBCUTANEOUS RECON SOLN	T2	PA; SP; QL

Drug Name	Drug Tier	Requirements/Limits
ARESTIN DENTAL CARTRIDGE	T3	PA; SP
<i>arformoterol inhalation solution for nebulization</i>	T2	
ARICEPT ORAL TABLET 10 MG, 5 MG	T2	BP
ARICEPT ORAL TABLET 23 MG	T3	BP
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	T2	PA; SP; QL
ARIMIDEX ORAL TABLET	T2	BP
<i>aripiprazole oral solution</i>	T1	
<i>aripiprazole oral tablet</i>	T1	
<i>aripiprazole oral tablet, disintegrating</i>	T3	
ARIXTRA SUBCUTANEOUS SYRINGE	T3	SP; BP
<i>armodafinil oral tablet</i>	T3	
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	T3	QL
ARMOUR THYROID ORAL TABLET	T2	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	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
AROMASIN ORAL TABLET	T2	BP
ARTHROTEC 50 ORAL TABLET,IR,DEL AYED REL,BIPHASIC	T2	BP
ARTHROTEC 75 ORAL TABLET,IR,DEL AYED REL,BIPHASIC	T2	BP
ASACOL HD ORAL TABLET,DELAY ED RELEASE (DR/EC)	T2	BP
<i>ascomp with codeine oral capsule</i>	T1	PA
<i>asenapine maleate sublingual tablet</i>	T1	PA
<i>ashlyna oral tablets,dose pack,3 month</i>	T1	
ASMANEX HFA INHALATION HFA AEROSOL INHALER	T2	

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	
<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	EXC	
<i>aspir-trin oral tablet,delayed release (dr/ec)</i>	T1	
ASSURE 4 STRIPS STRIP	EXC	PA
ASSURE PLATINUM GLUCOSE METER	EXC	QL
ASSURE PLATINUM TEST STRIP STRIP	EXC	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
ASSURE PRISM MULTI METER	EXC	QL
ASSURE PRISM MULTI STRIP STRIP	EXC	PA
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR	T2	PA
AT HOME A1C DEVICE	EXC	
ATACAND HCT ORAL TABLET	T2	BP
ATACAND ORAL TABLET	T2	BP
<i>atazanavir oral capsule</i>	T1	
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	BP
<i>atenolol oral tablet</i>	T1	
<i>atenolol-chlorthalidone oral tablet</i>	T1	
ATIVAN ORAL TABLET	T2	BP
<i>atomoxetine oral capsule</i>	T1	
<i>atorvastatin oral tablet</i>	T1	
<i>atovaquone oral suspension</i>	T1	
<i>atovaquone-proguanil oral tablet</i>	T1	
ATRALIN TOPICAL GEL	T2	BP
ATRIPLA ORAL TABLET	T3	BP

Drug Name	Drug Tier	Requirements/Limits
<i>atropine ophthalmic (eye) drops</i>	T1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	T2	
<i>atropine ophthalmic (eye) ointment</i>	T1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER	T2	
AUBAGIO ORAL TABLET	EXC	SP
<i>abra eq oral tablet</i>	T1	
<i>abra 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	T2	BP
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	T3	BP
<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	

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>aurovela fe 1.5/30 (28) oral tablet</i>	T1	
<i>aurovela fe 1-20 (28) oral tablet</i>	T1	
AURYXIA ORAL TABLET	T3	
AUSTEDO ORAL TABLET	T3	PA; SP
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	T3	PA; QL
AVALIDE ORAL TABLET	T3	BP
AVAPRO ORAL TABLET	T3	BP
AVAR LS TOPICAL CLEANSER	T3	
AVAR LS TOPICAL FOAM	EXC	
AVAR LS TOPICAL PADS, MEDICATED	EXC	
<i>avar topical cleanser</i>	T1	
AVAR TOPICAL PADS, MEDICATED	EXC	
AVAR-E GREEN TOPICAL CREAM	T3	
AVAR-E LS TOPICAL CREAM	EXC	
<i>aviane oral tablet</i>	T1	
AVIDOXY DK KIT	EXC	
<i>avidoxy oral tablet</i>	T1	
<i>avita topical cream</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
AVITA TOPICAL GEL	T1	
AVODART ORAL CAPSULE	T2	BP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	T2	SP; LA
AVONEX INTRAMUSCULAR SYRINGE KIT	T2	SP; LA
AYGESTIN ORAL TABLET	T2	BP
<i>ayuna oral tablet</i>	T1	
AYVAKIT ORAL TABLET	T2	PA; SP; QL; LA
AZASAN ORAL TABLET	T2	BP
AZASITE OPHTHALMIC (EYE) DROPS	T3	
<i>azathioprine oral tablet</i>	T1	
<i>azelaic acid topical gel</i>	T2	
<i>azelastine nasal aerosol, spray</i>	T1	
<i>azelastine nasal spray, non-aerosol</i>	T3	
<i>azelastine ophthalmic (eye) drops</i>	T3	
<i>azelastine-fluticasone nasal spray, non-aerosol</i>	EXC	
AZELEX TOPICAL CREAM	T2	
AZILECT ORAL TABLET	T3	BP
<i>azithromycin oral 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>azithromycin oral suspension for reconstitution</i>	T1	
<i>azithromycin oral tablet</i>	T1	
AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION	T2	BP
AZOR ORAL TABLET	T3	BP
AZSTARYS ORAL CAPSULE	T3	PA
AZULFIDINE ENTABS ORAL TABLET,DELAYED RELEASE (DR/EC)	T2	BP
AZULFIDINE ORAL TABLET	T2	BP
<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	EXC	
<i>baclofen oral tablet</i>	T1	
BACTRIM DS ORAL TABLET	T2	BP

Drug Name	Drug Tier	Requirements/Limits
BACTRIM ORAL TABLET	T2	BP
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	EXC	SP; LA
<i>balanced b-100 oral tablet</i>	T1	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	EXC	
<i>bal-care dha oral combo pack,tablet and cap,dr</i>	T2	
BALCOLTRA ORAL TABLET	T2	
<i>balsalazide oral capsule</i>	T1	
BALVERSA ORAL TABLET	T3	PA; SP; QL; LA
<i>balziva (28) oral tablet</i>	T1	
BANZEL ORAL SUSPENSION	T2	BP
BANZEL ORAL TABLET	T2	BP
BAQSIMI NASAL SPRAY, NON-AEROSOL	T2	QL
BARACLUDGE ORAL SOLUTION	T2	
BARACLUDGE ORAL TABLET	T2	BP
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	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
BAXDELA ORAL TABLET	T3	PA
<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	
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	
BELBUCA BUCCAL FILM	T3	
<i>belladonna alkaloids-opium rectal suppository</i>	T2	PA

Drug Name	Drug Tier	Requirements/ Limits
BELSOMRA ORAL TABLET	T2	ST
<i>benazepril oral tablet</i>	T1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	T1	
BENEFIX INTRAVENOUS RECON SOLN	T2	SP; LA
BENICAR HCT ORAL TABLET	EXC	BP; Preferred Alternatives: (LOSARTAN-HYDROCHLOROTHIAZIDE, DIOVAN HCT, CANDESARTAN-HYDROCHLOROTHIAZID)
BENICAR ORAL TABLET	EXC	BP; Preferred Alternatives: (LOSARTAN POTASSIUM, VALSARTAN, CANDESARTAN CILEXETIL)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	T2	PA; SP; LA
BENLYSTA SUBCUTANEOUS SYRINGE	T2	PA; SP; LA
BENZAMYCIN TOPICAL GEL	T2	BP
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	EXC	BP
<i>benzepril topical towelette</i>	EXC	

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
BENZHYDROCO DONE- ACETAMINOPH EN ORAL TABLET	T3	PA
BENZNIDAZOLE ORAL TABLET	T3	
<i>benzonatate oral capsule</i>	T1	
<i>benzoyl peroxide topical cleanser 7 %</i>	EXC	
<i>benzoyl peroxide topical foam 9.8 %</i>	EXC	
<i>benzphetamine oral tablet 50 mg</i>	T3	
<i>benztropine oral tablet</i>	T1	
<i>bepotastine besilate ophthalmic (eye) drops</i>	T3	
BEPREVE OPHTHALMIC (EYE) DROPS	T3	BP
<i>beseer topical lotion</i>	T3	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPE NSION	T3	
BESREMI SUBCUTANEOU S SYRINGE	T2	PA; SP; QL; LA
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	EXC	
<i>betaine oral powder</i>	T2	SP

Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>betamethasone valerate topical foam</i>	T3	
<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	T2	BP
BETAPACE ORAL TABLET	T2	BP
BETASERON SUBCUTANEOU S KIT	T2	SP; LA
<i>betaxolol ophthalmic (eye) drops</i>	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
<i>betaxolol oral tablet</i>	T3	
<i>bethanechol chloride oral tablet</i>	T1	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	T3	PA; SP; BP
BETIMOL OPHTHALMIC (EYE) DROPS	T2	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	Preferred Alternatives: (CARTEOLOL HCL)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	T2	
<i>bexarotene oral capsule</i>	T1	PA; SP; LA
BEXSERO INTRAMUSCULAR SYRINGE	T2	
BEYAZ ORAL TABLET	T2	BP
<i>bicalutamide oral tablet</i>	T1	
BIDIL ORAL TABLET	T3	BP
BIJUVA ORAL CAPSULE	EXC	
BIKTARVY ORAL TABLET	T2	
BILTRICIDE ORAL TABLET	T2	BP
<i>bimatoprost ophthalmic (eye) drops</i>	T2	

Drug Name	Drug Tier	Requirements/ Limits
BINAXNOW COVID-19 AG SELF TEST KIT	T2	QL
BINOSTO ORAL TABLET, EFFERVESCENT	T3	PA
BIONIME RIGHTEST GM300 SYSTEM KIT	EXC	QL
BIONIME RIGHTEST TEST STRIPS STRIP	EXC	PA
BIOTEL CARE BGM-4 METER	EXC	QL
<i>bisoprolol fumarate oral tablet</i>	T1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	T1	
BLEPH-10 OPHTHALMIC (EYE) DROPS	T2	BP
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION	T2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	T2	
<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	
BLOOD GLUCOSE TEST STRIP	EXC	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
BLOOD-GLUCOSE METER	EXC	QL
BONIVA ORAL TABLET	T2	BP
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC	T3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	T2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	T2	
<i>bosentan oral tablet</i>	T1	PA; SP; QL
BOSULIF ORAL TABLET	T2	PA; SP; QL; LA
<i>bp 10-1 topical cleanser</i>	T3	
BRAFTOVI ORAL CAPSULE	T2	PA; SP; QL; LA
BREATHERITE MDI SPACER SPACER	T3	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	T2	
BREXAFEMME ORAL TABLET	T3	QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	T3	PA
<i>briellyn oral tablet</i>	T1	
BRILINTA ORAL TABLET 60 MG	T3	

Drug Name	Drug Tier	Requirements/ Limits
BRILINTA ORAL TABLET 90 MG	T2	
<i>brimonidine ophthalmic (eye) drops</i>	T1	
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	T3	
<i>brimonidine-timolol ophthalmic (eye) drops</i>	T2	
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	T1	
BRIVIACT ORAL SOLUTION	T2	PA
BRIVIACT ORAL TABLET	T2	PA
BROMFED DM ORAL SYRUP	EXC	BP
<i>bromfenac ophthalmic (eye) drops</i>	T3	
<i>bromocriptine oral capsule</i>	T1	
<i>bromocriptine oral tablet</i>	T1	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	EXC	
BROMSITE OPHTHALMIC (EYE) DROPS	T3	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	T3	PA; SP
BROVANA INHALATION SOLUTION FOR NEBULIZATION	T2	BP

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
BRUKINSA ORAL CAPSULE	T2	PA; SP; QL; LA
BRYHALI TOPICAL LOTION	T3	PA
<i>budesonide inhalation suspension for nebulization</i>	T1	
<i>budesonide oral capsule, delayed, extend.release</i>	T1	
<i>budesonide oral tablet, delayed and ext.release</i>	T1	PA; QL
BUDESONIDE- FORMOTEROL INHALATION HFA AEROSOL INHALER	T2	
<i>bumetanide injection solution</i>	T2	
<i>bumetanide oral tablet</i>	T1	
BUPAP ORAL TABLET	EXC	BP
BUPHENYL ORAL POWDER	T2	BP
BUPHENYL ORAL TABLET	T2	BP
<i>buprenorphine hcl sublingual tablet</i>	T1	
<i>buprenorphine transdermal patch weekly</i>	T1	
<i>buprenorphine- naloxone sublingual film</i>	T1	
<i>buprenorphine- naloxone sublingual tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<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	EXC	Preferred Alternatives: (BUPROPION XL, BUPROPION SR, BUPROPION XL, WELLBUTRIN XL, WELLBUTRIN SR)
<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
<i>butalbital- acetaminop-caf- cod oral capsule</i>	T3	PA
<i>butalbital- acetaminophen oral capsule</i>	T3	
<i>butalbital- acetaminophen oral tablet 25-325 mg</i>	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
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</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>	T2	
<i>butorphanol injection solution</i>	T3	PA
<i>butorphanol nasal spray, non-aerosol</i>	T1	PA
BUTRANS TRANSDERMAL PATCH WEEKLY	T2	BP
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	EXC	
BYETTA SUBCUTANEOUS PEN INJECTOR	EXC	Preferred Alternatives: (OZEMPIC, TRULICITY, VICTOZA)
BYLVAY ORAL CAPSULE	T3	PA; SP
BYLVAY ORAL PELLETT	T3	PA; SP
BYSTOLIC ORAL TABLET	T3	BP
<i>cabergoline oral tablet</i>	T1	
CABOMETYX ORAL TABLET	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/Limits
CADUET ORAL TABLET	EXC	BP
<i>caffeine citrate oral solution</i>	T1	
CALAN SR ORAL TABLET EXTENDED RELEASE	T2	BP
<i>calcipotriene scalp solution</i>	T1	
<i>calcipotriene topical cream</i>	T1	
CALCIPOTRIENE TOPICAL FOAM	T3	
<i>calcipotriene topical ointment</i>	T1	
<i>calcipotriene-betamethasone topical ointment</i>	T3	
<i>calcipotriene-betamethasone topical suspension</i>	T3	
<i>calcitonin (salmon) injection solution</i>	T2	
<i>calcitonin (salmon) nasal spray, non-aerosol</i>	T1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	T2	
<i>calcitriol oral capsule</i>	T1	
<i>calcitriol oral solution</i>	T1	
<i>calcitriol topical ointment</i>	T2	
<i>calcium acetate(phosphat bind) 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>calcium acetate(phosphat bind) oral tablet</i>	T1	
CALQUENCE ORAL CAPSULE	T2	PA; SP; LA
CAMBIA ORAL POWDER IN PACKET	T3	
<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	PA; SP; LA
CANASA RECTAL SUPPOSITORY	T2	BP
<i>candesartan oral tablet</i>	T1	
<i>candesartan-hydrochlorothiazid oral tablet</i>	T1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION	EXC	
CAPCOF ORAL LIQUID	EXC	
<i>capecitabine oral tablet</i>	T1	SP; LA
CAPEX TOPICAL SHAMPOO	T2	
CAPLYTA ORAL CAPSULE	T2	PA; ST; QL
CAPRELSA ORAL TABLET	T2	PA; SP; QL
<i>captopril oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>captopril-hydrochlorothiazide oral tablet</i>	T1	
CARAC TOPICAL CREAM	T2	
CARAFATE ORAL SUSPENSION	T2	BP
CARAFATE ORAL TABLET	T2	BP
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	T2	BP
<i>carbidopa oral tablet</i>	T1	
<i>carbidopa-levodopa oral tablet</i>	T1	
<i>carbidopa-levodopa oral tablet 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
<i>carbidopa-levodopa oral tablet, disintegrating</i>	T3	
<i>carbidopa-levodopa-entacapone oral tablet</i>	T3	
<i>carbinoxamine maleate oral liquid</i>	T3	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T3	
<i>carbinoxamine maleate oral tablet 6 mg</i>	EXC	
CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR	T2	BP
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T2	BP
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T2	BP
CARDURA ORAL TABLET	T2	BP
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	T3	
CARESENS N	EXC	QL

Drug Name	Drug Tier	Requirements/ Limits
CARESENS N TEST STRIPS STRIP	EXC	PA
CARESENS N VOICE	EXC	QL
CARESTART COVID-19 AG HOME TST KIT	T2	QL
CARETOUCH GLUCOSE MONITORING KIT	EXC	QL
CARETOUCH TEST STRIP STRIP	EXC	PA
<i>carglumic acid oral tablet, dispersible</i>	T1	PA; SP
<i>carisoprodol oral tablet 250 mg</i>	EXC	
<i>carisoprodol oral tablet 350 mg</i>	T1	
<i>carisoprodol-aspirin oral tablet</i>	T3	
<i>carisoprodol-aspirin-codeine oral tablet</i>	T3	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION	T2	BP
CARNITOR ORAL SOLUTION	T2	BP
CARNITOR ORAL TABLET	T2	BP
CAROSPIR ORAL SUSPENSION	T2	
<i>carteolol ophthalmic (eye) drops</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>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>	T3	
CASODEX ORAL TABLET	T2	BP
<i>cataflam oral tablet</i>	T3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	T2	BP
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	T2	BP
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	T2	BP
CAVERJECT IMPULSE INTRACAVERN OSAL KIT	T2	QL
CAVERJECT INTRACAVERN OSAL RECON SOLN	T2	QL
CAVERJECT INTRACAVERN OSAL SYRINGE	T2	QL
CAYA CONTOURED VAGINAL DIAPHRAGM	T2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	T2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>caziant (28) oral tablet</i>	T1	
<i>cefaclor oral capsule</i>	T3	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	T3	
<i>cefaclor oral tablet extended release 12 hr</i>	T3	
<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>	T3	
<i>cefixime oral capsule</i>	T1	PA
<i>cefixime oral suspension for reconstitution</i>	T3	
<i>cefpodoxime oral suspension for reconstitution</i>	T3	
<i>cefpodoxime oral tablet</i>	T3	
<i>cefprozil oral suspension for reconstitution</i>	T1	
<i>cefprozil oral tablet</i>	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
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	T2	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	T2	
<i>ceftriaxone intravenous recon soln</i>	T2	
<i>cefuroxime axetil oral tablet</i>	T1	
CELEBREX ORAL CAPSULE	T2	BP
<i>celecoxib oral capsule</i>	T1	
CELEXA ORAL TABLET	T2	BP
CELLCEPT ORAL CAPSULE	T2	BP
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	T2	BP
CELLCEPT ORAL TABLET	T2	BP
CELLTRION DIATRUST COV-19 HOME KIT	T2	QL
CELONTIN ORAL CAPSULE 300 MG	T3	
CENTANY AT TOPICAL OINTMENT KIT	T3	
CENTANY TOPICAL OINTMENT	T2	
<i>cephalexin oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cephalexin oral suspension for reconstitution</i>	T1	
<i>cephalexin oral tablet</i>	T2	
CEQUA OPHTHALMIC (EYE) DROPPERETTE	T3	
CEQR SIMPLICITY DEVICE	EXC	
CERDELGA ORAL CAPSULE	T3	PA; SP; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	T2	
CETRAXAL OTIC (EAR) DROPPERETTE	T3	
CETROTIDE SUBCUTANEOUS KIT	T3	SP
<i>cevimeline oral capsule</i>	T3	
CHANTIX CONTINUING MONTH BOX ORAL TABLET	T2	
CHANTIX ORAL TABLET 1 MG	T2	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	T2	
<i>charlotte 24 fe oral tablet,chewable</i>	T1	
<i>chateal (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
<i>chateal eq (28) oral tablet</i>	T1	
CHEMET ORAL CAPSULE	T2	
CHENODAL ORAL TABLET	T3	SP
<i>children's aspirin oral tablet, chewable</i>	T1	
<i>chlordiazepoxide hcl oral capsule</i>	T1	
<i>chlordiazepoxide- clidinium oral capsule</i>	T3	
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	T1	
<i>chloroquine phosphate oral tablet 250 mg</i>	T2	
<i>chloroquine phosphate oral tablet 500 mg</i>	T1	
<i>chlorpromazine oral concentrate</i>	T3	
<i>chlorpromazine oral tablet</i>	T1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
<i>chlorzoxazone oral tablet</i>	T3	
CHOLBAM ORAL CAPSULE	T3	SP
<i>cholestyramine (with sugar) oral powder</i>	T1	
<i>cholestyramine (with sugar) oral powder in packet</i>	T1	
<i>cholestyramine light oral powder</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine light oral powder in packet</i>	T1	
<i>choline, magnesiu m salicylate oral liquid</i>	T1	
CHORIONIC GONADOTROPI N, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	T3	
CHORIONIC GONADOTROPI N, HUMAN INTRAMUSCULA R RECON SOLN	T3	SP
CIALIS ORAL TABLET	T2	BP; QL
CIBINQO ORAL TABLET	T3	PA; SP; QL
CICLODAN KIT TOPICAL COMBO PACK	T3	
CICLODAN KIT TOPICAL SOLUTION	EXC	
<i>ciclodan topical cream</i>	T3	
<i>ciclodan topical solution</i>	T1	
<i>ciclopirox topical cream</i>	T1	
<i>ciclopirox topical gel</i>	T1	
<i>ciclopirox topical shampoo</i>	T3	
<i>ciclopirox topical solution</i>	T1	
<i>ciclopirox 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>ciclopirox-ure-camph-menth-euc topical solution</i>	EXC	
<i>cilostazol oral tablet</i>	T1	
CILOXAN OPTHALMIC (EYE) DROPS	T2	BP
CILOXAN OPTHALMIC (EYE) OINTMENT	T2	
CIMDUO ORAL TABLET	T2	
<i>cimetidine hcl oral solution</i>	T3	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T3	
CIMZIA SUBCUTANEOUS SYRINGE KIT	T2	PA; SP; QL; LA
<i>cinacalcet oral tablet</i>	T1	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	T2	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	T2	BP
CIPRO ORAL TABLET 250 MG, 500 MG	T2	BP
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	T2	BP
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl oral tablet 100 mg</i>	T2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>ciprofloxacin hcl otic (ear) dropperette</i>	T3	
<i>ciprofloxacin oral suspension,microcapsule recon</i>	T1	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	T2	
CIPROFLOXACIN N-FLUOCINOLONE OTIC (EAR) SOLUTION	T3	
CITALOPRAM ORAL CAPSULE	EXC	
<i>citalopram oral solution</i>	T1	
<i>citalopram oral tablet</i>	T1	
CITRANATAL B-CALM (FELUC) ORAL TABLETS, SEQUENTIAL	T2	
<i>citrate of magnesia oral solution</i>	T1	
<i>citroma oral solution</i>	T1	
<i>claravis oral capsule</i>	T1	
CLARINEX ORAL TABLET	EXC	BP

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
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	T3	
<i>clarithromycin oral suspension for reconstitution</i>	T1	
<i>clarithromycin oral tablet</i>	T1	
<i>clarithromycin oral tablet extended release 24 hr</i>	T3	
<i>classic prenatal oral tablet</i>	T1	
<i>cleansing wash topical cleanser</i>	EXC	
<i>clearlax oral powder</i>	T1	
<i>clemastine oral syrup</i>	T3	PA
<i>clemastine oral tablet 2.68 mg</i>	T3	
CLENIA PLUS TOPICAL SUSPENSION	EXC	
CLENPIQ ORAL SOLUTION	T3	
CLEOCIN HCL ORAL CAPSULE	T2	BP
CLEOCIN PEDIATRIC ORAL RECON SOLN	T2	BP
CLEOCIN T TOPICAL LOTION	T2	BP
CLEOCIN VAGINAL CREAM	T2	BP
CLEOCIN VAGINAL SUPPOSITORY	T2	

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHEK BLOOD GLUCOSE	EXC	QL
CLEVER CHOICE GLUCOSE MONITOR	EXC	QL
CLEVER CHOICE MICRO	EXC	QL
CLEVER CHOICE MICRO TEST STRIP STRIP	EXC	PA
CLEVER CHOICE PRO	EXC	QL
CLEVER CHOICE PRO STRIP	EXC	PA
CLEVER CHOICE TALK GLUCOSE SYS	EXC	QL
CLEVER CHOICE TALK TEST STRIP	EXC	PA
CLEVER CHOICE TEST STRIPS STRIP	EXC	PA
CLEVER CHOICE VOICE PLUS TEST STRIP	EXC	PA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	T2	
CLIMARA TRANSDERMAL PATCH WEEKLY	T2	BP
CLINDACIN ETZ TOPICAL KIT	T3	
<i>clindacin etz topical swab</i>	T1	
<i>clindacin p topical swab</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
CLINDACIN PAC TOPICAL KIT	T3	
CLINDAGEL TOPICAL GEL, ONCE DAILY	T2	BP
<i>clindamycin hcl oral capsule</i>	T1	
<i>clindamycin pediatric oral recon soln</i>	T1	
<i>clindamycin phosphate topical foam</i>	T3	
<i>clindamycin phosphate topical gel</i>	T1	
<i>clindamycin phosphate topical gel, once daily</i>	T1	
<i>clindamycin phosphate topical lotion</i>	T1	
<i>clindamycin phosphate topical solution</i>	T1	
<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 1.2-2.5 %</i>	T3	
<i>clindamycin- benzoyl peroxide topical gel with pump 1-5 %</i>	T1	
<i>clindamycin- tretinoin topical gel</i>	EXC	

Drug Name	Drug Tier	Requirements/ Limits
CLINDESSE VAGINAL CREAM,EXTEN DED RELEASE	T3	
CLINITEST COVID-19 HOME TEST KIT	T2	QL
<i>clobazam oral suspension</i>	T1	
<i>clobazam oral tablet</i>	T1	
<i>clobetasol scalp solution</i>	T1	
<i>clobetasol topical cream</i>	T1	
<i>clobetasol topical foam</i>	T3	
<i>clobetasol topical gel</i>	T1	
<i>clobetasol topical lotion</i>	T3	
<i>clobetasol topical ointment</i>	T1	
<i>clobetasol topical shampoo</i>	T1	
<i>clobetasol topical spray,non- aerosol</i>	T3	
<i>clobetasol- emollient topical cream</i>	T3	
<i>clobetasol- emollient topical foam</i>	T3	
CLOBEX TOPICAL SHAMPOO	T2	BP
CLOBEX TOPICAL SPRAY, NON- AEROSOL	T3	BP
<i>clocortolone pivalate topical cream</i>	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
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER	T3	
<i>clodan topical shampoo</i>	T1	
CLODERM TOPICAL CREAM	T3	BP
<i>clomiphene citrate oral tablet</i>	T3	
<i>clomipramine oral capsule</i>	T1	
<i>clonazepam oral tablet</i>	T1	
<i>clonazepam oral tablet, disintegrating</i>	T3	
<i>clonidine hcl oral tablet</i>	T1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	T3	
<i>clonidine transdermal patch weekly</i>	T1	
<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	
<i>clotrimazole- betamethasone topical lotion</i>	T1	
<i>clozapine oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine oral tablet, disintegrating</i>	T1	
CLOZARIL ORAL TABLET	T2	BP
<i>c-nate dha oral capsule</i>	T2	
COAGADDEX INTRAVENOUS RECON SOLN	T2	SP; LA
COARTEM ORAL TABLET	T2	
COCAINE NASAL SOLUTION	EXC	
<i>codeine sulfate oral tablet</i>	T1	PA; QL
<i>codeine- butalbital-asa-caff oral capsule</i>	T1	PA
<i>codeine- guaifenesin oral liquid</i>	T1	
CODITUSSIN AC ORAL LIQUID	EXC	
CODITUSSIN DAC ORAL LIQUID	EXC	
COLAZAL ORAL CAPSULE	T2	BP
COLCHICINE ORAL CAPSULE	T2	
<i>colchicine oral tablet</i>	T2	
COLCRYS ORAL TABLET	T2	BP
<i>colesevelam oral powder in packet</i>	T1	
<i>colesevelam oral tablet</i>	T1	
COLESTID FLAVORED ORAL PACKET	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
COLESTID ORAL GRANULES	T2	BP
COLESTID ORAL PACKET	T2	BP
COLESTID ORAL TABLET	T2	BP
<i>colestipol oral granules</i>	T1	
<i>colestipol oral packet</i>	T1	
<i>colestipol oral tablet</i>	T1	
<i>colistin (colistimethate na) injection recon soln</i>	EXC	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	EXC	BP
COMBIGAN OPHTHALMIC (EYE) DROPS	T3	BP
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	T2	
COMBIVENT RESPIMAT INHALATION MIST	T2	
COMBIVIR ORAL TABLET	T2	BP
COMETRIQ ORAL CAPSULE	T2	PA; SP; LA
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULA R SUSPENSION	T2	
COMPACT SPACE CHAMBER SPACER	T3	

Drug Name	Drug Tier	Requirements/ Limits
COMPAZINE ORAL TABLET 10 MG	EXC	BP
COMPAZINE ORAL TABLET 5 MG	T2	BP
COMPAZINE RECTAL SUPPOSITORY	T2	BP
COMPLERA ORAL TABLET	T3	
<i>complete natal dha oral combo pack</i>	T2	
<i>compro rectal suppository</i>	T1	
COMTAN ORAL TABLET	T2	BP
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR	T2	BP
CONDYLOX TOPICAL GEL	T2	
CONJUPRI ORAL TABLET	T3	PA
CONSENSI ORAL TABLET	EXC	
<i>constulose oral solution</i>	T1	
CONTOUR NEXT EZ METER	T2	QL
CONTOUR NEXT LINK 2.4 KIT	EXC	QL
CONTOUR NEXT LINK KIT	T2	QL
CONTOUR NEXT METER	T2	QL
CONTOUR NEXT ONE METER	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
CONTOUR NEXT TEST STRIPS STRIP	T2	
CONTOUR TEST STRIPS STRIP	T2	
CONTRAVE ORAL TABLET EXTENDED RELEASE	T2	PA
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83	T3	QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75	T3	QL
COOL BLOOD GLUCOSE METER	EXC	QL
COOL GLUCOSE TEST STRIP STRIP	EXC	PA
COPAXONE SUBCUTANEOU S SYRINGE	T2	PA; SP; BP; LA
COPIKTRA ORAL CAPSULE	T3	PA; SP; LA
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	T2	
CORDRAN TOPICAL CREAM 0.025 %	T3	
CORDRAN TOPICAL CREAM 0.05 %	T2	BP
CORDRAN TOPICAL LOTION	T2	BP
CORDRAN TOPICAL OINTMENT	T2	BP

Drug Name	Drug Tier	Requirements/ Limits
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	T3	BP
COREG ORAL TABLET	T2	BP
<i>coremino oral tablet extended release 24 hr</i>	EXC	
CORGARD ORAL TABLET	T2	BP
CORLANOR ORAL SOLUTION	T2	QL
CORLANOR ORAL TABLET	T2	QL
CORTANE-B TOPICAL LOTION	T3	BP
CORTEF ORAL TABLET	T2	BP
CORTENEMA RECTAL ENEMA	T2	BP
CORTIFOAM RECTAL FOAM	T2	
CORTISPORIN- TC OTIC (EAR) DROPS,SUSPE NSION	T2	
COSENTYX (2 SYRINGES) SUBCUTANEOU S SYRINGE	T2	PA; SP; QL; LA
COSENTYX PEN (2 PENS) SUBCUTANEOU S PEN INJECTOR	T2	PA; SP; QL; LA
COSENTYX PEN SUBCUTANEOU S PEN INJECTOR	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
COSENTYX SUBCUTANEOUS SYRINGE	T2	PA; SP; QL; LA
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE	T2	BP
COSOPT OPHTHALMIC (EYE) DROPS	T2	BP
COTELLIC ORAL TABLET	T2	PA; SP; LA
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRER BIPHASE 24H	T3	
<i>covaryx h.s. oral tablet</i>	T3	
<i>covaryx oral tablet</i>	T3	
COVID-19 AT-HOME TEST KIT	T2	QL
COZAAR ORAL TABLET	T2	BP
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T2	
CRESEMBA ORAL CAPSULE	T2	
CRESTOR ORAL TABLET	T2	BP
CRINONE VAGINAL GEL 4%	T3	
CRINONE VAGINAL GEL 8%	T3	SP
<i>cromolyn inhalation solution for nebulization</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<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	PA; BP
CUROSURF INTRATRACHEAL SUSPENSION	T3	
CUTAQUIG SUBCUTANEOUS SOLUTION	T3	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION	T3	PA; SP; LA
CUVPOSA ORAL SOLUTION	T2	BP
<i>cyanocobalamin (vitamin b-12) injection solution</i>	T2	
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	EXC	Preferred Alternatives: (CYCLOBENZAPRINE HCL, CYCLOBENZAPRINE HCL)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	T1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	EXC	Preferred Alternatives: (CYCLOBENZAPRINE HCL, CYCLOBENZAPRINE HCL)
CYCLOGYL OPHTHALMIC (EYE) DROPS	T2	BP

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
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS	T2	
<i>cyclopentolate ophthalmic (eye) drops</i>	T1	
CYCLOPEN- TROPIC- PHENYLEPH- WATR OPHTHALMIC (EYE) DROPS	EXC	
CYCLOPENT- TROPIC-PHEN- KETR-WAT OPHTHALMIC (EYE) DROPS	EXC	
<i>cyclophosphamid e oral capsule</i>	T1	
CYCLOPHOSPH AMIDE ORAL TABLET	T3	
CYCLOP-TROP- PROPA-PHEN- KET-WAT OPHTHALMIC (EYE) DROPS	EXC	
CYCLOSERINE ORAL CAPSULE	T1	
CYCLOSET ORAL TABLET	T3	
CYCLOSPORIN E IN KLARITY OPHTHALMIC (EYE) DROPS	T2	
<i>cyclosporine modified oral capsule</i>	T1	
<i>cyclosporine modified oral solution</i>	T1	
<i>cyclosporine ophthalmic (eye) dropperette</i>	EXC	

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine oral capsule</i>	T1	
CYMBALTA ORAL CAPSULE,DELA YED RELEASE(DR/E C)	T2	BP
<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 OPHTHALMIC (EYE) DROPS	T2	SP; QL
CYSTAGON ORAL CAPSULE	T3	SP
CYSTARAN OPHTHALMIC (EYE) DROPS	T2	SP; QL
CYTOMEL ORAL TABLET	T2	BP
CYTOTEC ORAL TABLET	T2	BP
<i>cytra-2 oral solution</i>	T1	
<i>cytra-3 oral solution</i>	T1	
<i>cytra-k oral solution</i>	T1	
<i>dalfampridine oral tablet extended release 12 hr</i>	T1	PA; SP; LA
DALIRESP ORAL TABLET	T3	
<i>danazol 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
DANTRIUM ORAL CAPSULE 25 MG	T2	BP
<i>dantrolene oral capsule</i>	T1	
<i>dapsone oral tablet</i>	T1	
<i>dapsone topical gel</i>	T3	
<i>dapsone topical gel with pump</i>	T3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULA R SUSPENSION	T2	
DARAPRIM ORAL TABLET	T2	PA; SP; BP
<i>darifenacin oral tablet extended release 24 hr</i>	T1	
DARTISLA ORAL TABLET,DISINT EGRATING	T3	PA; QL
<i>dasetta 1/35 (28) oral tablet</i>	T1	
<i>dasetta 7/7 (28) oral tablet</i>	T1	
DAURISMO ORAL TABLET	T2	PA; SP; QL; LA
DAYPRO ORAL TABLET	T2	BP
<i>daysee oral tablets,dose pack,3 month</i>	T1	
DAYTRANA TRANSDERMAL PATCH 24 HOUR	T3	
DAYVIGO ORAL TABLET	T3	PA; QL
DDAVP ORAL TABLET	T2	BP

Drug Name	Drug Tier	Requirements/ Limits
DEBACTEROL MUCOUS MEMBRANE SWAB	T3	
<i>deblitane oral tablet</i>	T1	
<i>decadron oral tablet 0.5 mg</i>	T1	
<i>deferasirox oral granules in packet</i>	T1	SP; LA
<i>deferasirox oral tablet</i>	T1	SP; LA
<i>deferasirox oral tablet, dispersible</i>	T1	SP; LA
<i>deferiprone oral tablet 1,000 mg</i>	T3	PA; SP; QL
<i>deferiprone oral tablet 500 mg</i>	T3	PA; SP
DELESTROGEN INTRAMUSCULA R OIL 10 MG/ML	T2	
DELESTROGEN INTRAMUSCULA R OIL 20 MG/ML, 40 MG/ML	T2	BP
DELSTRIGO ORAL TABLET	T2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	T2	BP
<i>demeclocycline oral tablet</i>	T1	
DEMSEER ORAL CAPSULE	T2	BP
DENAVIR TOPICAL CREAM	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
DENGVAIXIA (PF) SUBCUTANEOU S SUSPENSION FOR RECONSTITUTI ON	EXC	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	T2	BP
DEPAKOTE ORAL TABLET,DELAY ED RELEASE (DR/EC)	T2	BP
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	T2	BP
DEPEN TITRATABS ORAL TABLET	T2	PA; BP
DEPO- ESTRADIOL INTRAMUSCULA R OIL	T3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML	EXC	
DEPO- PROVERA INTRAMUSCULA R SUSPENSION 150 MG/ML	T2	BP
DEPO- PROVERA INTRAMUSCULA R SYRINGE	T2	BP

Drug Name	Drug Tier	Requirements/ Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOU S SYRINGE	T2	
DEPO- TESTOSTERON E INTRAMUSCULA R OIL 100 MG/ML	T2	
DEPO- TESTOSTERON E INTRAMUSCULA R OIL 200 MG/ML	T2	BP
DERMA- SMOOTHE/FS BODY OIL TOPICAL OIL	T2	BP
DERMA- SMOOTHE/FS SCALP OIL SCALP OIL	T2	BP
DERMOTIC OIL OTIC (EAR) DROPS	T2	BP
DESCOVY ORAL TABLET	T2	
<i>desipramine oral tablet</i>	T1	
<i>desloratadine oral tablet</i>	EXC	
<i>desloratadine oral tablet,disintegrati ng</i>	EXC	
<i>desmopressin nasal spray,non- aerosol 10 mcg/spray (0.1 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
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	T2	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>	T3	
<i>desonide topical lotion</i>	T1	
<i>desonide topical ointment</i>	T1	
<i>desoximetasone topical cream</i>	T3	
<i>desoximetasone topical gel</i>	T3	
<i>desoximetasone topical ointment</i>	T3	
<i>desoximetasone topical spray, non-aerosol</i>	T3	
DESOXYN ORAL TABLET	T2	BP
<i>desrx topical gel</i>	T3	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	T3	
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
DETROL LA ORAL CAPSULE, EXTENDED RELEASE 24HR	T2	BP
DETROL ORAL TABLET	T2	BP
<i>dexabliss oral tablets, dose pack</i>	EXC	
<i>dexamethasone intensol oral drops</i>	T2	
<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>	EXC	
<i>dexamethasone sodium phosphate injection solution</i>	T2	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	T1	
<i>dexchlorpheniramine maleate oral solution</i>	T3	PA
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	T2	BP
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE	T3	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
DEXLANSOPRAZOLE ORAL CAPSULE, BIPHASE DELAYED RELEASE	T3	PA
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	T3	
<i>dexmethylphenidate oral tablet</i>	T1	
DEXTENZA INTRACANALICULAR INSERT	EXC	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	T1	
<i>dextroamphetamine sulfate oral solution</i>	T3	
<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	EXC	
DIACOMIT ORAL CAPSULE	T2	PA; SP; QL
DIACOMIT ORAL POWDER IN PACKET	T2	PA; SP; QL
<i>dialyvite 800 oral tablet</i>	T1	
DIASTAT ACUDIAL RECTAL KIT	T2	BP

Drug Name	Drug Tier	Requirements/ Limits
DIASTAT RECTAL KIT	T2	BP
DIATRUE PLUS BLOOD GLUCOSE MET	EXC	QL
DIATRUE PLUS TEST STRIP STRIP	EXC	PA
<i>diazepam intensol oral concentrate</i>	T1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	T1	
<i>diazepam oral tablet</i>	T1	
<i>diazepam rectal kit</i>	T2	
<i>diazoxide oral suspension</i>	T1	
DIBENZYLINE ORAL CAPSULE	T2	BP
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC)	EXC	BP
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR	T3	
<i>diclofenac potassium oral capsule</i>	EXC	
DICLOFENAC POTASSIUM ORAL TABLET 25 MG	EXC	
<i>diclofenac potassium oral tablet 50 mg</i>	T3	
<i>diclofenac sodium ophthalmic (eye) drops</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>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>	T3	
<i>diclofenac sodium topical gel 1 %</i>	EXC	
<i>diclofenac sodium topical gel 3 %</i>	T3	
<i>diclofenac sodium topical solution in metered-dose pump</i>	EXC	
DICLOFENAC SUBMICRONIZED ORAL CAPSULE	EXC	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i>	T1	
<i>dicloxacillin oral capsule</i>	T1	
<i>dicyclomine oral capsule</i>	T1	
<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>	T3	
<i>diethylpropion oral tablet</i>	T3	

Drug Name	Drug Tier	Requirements/ Limits
<i>diethylpropion oral tablet extended release</i>	T3	
DIFFERIN TOPICAL CREAM	T2	BP
DIFFERIN TOPICAL GEL WITH PUMP	T2	BP
DIFFERIN TOPICAL LOTION	T3	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	T3	PA
DIFICID ORAL TABLET	T2	PA
<i>diflorasone topical cream</i>	T3	
<i>diflorasone topical ointment</i>	T3	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	T2	BP
DIFLUCAN ORAL TABLET	T2	BP
<i>diflunisal oral tablet</i>	T1	
<i>difluprednate ophthalmic (eye) drops</i>	T2	
<i>digitek oral tablet</i>	T1	
<i>digox oral tablet</i>	T1	
<i>digoxin oral solution</i>	T1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 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>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	T3	
<i>dihydroergotamine injection solution</i>	T2	QL
<i>dihydroergotamine nasal spray, non-aerosol</i>	T2	QL
DILANTIN EXTENDED ORAL CAPSULE	T2	BP
DILANTIN INFATABS ORAL TABLET, CHEWABLE	T2	BP
DILANTIN ORAL CAPSULE	T2	
DILANTIN-125 ORAL SUSPENSION	T2	BP
DILAUDID ORAL LIQUID	T2	PA; BP
DILAUDID ORAL TABLET	T2	PA; BP
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	T1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 (drlec)</i>	T1	PA; SP; QL; LA
DIOVAN HCT ORAL TABLET	T2	BP
DIOVAN ORAL TABLET	T2	BP
DIPENTUM ORAL CAPSULE	EXC	
<i>diphenoxylate-atropine oral liquid</i>	T2	
<i>diphenoxylate-atropine oral tablet</i>	T1	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	T2	BP
<i>dipyridamole oral tablet</i>	T1	
DISALCID ORAL TABLET	T2	BP
<i>diskets oral tablet, soluble</i>	T3	
<i>disopyramide phosphate oral capsule</i>	T1	
<i>disulfiram oral tablet</i>	T1	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	T2	BP
DIURIL ORAL 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>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	
<i>dodex injection solution</i>	EXC	
<i>dofetilide oral capsule</i>	T1	
DOJOLVI ORAL LIQUID	T2	PA; SP
<i>dolishale oral tablet</i>	T1	
<i>donepezil oral tablet 10 mg, 5 mg</i>	T1	
<i>donepezil oral tablet 23 mg</i>	T3	
<i>donepezil oral tablet, disintegrating</i>	T3	
DONNATAL ORAL ELIXIR 16.2-0.1037 - 0.0194 MG/5 ML	T2	BP
DONNATAL ORAL TABLET	T2	
DOPTELET (15 TAB PACK) ORAL TABLET	T2	PA; SP; QL
DORAL ORAL TABLET	T3	
DORYX MPC ORAL TABLET, DELAY ED RELEASE (DR/EC)	EXC	

Drug Name	Drug Tier	Requirements/ Limits
DORYX ORAL TABLET, DELAY ED RELEASE (DR/EC) 200 MG, 50 MG	EXC	BP
DORYX ORAL TABLET, DELAY ED RELEASE (DR/EC) 80 MG	EXC	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	T2	
<i>orzolamide ophthalmic (eye) drops</i>	T1	
<i>orzolamide- timolol (pf) ophthalmic (eye) dropperette</i>	T1	
DORZOLAMIDE- TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	T2	
<i>orzolamide- timolol ophthalmic (eye) drops</i>	T1	
<i>dotti transdermal patch semiweekly</i>	T1	
DOVATO ORAL TABLET	T2	
DOVONEX TOPICAL CREAM	T2	BP
<i>doxazosin oral tablet</i>	T1	
<i>doxepin oral capsule</i>	T1	
<i>doxepin oral concentrate</i>	T1	
<i>doxepin oral tablet</i>	EXC	
<i>doxepin topical cream</i>	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>doxercalciferol oral capsule</i>	T1	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	EXC	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	EXC	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	EXC	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	EXC	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE, IR - DELAY REL, BIPHASE	EXC	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	T1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	EXC	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</i>	EXC	
DRISDOL ORAL CAPSULE	T2	BP
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE	T3	
<i>dronabinol oral capsule</i>	T1	
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	T1	
<i>drospirenone-ethinyl estradiol oral tablet</i>	T1	
DROXIA ORAL CAPSULE	T2	
<i>droxidopa oral capsule</i>	T2	PA; SP
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	PA
DUAVEE ORAL TABLET	T2	
DUET DHA BALANCED ORAL COMBO PACK	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
DUET DHA WITH OMEGA-3 ORAL COMBO PACK	T2	
DUETACT ORAL TABLET	T3	BP
DUEXIS ORAL TABLET	EXC	BP
<i>dulcolax (magnesium hydroxide) oral suspension</i>	T1	
DULERA INHALATION HFA AEROSOL INHALER	T2	
<i>duloxetine oral capsule, delayed release(drlec)</i>	T1	
DUOBRII TOPICAL LOTION	EXC	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	T2	PA; SP
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; QL; LA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE	T2	PA; SP; QL; LA
DUREZOL OPHTHALMIC (EYE) DROPS	T2	BP
<i>dutasteride oral capsule</i>	T1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	T3	

Drug Name	Drug Tier	Requirements/ Limits
DXEVO ORAL TABLETS,DOSE PACK	EXC	
DYANA VEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	T3	
DYMISTA NASAL SPRAY, NON-AEROSOL	EXC	BP
DYRENIUM ORAL CAPSULE	T2	BP
<i>e.e.s. 400 oral tablet</i>	T2	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	T2	BP
EASIVENT HOLDING CHAMBER SPACER	T3	
EASY PLUS II TEST STRIP	EXC	PA
EASY STEP BLOOD GLUCOSE METER	EXC	QL
EASY STEP STRIP	EXC	PA
EASY TALK GLUCOSE TEST STRIP	EXC	PA
EASY TALK PLUS II TEST STRIP STRIP	EXC	PA
EASY TOUCH BLU LINK GLUC SYST	EXC	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
EASY TOUCH BLU LINK TEST STRIP STRIP	EXC	PA
EASY TOUCH GLUCOSE MONITOR	EXC	QL
EASY TOUCH TEST STRIP STRIP	EXC	PA
EASY TRAK GLUCOSE TEST STRIP	EXC	PA
EASY TRAK II TEST STRIP STRIP	EXC	PA
EASYGLUCO MONITORING SYSTEM KIT	EXC	QL
EASYGLUCO PLUS STRIP	EXC	PA
EASYGLUCO TEST STRIP	EXC	PA
EASYMAX NG KIT	EXC	QL
EASYMAX STRIP	EXC	PA
EASYMAX V SPEAKING GLUCOSE SYS	EXC	QL
EC-NAPROSYN ORAL TABLET,DELAY ED RELEASE (DR/EC)	T2	BP
<i>econazole topical cream</i>	T1	
<i>econtra ez oral tablet</i>	T1	
<i>econtra one-step oral tablet</i>	T1	
<i>ecotrin low strength oral tablet, delayed release (dr/ec)</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ecotrin oral tablet, delayed release (dr/ec)</i>	T1	
ECOZA TOPICAL FOAM	T3	
EDARBI ORAL TABLET	T3	
EDARBYCLOR ORAL TABLET	T3	
EDECRIN ORAL TABLET	T2	BP
EDEX INTRACAVERN OSAL KIT	T2	QL
EDLUAR SUBLINGUAL TABLET	EXC	
<i>ed-spaz oral tablet, disintegrati ng</i>	T1	
EDURANT ORAL TABLET	T2	
<i>eemt hs oral tablet</i>	T3	
<i>eemt oral tablet</i>	T3	
<i>efavirenz oral capsule</i>	T1	
<i>efavirenz oral tablet</i>	T1	
<i>efavirenz- emtricitabin- tenofof oral tablet</i>	T3	
<i>efavirenz-lamivu- tenofof disop oral tablet</i>	T1	
EFFER-K ORAL TABLET, EFFERVESCE N T 10 MEQ	EXC	
EFFER-K ORAL TABLET, EFFERVESCE N T 20 MEQ	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
<i>effer-k oral tablet, effervescent 25 meq</i>	T3	
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR	T2	BP
EFFIENT ORAL TABLET	T2	PA; BP
EFUDEX TOPICAL CREAM	T2	BP
EGRIFTA SV SUBCUTANEOUS RECON SOLN	EXC	SP
ELEMENT COMPACT GLUCOSE METER	EXC	QL
ELEMENT COMPACT TEST STRIPS STRIP	EXC	PA
ELEMENT COMPACT V GLUCOSE MTR	EXC	QL
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	EXC	QL
ELEMENT TEST STRIPS STRIP	EXC	PA
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	T2	
<i>eletriptan oral tablet</i>	T1	QL

Drug Name	Drug Tier	Requirements/Limits
ELIDEL TOPICAL CREAM	T2	BP
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	T2	SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	T2	SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	T2	SP
ELIGARD SUBCUTANEOUS SYRINGE	T2	SP
ELIMITE TOPICAL CREAM	T2	BP
<i>elinest oral tablet</i>	T1	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK	T2	
ELIQUIS ORAL TABLET	T2	
ELIXOPHYLLIN ORAL ELIXIR	T2	
ELLA ORAL TABLET	T2	
ELLUME COVID-19 HOME TEST KIT	T2	QL
ELMIRON ORAL CAPSULE	T2	
ELOCTATE INTRAVENOUS RECON SOLN	T2	SP; LA
<i>eluryng vaginal ring</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
ELYXYB ORAL SOLUTION	EXC	
EMBRACE BLOOD GLUCOSE SYSTEM	EXC	QL
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	EXC	PA
EMBRACE EVO TEST STRIPS STRIP	EXC	PA
EMBRACE PRO GLUCOSE METER	EXC	QL
EMBRACE PRO TEST STRIPS STRIP	EXC	PA
EMBRACE TALK BLOOD GLUCOSE SYS KIT	EXC	QL
EMBRACE TALK TEST STRIPS STRIP	EXC	PA
EMCYT ORAL CAPSULE	T3	PA
EMEND ORAL CAPSULE 80 MG	T3	BP
EMEND ORAL CAPSULE,DOSE PACK	T3	BP
EMEND ORAL SUSPENSION FOR RECONSTITUTION	T2	PA
EMFLAZA ORAL SUSPENSION	T3	PA; SP
EMFLAZA ORAL TABLET	T3	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	T2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	T2	PA; QL
EMSAM TRANSDERMAL PATCH 24 HOUR	T2	
<i>emtricitabine oral capsule</i>	T1	
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	T1	
EMTRIVA ORAL CAPSULE	T2	BP
EMTRIVA ORAL SOLUTION	T3	
EMVERM ORAL TABLET,CHEWABLE	T2	
<i>enalapril maleate oral solution</i>	T2	
<i>enalapril maleate oral tablet</i>	T1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	T1	
ENBREL MINI SUBCUTANEOUS CARTRIDGE	T2	PA; SP; QL; LA
ENBREL SUBCUTANEOUS RECON SOLN	T2	PA; SP; QL; LA
ENBREL SUBCUTANEOUS SOLUTION	T2	PA; SP; QL; LA
ENBREL SUBCUTANEOUS SYRINGE	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
ENBREL SURECLICK SUBCUTANEOU S PEN INJECTOR	T2	PA; SP; QL; LA
ENDARI ORAL POWDER IN PACKET	T2	PA; SP
<i>endocet oral tablet</i>	T1	PA
ENDOMETRIN VAGINAL INSERT	T3	SP
ENGERIX-B (PF) INTRAMUSCULA R SUSPENSION	T2	
ENGERIX-B (PF) INTRAMUSCULA R SYRINGE	T2	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULA R SYRINGE	T2	
<i>enoxaparin subcutaneous solution</i>	T2	SP
<i>enoxaparin subcutaneous syringe</i>	T2	SP
<i>enpresse oral tablet</i>	T1	
<i>enskyce oral tablet</i>	T1	
ENSPRYNG SUBCUTANEOU S SYRINGE	T2	PA; SP; LA
ENSTILAR TOPICAL FOAM	T3	
<i>entacapone oral tablet</i>	T1	
<i>entecavir oral tablet</i>	T1	
ENTEREG ORAL CAPSULE	T2	

Drug Name	Drug Tier	Requirements/ Limits
ENTRESTO ORAL TABLET	T2	QL
<i>enulose oral solution</i>	T1	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	T2	PA
ENZOCLEAR TOPICAL FOAM	EXC	
EPANED ORAL SOLUTION	T2	BP
EPCLUSA ORAL PELLETS IN PACKET	EXC	PA; SP; LA
EPCLUSA ORAL TABLET	T2	PA; SP; LA
EPIDIOLEX ORAL SOLUTION	T2	PA; SP; LA
EPIDUO FORTE TOPICAL GEL WITH PUMP	EXC	BP
EPIFOAM TOPICAL FOAM	T2	
<i>epinastine ophthalmic (eye) drops</i>	T3	
<i>epinephrine hcl nasal solution</i>	EXC	
<i>epinephrine injection auto- injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	T2	QL
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	EXC	
<i>epitol oral tablet</i>	T1	
EPIVIR HBV 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
EPIVIR HBV ORAL TABLET	T2	BP
EPIVIR ORAL SOLUTION	T2	BP
EPIVIR ORAL TABLET	T2	BP
<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	EXC	SP
EPRONTIA ORAL SOLUTION	EXC	
<i>eprosartan oral tablet</i>	T3	
EPSOLAY TOPICAL CREAM	EXC	
EPZICOM ORAL TABLET	T2	BP
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	T3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	T1	
<i>ergoloid oral tablet</i>	T1	
ERGOMAR SUBLINGUAL TABLET	T2	
<i>ergotamine-caffeine oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>ery pads topical swab</i>	T1	
<i>erygel topical gel</i>	T2	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	T2	BP
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	T2	BP
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	T1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	T1	BP
<i>erythrocine (as stearate) oral tablet 250 mg</i>	T2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	T1	
<i>erythromycin ethylsuccinate oral tablet</i>	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>erythromycin ophthalmic (eye) ointment</i>	T1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	T1	
<i>erythromycin oral tablet</i>	T1	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	T1	
<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; LA
ESBRIET ORAL TABLET	T2	PA; SP; LA
<i>escitalopram oxalate oral solution</i>	T1	
<i>escitalopram oxalate oral tablet</i>	T1	
ESGIC ORAL CAPSULE	T1	BP
ESGIC ORAL TABLET	T2	BP
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	T3	
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	EXC	

Drug Name	Drug Tier	Requirements/ Limits
ESOMEPRAZOL E STRONTIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC)	EXC	
ESPEROCT INTRAVENOUS RECON SOLN	T2	SP
<i>estarylla oral tablet</i>	T1	
<i>estazolam oral tablet</i>	T1	
ESTRACE ORAL TABLET	T2	BP
ESTRACE VAGINAL CREAM	T2	BP
<i>estradiol oral tablet</i>	T1	
<i>estradiol transdermal patch semiweekly</i>	T1	
<i>estradiol transdermal patch weekly</i>	T1	
<i>estradiol vaginal cream</i>	T1	
<i>estradiol vaginal tablet</i>	T1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T2	
<i>estradiol-norethindrone acet oral tablet</i>	T1	
ESTRING VAGINAL RING	T2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	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>estrogens-methyltestosterone oral tablet</i>	T3	
<i>eszopiclone oral tablet</i>	T1	
<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>	T2	
<i>etravirine oral tablet</i>	T1	
EUCRISA TOPICAL OINTMENT	T2	PA
EULEXIN ORAL CAPSULE	EXC	BP
EURAX TOPICAL CREAM	T3	
EURAX TOPICAL LOTION	T2	
<i>euthyrox oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	T3	
EVEKEO ODT ORAL TABLET, DISINTEGRATING	T3	
EVEKEO ORAL TABLET	T3	BP
EVENCARE G2	EXC	QL
EVENCARE G2 STRIP	EXC	PA
EVENCARE G3 GLUCOSE METER KIT	EXC	QL
EVENCARE G3 TEST STRIP	EXC	PA
EVENCARE MINI GLUCOSE TEST STRIP	EXC	PA
EVENCARE MINI MONITOR SYSTEM	EXC	QL
EVENCARE PROVIEW TEST STRIP	EXC	PA
<i>everolimus (antineoplastic) oral tablet</i>	T1	PA; SP; QL; LA
<i>everolimus (antineoplastic) oral tablet for suspension</i>	T2	PA; SP; QL; LA
<i>everolimus (immunosuppressive) oral tablet</i>	T1	PA; LA
EVISTA ORAL TABLET	T2	BP
EVOCLIN TOPICAL FOAM	T3	BP

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 BLOOD GLUCOSE METER KIT	EXC	QL
EVOLUTION TEST STRIPS STRIP	EXC	PA
EVOTAZ ORAL TABLET	T2	
EVOXAC ORAL CAPSULE	T3	BP
EVRYSDI ORAL RECON SOLN	T2	PA; SP
EXELDERM TOPICAL CREAM	T3	
EXELDERM TOPICAL SOLUTION	T3	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	T2	BP
EXEM INTRAUTERINE INFUSION FOAM IN SYRINGE	EXC	
<i>exemestane oral tablet</i>	T1	
EXFORGE HCT ORAL TABLET	T3	BP
EXFORGE ORAL TABLET	T3	BP
EXJADE ORAL TABLET, DISPERSIBLE	T2	SP; BP; LA
EXKIVITY ORAL CAPSULE	T2	PA; SP; LA
EXSERVAN ORAL FILM	T3	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	T2	SP; LA

Drug Name	Drug Tier	Requirements/ Limits
EXTAVIA SUBCUTANEOUS RECON SOLN	T2	SP; LA
EXTINA TOPICAL FOAM	T3	BP
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	PA; QL
EZ SMART PLUS SYSTEM KIT	EXC	QL
EZ SMART PLUS TEST STRIP	EXC	PA
EZ SMART SYSTEM KIT	EXC	QL
EZ SMART TEST STRIP	EXC	PA
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE	T3	PA
<i>ezetimibe oral tablet</i>	T1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET	EXC	QL
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	T1	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	EXC	
<i>fabb oral tablet</i>	T1	
FABIOR TOPICAL FOAM	T3	
FACTIVE ORAL TABLET	EXC	

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>falmina (28) oral tablet</i>	T1	
<i>famciclovir oral tablet</i>	T1	
<i>famotidine oral suspension</i>	T1	
<i>famotidine oral tablet 40 mg</i>	T1	
FANAPT ORAL TABLET	T3	
FANAPT ORAL TABLETS,DOSE PACK	T3	
FARESTON ORAL TABLET	T3	PA; BP
FARXIGA ORAL TABLET	T2	PA
FARYDAK ORAL CAPSULE	T3	PA; QL; LA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	EXC	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	T2	BP
FELBATOL ORAL TABLET	T2	BP
FELDENE ORAL CAPSULE	T3	BP
<i>felodipine oral tablet extended release 24 hr</i>	T1	
<i>fem ph vaginal gel</i>	T3	

Drug Name	Drug Tier	Requirements/ Limits
FEMARA ORAL TABLET	T2	BP
FEMCAP VAGINAL DEVICE 22 MM	T3	
FEMRING VAGINAL RING	T3	
<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	EXC	
<i>fenofibrate nanocrystallized oral tablet</i>	T1	
FENOFIBRATE ORAL CAPSULE	T3	
<i>fenofibrate oral tablet 120 mg</i>	EXC	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T1	
<i>fenofibrate oral tablet 40 mg</i>	T3	
<i>fenofibric acid (choline) oral capsule,delayed release(drlec)</i>	T3	
<i>fenofibric acid oral tablet</i>	EXC	
FENOGLIDE ORAL TABLET	T3	BP
FENOPROFEN ORAL CAPSULE	T3	
<i>fenoprofen oral tablet</i>	T3	
FENORTHO ORAL CAPSULE	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
<i>fentanyl citrate buccal lozenge on a handle</i>	T3	
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	T2	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T1	
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	EXC	
FENTORA BUCCAL TABLET, EFFERVESCENT	T2	
FERRIPROX (2 TIMES A DAY) ORAL TABLET	T3	PA; SP; QL
FERRIPROX ORAL SOLUTION	T3	PA; SP
FERRIPROX ORAL TABLET 1,000 MG	T3	PA; SP; BP; QL
FERRIPROX ORAL TABLET 500 MG	T3	PA; SP; BP
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	T3	

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	T3	
FEXMID ORAL TABLET	EXC	BP
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T2	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	T2	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	T2	
FIBRICOR ORAL TABLET	EXC	BP
FIFTY50 TEST STRIP STRIP	EXC	PA
FINACEA TOPICAL FOAM	T3	
FINACEA TOPICAL GEL	T2	BP
<i>finasteride oral tablet 5 mg</i>	T1	
FINTEPLA ORAL SOLUTION	T3	PA; SP
FIORICET ORAL CAPSULE	T2	BP
FIORICET WITH CODEINE ORAL CAPSULE	T3	PA; BP
FIRAZYR SUBCUTANEOUS SYRINGE	T2	PA; SP; BP; QL; LA
FIRDAPSE ORAL TABLET	T2	PA; SP; QL; LA
FIRVANQ ORAL RECON SOLN	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>flac otic oil otic (ear) drops</i>	T3	
FLAGYL ORAL CAPSULE	T2	BP
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	
<i>flavoxate oral tablet</i>	T3	
<i>flecainide oral tablet</i>	T1	
FLECTOR TRANSDERMAL PATCH 12 HOUR	T3	
FLEQSUVY ORAL SUSPENSION	T2	PA
FLEXICHAMBER SPACER	T3	
FLOLIPID ORAL SUSPENSION	T3	
FLOMAX ORAL CAPSULE	T2	BP
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	T2	
FLOVENT HFA INHALATION HFA AEROSOL INHALER	T2	
FLOWFLEX COVID-19 AG HOME TEST KIT	T2	QL
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE	T2	

Drug Name	Drug Tier	Requirements/ Limits
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	PA
<i>fludrocortisone oral tablet</i>	T1	
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE	T2	
FLUMADINE ORAL TABLET	T2	BP
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE	T2	
<i>flunisolide nasal spray,non-aerosol</i>	EXC	
<i>fluocinolone acetonide oil otic (ear) drops</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>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 0.05 %</i>	T1	
<i>fluocinonide topical cream 0.1 %</i>	T3	
<i>fluocinonide topical gel</i>	T1	
<i>fluocinonide topical ointment</i>	T1	
<i>fluocinonide topical solution</i>	T1	
<i>fluocinonide-e topical cream</i>	T1	
FLUORESCEIN-BENOXINATE OPTHALMIC (EYE) DROPS	T3	
<i>fluorescein-proparacaine ophthalmic (eye) drops</i>	EXC	
<i>fluoride (sodium) oral drops</i>	T1	
<i>fluoride (sodium) oral tablet, chewable</i>	T1	
<i>fluorometholone ophthalmic (eye) drops, suspension</i>	T1	
FLUOROPLEX TOPICAL CREAM	T2	

Drug Name	Drug Tier	Requirements/ Limits
FLUOROURACIL TOPICAL CREAM 0.5 %	T2	
<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>	T3	
<i>fluoxetine oral solution</i>	T1	
<i>fluoxetine oral tablet 10 mg</i>	T1	Preferred Alternatives: (FLUOXETINE HCL)
<i>fluoxetine oral tablet 20 mg</i>	EXC	Preferred Alternatives: (FLUOXETINE HCL)
<i>fluoxetine oral tablet 60 mg</i>	T3	Preferred Alternatives: (FLUOXETINE HCL)
<i>fluphenazine hcl oral concentrate</i>	T2	
<i>fluphenazine hcl oral elixir</i>	T2	
<i>fluphenazine hcl oral tablet</i>	T1	
<i>flurandrenolide topical cream</i>	T1	
<i>flurandrenolide topical lotion</i>	T1	
<i>flurandrenolide topical ointment</i>	T1	
<i>flurazepam oral capsule</i>	T3	
<i>flurbiprofen oral tablet 100 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>flurbiprofen sodium ophthalmic (eye) drops</i>	T1	
<i>flutamide oral capsule</i>	T1	
<i>fluticasone propionate nasal spray,suspension</i>	EXC	
<i>fluticasone propionate topical cream</i>	T1	
<i>fluticasone propionate topical lotion</i>	T3	
<i>fluticasone propionate topical ointment</i>	T1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	T2	
<i>fluvastatin oral capsule</i>	T3	
<i>fluvastatin oral tablet extended release 24 hr</i>	T3	
<i>fluvoxamine oral capsule,extended release 24hr</i>	T3	
<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	T2	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	T2	BP
FML S.O.P. OPHTHALMIC (EYE) OINTMENT	T2	
FOCALIN ORAL TABLET	T2	BP
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50	T3	BP
<i>folbee oral tablet</i>	T1	
<i>folbic oral tablet</i>	T1	
<i>folic acid oral tablet</i>	T1	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE	T3	ST; SP
<i>foltabs 800 oral tablet</i>	T1	
<i>fondaparinux subcutaneous syringe</i>	T1	SP
FORA 6 CONNECT GLUCOSE STRIP STRIP	EXC	PA
FORA D10 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
FORA D15 GLUCOSE-BP MONITOR DEVICE	T3	
FORA D15G STRIPS STRIP	EXC	PA
FORA D20 KIT	T3	QL
FORA D20 STRIP	EXC	PA
FORA D40D GLUCOSE-BP MONITOR DEVICE	T3	
FORA D40-G31 TEST STRIPS STRIP	EXC	PA
FORA G20 KIT	EXC	QL
FORA G20 STRIP	EXC	PA
FORA G30A	EXC	QL
FORA G30- PREMIUM V10 TEST STRP STRIP	EXC	PA
FORA GD50 BLOOD GLUCOSE SYSTEM	EXC	QL
FORA GD50 TEST STRIPS STRIP	EXC	PA
FORA GTEL GLUCOSE TEST STRIP STRIP	EXC	PA
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	EXC	QL
FORA KETONE CONTROL SOLN-L1 SOLUTION	EXC	

Drug Name	Drug Tier	Requirements/ Limits
FORA PREMIUM V10 GLUCOSE METER	EXC	QL
FORA TEST N'GO VOICE METER	EXC	QL
FORA TEST STRIP STRIP	EXC	PA
FORA TN'G ADVAN PRO TEST STRIP STRIP	EXC	PA
FORA TN'G ADVANCE PRO MONITOR DEVICE	EXC	QL
FORA TN'G VOICE METER	EXC	QL
FORA TN'G VOICE TEST STRIPS STRIP	EXC	PA
FORA V10 KIT	EXC	QL
FORA V10 STRIP	EXC	PA
FORA V10-V12- D10-D20 STRIPS STRIP	EXC	PA
FORA V12 BLOOD GLUCOSE SYSTEM	EXC	QL
FORA V12 GLUCOSE STRIP	EXC	PA
FORA V20 KIT	EXC	QL
FORA V20 STRIP	EXC	PA
FORA V30A KIT	EXC	QL
FORACARE GD20 GLUCOSE METER	EXC	QL
FORACARE GD20 STRIP	EXC	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
FORACARE GD40 TEST STRIPS STRIP	EXC	PA
FORACARE GD40A GLUCOSE METER	EXC	QL
FORACARE GD40B GLUCOSE METER	EXC	QL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	EXC	Preferred Alternatives: (BUPROPION SR, BUPROPION XL, WELLBUTRIN XL, WELLBUTRIN SR)
<i>formoterol fumarate inhalation solution for nebulization</i>	T3	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	T2	PA; SP; QL; LA
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP	T3	BP
FORTISCARE G1 TEST STRIP STRIP	EXC	PA
FORTISCARE GLUCOSE TEST STRIPS STRIP	EXC	PA
FORTISCARE T1 BLOOD GLUC SYS	EXC	QL

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX ORAL TABLET 70 MG	T2	BP
FOSAMAX PLUS D ORAL TABLET	T3	
<i>fosamprenavir oral tablet</i>	T1	
<i>fosfomycin tromethamine oral packet</i>	T1	QL
<i>fosinopril oral tablet</i>	T1	
<i>fosinopril-hydrochlorothiazide oral tablet</i>	T3	
FOSRENOL ORAL POWDER IN PACKET	T3	
FOSRENOL ORAL TABLET,CHEWABLE	T2	BP
FOTIVDA ORAL CAPSULE	T2	PA; SP; QL; LA
FRAGMIN SUBCUTANEOUS SOLUTION	T3	SP
FRAGMIN SUBCUTANEOUS SYRINGE	T3	SP
FREESTYLE FLASH SYSTEM KIT	T2	QL
FREESTYLE FREEDOM KIT	EXC	QL
FREESTYLE FREEDOM LITE KIT	EXC	QL
FREESTYLE INSULINX	EXC	QL
FREESTYLE INSULINX STRIP	EXC	PA
FREESTYLE INSULINX TEST STRIPS STRIP	EXC	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
FREESTYLE LIBRE 14 DAY READER	T2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR KIT	T2	PA; QL
FREESTYLE LIBRE 2 READER	T2	PA; QL
FREESTYLE LIBRE 2 SENSOR KIT	T2	PA; QL
FREESTYLE LITE METER KIT	EXC	QL
FREESTYLE LITE STRIPS STRIP	EXC	PA
FREESTYLE PRECISION NEO METER	EXC	QL
FREESTYLE PRECISION NEO STRIPS STRIP	T2	PA
FREESTYLE SIDEKICK II KIT	EXC	QL
FREESTYLE SYSTEM KIT KIT	T2	QL
FREESTYLE TEST STRIP	EXC	PA
FROVA ORAL TABLET	T3	BP
<i>frovatriptan oral tablet</i>	T3	
<i>full spectrum b-vitamin c oral tablet</i>	T1	
FULPHILA SUBCUTANEOUS SYRINGE	EXC	SP
FURADANTIN ORAL SUSPENSION	T2	BP

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide injection solution</i>	T2	
<i>furosemide injection syringe</i>	T2	
<i>furosemide oral solution 10 mg/ml</i>	T1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	T2	
<i>furosemide oral tablet</i>	T1	
FUZEON SUBCUTANEOUS RECON SOLN	T2	
<i>fyavolv oral tablet</i>	T1	
FYCOMPA ORAL SUSPENSION	T2	PA
FYCOMPA ORAL TABLET	T2	PA
<i>fyremadel subcutaneous syringe</i>	EXC	SP
<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	
GABITRIL ORAL TABLET	T2	BP
GALAFOLD ORAL CAPSULE	T2	PA; SP; QL
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	T1	
<i>galantamine oral solution</i>	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>galantamine oral tablet</i>	T1	
GALZIN ORAL CAPSULE	T2	
GAMMAGARD LIQUID INJECTION SOLUTION	T2	PA; SP
GAMMAKED INJECTION SOLUTION	T3	PA; SP
GAMUNEX-C INJECTION SOLUTION	T2	PA; SP
<i>ganirelix subcutaneous syringe</i>	T3	SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	T2	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	T2	
GASTROCROM ORAL CONCENTRATE	T2	BP
<i>gatifloxacin ophthalmic (eye) drops</i>	T1	
GATTEX 30-VIAL SUBCUTANEOUS KIT	T3	PA; SP
<i>gavilyte-c oral recon soln</i>	T1	
<i>gavilyte-g oral recon soln</i>	T1	
<i>gavilyte-n oral recon soln</i>	T1	
GAVRETO ORAL CAPSULE	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
GE100 BLOOD GLUCOSE SYSTEM KIT	EXC	QL
GE100 BLOOD GLUCOSE TEST STRIP STRIP	EXC	PA
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	EXC	
GELNIQUE TRANSDERMAL GEL IN PACKET	T3	
GELX MUCOUS MEMBRANE GEL	EXC	
<i>gemfibrozil oral tablet</i>	T1	
<i>gemmily oral capsule</i>	T1	
GEMTESA ORAL TABLET	T2	PA
GENERESS FE ORAL TABLET,CHEWABLE	T2	BP
<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
GENSTRIP TEST STRIP STRIP	EXC	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>gentak ophthalmic (eye) ointment</i>	T1	
<i>gentamicin injection solution 40 mg/ml</i>	T2	
<i>gentamicin ophthalmic (eye) drops</i>	T1	
<i>gentamicin topical cream</i>	T1	
<i>gentamicin topical ointment</i>	T1	
GENTEEL VACUUM LANCING DEVICE COMBO PACK	T2	
GENVOYA ORAL TABLET	T2	
GEODON ORAL CAPSULE	T2	BP
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	PA; SP; QL
<i>glatiramer subcutaneous syringe</i>	T2	SP; LA
<i>glatopa subcutaneous syringe</i>	T2	SP; LA
GLEEEVEC ORAL TABLET	T2	PA; SP; BP; QL; LA
GLEOLAN ORAL RECON SOLN	EXC	
GLEOSTINE ORAL CAPSULE	T2	QL; LA
<i>glimepiride oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide oral tablet</i>	T1	
<i>glipizide oral tablet extended release 24hr</i>	T1	
<i>glipizide-metformin oral tablet</i>	T3	
GLOPERBA ORAL SOLUTION	T3	
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN	EXC	QL
GLUCAGEN HYPOKIT INJECTION RECON SOLN	T2	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	T2	QL
<i>glucagon emergency kit (human) injection recon soln</i>	T2	QL
GLUCAGON HCL INJECTION RECON SOLN	T2	QL
GLUCO NAVII GLUCOSE MONITOR KIT	EXC	QL
GLUCO NAVII TEST STRIP STRIP	EXC	PA
GLUCOCARD 01 METER KIT	EXC	QL
GLUCOCARD 01 SENSOR PLUS STRIP	EXC	PA
GLUCOCARD EXPRESSION	EXC	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
GLUCOCARD EXPRESSION STRIP	EXC	PA
GLUCOCARD SHINE CONNEX METER	EXC	QL
GLUCOCARD SHINE EXPRESS METER	EXC	QL
GLUCOCARD SHINE METER	EXC	QL
GLUCOCARD SHINE TEST STRIPS STRIP	EXC	PA
GLUCOCARD SHINE XL METER	EXC	QL
GLUCOCARD VITAL KIT	EXC	QL
GLUCOCARD VITAL SENSOR STRIP	EXC	PA
GLUCOCARD VITAL TEST STRIPS STRIP	EXC	PA
GLUCOCOM BLOOD GLUCOSE KIT	EXC	QL
GLUCOCOM GLUCOSE STRIP	EXC	PA
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	T2	BP
GLUMETZA ORAL TABLET,ER GAST.RETENTI ON 24 HR	EXC	BP
<i>glyburide micronized oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide oral tablet</i>	T1	
<i>glyburide-metformin oral tablet</i>	T1	
GLYCATE ORAL TABLET	EXC	
<i>glycopyrrolate oral solution</i>	T1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	EXC	
<i>glydo mucous membrane jelly in applicator</i>	T1	
GLYNASE ORAL TABLET	T2	BP
GLYXAMBI ORAL TABLET	T3	PA
GM100 KIT	EXC	QL
GM100 STRIP	EXC	PA
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR	EXC	SP
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	EXC	PA
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	EXC	
GOJJI MULTI-FUNCTIONAL METER KIT	EXC	QL
GOLYTELY ORAL RECON SOLN	T2	BP

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
GONAL-F RFF REDI-JECT SUBCUTANEOU S PEN INJECTOR	T3	SP
GONAL-F RFF SUBCUTANEOU S RECON SOLN	T3	SP
GONAL-F SUBCUTANEOU S RECON SOLN	T3	SP
GONITRO SUBLINGUAL POWDER IN PACKET	T3	
GOPRELTO NASAL SOLUTION	EXC	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	T3	
<i>granisetron hcl</i> oral tablet	T1	
GRANIX SUBCUTANEOU S SOLUTION	T3	SP
GRANIX SUBCUTANEOU S SYRINGE	EXC	SP
GRASTEK SUBLINGUAL TABLET	T2	PA
<i>griseofulvin</i> microsize oral suspension	T1	
<i>griseofulvin</i> microsize oral tablet	T1	
<i>griseofulvin</i> ultramicrosize oral tablet	T1	
<i>guaiaatussin ac</i> oral liquid	EXC	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine oral</i> tablet	T1	
<i>guanfacine oral</i> tablet extended release 24 hr	T3	
GVOKE HYPOPEN 2- PACK SUBCUTANEOU S AUTO- INJECTOR	T2	QL
GVOKE PFS 2- PACK SYRINGE SUBCUTANEOU S SYRINGE	T2	QL
GVOKE SUBCUTANEOU S SOLUTION	EXC	
GYNAZOLE-1 VAGINAL CREAM	T2	
<i>gynol ii vaginal</i> gel	T1	
HAEGARDA SUBCUTANEOU S RECON SOLN	T2	PA; SP
<i>hailey 24 fe oral</i> tablet	T1	
<i>hailey fe 1.5/30</i> (28) oral tablet	T1	
<i>hailey fe 1/20</i> (28) oral tablet	T1	
<i>hailey oral tablet</i>	T1	
<i>halcinonide</i> topical cream	T3	
HALCION ORAL TABLET 0.25 MG	T3	BP
<i>halobetasol</i> propionate topical cream	T3	
HALOBETASOL PROPIONATE TOPICAL FOAM	T3	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
<i>halobetasol propionate topical ointment</i>	T3	
HALOG TOPICAL CREAM	T3	BP
HALOG TOPICAL OINTMENT	T3	
HALOG TOPICAL SOLUTION	T3	
<i>haloperidol lactate oral concentrate</i>	T1	
<i>haloperidol oral tablet</i>	T1	
HARMONY GLUCOSE TEST STRIP STRIP	EXC	PA
HARVONI ORAL PELLETS IN PACKET	T3	PA; SP; LA
HARVONI ORAL TABLET	T2	PA; SP; LA
HAVRIX (PF) INTRAMUSCULAR SYRINGE	T2	
HEALTHPRO GLUCOSE MONITOR	EXC	QL
HEALTHPRO TEST STRIPS STRIP	EXC	PA
<i>heather oral tablet</i>	T1	
HEMADY ORAL TABLET	EXC	
HEMANGEOL ORAL SOLUTION	T3	SP
HEMLIBRA SUBCUTANEOUS SOLUTION	T2	SP; LA

Drug Name	Drug Tier	Requirements/ Limits
<i>hemmorex-hc rectal suppository</i>	T1	
<i>hep flush-10 (pf) intravenous solution</i>	T2	
HEPARIN (PORCINE) IN 0.9% NAACL 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)	T2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i>	T2	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	T2	
<i>heparin (porcine) injection cartridge</i>	T2	
<i>heparin (porcine) injection solution</i>	T2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	T2	
<i>heparin flush(porcine)-0.9nacl intravenous kit</i>	T2	
<i>heparin lock flush (porcine) intravenous solution</i>	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>heparin lockflush(porcine) (pf) intravenous syringe</i>	T2	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	T2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	T2	
<i>heparin, porcine (pf) injection solution</i>	T2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	T2	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	T2	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	T2	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	T2	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	T2	

Drug Name	Drug Tier	Requirements/ Limits
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	T2	
HEPSERA ORAL TABLET	T2	BP
HETLIOZ LQ ORAL SUSPENSION	T3	PA; SP
HETLIOZ ORAL CAPSULE	T3	PA; SP
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	T2	
HIPREX ORAL TABLET	T2	BP
HISTEX-AC ORAL SYRUP	EXC	
HIZENTRA SUBCUTANEOUS SOLUTION	T2	PA; SP; LA
HIZENTRA SUBCUTANEOUS SYRINGE	T2	PA; SP; LA
<i>homatropaire ophthalmic (eye) drops</i>	T1	
HORIZANT ORAL TABLET EXTENDED RELEASE	T2	PA
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	EXC	PA; Preferred Alternatives: (NOVOLOG FLEXPEN)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	T2	PA; Preferred Alternatives: (NOVOLOG FLEXPEN)

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
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	T2	PA
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	T2	PA
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	EXC	PA
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	T2	PA; Preferred Alternatives: (NOVOLOG MIX 70-30)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	T2	PA; Preferred Alternatives: (NOVOLOG)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	EXC	PA; Preferred Alternatives: (NOVOLOG)
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
HUMIRA PEN PSOR-UEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/Limits
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
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	T2	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
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOU S INSULIN PEN	T2	PA
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOU S INSULIN PEN	T2	PA
HUMULIN N NPH U-100 INSULIN SUBCUTANEOU S SUSPENSION	T2	PA
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	T2	PA
HUMULIN R U- 500 (CONC) INSULIN SUBCUTANEOU S SOLUTION	T2	PA
HUMULIN R U- 500 (CONC) KWIKPEN SUBCUTANEOU S INSULIN PEN	T2	PA
HYCAMTIN 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	
HYDREA ORAL CAPSULE	T2	BP
<i>hydrochlorothiazide oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrochlorothiazide oral tablet</i>	T1	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	T3	QL
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	T3	
<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,exten ded rel 12 hr</i>	T3	
<i>hydrocodone- homatropine oral syrup 5-1.5 mg/5 ml</i>	T3	
<i>hydrocodone- homatropine oral tablet</i>	T3	
<i>hydrocodone- ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	T3	PA
<i>hydrocodone- ibuprofen oral tablet 7.5-200 mg</i>	T1	PA
<i>hydrocortisone acetate rectal suppository</i>	T1	
<i>hydrocortisone butyrate topical cream</i>	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
<i>hydrocortisone butyrate topical lotion</i>	T3	
<i>hydrocortisone butyrate topical ointment</i>	T3	
<i>hydrocortisone butyrate topical solution</i>	T3	
<i>hydrocortisone butyr-emollient topical cream</i>	T3	
<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 1 %</i>	EXC	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</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>	T3	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	T1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	EXC	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	T1	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	T1	
<i>hydromet oral syrup</i>	T3	
<i>hydromorphone oral liquid</i>	T1	PA
<i>hydromorphone oral tablet</i>	T1	PA
<i>hydromorphone oral tablet extended release 24 hr</i>	T3	
<i>hydromorphone rectal suppository</i>	T2	PA
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	T1	
<i>hydroxychloroquine oral tablet 200 mg</i>	T1	
<i>hydroxyurea oral capsule</i>	T1	
<i>hydroxyzine hcl oral solution</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	T2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	T1	
<i>hyophen oral tablet</i>	EXC	
<i>hyoscyamine sulfate oral drops</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>hyoscyamine sulfate oral elixir</i>	T1	
<i>hyoscyamine sulfate oral tablet</i>	T1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	T1	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	T1	
<i>hyoscyamine sulfate sublingual tablet</i>	T1	
<i>hyosyne oral drops</i>	T1	
<i>hyosyne oral elixir</i>	T1	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	T2	
HYQVIA SUBCUTANEOUS SOLUTION	T3	PA; SP; LA
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR	T3	BP
HYZAAR ORAL TABLET	T2	BP
<i>ibandronate oral tablet</i>	T1	
IBRANCE ORAL CAPSULE	T2	PA; SP; QL; LA
IBRANCE ORAL TABLET	T2	PA; SP; LA
IBSRELA ORAL TABLET	T3	PA; QL
<i>ibu oral tablet</i>	T1	
<i>ibuprofen oral suspension</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ibuprofen-famotidine oral tablet</i>	EXC	
<i>icatibant subcutaneous syringe</i>	T2	PA; SP; QL; LA
<i>iclevia oral tablets, dose pack, 3 month</i>	T1	
ICLUSIG ORAL TABLET 10 MG, 30 MG	T2	PA; SP; LA
ICLUSIG ORAL TABLET 15 MG, 45 MG	T2	PA; SP; QL; LA
<i>icosapent ethyl oral capsule</i>	T2	
IDELVION INTRAVENOUS RECON SOLN	T2	SP; LA
IDHIFA ORAL TABLET	T2	PA; SP; QL; LA
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION	EXC	QL
IGLUCOSE BLOOD GLUCOSE MONITOR KIT	EXC	QL
IGLUCOSE TEST STRIP STRIP	EXC	PA
IHEALTH COVID-19 AG HOME TEST KIT	T2	QL
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION	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
<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	SP
<i>imipramine hcl oral tablet</i>	T1	
<i>imipramine pamoate oral capsule</i>	T1	
<i>imiquimod topical cream in metered-dose pump</i>	EXC	
<i>imiquimod topical cream in packet 3.75 %</i>	EXC	
<i>imiquimod topical cream in packet 5 %</i>	T1	
IMITREX NASAL SPRAY, NON-AEROSOL	T2	BP; QL
IMITREX ORAL TABLET	T2	BP; QL
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR	T2	BP; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE	T2	BP; QL
IMPAVIDO ORAL CAPSULE	T3	PA; QL

Drug Name	Drug Tier	Requirements/ Limits
IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP	EXC	
IMPOYZ TOPICAL CREAM	T2	
IMURAN ORAL TABLET	T2	BP
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	T2	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	T2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	T2	PA; SP; QL
<i>incassia oral tablet</i>	T1	
INCRELEX SUBCUTANEOUS SOLUTION	T3	PA; SP; LA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	T2	
<i>indapamide oral tablet</i>	T1	
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR	T2	BP
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR	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
INDICAID COVID-19 AG HOME TEST KIT	T2	QL
INDOCIN ORAL SUSPENSION	T2	
INDOCIN RECTAL SUPPOSITORY	EXC	PA
<i>indomethacin oral capsule</i>	T1	
<i>indomethacin oral capsule, extended release</i>	T1	
INDOMETHACIN SUBMICRONIZED ORAL CAPSULE	EXC	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	T2	
INFASURF INTRATRACHEAL SUSPENSION	T3	
INFINITY STARTER KIT KIT	EXC	QL
INFINITY TEST STRIPS STRIP	EXC	PA
INFINITY VOICE GLUCOSE MONITOR	EXC	QL
INFINITY VOICE TEST STRIP STRIP	EXC	PA
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK	T3	PA; SP; QL
INGREZZA ORAL CAPSULE	T3	PA; SP; QL
INLYTA ORAL TABLET	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR	T3	
INOVA 4-1 TOPICAL COMBO PACK	EXC	
INOVA 8-2 TOPICAL COMBO PACK	EXC	
INOVA TOPICAL COMBO PACK	EXC	
INQOVI ORAL TABLET	T2	PA; SP; QL; LA
INREBIC ORAL CAPSULE	T2	PA; SP; QL; LA
INSPIRACHAMBER SPACER	T3	
INSPIRA ORAL TABLET	T2	BP
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN	T2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION	T2	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	T2	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	T2	
INSULIN ASPART U-100 SUBCUTANEOUS 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
INSULIN GLARGINE SUBCUTANEOU S INSULIN PEN	EXC	
INSULIN GLARGINE SUBCUTANEOU S SOLUTION	EXC	
INSULIN GLARGINE- YFGN SUBCUTANEOU S INSULIN PEN	EXC	
INSULIN GLARGINE- YFGN SUBCUTANEOU S SOLUTION	EXC	
INSULIN LISPRO PROTAMIN- LISPRO SUBCUTANEOU S INSULIN PEN	T2	PA
INSULIN LISPRO SUBCUTANEOU S INSULIN PEN	T2	PA; Preferred Alternatives: (NOVOLOG FLEXPEN)
INSULIN LISPRO SUBCUTANEOU S INSULIN PEN, HALF-UNIT	T2	PA
INSULIN LISPRO SUBCUTANEOU S SOLUTION	T2	PA; Preferred Alternatives: (NOVOLOG)
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	T2	
INTELENCE ORAL TABLET 100 MG, 200 MG	T2	BP
INTELENCE ORAL TABLET 25 MG	T2	

Drug Name	Drug Tier	Requirements/ Limits
INTELISWAB COVID-19 HOME TEST KIT	T2	QL
INTRAROSA VAGINAL INSERT	T2	
INTRON A INJECTION RECON SOLN	T2	SP; LA
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP
INVEGA ORAL TABLET EXTENDED RELEASE 24HR	T3	BP
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPE NSION	T3	
INVIRASE ORAL TABLET	T3	
INVOKAMET ORAL TABLET	T2	PA
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	PA
INVOKANA ORAL TABLET	T2	PA
<i>iodine-sodium iodide topical tincture 2 %</i>	EXC	
IODOFLEX TOPICAL PADS, MEDICATED	T3	
IODOSORB TOPICAL GEL	T3	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	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
IPOL INJECTION SUSPENSION	T2	
<i>ipratropium bromide inhalation solution</i>	T1	
<i>ipratropium bromide nasal spray, non- aerosol</i>	T1	
<i>ipratropium- albuterol inhalation solution for nebulization</i>	T1	
<i>irbesartan oral tablet</i>	T3	
<i>irbesartan- hydrochlorothiazi de oral tablet</i>	T3	
IRESSA ORAL TABLET	T2	PA; SP; LA
ISENTRESS HD ORAL TABLET	T2	
ISENTRESS ORAL POWDER IN PACKET	T2	
ISENTRESS ORAL TABLET	T2	
ISENTRESS ORAL TABLET, CHEWA BLE	T2	
<i>isibloom oral tablet</i>	T1	
<i>isoniazid oral solution</i>	T2	
<i>isoniazid oral tablet</i>	T1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS	T2	BP

Drug Name	Drug Tier	Requirements/ Limits
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %	T2	BP
ISORDIL ORAL TABLET	T3	BP
ISORDIL TITRADOSE ORAL TABLET 5 MG	T2	BP
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T3	
<i>isosorbide mononitrate oral tablet</i>	T1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	T1	
<i>isosorbide- hydralazine oral tablet</i>	T3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	
<i>isoxsuprine oral tablet</i>	T3	
<i>isradipine oral capsule</i>	T1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY	T2	BP
ISTURISA ORAL TABLET	T2	PA; SP; QL
<i>itraconazole 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>itraconazole oral solution</i>	T1	
<i>ivermectin oral tablet</i>	T1	
<i>ivermectin topical cream</i>	T1	
IXINITY INTRAVENOUS RECON SOLN	T2	SP; LA
JADENU ORAL TABLET	T2	SP; BP; LA
JADENU SPRINKLE ORAL GRANULES IN PACKET	T2	SP; BP; LA
<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
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION	T2	
<i>jantoven oral tablet</i>	T1	
JANUMET ORAL TABLET	T2	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	T2	
JANUVIA ORAL TABLET	T2	
JARDIANCE ORAL TABLET	T2	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>jasmiel (28) oral tablet</i>	T1	
JATENZO ORAL CAPSULE	T3	PA
JAZZ WIRELESS 2 METER KIT KIT	EXC	QL
JELMYTO INTRA-PYELOCALYCEAL KIT	EXC	SP
<i>jencycla oral tablet</i>	T1	
JENTADUETO ORAL TABLET	T3	PA
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	PA
<i>jinteli oral tablet</i>	T1	
JIVI INTRAVENOUS RECON SOLN	T2	SP; LA
<i>jolessa oral tablets, dose pack, 3 month</i>	T1	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK	T3	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	T3	PA
<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	

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>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	EXC	SP
JYNARQUE ORAL TABLET	T2	PA; SP; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL	T2	PA; SP; QL
<i>kaitlib fe oral tablet, chewable</i>	T1	
KALETRA ORAL SOLUTION	T2	BP
KALETRA ORAL TABLET	T2	BP
<i>kalliga oral tablet</i>	T1	
KALYDECO ORAL GRANULES IN PACKET	T2	PA; SP
KALYDECO ORAL TABLET	T2	PA; SP
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR	T3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR	T3	BP
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR	T3	
<i>kariva (28) oral tablet</i>	T1	
KATERZIA ORAL SUSPENSION	T2	

Drug Name	Drug Tier	Requirements/ Limits
KAZANO ORAL TABLET	T3	PA
<i>kelnor 1/35 (28) oral tablet</i>	T1	
<i>kelnor 1-50 (28) oral tablet</i>	T1	
KENALOG TOPICAL AEROSOL	T2	BP
KEPPRA ORAL SOLUTION	T2	BP
KEPPRA ORAL TABLET	T2	BP
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	T2	BP
KERALAC TOPICAL CREAM	EXC	
KERALYT RX TOPICAL GEL	T2	BP
KERALYT SCALP TOPICAL GEL	T2	BP
KERENDIA ORAL TABLET	T2	PA; QL
KERYDIN TOPICAL SOLUTION WITH APPLICATOR	T3	PA; BP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	T2	SP; LA
KETAMINE SUBLINGUAL TROCHE	EXC	
<i>ketoconazole oral tablet</i>	T1	
<i>ketoconazole 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>ketoconazole topical foam</i>	T3	
<i>ketoconazole topical shampoo</i>	T1	
<i>ketodan kit topical combo pack</i>	EXC	
<i>ketodan topical foam</i>	EXC	
<i>ketoprofen oral capsule</i>	T3	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	T3	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	T2	
<i>ketorolac injection solution 30 mg/ml</i>	EXC	
<i>ketorolac intramuscular solution</i>	T2	
KETOROLAC NASAL SPRAY, NON-AEROSOL	T3	PA; QL
<i>ketorolac ophthalmic (eye) drops</i>	T1	
<i>ketorolac oral tablet</i>	T3	
KEVEYIS ORAL TABLET	T3	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; QL; LA
KEVZARA SUBCUTANEOUS SYRINGE	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/Limits
KINERET SUBCUTANEOUS SYRINGE	EXC	PA; SP; QL
KINRIX (PF) INTRAMUSCULAR SYRINGE	T2	
KISQALI FEMARA CO-PACK ORAL TABLET	T3	PA; SP
KISQALI ORAL TABLET	T2	PA; SP; QL; LA
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	T2	PA; SP
KLARITY-A (AZITHROMYDIN)(PF) OPHTHALMIC (EYE) DROPS	T3	
KLARITY-B (BETAMETHAZONE)(PF) OPHTHALMIC (EYE) DROPS	EXC	
KLARITY-L (LOTEPRENOLIN)(PF) OPHTHALMIC (EYE) DROPS	EXC	
KLARON TOPICAL SUSPENSION	T2	BP
KLISYRI TOPICAL OINTMENT IN PACKET	T3	PA
KLONOPIN ORAL TABLET	T2	BP
<i>klor-con 10 oral tablet 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
<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/ef oral tablet, effervescent</i>	T3	
KLOXXADO NASAL SPRAY, NON-AEROSOL	T1	QL
<i>kobee oral tablet</i>	T1	
KOGENATE FS INTRAVENOUS RECON SOLN	T2	SP; LA
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR	T3	PA
KORLYM ORAL TABLET	T3	SP
KOSELUGO ORAL CAPSULE	T2	PA; SP; LA
KOSHER PRENATAL PLUS IRON ORAL TABLET	T2	
KOVALTRY INTRAVENOUS RECON SOLN	T2	SP; LA
K-PHOS NO 2 ORAL TABLET	T3	

Drug Name	Drug Tier	Requirements/Limits
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE	EXC	
<i>k-phos-neutral oral tablet</i>	T1	
<i>kpn oral tablet</i>	T1	
KRINTAFEL ORAL TABLET	T3	
KRISTALOSE ORAL PACKET	T2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T2	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	T2	BP
<i>kurvelo (28) oral tablet</i>	T1	
KUVAN ORAL POWDER IN PACKET	T2	PA; SP; BP
KUVAN ORAL TABLET, SOLUBLE	T2	PA; SP; BP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	T2	PA; QL
<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	

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
LACRISERT OPHTHALMIC (EYE) INSERT	T3	
<i>lactated ringers irrigation solution</i>	T2	
<i>lactulose oral packet</i>	EXC	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	T1	
LAMICTAL ODT ORAL TABLET,DISINT EGRATING	T3	BP
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATIN G, DOSE PK	T3	BP
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATIN G, DOSE PK	T3	BP
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATIN G, DOSE PK	T3	BP; QL
LAMICTAL ORAL TABLET	T2	BP
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	T2	BP
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	T3	BP

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	T3	BP
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	T3	BP
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	T3	BP
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	T3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	T3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	T3	
<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	

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>lamotrigine oral tablet disintegrating, dose pk</i>	EXC	
<i>lamotrigine oral tablet extended release 24hr</i>	T3	
<i>lamotrigine oral tablet, chewable dispersible</i>	T1	
<i>lamotrigine oral tablet, disintegrating</i>	T3	
<i>lamotrigine oral tablets, dose pack</i>	T3	
LAMPIT ORAL TABLET	T3	
LANCETS 33 GAUGE	T2	
LANCING DEVICE	T2	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	T2	BP
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	T3	BP
<i>lansoprazole oral capsule, delayed release(dr/lec) 30 mg</i>	T3	
<i>lansoprazole oral tablet, disintegrating, delay rel</i>	EXC	
<i>lanthanum oral tablet, chewable</i>	T1	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T2	

Drug Name	Drug Tier	Requirements/ Limits
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	
<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	T2	BP
LATANOPROST (PF) OPHTHALMIC (EYE) DROPS	T2	
<i>latanoprost ophthalmic (eye) drops</i>	T1	
LATUDA ORAL TABLET	T2	ST
<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
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	T2	PA; SP; LA
<i>leena 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
<i>leflunomide oral tablet</i>	T1	
<i>lenalidomide oral capsule</i>	T1	PA; SP; QL
LENVIMA ORAL CAPSULE	T2	PA; SP; QL; LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP
<i>lessina oral tablet</i>	T1	
LETAIRIS ORAL TABLET	T2	PA; SP; BP
<i>letrozole oral tablet</i>	T1	
<i>leucovorin calcium oral tablet</i>	T1	
LEUKERAN ORAL TABLET	T2	
LEUKINE INJECTION RECON SOLN	T2	SP
<i>leuprolide subcutaneous kit</i>	T2	SP
<i>levalbuterol hcl inhalation solution for nebulization</i>	T1	ST
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	T2	ST; QL
LEVAMLODIPINE ORAL TABLET	T3	PA
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	T2	BP

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T2	
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>	T3	
<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	
<i>levonorgestrel-ethinyl estrad 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>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	T1	
<i>levonorg-eth estrad triphasic oral tablet</i>	T1	
<i>levora-28 oral tablet</i>	T1	
<i>levorphanol tartrate oral tablet</i>	EXC	PA
<i>levo-t oral tablet</i>	T1	
LEVOTHYROXINE ORAL CAPSULE	T3	
<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	T2	BP
LEVSIN/SL SUBLINGUAL TABLET	T2	BP
LEVULAN TOPICAL SOLUTION	EXC	
LEXAPRO ORAL TABLET	T2	BP
LEXETTE TOPICAL FOAM	T3	PA; QL
LEXIVA ORAL SUSPENSION	T2	
LEXIVA ORAL TABLET	T2	BP

Drug Name	Drug Tier	Requirements/ Limits
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC)	T2	BP
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE	T3	BP
LICART TRANSDERMAL PATCH 24 HOUR	T3	PA
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	T2	
<i>lidocaine hcl laryngotracheal solution</i>	T1	
<i>lidocaine hcl mucous membrane jelly</i>	T1	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	T1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	T1	
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	T3	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	EXC	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)</i>	T3	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	EXC	

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>lidocaine hcl- hydrocortison ac topical cream</i>	T3	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	T1	
<i>lidocaine topical ointment</i>	T1	
<i>lidocaine viscous mucous membrane solution</i>	T1	
<i>lidocaine- hydrocortisone- aloe rectal gel</i>	T3	
<i>lidocaine- hydrocortisone- aloe rectal kit</i>	T3	
<i>lidocaine- prilocaine topical cream</i>	T1	
<i>lidocaine- prilocaine topical kit</i>	EXC	
LIDOCAINE- TETRACAINE TOPICAL CREAM	EXC	
<i>lidocort topical cream</i>	T3	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICA TED	T2	BP
<i>lillow (28) oral tablet</i>	T1	
<i>lindane topical shampoo</i>	T2	
<i>linezolid oral suspension for reconstitution</i>	T1	PA
<i>linezolid oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
LINZESS ORAL CAPSULE	T2	
<i>liothyronine oral tablet</i>	T1	
LIPITOR ORAL TABLET	T2	BP
LIPOFEN ORAL CAPSULE	T3	
<i>lisinopril oral tablet</i>	T1	
<i>lisinopril- hydrochlorothiazi de oral tablet</i>	T1	
LITEAIRE MDI CHAMBER SPACER	T3	
<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	T2	BP
LITHOSTAT ORAL TABLET	T3	
LIVALO ORAL TABLET	T3	
LIVMARLI ORAL SOLUTION	T3	PA; SP; QL
LIVTENCITY ORAL TABLET	T2	PA; QL
LO LOESTRIN FE ORAL TABLET	T2	
LOCOID LIPOCREAM TOPICAL CREAM	T3	BP

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
LOCOID TOPICAL LOTION	T3	BP
LODINE ORAL TABLET	T2	BP
LODOSYN ORAL TABLET	T2	BP
LOESTRIN 1.5/30 (21) ORAL TABLET	T1	BP
LOESTRIN 1/20 (21) ORAL TABLET	T1	BP
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	T1	BP
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	T1	BP
<i>lofena oral tablet</i>	EXC	
<i>lojaimiess oral tablets, dose pack, 3 month</i>	T1	
LOKELMA ORAL POWDER IN PACKET	T2	PA; QL
LOMAIRA ORAL TABLET	T2	
LOMOTIL ORAL TABLET	T2	BP
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION	T3	
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION	T3	
LONSURF ORAL TABLET	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/Limits
LOPID ORAL TABLET	T2	BP
<i>lopinavir-ritonavir oral solution</i>	T1	
<i>lopinavir-ritonavir oral tablet</i>	T1	
LOPRESSOR ORAL TABLET	T2	BP
LOPROX (AS OLAMINE) TOPICAL CREAM	T2	BP
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	T2	BP
LOPROX KIT TOPICAL COMBO PACK	EXC	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	EXC	
LOPROX TOPICAL SHAMPOO	T3	BP
<i>lorazepam intensol oral concentrate</i>	T1	
<i>lorazepam oral concentrate</i>	T1	
<i>lorazepam oral tablet</i>	T1	
LORBRENA ORAL TABLET	T2	PA; SP; QL; LA
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR	EXC	Preferred Alternatives: (LORAZEPAM)
LORTAB ELIXIR ORAL SOLUTION	T2	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>loryna (28) oral tablet</i>	T1	
LORZONE ORAL TABLET	T3	BP
<i>losartan oral tablet</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet</i>	T1	
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	T2	BP
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	T3	BP
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	BP
LOTEMAX OPHTHALMIC (EYE) OINTMENT	T3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	T3	
LOTENSIN HCT ORAL TABLET	T2	BP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T2	BP
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	T3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	T3	

Drug Name	Drug Tier	Requirements/ Limits
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T2	BP
LOTRONEX ORAL TABLET	T2	BP
<i>lovastatin oral tablet</i>	T1	
LOVAZA ORAL CAPSULE	T2	BP
LOVENOX SUBCUTANEOUS SOLUTION	T2	SP; BP
LOVENOX SUBCUTANEOUS SYRINGE	T2	SP; BP
<i>low-ogestrel (28) oral tablet</i>	T1	
<i>loxapine succinate oral capsule</i>	T3	
<i>lo-zumandimine (28) oral tablet</i>	T1	
<i>lta pre-attached laryngotracheal solution</i>	EXC	
LUBIPROSTONE ORAL CAPSULE	EXC	Preferred Alternatives: (MOTTEGRITY, AMITIZA, LINZESS)
LUCEMYRA ORAL TABLET	T3	QL
<i>ludent fluoride oral tablet,chewable</i>	T1	
<i>lugols oral solution</i>	T1	
<i>lugols topical solution</i>	EXC	
LULICONAZOLE TOPICAL CREAM	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
LUMAKRAS ORAL TABLET	T2	PA; SP; QL; LA
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T2	
LUNESTA ORAL TABLET	T2	BP
LUPKYNIS ORAL CAPSULE	T2	PA; SP; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULA R SYRINGE KIT	T2	SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULA R SYRINGE KIT	T2	SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULA R SYRINGE KIT	T2	SP
LUPRON DEPOT INTRAMUSCULA R SYRINGE KIT	T2	SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULA R SYRINGE KIT	T2	SP
LUPRON DEPOT-PED INTRAMUSCULA R KIT	T2	SP
<i>lutea (28) oral tablet</i>	T1	
LUXIQ TOPICAL FOAM	T3	BP
LUZU TOPICAL CREAM	T3	
LYBALVI ORAL TABLET	T3	PA; QL
<i>lyleq oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>lyllana transdermal patch semiweekly</i>	T1	
LYMEPAK ORAL TABLET	EXC	BP
LYNPARZA ORAL TABLET	T2	PA; SP; QL; LA
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP
LYRICA ORAL CAPSULE	T2	BP
LYRICA ORAL SOLUTION	T2	BP
LYSODREN ORAL TABLET	T2	SP
LYSTEDA ORAL TABLET	T2	BP
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOU S INSULIN PEN	EXC	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOU S INSULIN PEN	EXC	
LYUMJEV U-100 INSULIN SUBCUTANEOU S SOLUTION	EXC	
LYVISPAH ORAL GRANULES IN PACKET	EXC	
<i>lyza oral tablet</i>	T1	
MACRILEN ORAL RECON SOLN	EXC	SP
MACROBID ORAL CAPSULE	T2	BP
MACRODANTIN ORAL CAPSULE	T2	BP

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>mafenide acetate topical packet</i>	T1	
<i>magnesium citrate oral solution</i>	T1	
MALARONE ORAL TABLET	T2	BP
MALARONE PEDIATRIC ORAL TABLET	T2	BP
<i>malathion topical lotion</i>	T1	
<i>maprotiline oral tablet</i>	T2	
<i>maraviroc oral tablet</i>	T1	
MAR-COF CG ORAL LIQUID	EXC	
MARINOL ORAL CAPSULE	T2	BP
<i>marlissa (28) oral tablet</i>	T1	
MARNATAL-F ORAL CAPSULE	T2	
MARPLAN ORAL TABLET	T2	
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

Drug Name	Drug Tier	Requirements/ Limits
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	EXC	PA; SP; LA
MAVYRET ORAL TABLET	T2	PA; SP; LA
MAXALT ORAL TABLET 10 MG	T2	BP; QL
MAXALT-MLT ORAL TABLET,DISINT EGRATING 10 MG	T2	BP; QL
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION	T2	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	T2	BP
MAXITROL OPHTHALMIC (EYE) OINTMENT	T2	BP
<i>maxi-tuss ac oral liquid</i>	T1	
MAXI-TUSS CD ORAL LIQUID	EXC	
MAXZIDE ORAL TABLET	T2	BP
MAXZIDE-25MG ORAL TABLET	T2	BP
MAYZENT ORAL TABLET	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
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	T2	PA; SP; LA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	T2	PA; SP; LA
<i>m-clear wc oral liquid</i>	EXC	
<i>meclofenamate oral capsule</i>	T3	
MEDROL (PAK) ORAL TABLETS,DOSE PACK	T2	BP
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	T2	BP
MEDROL ORAL TABLET 2 MG	T2	
<i>medroxyprogesterone intramuscular suspension</i>	T2	
<i>medroxyprogesterone intramuscular syringe</i>	T2	
<i>medroxyprogesterone oral tablet</i>	T1	
<i>mefenamic acid oral capsule</i>	T3	
<i>mefloquine oral tablet</i>	T1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	T3	
<i>megestrol oral tablet</i>	T1	
MEKINIST ORAL TABLET	T2	PA; SP; LA
MEKTOVI ORAL TABLET	T2	PA; SP; QL; LA
<i>meloxicam oral tablet</i>	T1	
<i>meloxicam submicronized oral capsule</i>	EXC	
<i>melfalan oral tablet</i>	T1	
<i>memantine oral capsule,sprinkle, er 24hr</i>	T1	
<i>memantine oral solution</i>	T1	
<i>memantine oral tablet</i>	T1	
MEMANTINE ORAL TABLETS,DOSE PACK	T1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	T2	
M-END PE ORAL LIQUID	EXC	
MENEST ORAL TABLET	T2	
MENOPUR SUBCUTANEOUS RECON SOLN	T3	SP
MENOSTAR TRANSDERMAL PATCH WEEKLY	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
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	T2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	T2	
<i>meperidine oral solution</i>	EXC	PA
<i>meperidine oral tablet 50 mg</i>	EXC	PA
MEPHYTON ORAL TABLET	T2	BP
<i>meprobamate oral tablet</i>	T3	
MEPRON ORAL SUSPENSION	T2	BP
<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>	EXC	
<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>	T3	
MESNEX ORAL TABLET	T2	

Drug Name	Drug Tier	Requirements/ Limits
MESTINON ORAL SYRUP	T2	BP
MESTINON ORAL TABLET	T2	BP
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	T2	BP
<i>metaproterenol oral syrup</i>	T2	
<i>metaxalone oral tablet</i>	T3	
<i>metformin oral solution</i>	T3	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	T1	
<i>metformin oral tablet extended release 24 hr</i>	T1	
<i>metformin oral tablet extended release 24hr</i>	EXC	
<i>metformin oral tablet, er gast.retention 24 hr</i>	EXC	
<i>methadone oral concentrate</i>	T1	
<i>methadone oral solution</i>	T1	PA
<i>methadone oral tablet</i>	T1	
<i>methadone oral tablet, soluble</i>	T3	
<i>methadose oral concentrate</i>	T1	
<i>methadose oral tablet, soluble</i>	T3	
<i>methamphetamine oral tablet</i>	T1	
<i>methazolamide oral tablet</i>	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
<i>methenamine hippurate oral tablet</i>	T1	
<i>methenamine mandelate oral tablet</i>	T1	
<i>methen-sod phos-meth blue-hyos oral tablet</i>	T3	
<i>methergine oral tablet</i>	T1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	T1	
METHITEST ORAL TABLET	T3	
<i>methocarbamol oral tablet</i>	T1	
<i>methotrexate sodium (pf) injection solution</i>	T2	
<i>methotrexate sodium injection solution</i>	T2	
<i>methotrexate sodium oral tablet</i>	T1	
<i>methoxsalen oral capsule,liq-filled,rapid rel</i>	T1	
<i>methscopolamine oral tablet</i>	T3	
<i>methyl salicylate oil</i>	EXC	
<i>methyl salicylate topical liquid</i>	T3	
<i>methyl dopa oral tablet</i>	T1	
<i>methyl dopa-hydrochlorothiazide oral tablet</i>	T2	
<i>methyl ergonovine oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
METHYLIN ORAL SOLUTION	T2	BP
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	T3	
<i>methylphenidate hcl oral capsule,er biphasic 30-70</i>	T3	
<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	
<i>methylphenidate hcl oral tablet,chewable</i>	T1	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	EXC	
<i>methylprednisolone 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>methylprednisolone oral tablets, dose pack</i>	T1	
<i>methyltestosterone oral capsule</i>	T3	
<i>metoclopramide hcl oral solution</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metoclopramide hcl oral tablet, disintegrating</i>	T3	
<i>metolazone oral tablet</i>	T1	
METOPIRONE ORAL CAPSULE	T2	QL
<i>metoprolol succinate oral tablet extended release 24 hr</i>	T1	
<i>metoprolol tartrate hydrochlorothiazide oral tablet</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	T3	
METROCREAM TOPICAL CREAM	T2	BP
METROGEL TOPICAL GEL 1 %	T2	BP
<i>metronidazole oral capsule</i>	T1	
<i>metronidazole oral tablet</i>	T1	
<i>metronidazole topical cream</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole topical gel</i>	T1	
<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>	T2	
<i>mexiletine oral capsule</i>	T1	
MIACALCIN INJECTION SOLUTION	T2	BP
<i>mibelas 24 fe oral tablet, chewable</i>	T1	
MICARDIS HCT ORAL TABLET	T3	BP
MICARDIS ORAL TABLET	T3	BP
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT	T3	
<i>miconazole-3 vaginal suppository</i>	T2	
MICRO BLOOD GLUCOSE STRIP	EXC	PA
MICROCHAMBER SPACER	T3	
MICRODOT BLOOD GLUCOSE SYSTEM	EXC	QL
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	EXC	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
MICRODOT XTRA BLOOD GLUCOSE STRIP	EXC	PA
<i>microgestin 1.5/30 (21) oral tablet</i>	T1	
<i>microgestin 1/20 (21) oral tablet</i>	T1	
MICROGESTIN 24 FE ORAL TABLET	T1	BP
<i>microgestin fe 1.5/30 (28) oral tablet</i>	T1	
<i>microgestin fe 1/20 (28) oral tablet</i>	T1	
MICROSPACER SPACER	T3	
<i>midazolam injection solution 5 mg/ml</i>	EXC	
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	EXC	
<i>midazolam oral syrup 2 mg/ml</i>	T1	
<i>midodrine oral tablet</i>	T1	
<i>migergot rectal suppository</i>	T2	
<i>miglitol oral tablet</i>	T3	
<i>miglustat oral capsule</i>	T1	PA; SP
MIGRANAL NASAL SPRAY, NON- AEROSOL	T2	BP; QL
<i>mili oral tablet</i>	T1	
<i>milk of magnesia concentrated oral suspension</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>milk of magnesia oral suspension</i>	T1	
<i>millipred dp oral tablets, dose pack</i>	T3	
<i>millipred oral tablet</i>	T2	
<i>mimvey oral tablet</i>	T1	
MINASTRIN 24 FE ORAL TABLET, CHEWA BLE	T2	BP
MINIPRESS ORAL CAPSULE	T2	BP
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	T2	BP
<i>minocycline oral capsule</i>	T1	
MINOCYCLINE ORAL CAPSULE, EXTE NDED RELEASE 24HR	EXC	Preferred Alternatives: (MINOCYCLIN E HCL)
<i>minocycline oral tablet</i>	T3	
<i>minocycline oral tablet extended release 24 hr</i>	EXC	Preferred Alternatives: (MINOCYCLIN E HCL)
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR	EXC	
<i>minoxidil oral tablet</i>	T1	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP
MIRCETTE (28) ORAL TABLET	T2	BP

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>mirtazapine oral tablet</i>	T1	
<i>mirtazapine oral tablet, disintegrating</i>	T3	
MIRVASO TOPICAL GEL WITH PUMP	T2	
<i>misoprostol oral tablet</i>	T1	
MITIGARE ORAL CAPSULE	T2	
MITOMYCIN (PF) IN WATER OPHTHALMIC (EYE) SYRINGE	EXC	
MITOSOL OPHTHALMIC (EYE) KIT	T3	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE	EXC	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	T2	
<i>m-natal plus oral tablet</i>	T2	
<i>modafinil oral tablet</i>	T1	
MODERNA COVID-19 BOOSTER (EUA) INTRAMUSCULAR SUSPENSION	T2	
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION	T2	
<i>moexipril oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>molindone oral tablet</i>	T3	
MOLNUIPIRAVIR ORAL CAPSULE	T2	QL
<i>mometasone nasal spray, non-aerosol</i>	T1	
<i>mometasone topical cream</i>	T1	
<i>mometasone topical ointment</i>	T1	
<i>mometasone topical solution</i>	T1	
<i>mondoxyne nl oral capsule 100 mg</i>	T1	
<i>mondoxyne nl oral capsule 75 mg</i>	EXC	
MONODOX ORAL CAPSULE	T2	BP
<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	T2	BP; QL
MORGIDOX 1X 50 KIT	EXC	
MORGIDOX 2X100 KIT	EXC	
<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>	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
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	T3	
<i>morphine oral solution</i>	T1	PA
<i>morphine oral tablet</i>	T1	PA
<i>morphine oral tablet extended release</i>	T1	
<i>morphine rectal suppository</i>	T2	PA
MOTEGRITY ORAL TABLET	T2	QL
MOTOFEN ORAL TABLET	T3	
MOVANTIK ORAL TABLET	T2	
MOVIPREP ORAL POWDER IN PACKET	T2	BP; QL
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	EXC	
<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	T2	BP

Drug Name	Drug Tier	Requirements/Limits
MUGARD MUCOUS MEMBRANE SOLUTION	EXC	
MULPLETA ORAL TABLET	T3	PA; SP
MULTAQ ORAL TABLET	T2	
<i>multi-vitamin with fluoride oral drops</i>	T1	
<i>multi-vitamin with fluoride oral tablet,chewable</i>	T1	
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg, 1 mg</i>	T1	
<i>mupirocin calcium topical cream</i>	T1	
<i>mupirocin topical ointment</i>	T1	
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	
<i>my way oral tablet</i>	T1	
MYAMBUTOL ORAL TABLET 400 MG	T2	BP
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	T3	PA; SP; QL
MYCOBUTIN ORAL CAPSULE	T2	BP

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>mycophenolate mofetil oral capsule</i>	T1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	T1	
<i>mycophenolate mofetil oral tablet</i>	T1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	T1	PA
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	T3	PA
MYDRIACYL OPHTHALMIC (EYE) DROPS	T2	BP
MYDRIATIC4(TR OP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS	EXC	
MYFEMBREE ORAL TABLET	T2	PA; QL
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC)	T2	PA; BP
MYGLUCOHEALTH KIT	EXC	QL
MYGLUCOHEALTH STRIP	EXC	PA
MYLERAN ORAL TABLET	T2	
<i>mynatal oral capsule</i>	T2	
<i>mynatal plus oral tablet</i>	T2	
<i>mynatal-z oral tablet</i>	T2	

Drug Name	Drug Tier	Requirements/ Limits
<i>myorisan oral capsule</i>	T1	
MYRBETRIQ ORAL SUSPENSION, EXTENDED RELEASE RECON	T2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	T2	ST
MYSOLINE ORAL TABLET	T2	BP
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC)	T3	SP
<i>nabumetone oral tablet</i>	T1	
<i>nadolol oral tablet</i>	T1	
<i>naftifine topical cream</i>	T3	
NAFTIN TOPICAL GEL 1 %	T3	BP
NAFTIN TOPICAL GEL 2 %	T3	
NALFON ORAL CAPSULE 400 MG	T3	
NALFON ORAL TABLET	T3	BP
NALOCET ORAL TABLET	T1	PA
<i>naloxone injection solution</i>	T2	
<i>naloxone injection syringe</i>	T2	
<i>naloxone nasal spray, non-aerosol</i>	T1	QL
<i>naltrexone 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
NAMENDA ORAL TABLET	T2	BP
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	T2	
NAMENDA XR ORAL CAP,SPRINKLE, ER 24HR DOSE PACK	T2	
NAMENDA XR ORAL CAPSULE,SPRI NKLE,ER 24HR	T2	BP
NAMZARIC ORAL CAP,SPRINKLE, ER 24HR DOSE PACK	T3	PA
NAMZARIC ORAL CAPSULE,SPRI NKLE,ER 24HR	T3	PA
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	T3	BP
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	T3	
NAPROSYN ORAL SUSPENSION	T2	BP
NAPROSYN ORAL TABLET 500 MG	EXC	BP
<i>naproxen oral suspension</i>	T1	
<i>naproxen oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<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>	T3	
NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	T3	
<i>naproxen- esomeprazole oral tablet,ir,delayed rel,biphasic</i>	EXC	
<i>naratriptan oral tablet</i>	T1	QL
NARCAN NASAL SPRAY,NON- AEROSOL	T1	BP; QL
NARDIL ORAL TABLET	T2	BP
NASCOBAL NASAL SPRAY,NON- AEROSOL	T3	
NATACHEW (FE BIS- GLYCINATE) ORAL TABLET,CHEWA BLE	T2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPE NSION	T2	
NATAZIA 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
<i>nateglinide oral tablet</i>	T3	
NATESTO NASAL GEL IN METERED-DOSE PUMP	T3	PA
NATPARA SUBCUTANEOUS CARTRIDGE	T2	PA; SP
NATROBA TOPICAL SUSPENSION	T3	BP
<i>natura-lax oral powder</i>	T1	
NAYZILAM NASAL SPRAY, NON-AEROSOL	T2	PA; QL
<i>nebivolol oral tablet</i>	T3	
NEBUPENT INHALATION RECON SOLN	T2	BP
<i>nebusal inhalation solution for nebulization 3 %</i>	T1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	T2	
<i>necon 0.5/35 (28) oral tablet</i>	T1	
<i>nefazodone oral tablet</i>	T1	
<i>neomycin oral tablet</i>	T1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	T1	
<i>neomycin-polymyxin b gu irrigation solution</i>	T3	
<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	T2	
NEONATAL PLUS VITAMIN ORAL TABLET	EXC	
NEONATAL-DHA ORAL COMBO PACK	T2	
<i>neo-polycin 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>neo-polycin ophthalmic (eye) ointment</i>	T1	
NEORAL ORAL CAPSULE	T2	BP
NEORAL ORAL SOLUTION	T2	BP
NEO-SYNALAR KIT TOPICAL CREAM	EXC	
NEO-SYNALAR TOPICAL CREAM	T3	
NERLYNX ORAL TABLET	T2	PA; SP; QL; LA
NESINA ORAL TABLET	T3	PA
NESTABS ABC ORAL COMBO PACK	EXC	
NESTABS DHA ORAL COMBO PACK	T2	
NESTABS ORAL TABLET	T2	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	T3	
<i>neuac topical gel</i>	T1	
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	T2	SP
NEULASTA SUBCUTANEOUS SYRINGE	EXC	SP
NEUPOGEN INJECTION SOLUTION	T2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN INJECTION SYRINGE	T2	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR	T2	
NEURONTIN ORAL CAPSULE	T2	BP
NEURONTIN ORAL SOLUTION	T2	BP
NEURONTIN ORAL TABLET	T2	BP
NEUTEK 2TEK TEST STRIPS STRIP	EXC	PA
NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	
<i>nevirapine oral suspension</i>	T1	
<i>nevirapine oral tablet</i>	T1	
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	T3	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	T1	
<i>new day oral tablet</i>	T1	
<i>newgen oral tablet</i>	T2	
NEXAVAR 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
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR	EXC	Preferred Alternatives: (CLONIDINE HCL, CLONIDINE HCL)
NEXIUM ORAL CAPSULE,DELA YED RELEASE(DR/E C)	T3	BP
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG	EXC	BP
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	EXC	
NEXLETOL ORAL TABLET	T2	PA; QL
NEXLIZET ORAL TABLET	T2	PA; QL
NEXTSTELLIS ORAL TABLET	T2	
<i>niacin oral tablet 500 mg</i>	EXC	
<i>niacin oral tablet extended release 24 hr</i>	EXC	
NIACOR ORAL TABLET	EXC	
NIASPAN EXTENDED- RELEASE ORAL TABLET EXTENDED RELEASE 24 HR	EXC	BP
<i>nicardipine oral capsule</i>	T3	

Drug Name	Drug Tier	Requirements/ Limits
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	
<i>nicotine transdermal patch, td daily, sequential</i>	T1	
NICOTROL INHALATION CARTRIDGE	T2	
NICOTROL NS NASAL SPRAY, NON- AEROSOL	T2	
<i>nifedipine oral capsule</i>	T1	
<i>nifedipine oral tablet 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
<i>nifedipine oral tablet extended release 24hr</i>	T1	
<i>nikki (28) oral tablet</i>	T1	
NILANDRON ORAL TABLET	T2	PA; BP; QL; LA
<i>nilutamide oral tablet</i>	T1	PA; QL; LA
<i>nimodipine oral capsule</i>	T1	
NINJACOF-XG ORAL LIQUID	EXC	
NINLARO ORAL CAPSULE	T2	PA; SP; QL; LA
<i>nisoldipine oral tablet extended release 24 hr</i>	T3	
<i>nitazoxanide oral tablet</i>	T2	
<i>nitisinone oral capsule</i>	T1	PA; SP
<i>nitro-bid transdermal ointment</i>	T2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	T2	
<i>nitrofurantoin macrocrystal oral capsule</i>	T1	
<i>nitrofurantoin monohydlm-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	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin translingual spray,non-aerosol</i>	T1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL	T2	BP
NITROMIST TRANSLINGUAL AEROSOL,SPRAY	T2	BP
NITROSTAT SUBLINGUAL TABLET	T2	BP
<i>nitro-time oral capsule, extended release 2.5 mg, 9 mg</i>	T1	
<i>nitro-time oral capsule, extended release 6.5 mg</i>	EXC	
NITYR ORAL TABLET	T2	SP
NIVESTYM INJECTION SOLUTION	T2	SP
NIVESTYM SUBCUTANEOUS SYRINGE	T2	SP
<i>nizatidine oral capsule</i>	T3	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING	T3	
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING	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
NOCTIVA NASAL SPRAY, NON- AEROSOL	EXC	
<i>nolix topical cream</i>	T1	
<i>nolix topical lotion</i>	T1	
<i>nora-be oral tablet</i>	T1	
NORDITROPIN FLEXPRO SUBCUTANEOU S 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	
<i>norethindrone ac- eth estradiol oral tablet</i>	T1	
<i>norethindrone- e.estradiol-iron oral capsule</i>	T1	
<i>norethindrone- e.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- e.estradiol-iron oral tablet, chewable</i>	T1	
NORGESIC FORTE ORAL TABLET	EXC	BP

Drug Name	Drug Tier	Requirements/ Limits
<i>norgestimate- ethinyl estradiol oral tablet</i>	T1	
NORITATE TOPICAL CREAM	T3	Preferred Alternatives: (METRONIDAZ OLE)
NORLIQVA ORAL SOLUTION	T3	
<i>norlyda oral tablet</i>	T1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE	T2	
NORPACE ORAL CAPSULE	T2	BP
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T2	BP
NORTHERA ORAL CAPSULE	T2	PA; SP; BP
<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	T2	BP
NORVIR ORAL POWDER IN PACKET	T3	
NORVIR 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
NORVIR ORAL TABLET	T2	BP
NOURIANZ ORAL TABLET	T3	PA; SP; QL
NOVA MAX GLUCOSE TEST STRIP	EXC	PA
NOVA MAX PLUS GLUC-KETON METER DEVICE	EXC	QL
NOVA MAX PLUS GLUC-KETON METER KIT	EXC	QL
NOVAREL INTRAMUSCULAR RECON SOLN	T3	SP
NOVOEIGHT INTRAVENOUS RECON SOLN	T2	SP; LA
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	T2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	T2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	T2	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T2	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION	T2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	T2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	T2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	T2	
NOVOSEVEN RT INTRAVENOUS RECON SOLN	T2	SP; LA
NOXAFIL ORAL SUSPENSION	T2	
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	T2	BP
<i>np thyroid oral tablet</i>	T1	
NUBEQA ORAL TABLET	T2	PA; SP; QL; LA
NUCALA SUBCUTANEOUS AUTO-INJECTOR	T2	PA; SP; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	T2	PA; SP; LA
NUCORT TOPICAL LOTION	EXC	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	T2	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
NUCYNTA ORAL TABLET	T2	PA
NUEDEXTA ORAL CAPSULE	T2	PA
NULEV ORAL TABLET,DISINT EGRATING	T1	BP
NUMBRINO NASAL SOLUTION	EXC	
NUPLAZID ORAL CAPSULE	T2	PA; SP
NUPLAZID ORAL TABLET	T2	PA; SP
NURTEC ODT ORAL TABLET,DISINT EGRATING	T2	PA; QL
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; LA
NUVARING VAGINAL RING	T2	BP
NUVESSA VAGINAL GEL	T2	
NUVIGIL ORAL TABLET	T3	BP
NUWIQ INTRAVENOUS RECON SOLN	T2	SP; LA
NUZYRA ORAL TABLET	T2	PA
<i>nyamyc topical powder</i>	T1	
<i>nylia 1/35 (28) oral tablet</i>	T1	
<i>nylia 7/7 (28) oral tablet</i>	T1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	T2	

Drug Name	Drug Tier	Requirements/ Limits
NYMALIZE ORAL SYRINGE	T2	
<i>nymyo oral tablet</i>	T1	
<i>nystatin oral suspension</i>	T1	
<i>nystatin oral tablet</i>	T1	
<i>nystatin topical cream</i>	T1	
<i>nystatin topical ointment</i>	T1	
<i>nystatin topical powder</i>	T1	
<i>nystatin-triamcinolone topical cream</i>	T1	
<i>nystatin-triamcinolone topical ointment</i>	T1	
<i>nystop topical powder</i>	T1	
NYVEPRIA SUBCUTANEOUS SYRINGE	EXC	SP
OB COMPLETE ONE ORAL CAPSULE	T2	
OB COMPLETE PETITE ORAL CAPSULE	T2	
OB COMPLETE PREMIER ORAL TABLET	T2	
OB COMPLETE WITH DHA ORAL CAPSULE	T2	
OBREDON ORAL SOLUTION	EXC	
OCALIVA ORAL TABLET	T2	PA; SP; QL
<i>ocella 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>octreotide acetate injection solution</i>	T2	SP
<i>octreotide acetate injection syringe</i>	T2	SP
OCUFLOX OPTHALMIC (EYE) DROPS	T2	BP
ODACTRA SUBLINGUAL TABLET	T3	PA
ODEFSEY ORAL TABLET	T2	
ODOMZO ORAL CAPSULE	T3	PA; SP; LA
OFEV ORAL CAPSULE	T2	PA; SP; LA
<i>ofloxacin ophthalmic (eye) drops</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T3	
<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>	T3	
<i>olmesartan oral tablet</i>	EXC	Preferred Alternatives: (LOSARTAN POTASSIUM, VALSARTAN, CANDESARTAN CILEXETIL)
<i>olmesartan-amlodipin-hcthiazyd oral tablet</i>	EXC	

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-hydrochlorothiazide oral tablet</i>	EXC	Preferred Alternatives: (LOSARTAN-HYDROCHLOROTHIAZIDE, DIOVAN HCT, CANDESARTAN-HYDROCHLOROTHIAZID)
<i>olopatadine nasal spray, non-aerosol</i>	T3	
OLUMIANT ORAL TABLET 1 MG, 2 MG	EXC	PA; SP; QL; LA; Preferred Alternatives: (XELJANZ, RINVOQ)
OLUX TOPICAL FOAM	T3	BP
OLUX-E TOPICAL FOAM	T3	BP
OMECLAMOX-PAK ORAL COMBO PACK	T3	
<i>omega-3 acid ethyl esters oral capsule</i>	T1	
<i>omeprazole oral capsule, delayed release(drlec) 10 mg</i>	T1	QL
<i>omeprazole oral capsule, delayed release(drlec) 40 mg</i>	T1	
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	EXC	
<i>omeprazole-sodium bicarbonate oral packet</i>	EXC	

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
OMNARIS NASAL SPRAY, NON-AEROSOL	T3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	T2	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	T2	QL
OMNITROPE SUBCUTANEOUS CARTRIDGE	T2	PA; SP; LA
OMNITROPE SUBCUTANEOUS RECON SOLN	T2	PA; SP; LA
ON CALL EXPRESS METER KIT	EXC	QL
ON CALL EXPRESS TEST STRIP STRIP	EXC	PA
ON CALL PLUS METER KIT	EXC	QL
ON CALL PLUS TEST STRIP STRIP	EXC	PA
ON CALL VIVID METER KIT	EXC	QL
ON CALL VIVID PAL METER KIT	EXC	QL
ON CALL VIVID TEST STRIP STRIP	EXC	PA
<i>ondansetron hcl (pf) injection solution</i>	T2	
<i>ondansetron hcl intravenous solution</i>	T2	
<i>ondansetron hcl oral solution</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	
<i>ondansetron oral tablet, disintegrating</i>	T1	
<i>one daily prenatal oral combo pack</i>	T1	
ONETOUCH SOLUTIONS STARTER KIT	EXC	QL
ONETOUCH ULTRA TEST STRIP	EXC	PA
ONETOUCH ULTRA2 METER	EXC	QL
ONETOUCH ULTRAMINI KIT	EXC	QL
ONETOUCH VERIO FLEX METER	EXC	QL
ONETOUCH VERIO IQ METER	EXC	QL
ONETOUCH VERIO METER	EXC	QL
ONETOUCH VERIO REFLECT METER	EXC	QL
ONETOUCH VERIO TEST STRIPS STRIP	EXC	PA
ONEXTON TOPICAL GEL WITH PUMP	T3	
ONFI ORAL SUSPENSION	T2	BP
ONFI ORAL TABLET	T2	BP
ONGENTYS ORAL CAPSULE 25 MG	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
ONGENTYS ORAL CAPSULE 50 MG	T3	ST; QL
ONGLYZA ORAL TABLET	T3	PA
ON-GO COVID- 19 AG AT HOME TEST KIT	T2	QL
ONUREG ORAL TABLET	T2	PA; SP; QL; LA
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	T3	QL
<i>opcicon one-step oral tablet</i>	T1	
<i>opium tincture oral tincture</i>	T1	
OPSUMIT ORAL TABLET	T2	PA; SP
OPTICHAMBER DIAMOND VHC SPACER	T3	
<i>option-2 oral tablet</i>	T1	
OPTIUM EZ STRIP	EXC	PA
OPTIUM TEST STRIP	EXC	PA
OPTUMRX KIT	EXC	QL
OPTUMRX STRIP	EXC	PA
OPZELURA TOPICAL CREAM	T2	PA; QL
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE	EXC	
ORACIT ORAL SOLUTION	T2	

Drug Name	Drug Tier	Requirements/ Limits
<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	EXC	
ORAPRED ODT ORAL TABLET,DISINT EGRATING	EXC	BP; Preferred Alternatives: (PREDNISOLO NE)
ORAVIG BUCCAL MUCO- ADHESIVE BUCCAL TABLET	T3	
ORENCIA CLICKJECT SUBCUTANEOU S AUTO- INJECTOR	EXC	PA; SP; QL; LA
ORENCIA SUBCUTANEOU S SYRINGE	EXC	PA; SP; QL; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE	T2	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	T2	PA; SP; BP
ORFADIN ORAL CAPSULE 20 MG	T2	PA; SP
ORFADIN ORAL SUSPENSION	T3	PA; SP
ORGOVYX 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
ORIAHNN ORAL CAPSULE, SEQUENTIAL	T2	PA
ORILISSA ORAL TABLET	T2	PA
ORKAMBI ORAL GRANULES IN PACKET	T2	PA; SP
ORKAMBI ORAL TABLET	T2	PA; SP
ORLADEYO ORAL CAPSULE	T3	PA; SP
<i>orphenadrine citrate oral tablet extended release</i>	T1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	T3	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	EXC	
<i>orphengesic forte oral tablet</i>	EXC	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE	T3	PA; QL
<i>oscimin oral tablet</i>	T1	
<i>oscimin sl sublingual tablet</i>	T1	
<i>oseltamivir oral capsule</i>	T1	
<i>oseltamivir oral suspension for reconstitution</i>	T1	
OSENI ORAL TABLET	T3	PA

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	SP; QL
OSMOPREP ORAL TABLET	T2	
OSPHENA ORAL TABLET	T2	
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 INTRATYMPANIC SUSPENSION	T3	
OTOVEL OTIC (EAR) SOLUTION	T3	
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR	T3	PA
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	T3	
OVACE PLUS TOPICAL CLEANSER	T3	
OVACE PLUS TOPICAL CREAM	T3	
OVACE PLUS TOPICAL FOAM	EXC	
OVACE PLUS TOPICAL LOTION	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
OVACE PLUS WASH TOPICAL CLEANSER, GEL	EXC	
OVACE TOPICAL CLEANSER	T3	BP
OVIDE TOPICAL LOTION	T2	BP
OVIDREL SUBCUTANEOUS SYRINGE	T3	SP
<i>oxandrolone oral tablet</i>	T3	PA
<i>oxaprozin oral tablet</i>	T1	
OXAYDO ORAL TABLET, ORAL ONLY 5 MG	T2	PA
OXAYDO ORAL TABLET, ORAL ONLY 7.5 MG	T3	PA
<i>oxazepam oral capsule</i>	T1	
OXBRYTA ORAL TABLET	T3	PA; SP; QL
OXBRYTA ORAL TABLET FOR SUSPENSION	T3	PA; SP; QL
<i>oxcarbazepine oral suspension</i>	T1	
<i>oxcarbazepine oral tablet</i>	T1	
OXERVATE OPHTHALMIC (EYE) DROPS	T3	PA; SP
<i>oxiconazole topical cream</i>	T3	
OXISTAT TOPICAL CREAM	T3	BP
OXISTAT TOPICAL LOTION	T3	

Drug Name	Drug Tier	Requirements/ Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	
<i>oxybutynin chloride oral syrup</i>	T1	
<i>oxybutynin chloride oral tablet</i>	T1	
<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	T2	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	T3	PA
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	T1	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	T3	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>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	PA
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	T2	
<i>oxymorphone oral tablet</i>	T3	PA
<i>oxymorphone oral tablet extended release 12 hr</i>	T3	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	EXC	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	T2	PA; QL
OZOBAX ORAL SOLUTION	EXC	
<i>pacerone oral tablet 100 mg, 200 mg</i>	T1	
<i>pacerone oral tablet 400 mg</i>	T3	
PACNEX TOPICAL CLEANSER	EXC	BP
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE	T2	PA; SP; QL

Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE	T2	PA; SP; QL
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE	T2	PA; SP; QL
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE	T2	PA; SP; QL
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE	T2	PA; SP; QL
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE	T2	PA; SP; QL
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE	T2	PA; SP; QL
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE	T2	PA; SP; QL
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE	T2	PA; SP; QL
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE	T2	PA; SP; QL
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE	T2	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
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET	T2	PA; SP; QL
<i>paliperidone oral tablet extended release 24hr</i>	T3	
PALYNZIQ SUBCUTANEOU S SYRINGE	T2	PA; SP; QL
PAMELOR ORAL CAPSULE	T2	BP
PANCREAZE ORAL CAPSULE,DELA YED RELEASE(DR/E C) 10,500- 35,500- 61,500 UNIT, 16,800- 56,800- 98,400 UNIT, 21,000- 54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT	T2	
PANCREAZE ORAL CAPSULE,DELA YED RELEASE(DR/E C) 2,600-8,800- 15,200 UNIT, 37,000-97,300- 149,900 UNIT	T3	
PANDEL TOPICAL CREAM	T3	
PANRETIN TOPICAL GEL	T3	PA
<i>pantoprazole oral granules dr for susp in packet</i>	T3	

Drug Name	Drug Tier	Requirements/ Limits
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	T1	
PAREMYD OPHTHALMIC (EYE) DROPS	T3	
<i>paricalcitol oral capsule</i>	T1	
PARLODEL ORAL CAPSULE	T2	BP
PARLODEL ORAL TABLET	T2	BP
PARNATE ORAL TABLET	T2	BP
<i>paroex oral rinse mucous membrane mouthwash</i>	T1	
<i>paromomycin 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>	T3	
<i>paroxetine mesylate(menop. sym) oral capsule</i>	T3	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	T3	
PATANASE NASAL SPRAY, NON- AEROSOL	T3	BP
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP

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
PAXIL ORAL SUSPENSION	T2	BP
PAXIL ORAL TABLET	T2	BP
PAXLOVID (EUA) ORAL TABLET	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	QL
PEGASYS SUBCUTANEOUS SOLUTION	T2	SP; LA
PEGASYS SUBCUTANEOUS SYRINGE	T2	SP; LA
<i>peg-electrolyte soln oral recon soln</i>	T1	
<i>peg-prep oral kit</i>	T3	
PEMAZYRE ORAL TABLET	T2	PA; SP; QL; LA
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	T2	
<i>penicillamine oral capsule</i>	T3	PA
<i>penicillamine oral tablet</i>	T1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium oral recon soln</i>	T1	
<i>penicillin v potassium oral tablet</i>	T1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	EXC	
PENTACEL (PF) INTRAMUSCULAR KIT	T2	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	T3	
<i>pentamidine inhalation recon soln</i>	T2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE	T2	
<i>pentazocine-naloxone oral tablet</i>	T3	PA
<i>pentoxifylline oral tablet extended release</i>	T1	
PEPCID ORAL TABLET 40 MG	T2	BP
PERCOCET ORAL TABLET	T2	PA; BP
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	T3	BP
PERIDEX MUCOUS MEMBRANE MOUTHWASH	T2	BP

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>perindopril erbumine oral tablet</i>	T3	
<i>periogard mucous membrane mouthwash</i>	T1	
<i>permethrin topical cream</i>	T1	
<i>perphenazine oral tablet</i>	T1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg</i>	T1	
<i>perphenazine-amitriptyline oral tablet 4-50 mg</i>	T2	
<i>perry prenatal oral capsule</i>	T1	
PERTZYE ORAL CAPSULE, DELAYED RELEASE(DR/EC)	T2	
PEXEVA ORAL TABLET	T3	
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION	T2	
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	T2	

Drug Name	Drug Tier	Requirements/ Limits
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	T2	
PHARMACIST CHOICE GLUCOSE SYS	EXC	QL
PHARMACIST CHOICE STRIP	EXC	PA
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	T1	
<i>phendimetrazine tartrate oral capsule, extended release</i>	T3	
<i>phendimetrazine tartrate oral tablet</i>	T3	
<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	

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>phentermine oral tablet</i>	T1	
<i>phenylephrine hcl ophthalmic (eye) drops</i>	T1	
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS	EXC	
PHENYTEK ORAL CAPSULE	T2	BP
<i>phenytoin oral suspension</i>	T1	
<i>phenytoin oral tablet, chewable</i>	T1	
<i>phenytoin sodium extended oral capsule</i>	T1	
PHEXXI VAGINAL GEL	T3	
<i>philith oral tablet</i>	T1	
PHOSLYRA ORAL SOLUTION	T3	
<i>phospha 250 neutral oral tablet</i>	T1	
<i>phosphasal oral tablet</i>	EXC	
<i>phosphate laxative oral liquid</i>	T1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	T2	
<i>phosphorous oral tablet</i>	T1	
PHYSIOLYTE IRRIGATION SOLUTION	T3	BP

Drug Name	Drug Tier	Requirements/ Limits
PHYSIOSOL 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>	T2	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	T2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	T1	
PIFELTRO ORAL TABLET	T2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T1	
<i>pilocarpine hcl oral tablet</i>	T1	
<i>pimecrolimus topical cream</i>	T2	
<i>pimozide oral tablet</i>	T3	
<i>pimtrea (28) oral tablet</i>	T1	
<i>pindolol oral tablet</i>	T3	
<i>pioglitazone oral tablet</i>	T1	
<i>pioglitazone-glimepiride oral tablet</i>	T3	
<i>pioglitazone-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
PIQRAY ORAL TABLET	T2	PA; SP; LA
<i>pirfenidone oral tablet</i>	T1	PA; SP; LA
<i>pirmella oral tablet</i>	T1	
<i>piroxicam oral capsule</i>	T3	
PLAN B ONE-STEP ORAL TABLET	T2	BP
PLAQUENIL ORAL TABLET	T2	BP
PLAVIX ORAL TABLET 75 MG	T2	BP
PLEGRIDY INTRAMUSCULAR SYRINGE	T2	SP; QL; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	T2	SP; QL; LA
PLEGRIDY SUBCUTANEOUS SYRINGE	T2	SP; QL; LA
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL	T2	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED	EXC	
PLEXION NS TOPICAL SHAMPOO	EXC	
PLEXION TOPICAL CLEANSER	T3	
PLEXION TOPICAL CREAM	T3	

Drug Name	Drug Tier	Requirements/ Limits
PLEXION TOPICAL LOTION	T3	
PLIAGLIS TOPICAL CREAM	EXC	
PNEUMOVAX-23 INJECTION SOLUTION	T2	
PNEUMOVAX-23 INJECTION SYRINGE	T2	
<i>prv-select oral tablet</i>	T2	
POCKET CHAMBER SPACER	T3	
<i>podofilox topical solution</i>	T1	
POGO AUTOMATIC BLOOD GLUC SYS	EXC	QL
<i>polycin ophthalmic (eye) ointment</i>	T1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	T1	
POLYTRIM OPHTHALMIC (EYE) DROPS	T2	BP
POLY-TUSSIN AC ORAL LIQUID	EXC	
POMALYST ORAL CAPSULE	T2	PA; SP; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	T3	PA; SP; QL; LA
PONVORY ORAL TABLET	T3	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>portia 28 oral tablet</i>	T1	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	T1	
<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 citrate-citric acid oral solution</i>	T1	
<i>potassium iodide oral solution</i>	T1	
<i>powderlax oral powder</i>	T1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER	EXC	BP
<i>pr natal 400 ec oral combo pack, tablet and cap, dr</i>	T2	
<i>pr natal 400 oral combo pack</i>	T2	

Drug Name	Drug Tier	Requirements/ Limits
<i>pr natal 430 ec oral combo pack, tablet and cap, dr</i>	T2	
<i>pr natal 430 oral combo pack</i>	T2	
PRADAXA ORAL CAPSULE	EXC	Preferred Alternatives: (ELIQUIS, XARELTO)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	T3	PA; LA
<i>pramipexole oral tablet</i>	T1	
<i>pramipexole oral tablet extended release 24 hr</i>	T3	
PRAMOSONE TOPICAL CREAM	T2	
PRAMOSONE TOPICAL LOTION	T2	
PRAMOSONE TOPICAL OINTMENT	T2	
<i>prasugrel oral tablet</i>	T1	PA
<i>pravastatin oral tablet</i>	T1	
<i>praziquantel oral tablet</i>	T1	
<i>prazosin oral capsule</i>	T1	
PRECISION PCX PLUS TEST STRIP	EXC	PA
PRECISION PCX TEST STRIP	EXC	PA
PRECISION POINT OF CARE TEST STRIP	EXC	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
PRECISION Q-I-D TEST STRIP	EXC	PA
PRECISION XTRA KETONE-GLUCOSE KIT	EXC	QL
PRECISION XTRA MONITOR	EXC	QL
PRECISION XTRA TEST STRIP	EXC	PA
PRECOSE ORAL TABLET	T2	BP
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	T2	BP
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	T2	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT	T3	
<i>prednicarbate topical cream</i>	T3	
<i>prednicarbate topical ointment</i>	T3	
PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLN SP-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS	EXC	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS	EXC	
PREDNISOLON E ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION	T2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	T1	
PREDNISOLON E ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION	EXC	
PREDNISOLON E ACET-GATIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION	EXC	
<i>prednisolone oral solution</i>	T1	
PREDNISOLON E SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS	EXC	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</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 solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	T1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	T2	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	EXC	
PREDNISOLONE-MOXIFLOXACIN-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION	EXC	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION	EXC	
PREDNISOLONE-MOXIFLOXACIN-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	
<i>prednisone intensol oral concentrate</i>	T2	
<i>prednisone oral solution</i>	T2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablet</i>	T1	
<i>prednisone oral tablets,dose pack</i>	T3	
PREFEST ORAL TABLET	T2	
<i>pregabalin oral capsule</i>	T1	
<i>pregabalin oral solution</i>	T2	
<i>pregabalin oral tablet extended release 24 hr</i>	T3	
PREGNYL INTRAMUSCULAR RECON SOLN	T3	SP
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	T2	
PREMARIN ORAL TABLET	T2	
PREMARIN VAGINAL CREAM	T2	
PREMIER BLU GLUCOSE METER	EXC	QL
PREMIER CLASSIC GLUCOSE METER	EXC	QL
PREMIER COMPACT GLUCOSE METER KIT	EXC	QL
PREMIER TEST STRIP STRIP	EXC	PA
PREMIER VOICE GLUCOSE METER	EXC	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
PREMIUM BLOOD GLUCOSE MONITOR	EXC	QL
PREMIUM V10	EXC	QL
PREMIUM V10 STRIP	EXC	PA
PREMPHASE ORAL TABLET	T2	
PREMPRO ORAL TABLET	T2	
<i>prena1 chew oral tablet, chew, ir - dr, biphase</i>	T2	
<i>prena1 pearl oral capsule, ir - delay rel, biphase</i>	T2	
<i>prena1 true oral combo pack</i>	T2	
PRENATA ORAL TABLET, CHEWABLE	T2	
<i>prenatabs fa oral tablet</i>	EXC	
<i>prenatabs rx oral tablet</i>	T2	
<i>prenatal complete oral tablet</i>	T1	
<i>prenatal multi-dha (algal oil) oral capsule</i>	T1	
<i>prenatal multivitamins oral tablet</i>	T1	
<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>	T2	

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL PLUS DHA ORAL COMBO PACK	T2	
<i>prenatal plus oral tablet</i>	T2	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	EXC	
<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	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	T2	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	T2	
PRENATE ENHANCE ORAL CAPSULE	T2	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	T2	
PRENATE PIXIE ORAL CAPSULE	T2	
PRENATE RESTORE ORAL CAPSULE	T2	
PRENATE STAR ORAL TABLET	EXC	

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
PREPIDIL VAGINAL GEL	T3	
PRESTALIA ORAL TABLET	T3	
PRESTO PRO BLOOD GLUCOSE METER	EXC	QL
PRETOMANID ORAL TABLET	T3	PA; QL
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	T3	BP
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL	EXC	BP
<i>prevalite oral powder</i>	T1	
<i>prevalite oral powder in packet</i>	T1	
<i>previfem oral tablet</i>	T1	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	T2	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	T2	
PREVYMIS ORAL TABLET	T2	PA; QL
PREZCOBIX ORAL TABLET	T2	
PREZISTA ORAL SUSPENSION	T3	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T2	

Drug Name	Drug Tier	Requirements/ Limits
PRIFTIN ORAL TABLET	T2	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	T2	
PRIMACARE ORAL CAPSULE	T2	
<i>primaquine oral tablet</i>	T1	
PRIMEAIRE SPACER	EXC	
<i>primidone oral tablet</i>	T1	
PRIMLEV ORAL TABLET	T3	PA
PRIMSOL ORAL SOLUTION	T3	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	T2	BP
PRO VOICE V8 GLUCOSE MONITOR	EXC	QL
PRO VOICE V8-V9 TEST STRIP STRIP	EXC	PA
PRO VOICE V9 GLUCOSE MONITOR	EXC	QL
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	T3	QL
PROAIR HFA INHALATION HFA AEROSOL INHALER	T2	BP

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
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	EXC	
<i>probenecid oral tablet</i>	T1	
<i>probenecid- colchicine oral tablet</i>	T1	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	T2	BP
<i>procentra oral solution</i>	T3	
PROCHAMBER SPACER	T3	
<i>prochlorperazine maleate oral tablet</i>	T1	
<i>prochlorperazine rectal suppository</i>	T1	
PROCORT RECTAL CREAM	T2	
PROCRIT INJECTION SOLUTION	EXC	SP
PROCTOCORT RECTAL SUPPOSITORY	T2	BP
PROCTOFOAM HC RECTAL FOAM	T2	
<i>procto-med hc topical cream with perineal applicator</i>	T1	
<i>procto-pak topical cream with perineal applicator</i>	EXC	

Drug Name	Drug Tier	Requirements/ Limits
<i>proctosol hc topical cream with perineal applicator</i>	T1	
<i>proctozone-hc topical cream with perineal applicator</i>	T1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	T3	SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	T3	PA; SP
PRODIGY AUTOCODE METER KIT	EXC	QL
PRODIGY AUTOCODE MONITOR SYST	EXC	QL
PRODIGY NO CODING STRIP	EXC	PA
PRODIGY POCKET METER KIT	EXC	QL
PRODIGY VOICE GLUCOSE METER KIT	EXC	QL
<i>progesterone intramuscular oil</i>	T2	SP
<i>progesterone micronized oral capsule</i>	T1	
PROGLYCEM ORAL SUSPENSION	T2	BP
PROGRAF ORAL CAPSULE	T2	BP

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
<i>prolate oral tablet</i>	T3	PA
PROLENSA OPHTHALMIC (EYE) DROPS	T3	
PROMACTA ORAL POWDER IN PACKET	T2	PA; SP; QL; LA
PROMACTA ORAL TABLET	T2	PA; SP; QL; 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	
PROMETRIUM ORAL CAPSULE	T2	BP
<i>propafenone oral capsule,extended release 12 hr</i>	T1	
<i>propafenone oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>proparacaine ophthalmic (eye) drops</i>	T3	
<i>propranolol oral capsule,extended release 24 hr</i>	T1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml)</i>	T1	
<i>propranolol oral solution 40 mg/5 ml (8 mg/ml)</i>	T2	
<i>propranolol oral tablet</i>	T1	
<i>propranolol- hydrochlorothiazid d oral tablet</i>	T2	
<i>propylthiouracil oral tablet</i>	T1	
PROQUAD (PF) SUBCUTANEOU S SUSPENSION FOR RECONSTITUTI ON	T2	
PROSCAR ORAL TABLET	T2	BP
PROTHELIAL MUCOUS MEMBRANE PASTE	EXC	SP
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	T3	BP
PROTONIX ORAL TABLET,DELAY ED RELEASE (DR/EC)	T2	BP
PROTOPIC TOPICAL OINTMENT	T2	BP

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>protriptyline oral tablet</i>	T1	
PROVENTIL HFA INHALATION HFA AEROSOL INHALER	T2	BP
PROVERA ORAL TABLET	T2	BP
PROVIDA OB ORAL CAPSULE	T2	
PROVIGIL ORAL TABLET	T2	BP
PROZAC ORAL CAPSULE	T2	BP
<i>prudoxin topical cream</i>	T2	
PSORCON TOPICAL CREAM	T3	BP
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	T2	
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION	T2	BP
<i>pulmosal inhalation solution for nebulization</i>	T1	
PULMOZYME INHALATION SOLUTION	T2	SP
PURIXAN ORAL SUSPENSION	T2	SP
PYLERA ORAL CAPSULE	EXC	
<i>pyrazinamide oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
PYRIDIDIUM ORAL TABLET	T2	BP
<i>pyridostigmine bromide oral syrup</i>	T1	
PYRIDOSTIGMI NE BROMIDE ORAL TABLET 30 MG	T3	PA; QL
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
<i>pyridostigmine bromide oral tablet extended release</i>	T1	
<i>pyrimethamine oral tablet</i>	T2	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK	T3	PA; SP; QL
QBRELIS ORAL SOLUTION	T3	
QBREXZA TOPICAL TOWELETTE	T3	PA
QDOLO ORAL SOLUTION	T3	PA
QELBREE ORAL CAPSULE,EXTE NDED RELEASE 24HR	T3	PA; QL
QINLOCK ORAL TABLET	T3	PA; SP; QL
QNASL NASAL HFA AEROSOL INHALER	T3	
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR	T2	PA
QTERN ORAL TABLET	T3	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
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	T2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	T2	
QUALAQUIN ORAL CAPSULE	T2	PA; BP
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH	T2	BP
QUAZEPAM ORAL TABLET	T3	
QUDEXY XR ORAL CAPSULE,SPRI NKLE,ER 24HR	T3	BP
QUESTRAN LIGHT ORAL POWDER	T2	BP
QUESTRAN ORAL POWDER	T2	BP
QUESTRAN ORAL POWDER IN PACKET	T2	BP
<i>quetiapine oral tablet</i>	T1	
<i>quetiapine oral tablet extended release 24 hr</i>	T3	
QUICKVUE AT- HOME COVID-19 TEST KIT	T2	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR- ER.BIPHASIC24 HR	T3	

Drug Name	Drug Tier	Requirements/ Limits
QUILLIVANT XR ORAL SUSPENSION,EX T REL 24HR,RECON	T3	
<i>quinapril oral tablet</i>	T1	
<i>quinapril- hydrochlorothiazide oral tablet</i>	T1	
<i>quinidine gluconate oral tablet extended release</i>	T1	
<i>quinidine sulfate oral tablet 200 mg</i>	T2	
<i>quinidine sulfate oral tablet 300 mg</i>	T1	
<i>quinine sulfate oral capsule</i>	T1	PA
QUINTET AC STRIP	EXC	PA
QUINTET BLOOD GLUCOSE METER	EXC	QL
<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	
QULIPTA ORAL TABLET	T2	PA; QL
QUVIVIQ ORAL TABLET	T3	QL
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	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
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	T3	
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	T3	
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	T3	PA; SP
RADIOGARDAS E ORAL CAPSULE	T3	
RAGWITEK SUBLINGUAL TABLET	T2	PA
<i>raloxifene oral tablet</i>	T1	
<i>ramelteon oral tablet</i>	T1	
<i>ramipril oral capsule</i>	T1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	T2	BP
<i>ranolazine oral tablet extended release 12 hr</i>	T1	
RAPAFLO ORAL CAPSULE	T3	BP
RAPAMUNE ORAL SOLUTION	T2	BP
RAPAMUNE ORAL TABLET	T2	BP
<i>rasagiline oral tablet</i>	T3	
RASUVO (PF) SUBCUTANEOU S AUTO- INJECTOR	T3	PA

Drug Name	Drug Tier	Requirements/ Limits
RAVICTI ORAL LIQUID	T2	PA; SP
RAYALDEE ORAL CAPSULE, EXTE NDED RELEASE 24 HR	T2	
RAYOS ORAL TABLET, DELAY ED RELEASE (DR/EC)	EXC	
RAZADYNE ER ORAL CAPSULE, EXT REL. PELLETS 24 HR	T2	BP
REBIF (WITH ALBUMIN) SUBCUTANEOU S SYRINGE	T2	SP; LA
REBIF REBIDOSE SUBCUTANEOU S PEN INJECTOR	T2	SP; LA
REBIF TITRATION PACK SUBCUTANEOU S SYRINGE	T2	SP; LA
REBINYN INTRAVENOUS RECON SOLN	T2	SP; LA
<i>reclipsen (28) oral tablet</i>	T1	
RECOMBINATE INTRAVENOUS RECON SOLN	T2	SP; LA
RECOMBIVAX HB (PF) INTRAMUSCULA R SUSPENSION	T2	
RECOMBIVAX HB (PF) INTRAMUSCULA R 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
RECORLEV ORAL TABLET	T3	PA; SP; QL
RECTIV RECTAL OINTMENT	T3	
REDITREX (PF) SUBCUTANEOU S SYRINGE	EXC	
REFUAH PLUS GLUCOSE MONITOR KIT	EXC	QL
REFUAH PLUS STRIP	EXC	PA
REGLAN ORAL TABLET	T2	BP
REGRANEX TOPICAL GEL	EXC	
RELAFEN DS ORAL TABLET	EXC	
RELAFEN ORAL TABLET	T1	BP
RELAGARD VAGINAL GEL	T3	BP
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	T2	
RELEUKO INJECTION SOLUTION	EXC	SP
RELEUKO SUBCUTANEOU S SYRINGE	EXC	SP
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR	T3	
RELION ALL-IN- ONE METER KIT	T2	QL
RELION CONFIRM KIT	EXC	QL
RELION CONFIRM- MICRO STRIP	EXC	PA

Drug Name	Drug Tier	Requirements/ Limits
RELION MICRO GLUCOSE MONITOR KIT	EXC	QL
RELION NOVOLIN 70/30 SUBCUTANEOU S SUSPENSION	T2	
RELION NOVOLIN N SUBCUTANEOU S SUSPENSION	T2	
RELION NOVOLIN R INJECTION SOLUTION	T2	
RELION PRIME METER	EXC	QL
RELION PRIME TEST STRIPS STRIP	EXC	PA
RELION ULTIMA STRIP	EXC	PA
RELISTOR ORAL TABLET	T2	
RELISTOR SUBCUTANEOU S SOLUTION	T2	
RELISTOR SUBCUTANEOU S SYRINGE	T2	
RELPAK ORAL TABLET	T2	BP; QL
RELTONE ORAL CAPSULE	T3	
REMERON ORAL TABLET 15 MG, 30 MG	T2	BP
REMERON SOLTAB ORAL TABLET,DISINT EGRATING	T3	BP
RENACIDIN IRRIGATION SOLUTION	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
RENAGEL ORAL TABLET 800 MG	T2	BP
<i>rena-vite oral tablet</i>	T1	
RENVELA ORAL POWDER IN PACKET	T2	BP; QL
RENVELA ORAL TABLET	T2	BP
<i>repaglinide oral tablet</i>	T1	
<i>repaglinide-metformin oral tablet</i>	T3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	T2	QL; LA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	T2	QL; LA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	T2	QL; LA
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	EXC	BP
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	T2	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	T2	BP
RESTORIL ORAL CAPSULE	T2	BP
RETACRIT INJECTION SOLUTION	T2	SP

Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL CAPSULE	T2	PA; SP; QL; LA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	T2	BP
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	T2	
RETIN-A MICRO TOPICAL GEL	T2	BP
RETIN-A TOPICAL CREAM	T2	BP
RETIN-A TOPICAL GEL	T2	BP
RETROVIR ORAL CAPSULE	T2	BP
RETROVIR ORAL SYRUP	T2	BP
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	T2	SP; BP
REVATIO ORAL TABLET	T2	SP; BP
REVEAL BLOOD GLUCOSE METER KIT	EXC	QL
REVEAL TEST STRIP STRIP	EXC	PA
REVLIMID ORAL CAPSULE	T2	PA; SP; QL
REXULTI ORAL TABLET	T3	ST
REYATAZ ORAL CAPSULE 200 MG, 300 MG	T2	BP

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
REYATAZ ORAL POWDER IN PACKET	T3	
REYVOW ORAL TABLET	T2	PA; QL
REZUROCK ORAL TABLET	T2	PA; QL; LA
RHOFADE TOPICAL CREAM	T3	
RHOPRESSA OPHTHALMIC (EYE) DROPS	T2	ST
<i>ribavirin oral capsule</i>	T1	SP; LA
<i>ribavirin oral tablet 200 mg</i>	T1	SP; LA
RIDAURA ORAL CAPSULE	T3	
<i>rifabutin oral capsule</i>	T1	
<i>rifampin oral capsule</i>	T1	
RIGHTEST GM550 SYSTEM KIT	EXC	QL
RIGHTEST GS550 TEST STRIPS STRIP	EXC	PA
RIGHTEST GT333 GLUCOSE METER	EXC	QL
RIGHTEST GT333 TEST STRIP STRIP	EXC	PA
RILUTEK ORAL TABLET	T2	BP
<i>riluzole oral tablet</i>	T1	
<i>rimantadine oral tablet</i>	T1	
<i>ringer's irrigation solution</i>	EXC	

Drug Name	Drug Tier	Requirements/ Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	T2	PA; SP; QL; LA
RIOMET ER ORAL SUSPENSION, EXTENDED REL RECON	T3	
RIOMET ORAL SOLUTION	T3	BP
<i>risedronate oral tablet</i>	T1	
<i>risedronate oral tablet, delayed release (dr/ec)</i>	T3	
RISPERDAL ORAL SOLUTION	T2	BP
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T2	BP
<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	T2	BP
RITALIN ORAL TABLET	T2	BP
RITEFLO AEROCHAMBER SPACER	T3	
<i>ritonavir oral tablet</i>	T1	
<i>rivastigmine tartrate 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>rivastigmine transdermal patch 24 hour</i>	T1	
<i>rivelsa oral tablets, dose pack, 3 month</i>	T1	
RIXUBIS INTRAVENOUS RECON SOLN	T2	SP; LA
<i>rizatriptan oral tablet</i>	T1	QL
<i>rizatriptan oral tablet, disintegrating</i>	T1	QL
R-NATAL OB ORAL CAPSULE	T2	
ROBINUL FORTE ORAL TABLET	EXC	BP
ROBINUL ORAL TABLET	EXC	BP
ROCALTROL ORAL CAPSULE	T2	BP
ROCALTROL ORAL SOLUTION	T2	BP
ROCKLATAN OPHTHALMIC (EYE) DROPS	T3	PA
<i>ropinirole oral tablet</i>	T1	
<i>ropinirole oral tablet extended release 24 hr</i>	T3	
<i>rosadan topical cream</i>	T1	
<i>rosadan topical gel</i>	T1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL	EXC	

Drug Name	Drug Tier	Requirements/ Limits
ROSDAN TOPICAL KIT, CLEANSER AND CREAM	EXC	
<i>rosula cleansing cloths topical pads, medicated</i>	EXC	
ROSULA TOPICAL CLEANSER	EXC	
<i>rosuvastatin oral tablet</i>	T1	
ROSZET ORAL TABLET	T3	QL
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	T2	
ROTATEQ VACCINE ORAL SOLUTION	T2	
ROWASA RECTAL ENEMA KIT	T3	BP
<i>roweepra oral tablet</i>	T1	
ROXICODONE ORAL TABLET	T2	PA; BP
ROZEREM ORAL TABLET	T2	BP
ROZLYTREK ORAL CAPSULE	T2	PA; SP; QL; LA
RUBRACA ORAL TABLET	T2	PA; SP; QL; LA
<i>rufinamide oral suspension</i>	T2	
<i>rufinamide oral tablet</i>	T1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	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
RYBELSUS ORAL TABLET	T2	PA; QL
RYCLOLA ORAL SOLUTION	T3	PA; BP
RYDAPT ORAL CAPSULE	T2	PA; SP; LA
RYTARY ORAL CAPSULE, EXTENDED RELEASE	T2	PA
RYTHMOL SR ORAL CAPSULE,EXTE NDED RELEASE 12 HR	T2	BP
RYVENT ORAL TABLET	EXC	
SABRIL ORAL POWDER IN PACKET	T2	SP; BP
SABRIL ORAL TABLET	T2	PA; SP; BP
SAFYRAL ORAL TABLET	T2	BP
SAIZEN SAIZENPREP SUBCUTANEOU S CARTRIDGE	T2	PA; SP; LA
SAIZEN SUBCUTANEOU S RECON SOLN	T2	PA; SP; LA
<i>sajazir subcutaneous syringe</i>	T2	PA; SP; QL; LA
SALAGEN (PILOCARPINE) ORAL TABLET	T2	BP
<i>salicylic acid topical gel</i>	T1	
<i>salicylic acid topical liquid</i>	T3	
<i>salsalate oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
SAMSCA ORAL TABLET	T2	PA; SP; BP; QL
SANCUSO TRANSDERMAL PATCH WEEKLY	T3	
SANDIMMUNE ORAL CAPSULE	T2	BP
SANDIMMUNE ORAL SOLUTION	T2	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	T2	SP; BP
SANTYL TOPICAL OINTMENT	T2	QL
SAPHRIS SUBLINGUAL TABLET	T2	PA; BP
<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	
SAVELLA ORAL TABLET	T2	
SAVELLA ORAL TABLETS,DOSE PACK	T2	
SAXENDA SUBCUTANEOU S PEN INJECTOR	T2	PA; QL
SCALACORT DK TOPICAL COMBO PACK	EXC	
<i>scalacort topical lotion</i>	T3	
SCEMBLIX 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>scopolamine base transdermal patch 3 day</i>	T1	
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	T2	BP
SECUADO TRANSDERMAL PATCH 24 HOUR	T3	ST
SEGLENTIS ORAL TABLET	EXC	PA
SEGLUROMET ORAL TABLET	EXC	Preferred Alternatives: (XIGDUO XR, SYNJARDY, SYNJARDY XR)
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	T2	BP
SELECT-OB + DHA ORAL COMBO PACK	T2	
SELECT-OB ORAL TABLET,CHEWABLE	T2	
<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 %</i>	T1	
<i>selenium sulfide topical shampoo 2.3 %</i>	T3	
SELRX TOPICAL SHAMPOO	T3	

Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY ORAL SOLUTION	T2	
SELZENTRY ORAL TABLET	T2	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	EXC	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	EXC	
<i>se-natal 19 chewable oral tablet,chewable</i>	T2	
<i>se-natal-19 oral tablet</i>	T2	
SENSIPAR ORAL TABLET	T2	BP
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	T2	
SERNIVO TOPICAL SPRAY WITH PUMP	T3	
SEROQUEL ORAL TABLET	T2	BP
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	T2	PA; SP
SERTRALINE ORAL CAPSULE	EXC	

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>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	
<i>sevelamer hcl oral tablet</i>	T1	
SEVENFACT INTRAVENOUS RECON SOLN	T2	SP
SEYSARA ORAL TABLET	T3	PA
SFROWASA RECTAL ENEMA	T2	BP
<i>sharobel oral tablet</i>	T1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	T2	
SIGNIFOR SUBCUTANEOUS SOLUTION	T2	PA; SP
SIKLOS ORAL TABLET 1,000 MG	EXC	
SIKLOS ORAL TABLET 100 MG	T3	
SILATRIX MUCOUS MEMBRANE GEL	EXC	

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	T1	SP
<i>sildenafil (pulm.hypertension) oral tablet</i>	T1	SP
<i>sildenafil oral tablet</i>	T1	QL
SILENOR ORAL TABLET	EXC	BP
SILIQ SUBCUTANEOUS SYRINGE	EXC	PA; SP
<i>silodosin oral capsule</i>	T3	
SILVADENE TOPICAL CREAM	T2	BP
<i>silver sulfadiazine topical cream</i>	T1	
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION	T3	
<i>simliya (28) oral tablet</i>	T1	
<i>simpesse oral tablets, dose pack, 3 month</i>	T1	
SIMPONI SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; QL; LA
SIMPONI SUBCUTANEOUS SYRINGE	T2	PA; SP; QL; LA
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 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>simvastatin oral tablet 80 mg</i>	EXC	QL; Preferred Alternatives: (SIMVASTATIN, SIMVASTATIN, SIMVASTATIN)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	T2	BP
SINGULAIR ORAL GRANULES IN PACKET	T2	BP
SINGULAIR ORAL TABLET	T2	BP
SINGULAIR ORAL TABLET,CHEWABLE	T2	BP
SINUVA SINUS IMPLANT	EXC	SP
<i>sirolimus oral solution</i>	T2	
<i>sirolimus oral tablet</i>	T1	
SIRTURO ORAL TABLET	T3	PA
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	T2	
SIVEXTRO ORAL TABLET	T3	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	T2	PA; SP; QL; LA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	T2	PA; SP; QL; LA
SKYRIZI SUBCUTANEOUS SYRINGE KIT	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/Limits
SKYTROFA SUBCUTANEOUS CARTRIDGE	T2	PA; SP
SLYND ORAL TABLET	T3	PA
SMART SENSE MONITORING SYSTEM	EXC	QL
SMART SENSE TEST STRIPS STRIP	EXC	PA
SMARTEST EJECT KIT	EXC	QL
SMARTEST PERSONA STARTER KIT	EXC	QL
SMARTEST PRONTO STARTER KIT	EXC	QL
SMARTEST PROTEGE KIT	EXC	QL
SMARTEST TEST STRIP	EXC	PA
SOANZ ORAL TABLET	EXC	Preferred Alternatives: (TORSEMIDE)
<i>sodium chloride 0.9 % (flush) injection syringe</i>	T2	
<i>sodium chloride 0.9 % injection solution</i>	T2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	T2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	T2	
<i>sodium chloride inhalation solution for nebulization</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
sodium chloride injection syringe	T2	
sodium chloride intravenous parenteral solution 4 meq/ml	EXC	
sodium chloride irrigation solution	T2	
sodium citrate-citric acid oral solution	T1	
sodium phenylbutyrate oral powder	T1	
sodium phenylbutyrate oral tablet	T1	
sodium polystyrene sulfonate oral powder	T1	
SOFOSBUVIR-VELPATASVIR ORAL TABLET	T2	PA; SP; LA
solifenacin oral tablet	T1	
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN	T2	PA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	EXC	BP
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	T3	
SOLTAMOX ORAL SOLUTION	T3	PA

Drug Name	Drug Tier	Requirements/Limits
SOLUS V2 AUDIBLE METER	EXC	QL
SOLUS V2 AUDIBLE METER KIT	EXC	QL
SOLUS V2 TEST STRIPS STRIP	EXC	PA
SOMA ORAL TABLET 250 MG	EXC	BP
SOMA ORAL TABLET 350 MG	T2	BP
SOMAVERT SUBCUTANEOUS RECON SOLN	T3	PA; SP
SOOLANTRA TOPICAL CREAM	T2	BP
SORBITOL IRRIGATION SOLUTION 3 %	T3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	T3	
SORILUX TOPICAL FOAM	T3	
sorine oral tablet	T1	
sotalol af oral tablet	T1	
sotalol oral tablet	T1	
SOTYLIZE ORAL SOLUTION	T3	
SOVALDI ORAL PELLETS IN PACKET	T3	PA; SP; LA
SOVALDI ORAL TABLET	T3	PA; SP; LA
SPACE CHAMBER SPACER	EXC	
SPECTRACEF ORAL TABLET 400 MG	T3	BP

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>spinosad topical suspension</i>	T3	
SPIRIVA RESPIMAT INHALATION MIST	T2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	T2	
<i>spironolactone oral tablet</i>	T1	
<i>spironolacton- hydrochlorothiaz oral tablet</i>	T1	
SPORANOX ORAL SOLUTION	T2	BP
SPORANOX PULSEPAK ORAL CAPSULE	T2	BP
<i>sprintec (28) oral tablet</i>	T1	
SPRITAM ORAL TABLET FOR SUSPENSION	T3	
SPRIX NASAL SPRAY, NON- AEROSOL	T3	PA; SP; QL
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	T2	
<i>sss 10-5 topical cream</i>	T3	

Drug Name	Drug Tier	Requirements/ Limits
<i>sss 10-5 topical foam</i>	EXC	
<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
STALEVO 125 ORAL TABLET	T3	BP
STALEVO 150 ORAL TABLET	T3	BP
STALEVO 200 ORAL TABLET	T3	BP
STALEVO 50 ORAL TABLET	T3	BP
STALEVO 75 ORAL TABLET	T3	BP
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	T3	
STEGLATRO ORAL TABLET	EXC	Preferred Alternatives: (FARXIGA, JARDIANCE)
STEGLUJAN ORAL TABLET	EXC	
STELARA SUBCUTANEOU S SYRINGE	T2	PA; SP; QL; LA
STENDRA ORAL TABLET	T3	QL
STIOLTO RESPIMAT INHALATION MIST	T2	
STIVARGA ORAL TABLET	T2	PA; SP; QL; LA
<i>stop smoking aid 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
STRATTERA ORAL CAPSULE	T2	BP
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	
STRIVERDI RESPIMAT INHALATION MIST	T2	
STROMECTOL ORAL TABLET	T2	BP
<i>strong iodine oral solution</i>	T1	
<i>strong iodine topical solution</i>	T1	
SUBOXONE SUBLINGUAL FILM	T2	BP
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL	T3	
<i>subvenite oral tablet</i>	T1	
<i>subvenite starter (blue) kit oral tablets, dose pack</i>	T3	
<i>subvenite starter (green) kit oral tablets, dose pack</i>	T3	
<i>subvenite starter (orange) kit oral tablets, dose pack</i>	T3	
SUCRAID ORAL SOLUTION	T3	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>sucralfate oral suspension</i>	T1	
<i>sucralfate oral tablet</i>	T1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	T3	BP
SULCONAZOLE TOPICAL CREAM	T3	
SULCONAZOLE TOPICAL SOLUTION	T3	
<i>sulfacetamide sodium (acne) topical suspension</i>	T1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	T1	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	T2	
<i>sulfacetamide sodium topical cleanser</i>	T3	
<i>sulfacetamide sodium topical cleanser, gel</i>	EXC	
<i>sulfacetamide sodium topical shampoo</i>	T3	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	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
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	T1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	EXC	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w), 9.8-4.8 %</i>	T3	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	T1	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i>	T3	
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	EXC	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	T3	
<i>sulfacetamide sod-sulfur-urea topical cleanser</i>	T1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	T1	
<i>sulfacetamide-sulfur-cleanser23 topical kit</i>	EXC	
<i>sulfacleanse 8-4 topical suspension</i>	T3	
<i>sulfadiazine oral tablet</i>	T2	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfamethoxazole -trimethoprim oral suspension</i>	T1	
<i>sulfamethoxazole -trimethoprim oral tablet</i>	T1	
SULFAMYLON TOPICAL CREAM	T2	
SULFAMYLON TOPICAL PACKET	T3	BP
<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>	T3	
SUMADAN TOPICAL CLEANSER	T3	
SUMADAN TOPICAL KIT	EXC	
SUMADAN XLT TOPICAL COMBO PACK, CLEANSE R AND CREAM	EXC	
<i>sumatriptan nasal spray, non-aerosol</i>	T1	QL
<i>sumatriptan succinate oral tablet</i>	T1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	T2	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	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>sumatriptan succinate subcutaneous solution</i>	T2	QL
<i>sumatriptan-naproxen oral tablet</i>	EXC	
SUMAXIN CP TOPICAL KIT	EXC	
SUMAXIN TOPICAL CLEANSER	T3	
SUMAXIN TOPICAL PADS, MEDICATED	EXC	BP
SUMAXIN TS TOPICAL SUSPENSION	EXC	
<i>sunitinib oral capsule</i>	T1	PA; SP; LA
SUNOSI ORAL TABLET	T3	PA; QL
<i>super b maxi complex oral tablet</i>	T1	
<i>super quints oral tablet</i>	T1	
SUPRAX ORAL CAPSULE	T2	PA; BP
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	T3	BP
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	T3	
SUPRAX ORAL TABLET,CHEWABLE	T3	

Drug Name	Drug Tier	Requirements/ Limits
SUPREP BOWEL PREP KIT ORAL RECON SOLN	T2	
SURE-TEST EASYPLUS MINI METER	EXC	QL
SURE-TEST EASYPLUS MINI STRIP	EXC	PA
SURVANTA INTRATRACHEAL SUSPENSION	T3	
SUSTIVA ORAL CAPSULE	T2	BP
SUSTIVA ORAL TABLET	T2	BP
SUTAB ORAL TABLET	T3	
SUTENT ORAL CAPSULE	T2	PA; SP; BP; LA
<i>syeda oral tablet</i>	T1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE	T2	
<i>symax fastabs oral tablet,disintegrating</i>	T3	
<i>symax-sl sublingual tablet</i>	T1	
<i>symax-sr oral tablet extended release 12 hr</i>	T1	
SYMBICORT INHALATION HFA AEROSOL INHALER	T2	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	T3	BP

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
SYMDEKO ORAL TABLETS, SEQUENTIAL	T2	PA; SP
SYMFI LO ORAL TABLET	T2	BP
SYMFI ORAL TABLET	T2	BP
SYMLINPEN 120 SUBCUTANEOU S PEN INJECTOR	T2	
SYMLINPEN 60 SUBCUTANEOU S PEN INJECTOR	T2	
SYMPAZAN ORAL FILM	T3	
SYMPROIC ORAL TABLET	T3	
SYMTUZA ORAL TABLET	T3	
SYNALAR CREAM KIT TOPICAL CREAM	EXC	
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMEN T AND CREAM	EXC	
SYNALAR TOPICAL CREAM	T2	BP
SYNALAR TOPICAL OINTMENT	T2	BP
SYNALAR TOPICAL SOLUTION	T2	BP
SYNALAR TS TOPICAL KIT	EXC	

Drug Name	Drug Tier	Requirements/ Limits
SYNAREL NASAL SPRAY, NON- AEROSOL	T2	
SYNDROS ORAL SOLUTION	T3	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING	T3	
SYNJARDY ORAL TABLET	T2	PA
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	PA
SYNTHROID ORAL TABLET	T2	BP
SYPRINE ORAL CAPSULE	T3	PA; BP
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICA TED	EXC	
TABLOID ORAL TABLET	T2	
TABRECTA ORAL TABLET	T2	PA; SP; QL; LA
TACLONEX TOPICAL OINTMENT	T3	BP
TACLONEX TOPICAL SUSPENSION	T3	BP
<i>tacrolimus oral capsule</i>	T1	
<i>tacrolimus topical ointment</i>	T1	
<i>tadalafil (pulm. hypertension) oral tablet</i>	T2	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>	T2	QL
TAFINLAR ORAL CAPSULE	T2	PA; SP; QL; LA
TAGRISSO ORAL TABLET	T2	PA; SP; QL; LA
TAKE ACTION ORAL TABLET	T2	BP
TAKHZYRO SUBCUTANEOUS SOLUTION	T2	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE	T2	PA; SP
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE	EXC	
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	T2	PA; SP; QL; LA
TAMIFLU ORAL CAPSULE	T2	BP

Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	T2	BP
<i>tamoxifen oral tablet</i>	T1	
<i>tamsulosin oral capsule</i>	T1	
TAPERDEX ORAL TABLETS,DOSE PACK	EXC	
TARCEVA ORAL TABLET	T2	PA; SP; BP; QL; LA
TARGADOX ORAL TABLET	EXC	
TARGRETIN ORAL CAPSULE	T2	PA; SP; BP; LA
TARGRETIN TOPICAL GEL	T2	PA; SP; QL; LA
<i>tarina 24 fe oral tablet</i>	T1	
<i>tarina fe 1/20 (28) oral tablet</i>	T1	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	T3	PA; SP; QL
TASIGNA ORAL CAPSULE	T2	PA; SP; QL; LA
TASMAR ORAL TABLET 100 MG	T3	BP
<i>tavaborole topical solution with applicator</i>	T3	PA
TAVALISSE ORAL TABLET	T2	PA; SP; QL; LA
TAVNEOS ORAL CAPSULE	T2	PA; SP; QL; LA
<i>taysofy 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
TAYTULLA ORAL CAPSULE	T2	BP
<i>tazarotene topical cream</i>	T1	
TAZAROTENE TOPICAL FOAM	T3	
<i>tazicef injection recon soln 1 gram</i>	T2	
TAZORAC TOPICAL CREAM 0.05 %	T2	
TAZORAC TOPICAL CREAM 0.1 %	T2	BP
TAZORAC TOPICAL GEL	T2	
<i>taztia xt oral capsule,extended release 24 hr</i>	T1	
TAZVERIK ORAL TABLET	T3	PA; SP; QL; LA
TDVAX INTRAMUSCULA R SUSPENSION	T2	
TECFIDERA ORAL CAPSULE,DELA YED RELEASE(DR/E C)	T3	PA; SP; BP; QL; LA
TEGRETOL ORAL SUSPENSION	T2	BP
TEGRETOL ORAL TABLET	T2	BP
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	T2	BP
TEGSEDI SUBCUTANEOU S SYRINGE	T2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
TEKTURNA HCT ORAL TABLET	T2	
TEKTURNA ORAL TABLET	T2	BP
TELCARE BGM KIT	EXC	QL
TELCARE BLOOD GLUCOSE KIT KIT	EXC	QL
TELCARE TEST STRIPS STRIP	EXC	PA
<i>telmisartan oral tablet</i>	T3	
<i>telmisartan- amlodipine oral tablet</i>	T3	
<i>telmisartan- hydrochlorothiazi d oral tablet</i>	T3	
<i>temazepam oral capsule</i>	T1	
TEMIXYS ORAL TABLET	T2	
TEMODAR ORAL CAPSULE 250 MG	T2	PA; SP; BP; LA
TEMOVATE TOPICAL OINTMENT	T2	BP
<i>temozolomide oral capsule</i>	T1	PA; SP; LA
<i>tencon oral tablet</i>	T2	
TENIVAC (PF) INTRAMUSCULA R SUSPENSION	T2	
TENIVAC (PF) INTRAMUSCULA R SYRINGE	T2	
<i>tenofovir disoproxil fumarate 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
TENORETIC 100 ORAL TABLET	T2	BP
TENORETIC 50 ORAL TABLET	T2	BP
TENORMIN ORAL TABLET	T2	BP
TEPMETKO ORAL TABLET	T2	PA; SP; QL; LA
<i>terazosin oral capsule</i>	T1	
<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	
TERIPARATIDE SUBCUTANEOU S PEN INJECTOR	T2	PA; SP; QL; LA
TERSI FOAM TOPICAL FOAM	T2	
TEST N'GO BLOOD GLUCOSE SYSTEM	EXC	QL
TEST N'GO TEST STRIP	EXC	PA
TESTIM TRANSDERMAL GEL	T2	BP
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	T2	
<i>testosterone enanthate intramuscular oil</i>	T2	
<i>testosterone transdermal gel</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	T3	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	T1	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	T1	
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	T2	
<i>testosterone transdermal solution in metered pump w/app</i>	T1	
TETANUS,DIPH THERIA TOX PED(PF) INTRAMUSCULA R SUSPENSION	T2	
<i>tetrabenazine oral tablet</i>	T1	SP
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	T2	
<i>tetracaine hcl ophthalmic (eye) drops</i>	T1	
<i>tetracycline oral capsule</i>	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
TEXACORT TOPICAL SOLUTION	T2	
THALITONE ORAL TABLET	EXC	
THALOMID ORAL CAPSULE	T2	PA; SP; QL
THEO-24 ORAL CAPSULE,EXTE NDED RELEASE 24HR	T2	
<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)	T2	PA; SP
THIOLA ORAL TABLET	T2	PA; SP; BP
<i>thioridazine oral tablet</i>	T1	
<i>thiothixene oral capsule</i>	T1	
THRIVITE RX ORAL TABLET	T2	
THYQUIDITY ORAL SOLUTION	T2	PA
<i>tiadylt er oral capsule,extended release 24 hr</i>	T1	
<i>tiagabine oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
TIAZAC ORAL CAPSULE,EXTE NDED RELEASE 24 HR	T2	BP
TIBSOVO ORAL TABLET	T2	PA; SP; QL; LA
TIGLUTIK ORAL SUSPENSION	T3	PA; QL
TIKOSYN ORAL CAPSULE	T2	BP
<i>tilia fe oral tablet</i>	T1	
TIMOL-BRIMON- DORZO- LATANOP(PF) OPHTHALMIC (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>	T3	
TIMOLOL- BRIMONIDI- DORZOLAM(PF) OPHTHALMIC (EYE) DROPS	T3	
TIMOLOL- DORZOLAMID- LATANOP(PF) OPHTHALMIC (EYE) DROPS	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
TIMOLOL-LATANOPROST(PF) OPHTHALMIC (EYE) DROPS	T3	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	T2	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	T2	BP
TIMOPTIC OPHTHALMIC (EYE) DROPS	T2	BP
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION	T2	BP
<i>tinidazole oral tablet</i>	T1	
<i>tiopronin oral tablet</i>	T1	PA; SP
TIROSINT ORAL CAPSULE	T3	
TIROSINT-SOL ORAL SOLUTION	T3	
<i>tis-u-sol pentalyte irrigation solution</i>	T3	
TIVICAY ORAL TABLET	T2	
TIVICAY PD ORAL TABLET FOR SUSPENSION	T2	

Drug Name	Drug Tier	Requirements/ Limits
TIVORBEX ORAL CAPSULE 20 MG	EXC	
<i>tizanidine oral capsule</i>	T1	
<i>tizanidine oral tablet</i>	T1	
TLANDO ORAL CAPSULE	T3	PA; QL
TOBI INHALATION SOLUTION FOR NEBULIZATION	T2	PA; SP; BP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	T3	PA; SP
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	T2	BP
TOBRADEX OPHTHALMIC (EYE) OINTMENT	T2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	T1	PA; SP
<i>tobramycin inhalation solution for nebulization</i>	T1	PA; SP
<i>tobramycin ophthalmic (eye) drops</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
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	T1	PA; SP
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	T1	
TOBREX OPHTHALMIC (EYE) DROPS	T2	BP
TOBREX OPHTHALMIC (EYE) OINTMENT	T2	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE	T2	
TOLAK TOPICAL CREAM	T2	
<i>tolcapone oral tablet</i>	T3	
<i>tolmetin oral tablet 200 mg</i>	T3	
TOLSURA ORAL CAPSULE, SOLID DISPERSION	T2	PA; QL
<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	T2	BP
TOPAMAX ORAL TABLET	T2	BP

Drug Name	Drug Tier	Requirements/ Limits
TOPICORT TOPICAL CREAM	T3	BP
TOPICORT TOPICAL GEL	T3	BP
TOPICORT TOPICAL OINTMENT	T3	BP
TOPICORT TOPICAL SPRAY, NON-AEROSOL	T3	BP
<i>topiramate oral capsule, sprinkle</i>	T1	
<i>topiramate oral capsule,sprinkle, er 24hr</i>	T3	
<i>topiramate oral tablet</i>	T1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR	T2	BP
<i>toremifene oral tablet</i>	T3	PA
<i>torseamide oral tablet</i>	T1	
TOSYMRA NASAL SPRAY, NON-AEROSOL	T3	QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	T2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	T2	
<i>tovet emollient topical foam</i>	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
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	T2	
TRACLEER ORAL TABLET	T2	PA; SP; BP; QL
TRACLEER ORAL TABLET FOR SUSPENSION	T2	PA; SP; QL
TRADJENTA ORAL TABLET	T2	PA
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83	T3	QL
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	T3	QL
TRAMADOL ORAL TABLET 100 MG	T3	PA; QL
<i>tramadol oral tablet 50 mg</i>	T1	PA; QL
<i>tramadol oral tablet extended release 24 hr</i>	T3	QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	T3	QL
<i>tramadol-acetaminophen oral tablet</i>	T3	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	

Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	T2	BP
TRANXENE T-TAB ORAL TABLET	T2	BP
<i>tranylcypromine oral tablet</i>	T1	
TRAVATAN Z OPHTHALMIC (EYE) DROPS	T2	BP
<i>travoprost ophthalmic (eye) drops</i>	T1	
<i>trazodone oral tablet</i>	T1	
TRECATOR ORAL TABLET	T2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	T2	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	T2	PA; SP; QL; LA
TREMFYA SUBCUTANEOUS SYRINGE	T2	PA; SP; QL; LA
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	T2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	T2	
TRESIBA U-100 INSULIN SUBCUTANEOUS 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
<i>tretinoin (antineoplastic) oral capsule</i>	T1	
<i>tretinoin microspheres topical gel</i>	T1	
<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	
TREXIMET ORAL TABLET	EXC	BP
TREZIX ORAL CAPSULE	T3	PA
<i>tri femynor oral tablet</i>	T1	
<i>triamcinolone acetonide dental paste</i>	T1	
<i>triamcinolone acetonide topical aerosol</i>	T1	
<i>triamcinolone acetonide topical cream</i>	T1	
<i>triamcinolone acetonide topical lotion</i>	T1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	EXC	
<i>triamterene oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	T1	
<i>trianex topical ointment</i>	EXC	
<i>triazolam oral tablet</i>	T3	
TRIBENZOR ORAL TABLET	EXC	BP
TRICARE ORAL TABLET	T2	
<i>tricitrates oral solution</i>	T1	
TRICOR ORAL TABLET	T2	BP
<i>triderm topical cream</i>	T1	
TRIDESILON TOPICAL CREAM	T1	BP
<i>trientine oral capsule</i>	T3	PA
<i>tri-estarylla oral tablet</i>	T1	
<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	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL	T2	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>tri-legest fe oral tablet</i>	T1	
TRILEPTAL ORAL SUSPENSION	T2	BP
TRILEPTAL ORAL TABLET	T2	BP
<i>tri-lynyah oral tablet</i>	T1	
TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC)	T3	BP
<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>	T3	
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN	T2	
TRIMO-SAN JELLY VAGINAL GEL	T3	
<i>trinatal rx 1 oral tablet</i>	T2	
<i>trinate oral tablet</i>	T2	
TRINAZ ORAL TABLET	EXC	

Drug Name	Drug Tier	Requirements/ Limits
TRINTELLIX ORAL TABLET	T2	
<i>tri-nymyo oral tablet</i>	T1	
<i>tri-sprintec (28) oral tablet</i>	T1	
TRISTART DHA ORAL CAPSULE	T2	
<i>tritocin topical ointment</i>	EXC	
TRIUMEQ ORAL TABLET	T2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	T2	QL
<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	T2	BP
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR	T3	
<i>tropicamide ophthalmic (eye) drops</i>	T1	
<i>trospium oral capsule, extended release 24hr</i>	T1	
<i>trospium oral tablet</i>	T1	
TRUDHESA NASAL SPRAY, NON-AEROSOL	T3	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
TRUE METRIX AIR GLUCOSE METER	EXC	QL
TRUE METRIX GLUCOSE METER	EXC	QL
TRUE METRIX GLUCOSE TEST STRIP STRIP	EXC	PA
TRUE METRIX GO GLUCOSE METER	EXC	QL
TRUERESULT BLOOD GLUCOSE SYSTM KIT	EXC	QL
TRUETEST TEST STRIPS STRIP	EXC	PA
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	EXC	QL
TRUETRACK SMART SYSTEM KIT	EXC	QL
TRUETRACK TEST STRIP	EXC	PA
TRULANCE ORAL TABLET	T3	PA; Preferred Alternatives: (MOTTEGRITY, AMITIZA, LINZESS)
TRULICITY SUBCUTANEOUS PEN INJECTOR	T2	PA
TRUMENBA INTRAMUSCULAR SYRINGE	T2	
TRUSELTIQ ORAL CAPSULE	T2	PA; SP; QL; LA
TRUSOPT OPHTHALMIC (EYE) DROPS	T2	BP

Drug Name	Drug Tier	Requirements/Limits
TRUVADA ORAL TABLET	T2	BP
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	EXC	
TUKYSA ORAL TABLET	T2	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	QL
TWINRIX (PF) INTRAMUSCULAR SYRINGE	T2	
TWIRLA TRANSDERMAL PATCH WEEKLY	T3	
TWYNEO TOPICAL CREAM	EXC	
TYBLUME ORAL TABLET, CHEWABLE	T1	
TYBOST ORAL TABLET	T3	
<i>tydemy oral tablet</i>	T1	
TYKERB ORAL TABLET	T2	PA; SP; BP; QL; LA
TYMLOS SUBCUTANEOUS PEN INJECTOR	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
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	T3	PA
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
UBRELVY ORAL TABLET	T2	PA; QL
UCERIS ORAL TABLET, DELAYED AND EXT. RELEASE	T2	PA; BP; QL
UCERIS RECTAL FOAM	T2	PA; QL
UDENYCA SUBCUTANEOUS SYRINGE	EXC	SP
ULESFIA TOPICAL LOTION	EXC	
ULORIC ORAL TABLET	T2	BP
ULTIMA MONITOR	EXC	QL
ULTRACET ORAL TABLET	T3	PA; BP; QL
ULTRAM ORAL TABLET	T2	PA; BP; QL
ULTRATRAK GLUCOSE METER	EXC	QL
ULTRATRAK STRIP	EXC	PA

Drug Name	Drug Tier	Requirements/ Limits
ULTRATRAK ULTIMATE	EXC	QL
ULTRATRAK ULTIMATE STRIP	EXC	PA
ULTRAVATE TOPICAL LOTION	T3	
UNISTRIP1 TEST STRIP STRIP	EXC	PA
<i>unithroid oral tablet</i>	T1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE	T3	
UPTRAVI ORAL TABLET	T2	PA; SP
UPTRAVI ORAL TABLETS, DOSE PACK	T2	PA; SP
<i>urea topical cream 39 %, 45 %, 47 %, 50 %</i>	EXC	
<i>urea topical cream 40 %</i>	T2	
URELLE ORAL TABLET	T3	
<i>uretron d-s oral tablet</i>	T3	
URIBEL ORAL CAPSULE	EXC	
<i>urimar-t oral tablet</i>	EXC	
<i>uro-458 oral tablet</i>	T3	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	T2	BP

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
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	T2	BP
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	T2	BP
<i>urogesic-blue oral tablet</i>	T3	
<i>uro-mp oral capsule</i>	EXC	
UROQID-ACID NO.2 ORAL TABLET	EXC	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP
URSO 250 ORAL TABLET	T2	BP
URSO FORTE ORAL TABLET	T2	BP
<i>ursodiol oral capsule 200 mg, 400 mg</i>	T3	
<i>ursodiol oral capsule 300 mg</i>	T1	
<i>ursodiol oral tablet</i>	T1	
<i>uryl oral tablet</i>	T3	
<i>ustell oral capsule</i>	EXC	
<i>utira-c oral tablet</i>	EXC	
UTOPIC TOPICAL CREAM	EXC	
VAGIFEM VAGINAL TABLET	T2	BP
<i>valacyclovir oral tablet</i>	T1	
VALCHLOR TOPICAL GEL	T3	SP

Drug Name	Drug Tier	Requirements/ Limits
VALCYTE ORAL RECON SOLN	T2	BP
VALCYTE ORAL TABLET	T2	BP
<i>valganciclovir oral recon soln</i>	T1	
<i>valganciclovir oral tablet</i>	T1	
VALIUM ORAL TABLET	T2	BP
<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	PA
<i>valsartan oral tablet</i>	T1	
<i>valsartan- hydrochlorothiazide oral tablet</i>	T1	
VALTOCO NASAL SPRAY, NON- AEROSOL	T2	PA; QL
VALTREX ORAL TABLET	T2	BP
<i>vanadom oral tablet</i>	T1	
VANCOGIN ORAL CAPSULE	T2	BP
<i>vancomycin oral capsule</i>	T1	
<i>vancomycin oral recon soln</i>	T2	
<i>vandazole vaginal gel</i>	T1	
VANOS TOPICAL CREAM	T3	BP

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
VANOXIDE-HC TOPICAL SUSPENSION	EXC	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	T2	
VAQTA (PF) INTRAMUSCULAR SYRINGE	T2	
<i>vardenafil oral tablet</i>	T3	QL
<i>vardenafil oral tablet, disintegrating</i>	T3	QL
<i>varenicline oral tablet</i>	T1	
<i>varenicline oral tablets, dose pack</i>	T1	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	T2	
VARUBI ORAL TABLET	T3	PA; QL
VASCEPA ORAL CAPSULE 0.5 GRAM	T2	
VASCEPA ORAL CAPSULE 1 GRAM	T2	BP
VASERETIC ORAL TABLET	T2	BP
VASOTEC ORAL TABLET	T2	BP
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	T2	
VAXELIS (PF) INTRAMUSCULAR SYRINGE	T2	

Drug Name	Drug Tier	Requirements/ Limits
VAXNEUVANCE INTRAMUSCULAR SYRINGE	T3	
VCF CONTRACEPTIVE FILM VAGINAL FILM	T2	
VCF CONTRACEPTIVE GEL VAGINAL GEL	T2	
VECAMYL ORAL TABLET	T2	
VECTICAL TOPICAL OINTMENT	T2	BP
<i>velivet triphasic regimen (28) oral tablet</i>	T1	
VELPHORO ORAL TABLET, CHEWABLE	T3	
VELTASSA ORAL POWDER IN PACKET	T2	PA
VELTIN TOPICAL GEL	EXC	
VEMLIDY ORAL TABLET	T2	ST
VENCLEXTA ORAL TABLET	T2	PA; SP; LA
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK	T2	PA; SP; LA
<i>venlafaxine oral capsule, extended release 24hr</i>	T1	
<i>venlafaxine 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>venlafaxine oral tablet extended release 24hr</i>	EXC	Preferred Alternatives: (VENLAFAXINE HCL ER)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	T3	SP
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	EXC	QL; Preferred Alternatives: (ALBUTEROL SULFATE HFA)
<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	
VEREGEN TOPICAL OINTMENT	T3	
VERELAN ORAL CAPSULE, EXT REL. PELLETS 24 HR	T2	BP
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT	T2	BP
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE	T3	PA
VERQUVO ORAL TABLET	T2	QL

Drug Name	Drug Tier	Requirements/ Limits
VERSACLOZ ORAL SUSPENSION	T3	
VERZENIO ORAL TABLET	T2	PA; SP; QL; LA
VESICARE LS ORAL SUSPENSION	T3	
VESICARE ORAL TABLET	T2	BP
<i>vestura (28) oral tablet</i>	T1	
VFEND ORAL SUSPENSION FOR RECONSTITUTION	T2	BP
VFEND ORAL TABLET	T2	BP
V-GO 20 DEVICE	EXC	
V-GO 30 DEVICE	EXC	
V-GO 40 DEVICE	EXC	
VIAGRA ORAL TABLET	T2	BP; QL
VIBERZI ORAL TABLET	T3	
VIBRAMYCIN (CALCIUM) ORAL SYRUP	T2	
VIBRAMYCIN (MONO) ORAL SUSPENSION FOR RECONSTITUTION	T2	BP
VIBRAMYCIN ORAL CAPSULE 100 MG	T2	BP

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
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; LA
<i>vienva oral tablet</i>	T1	
<i>vigabatin oral powder in packet</i>	T1	SP
<i>vigabatin oral tablet</i>	T2	SP
<i>vigadrone oral powder in packet</i>	T1	SP
VIGAMOX OPHTHALMIC (EYE) DROPS	T2	BP
VIIBRYD ORAL TABLET	T2	PA
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	T2	PA
VIJOICE ORAL TABLET	T3	PA; SP; QL; LA
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC	EXC	BP
VIMPAT ORAL SOLUTION	T2	
VIMPAT ORAL TABLET	T2	BP
VIOKACE ORAL TABLET	T2	PA
<i>viorele (28) oral tablet</i>	T1	
VIRACEPT ORAL TABLET	T2	

Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL POWDER	T2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	
VIREAD ORAL TABLET 300 MG	T2	BP
<i>virt-gard oral tablet</i>	T1	
<i>virt-nate dha oral capsule</i>	T2	
<i>virtrate-2 oral solution</i>	T1	
<i>virtrate-3 oral solution</i>	T1	
<i>virtrate-k oral solution</i>	T1	
<i>virtussin ac oral liquid</i>	T1	
<i>virtussin dac oral syrup</i>	EXC	
VISTARIL ORAL CAPSULE	T2	BP
VISTOGARD ORAL GRANULES IN PACKET	T2	PA; SP; QL
VITAFOL FE PLUS ORAL CAPSULE	EXC	
VITAFOL GUMMIES ORAL TABLET, CHEWABLE	T2	
VITAFOL NANO ORAL TABLET	EXC	
VITAFOL ULTRA ORAL CAPSULE	T2	
VITAFOL-OB ORAL TABLET	T2	
VITAFOL-OB+DHA ORAL COMBO PACK	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
VITAFOL-ONE ORAL CAPSULE	T2	
VITAMED MD ONE RX ORAL CAPSULE	T2	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW, IR - DR,BIPHASE	T2	BP
<i>vitamin b complex-folic acid oral tablet</i>	T1	
<i>vitamin k injection solution</i>	T2	
<i>vitamin k1 injection solution</i>	T2	
<i>vitamins a,c,d and fluoride oral drops</i>	T1	
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE	T2	
VITATRUE ORAL COMBO PACK	T2	
VITRAKVI ORAL CAPSULE	T2	PA; SP; QL; LA
VITRAKVI ORAL SOLUTION	T2	PA; SP; QL; LA
VIVAGUARD INO GLUCOSE METER	EXC	QL
VIVAGUARD INO SMART GLUC METER	EXC	QL
VIVAGUARD INO TEST STRIP STRIP	EXC	PA

Drug Name	Drug Tier	Requirements/ Limits
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	T2	BP
VIVLODEX ORAL CAPSULE	EXC	BP
VIZIMPRO ORAL TABLET	T3	PA; SP; QL; LA
VOGELXO TRANSDERMAL GEL	T2	BP
VOGELXO TRANSDERMAL GEL IN METERED- DOSE PUMP	T2	
VOGELXO TRANSDERMAL GEL IN PACKET	T2	
<i>volnea (28) oral tablet</i>	T1	
VONJO ORAL CAPSULE	T3	PA; SP; QL; LA
<i>voriconazole oral suspension for reconstitution</i>	T1	
<i>voriconazole oral tablet</i>	T1	
VORTEX HOLDING CHAMBER SPACER	T3	
VOSEVI ORAL TABLET	T2	PA; SP; LA
VOTRIENT ORAL TABLET	T2	PA; SP; QL; LA
VOXZOGO SUBCUTANEOU S RECON SOLN	T2	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
VRAYLAR ORAL CAPSULE	T2	ST
VRAYLAR ORAL CAPSULE,DOSE PACK	T2	ST
<i>vtol lq oral solution</i>	T3	
VUITY OPHTHALMIC (EYE) DROPS	EXC	
VUMERITY ORAL CAPSULE,DELA YED RELEASE(DR/E C)	T2	PA; SP; QL; LA
VUSION TOPICAL OINTMENT	T3	
<i>vyfemla (28) oral tablet</i>	T1	
VYLEESI SUBCUTANEOU S AUTO-INJECTOR	T2	PA; SP; QL
<i>vylibra oral tablet</i>	T1	
VYNDAMAX ORAL CAPSULE	T2	PA; SP; QL; LA
VYNDAQEL ORAL CAPSULE	T2	PA; SP; QL; LA
VYTORIN 10-10 ORAL TABLET	T2	BP
VYTORIN 10-20 ORAL TABLET	T2	BP
VYTORIN 10-40 ORAL TABLET	T2	BP
VYTORIN 10-80 ORAL TABLET	EXC	BP
VYVANSE ORAL CAPSULE	T2	PA; QL
VYVANSE ORAL TABLET,CHEWA BLE	T2	PA; QL

Drug Name	Drug Tier	Requirements/ Limits
VYZULTA OPHTHALMIC (EYE) DROPS	T2	PA
WAKIX ORAL TABLET	T3	PA; SP; QL
<i>warfarin oral tablet</i>	T1	
<i>water for irrigation, sterile irrigation solution</i>	T2	
WAVESENSE AMP KIT	EXC	QL
WAVESENSE JAZZ STRIP	EXC	PA
WAVESENSE PRESTO	EXC	QL
WAVESENSE PRESTO STRIP	EXC	PA
WEGOVIY SUBCUTANEOU S PEN INJECTOR	T2	PA; QL
WELCHOL ORAL POWDER IN PACKET	T2	BP
WELCHOL ORAL TABLET	T2	BP
WELIREG ORAL TABLET	T3	PA; SP; QL
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR	T2	BP
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR	T2	BP
<i>wera (28) oral tablet</i>	T1	
<i>wesnate dha oral capsule</i>	EXC	

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>westab plus oral tablet</i>	T2	
<i>westgel dha oral capsule</i>	T2	
WIDE-SEAL DIAPHRAGM	T2	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	T2	SP; LA
WINLEVI TOPICAL CREAM	T2	PA
<i>wintergreen oil oil</i>	EXC	
<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	EXC	
XADAGO ORAL TABLET	T3	ST; QL
XALATAN OPHTHALMIC (EYE) DROPS	T2	BP
XALKORI ORAL CAPSULE	T2	PA; SP; QL; LA
XANAX ORAL TABLET	T2	BP
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	BP
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	T2	

Drug Name	Drug Tier	Requirements/ Limits
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	T2	
XARELTO ORAL TABLET	T2	
XATMEP ORAL SOLUTION	T2	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	T2	PA; QL
XCOPRI ORAL TABLET	T2	PA; QL
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	T2	PA; QL
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	T2	SP; BP; LA
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION	T3	
XEMBIFY SUBCUTANEOUS SOLUTION	T3	PA; SP
XENAZINE ORAL TABLET	T2	SP; BP

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
XENICAL ORAL CAPSULE	EXC	
XENLETA ORAL TABLET	T3	QL
XEPI TOPICAL CREAM	T3	QL
XERESE TOPICAL CREAM	T3	
XERMELO ORAL TABLET	T2	PA; SP; QL; LA
XHANCE NASAL AEROSOL BREATH ACTIVATED	T2	PA; QL
XIFAXAN ORAL TABLET	T2	PA; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T2	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	T2	ST
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR	EXC	
XOFLUZA ORAL TABLET	T3	
XOLAIR SUBCUTANEOUS SYRINGE	T2	PA; SP
XOLEGEL TOPICAL GEL	T3	
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION	T2	ST; BP
XOPENEX HFA INHALATION HFA AEROSOL INHALER	T2	ST; QL

Drug Name	Drug Tier	Requirements/ Limits
XOPENEX INHALATION SOLUTION FOR NEBULIZATION	T2	ST; BP
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)	T2	PA; SP; LA
XTAMPZA ER ORAL CAP, SPRINKLE, R12HR(DONT CRUSH)	T2	
XTANDI ORAL CAPSULE	T2	PA; SP; QL; LA
XTANDI ORAL TABLET	T2	PA; SP; QL; LA
<i>xulane transdermal patch weekly</i>	T1	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	T2	PA
XUREA TOPICAL CREAM	EXC	
XURIDEN ORAL GRANULES IN PACKET	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
XYNTHA INTRAVENOUS SOLUTION	T2	SP; LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	T2	SP; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	T3	PA
XYREM ORAL SOLUTION	T2	PA; SP
XYWAV ORAL SOLUTION	T3	PA; SP
YASMIN (28) ORAL TABLET	T2	BP
YAZ (28) ORAL TABLET	T2	BP
YONSA ORAL TABLET	T3	PA; SP; QL; LA
YOSPRALA ORAL TABLET, IR, DELAYED REL, BIPHASIC	EXC	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	T2	PA; QL
<i>yuvafem vaginal tablet</i>	T1	
<i>zafemy transdermal patch weekly</i>	T1	
<i>zafirlukast oral tablet</i>	T3	
<i>zaleplon oral capsule</i>	T1	
ZANAFLEX ORAL CAPSULE	T2	BP
ZANAFLEX ORAL TABLET	T2	BP
<i>zarah oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements/ Limits
ZARONTIN ORAL CAPSULE	T2	BP
ZARONTIN ORAL SOLUTION	T2	BP
ZARXIO INJECTION SYRINGE	T2	PA; SP
ZAVESCA ORAL CAPSULE	T2	PA; SP; BP
ZCORT ORAL TABLETS, DOSE PACK	EXC	
<i>zebutal oral capsule</i>	T1	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	T3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	T3	
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	EXC	BP
ZEGERID ORAL PACKET	EXC	BP
ZEJULA ORAL CAPSULE	T2	PA; SP; LA
ZELAPAR ORAL TABLET, DISINTEGRATING	T3	PA; QL
ZELBORAF ORAL TABLET	T2	PA; SP; QL; LA
ZELNORM ORAL TABLET	T3	PA; QL; Preferred Alternatives: (LINZESS, AMITIZA)

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
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	T3	QL
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T2	BP
<i>zenatane oral capsule</i>	T1	
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
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	T3	
ZEPATIER ORAL TABLET	T2	PA; SP; LA
ZEPOSIA ORAL CAPSULE	T2	PA; SP; QL; LA
ZEPOSIA STARTER KIT ORAL CAPSULE, DOSE PACK	T2	PA; SP; QL; LA

Drug Name	Drug Tier	Requirements/ Limits
ZEPOSIA STARTER PACK ORAL CAPSULE, DOSE PACK	T2	PA; SP; QL; LA
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE	T3	
ZESTORETIC ORAL TABLET	T2	BP
ZESTRIL ORAL TABLET	T2	BP
ZETIA ORAL TABLET	T2	BP
ZETONNA NASAL HFA AEROSOL INHALER	T3	
ZIAC ORAL TABLET	T2	BP
ZIAGEN ORAL SOLUTION	T2	BP
ZIAGEN ORAL TABLET	T2	BP
ZIANA TOPICAL GEL	EXC	BP
<i>zidovudine oral capsule</i>	T1	
<i>zidovudine oral syrup</i>	T1	
<i>zidovudine oral tablet</i>	T1	
ZIEXTENZO SUBCUTANEOUS SYRINGE	T2	SP
<i>zileuton oral tablet, er multiphase 12 hr</i>	T2	PA
ZILXI TOPICAL FOAM	T3	PA
ZIMHI INJECTION SYRINGE	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
ZIOPTAN (PF) OPTHALMIC (EYE) DROPPERETTE	T3	
<i>ziprasidone hcl oral capsule</i>	T1	
ZIPSOR ORAL CAPSULE	T3	BP
ZIRGAN OPTHALMIC (EYE) GEL	T2	
ZITHROMAX ORAL PACKET	T2	BP
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	T2	BP
ZITHROMAX ORAL TABLET 250 MG, 500 MG	T2	BP
ZITHROMAX TRI-PAK ORAL TABLET	T2	BP
ZITHROMAX Z-PAK ORAL TABLET	T2	BP
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	T2	BP; QL
ZOCOR ORAL TABLET 80 MG	EXC	BP; QL
ZOKINVY ORAL CAPSULE	T3	SP
ZOLINZA ORAL CAPSULE	T2	PA; SP; QL; LA
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	T2	ST; QL
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	T2	ST; QL

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan oral tablet</i>	T1	QL
<i>zolmitriptan oral tablet, disintegrating</i>	T1	QL
ZOLOFT ORAL CONCENTRATE	T2	BP
ZOLOFT ORAL TABLET	T2	BP
<i>zolpidem oral tablet</i>	T1	
<i>zolpidem oral tablet, ext release multiphase</i>	T1	
<i>zolpidem sublingual tablet</i>	EXC	
ZOLPIMIST ORAL SPRAY, NON-AEROSOL	EXC	
ZOMACTON SUBCUTANEOUS RECON SOLN	T2	PA; SP; LA
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	T2	ST; QL
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	T2	ST; BP; QL
ZOMIG ORAL TABLET	T2	BP; QL
ZONALON TOPICAL CREAM	T2	BP
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	T2	BP
<i>zonisamide oral capsule</i>	T1	
ZONTIVITY ORAL TABLET	T3	
ZORTRESS ORAL TABLET	T2	PA; BP; 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
ZORVOLEX ORAL CAPSULE	EXC	
<i>zovia 1-35 (28) oral tablet</i>	T1	
ZOVIRAX ORAL SUSPENSION	T2	BP
ZOVIRAX TOPICAL CREAM	T2	BP
ZOVIRAX TOPICAL OINTMENT	T2	BP
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICA TED	EXC	
ZUBSOLV SUBLINGUAL TABLET	T3	
<i>zumandimine (28) oral tablet</i>	T1	
ZUPLENZ ORAL FILM	T3	
ZYCLARA TOPICAL CREAM IN METERED- DOSE PUMP 2.5 %	T2	
ZYCLARA TOPICAL CREAM IN METERED- DOSE PUMP 3.75 %	EXC	BP
ZYCLARA TOPICAL CREAM IN PACKET	EXC	BP
ZYDELIG ORAL TABLET	T2	PA; SP; QL; LA
ZYFLO ORAL TABLET	T3	

Drug Name	Drug Tier	Requirements/ Limits
ZYKADIA ORAL TABLET	T2	PA; SP; QL; LA
ZYLET OPHTHALMIC (EYE) DROPS, SUSPE NSION	T3	
ZYLOPRIM ORAL TABLET 100 MG	T2	BP
ZYMAXID OPHTHALMIC (EYE) DROPS	T2	BP
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	T3	
ZYPREXA ORAL TABLET	T2	BP
ZYPREXA ZYDIS ORAL TABLET, DISINT TEGRATING	T2	BP
ZYTIGA ORAL TABLET 250 MG	EXC	PA; SP; BP; QL; LA
ZYTIGA ORAL TABLET 500 MG	EXC	SP; BP; QL; LA
ZYVOX ORAL SUSPENSION FOR RECONSTITUTI ON	T2	PA; BP
ZYVOX ORAL TABLET	T2	BP

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