



allcarehealth®

allcare cco

2025 Drug Coverage

2025 AllCare Health CCO Drug Coverage

This handbook is a comprehensive list of drugs covered under the AllCare CCO Health Plan. If you ever have any questions, please call Customer Care between 8:00 a.m. and 8:00 p.m., Monday through Friday at (541) 471-4106 or toll free at (888) 460-0185. If you are hearing impaired, dial the TTY number 711. If you need an interpreter, call our language access number at (888) 260-4297.

Handbook updates

The AllCare CCO Drug Coverage is updated quarterly. You may find the most up to date handbook at: AllCareHealth.com/medicaid/formulary. If you need help or have questions, call Customer Care at the phone numbers listed at the bottom of this page.

Free help in other languages and formats

Everyone has a right to know about AllCare CCO's programs and services. All members have a right to know how to use our programs and services.

We give these kinds of free help:

- Sign language interpreters.
- Qualified and certified spoken language interpreters for other languages.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2025 Formulary Medication List

You can find the AllCare CCO member handbook on our website at: AllCareHealth.com/Medicaid/Plan-Benefits/Member-Handbook.

If you need help or have questions, please call Customer Care between 8:00 a.m. and 8:00 p.m., at the phone numbers listed at the bottom of this page.

Get information in another language or format

You or your representative can get member materials like this handbook or CCO notices in other languages, large print, Braille or any format you prefer. You will get materials within 5 days of your request. This help is free. Every format has the same information. Examples of member materials are:

- This handbook.
- List of covered medications.
- List of providers.
- Documents, like complaint, denial, and appeal notices.

Your use of benefits, complaints, appeals, or hearings will not be denied or limited based on your need for another language or format.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

You can ask for materials electronically. Fill out the secure contact form on our website at: AllCareHealth.com/Contact-Us. Please let us know which documents you would like. You can also call Customer Care at the phone numbers listed at the bottom of this page.

You can have an interpreter

You, your representative, family members and caregivers can ask for a certified and qualified health care interpreter. You can also ask for sign language, written interpreters, or auxiliary aids and services. These services are free.

Tell your provider's office if you need an interpreter at your visit. Tell them what language or format you need. Learn more about certified Health Care Interpreters at: Oregon.gov/OHA/OEI.

If you need help, please call Customer Care between 8:00 a.m. and 8:00 p.m., at the phone numbers listed at the bottom of this page, or call OHP Client Services at (800) 273-0557, TTY 711. See **page 183** in our Member Handbook for "Complaint, appeal and hearing rights."

If you do not get the interpreter help you need, call the state's Language Access Services Program coordinator at (844) 882-7889, TTY 711 or email:

LanguageAccess.Info@odhsoha.oregon.gov.

Need help?

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2025 Formulary Medication List

Language access statement

English

You can get this document in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call Customer Care **(888) 460-0185**, language access **(888) 260-4297**, or TTY **711**. We accept relay calls. You can get help from a certified and qualified health care interpreter.

Spanish (Español)

Puede obtener este documento en otros idiomas, en letra grande, braille o en un formato que usted prefiera. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente **(888) 460-0185**, acceso lingüístico **(888) 260-4297**, o TTY **711**. Aceptamos todas las llamadas de retransmisión. Usted puede obtener ayuda de un intérprete certificado y calificado en atención de salud.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Russian (Русский)

Вы можете получить это письмо на другом языке, а также с использованием крупного шрифта, шрифта Брайля или в другом удобном для вас формате. Кроме того, вы можете запросить услуги переводчика. Эта помощь предоставляется на бесплатной основе. Вы можете обратиться в службу поддержки клиентов по телефону **(888) 460-0185**, а также воспользоваться программой преодоления языкового барьера по телефону **(888) 260-4297** или линией телетайпа **711**. Мы принимаем вызовы из службы ретрансляции телекоммуникаций. Также вы можете воспользоваться помощью сертифицированного квалифицированного переводчика, специализирующегося в области медицинского обслуживания.

Vietnamese (Tiếng Việt)

Quý vị có thể nhận thư này bằng ngôn ngữ khác, ở dạng bản in khổ lớn, chữ Braille hay theo định dạng quý vị muốn. Quý vị cũng có thể yêu cầu thông dịch viên. Đây là trợ giúp miễn phí. Gọi cho bộ phận Chăm sóc Khách hàng **(888) 460-0185**, truy cập ngôn ngữ **(888) 260-4297**, hoặc TTY **711**. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp. Quý vị có thể được trợ giúp từ một thông dịch viên chăm sóc sức khỏe được chứng nhận và đủ tiêu chuẩn.

Need help?

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2025 Formulary Medication List

(ةيبرعلا ةغللا) Arabic

ةغيصلاب وأ ليارب ةقيرطب وأ ةريبك ةعابطب وأ ىرخأ تاغللب ةلاسربلا هذه ىلع لوصحلا كنكمي و
ءالمعلا ةمدخب لصتا. ةيناجم ةدعاسملا هذه. يروف مچرتم بلطأضي كنكمي. اهلضفت يتلا
نحن. **TTY 711**, وأ **(888) 260-4297**, ةغللا ىلا لوصولا, **(888) 460-0185**
ةياعرلل لهؤمو دمتعم يروف مچرتم نم ةدعاسملا ىلع لوصحلا كنكمي. عباتتلا تاملكم لبقت
ةيحصلا.

Somali (Somaliyeed)

Warqadan waxaad ku heli kartaa luqado kale, far waaweyn,
farta indhoolaha (braille) ama qaabka aad doorbidayso.
Waxaad sidoo kale codsan kartaa turjumaan. Caawimadani
waa bilaash. Wac Daryeelka Macmiilka **(888) 460-0185**, gelida
luqadda
(888) 260-4297, ama TTY **711**. Waxaan aqbalnaa wicitaanada
gudbinta Waxaad caawimo ka heli kartaa turjumaan daryeel
caafimaad oo shahaado haysta oo aqoon leh.

Simplified Chinese (简体中文)

您可以获得这封信的其他语言版本、大字版、盲文版或您喜欢的
格式。您还可以要求翻译。这种帮助是免费的。致电客户服务中心
(888) 460-0185, 语言访问 **(888) 260-4297**, 或 TTY **711**. 我们接受
中继电话。您可以获得经认证的合格医疗口译员的帮助。

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Traditional Chinese (繁體中文)

您可以獲取本信函的其他語言版本、大號字體印刷版、盲文版或您想要的格式版本。您還可以申請口譯服務。這些幫助是免費提供的。請撥打客戶服務部電話 **(888) 460-0185**，獲取語言服務電話 **(888) 260-4297** 或 TTY **711**。我們接受中繼服務電話。您可以獲得經認證的合格醫療保健口譯員提供的服務。

Korean (한국어)

본 서신을 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아 보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 이러한 지원은 무료로 제공됩니다. 고객 서비스부에 **(888) 460-0185** 번으로, 언어 지원은 **(888) 260-4297** 번으로, TTY 는 **711** 번으로 전화해 주십시오. 저희는 릴레이 전화도 받습니다. 인증된 유자격 의료 통역사로부터 도움을 받으실 수 있습니다.

Chuukese (Trukese)

Ka tongeni angei ei taropwe non ekkoch fos, mak watte, Braille ika ew format ka mochen. Ka pwal tongeni tingor emon chon affouni. Ei alillis ese kamo. Kokkori ewe chon tumunu chon kamo **(888) 460-0185**, nampa **(888) 260-4297**, ika TTY **711**. Sia etiwa ekkewe kokotun relay. Ka tongeni angei aninis seni emon chon affouni pekin tumunun pekin safei mei certificate me sinenap.

Need help?

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TTY: 711 Language Access: (888) 260-4297

2025 Formulary Medication List

Ukrainian (Українська)

Ви можете отримати цей довідник іншими мовами, крупним шрифтом, шрифтом Брайля або у форматі, якому ви надаєте перевагу. Ви також можете попросити надати послуги перекладача. Ця допомога є безкоштовною. Телефонуйте в службу підтримки клієнтів **(888) 460-0185**, мовний доступ **(888) 260-4297**, або ТТУ **711**. Ми приймаємо ретрансляційні дзвінки. Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

Farsi (فارسی)

ی بلای ای لی رب طخ، گرزب پاچ، رگی دی اهنابز هب ار همان نی ا دی ناوتی م
مچرت م کی دی ناوتی م نی نچم ه امش. دینک تفایرد دی هدی م حی جرت هک
(888) یرتشم تامدخ شخب اب. تساناگی ار کمک نی ا. دینک تساوخر
نابزی سرتسد، **(888) 460-0185**
یم ار هلر یاه سامت ام. دیری گب سامت **711** تTY ای، **(888) 260-4297**
یاه تبقارم طیارش دجاو و ربت عم مچرت م کی زا دی ناوتی م. میری ذپ
دیری گب کمکی ت ش ادهب

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Swahili (Kiswahili)

Unaweza kupata herufi hii katika lugha zingine, chapa kubwa, Braille au umbizo unalopendelea. Unaweza pia kuomba mkalimani. Msaada huu ni bure. Piga simu kwa Huduma kwa Wateja (888) 460-0185, ufikiaji wa lugha **(888) 460-0185**, ufikiaji wa lugha **(888) 260-4297**, au TTY **711**. Tunakubali simu za kupeana. Unaweza kupata usaidizi kutoka kwa mkalimani wa huduma ya afya aliyeidhinishwa na aliyehitimu.

Burmese (မြန်မာ)

ဤစာကို အခြားဘာသာစကားများ၊ အင်္ဂလိပ်စာပုံနှိပ်ခြင်း၊ မျက်မမြင်စာ သို့မဟုတ် သင်နှစ်သက်သည့်ပုံစံဖြင့် ရရှိနိုင်ပါသည်။ စကားပြောလည်း တောင်းနိုင်ပါသည်။ ဤ အကူအညီသည် အခမဲ့ဖြစ်သည်။ Customer Care **(888) 460-0185**၊ ဘာသာစကား အသုံးပြုခြင်း **(888) 260-4297**၊ သို့မဟုတ် TTY **711** ။ ကျွန်ုပ်တို့သည် ထပ်ဆင့်ခေါ်ဆိုမှု များကို လက်ခံပါသည်။ အသိအမှတ်ပြုအရည်အချင်းပြည့်မီသော ကျန်းမာရေး စောင့်ရှောက်မှု စကားပြောထံမှ အကူအညီ ရယူနိုင်ပါသည်။

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Amharic (አማርኛ)

ይህንን ደብዳቤ በሌሎች ቋንቋዎች፣ በትልቅ ህትመት፣ በብሬይል ወይም እርሶ በሚመረጡት መልኩ ማግኘት ይቻላል። በተጨማሪም አስተርጓሚ መጠየቅም ይቻላል። ይህ ድጋፍ የሚሰጠው በነጻ ነው። ወደ Customer Care **(888) 460-0185**፣ የቋንቋ መዳረሻ **(888) 260-4297**፣ ወይም TTY **711** ይደውሉ። የማስተላለፊያ ጥሪዎችን እንቀበላለን። ከተረጋገጠ እና ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ እርዳታ ማግኘት ይቻላል።

Romanian (Română)

Puteți obține această scrisoare în alte limbi, cu scris cu litere majuscule, în Braille sau într-un format preferat. De asemenea, puteți solicita un interpret. Aceste servicii de asistență sunt gratuite. Apelați serviciul de asistență pentru clienți **(888) 460-0185**, acces lingvistic **(888) 260-4297**, sau TTY **711**. Acceptăm apeluri releu. Puteți obține ajutor de la un interpret certificat și calificat în domeniul sănătății.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Our nondiscrimination policy

AllCare CCO must follow state and federal civil rights laws. We cannot treat people (including members and potential members) unfairly in any of our programs or activities because of a person's:

- Age
- Color
- Disability
- Gender identity
- Health status
- Marital status
- National origin
- Need for health care services
- Race
- Religion
- Sex
- Sexual orientation

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand.

We will make reasonable changes to policies, practices and procedures by talking with you about your needs.

We will not use any policy or practice that has the effect of discriminating on the **basis of health status or need for health care services**.

A member's access to covered service grievance appeals and hearings will not be denied or limited based on the need to have the information in another format, different language, or the use of auxiliary aids.

To report discrimination, concerns, get help filing a grievance, or to get more information, please contact **Terri Allen, Civil Rights Coordinator**, in one of these ways:

- Web: <https://www.allcarehealth.com/non-discrimination-procedure-complaint-form>
- Email: Terri.Allen@AllCareHealth.com
- Phone: (888) 460-0185, TTY 711
- Mail: 1701 NE 7th Street
Grants Pass, OR 97526

If you need help filing a complaint or filling out forms, you may call and ask for Customer Care at the numbers listed at the bottom of this page.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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2025 Formulary Medication List

You also have the right to file a civil rights complaint. Contact any of the following:

Oregon Health Authority (OHA) Civil Rights

- Web: www.oregon.gov/OHA/OEI
- Email: OHA.PublicCivilRights@odhsoha.oregon.gov
- Phone: (844) 882-7889, TTY 711
- Mail: Office of Equity and Inclusion Division
421 SW Oak St., Suite 750,
Portland, OR 97204

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

- Web: Ocrportal.hhs.gov/ocr/smartscreen/main.jsf
- Email: OCRComplaint@HHS.gov
- Phone: (800) 368-1019
(800) 537-7697 (TDD)
- Mail: Office for Civil Rights
200 Independence Ave., SW,
Room 509F HHH Bldg.
Washington, D.C. 20201

Bureau of Labor and Industries Civil Rights Division

- Web: Oregon.gov/boli/civil-rights
- Email: BOLI_help@boli.oregon.gov
- Phone: (971) 673-0764
- Mail: Bureau of Labor and Industries
Civil Rights Division
800 NE Oregon St., Suite 1045,
Portland, OR 97232

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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We keep your information private

We only share your records with people who need to see them. This could be for treatment or for payment reasons. You can limit who sees your records. Tell us in writing if you don't want someone to see your records or if you want us to share your records with someone. You can find the form on our website at: www.allcarehealth.com/media/4153/achhc-authorized-representative-form-for-discussing-phi-v3.pdf. You can ask us for a list of who we have shared your records with.

A law called the Health Insurance Portability and Accountability Act (HIPAA) protects your medical records and keeps them private. This is also called confidentiality. We have a paper called Notice of Privacy Policy that explains how we use our members' personal information. We will send it to you if you ask. Just call AllCare CCO Customer Care at the phone numbers listed at the bottom of the page and ask for our Notice of Privacy Policy. You can read it at: AllCareHealth.com/Medicaid/Resources/Notice-of-Privacy-Practices or download here: AllCareHealth.com/Media/5910/2023acco-nopp-final.pdf.

Health records

A health record has your health conditions and the services you used. It also shows the referrals that have been made for you.

What can you do with health records?

- Send your record to another provider as needed.
- Ask to fix or correct your records.
- Get a copy of your records, including, but not limited to:
 - Medical records from your provider
 - Dental records from your dentist
 - Records from AllCare CCO

There may be times when the law restricts your access. You may be charged a reasonable amount for a copy of the requested records.

Some records cannot be shared.

A provider cannot share health records when, in their professional judgment, sharing the records could cause a "clear and immediate" danger to you, others, or to society. A provider also cannot share records prepared for a court case.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297



allcare health



Our offices are open
8:00 a.m. to 5:00 p.m.
to serve you.

Contents

2025 ALLCARE HEALTH CCO DRUG COVERAGE	3
HANDBOOK UPDATES	3
GET INFORMATION IN ANOTHER LANGUAGE OR FORMAT	4
YOU CAN HAVE AN INTERPRETER	5
LANGUAGE ACCESS STATEMENT	6
OUR NONDISCRIMINATION POLICY	9
WE KEEP YOUR INFORMATION PRIVATE	11
HEALTH RECORDS	11
ALLERGY	29-30
2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	29
ANTIHISTAMINES - 1ST GENERATION	29
ANTIHISTAMINES - 2ND GENERATION	29-30
NASAL ANTI-INFLAMMATORY STEROIDS	30
NASAL MAST CELL STABILIZERS AGENTS	30
ANTIEMESIS/ANTIVERTIGO	30-31
ANTIEMETIC/ANTIVERTIGO AGENTS	30-31
ASTHMA AND COPD	31-35
ANTICHOLINERGIC, ORALLY INHALED SHORT ACTING	31
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING	31
BETA-ADRENERGIC AGENTS	31
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	31
BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING	32
BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING	32
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS	32
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	32
BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED	32-33
GLUCOCORTICIDS, ORALLY INHALED	33
INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	33
INTERLEUKIN-5(IL-5) RECEPTOR ALPHA ANTAGONIST, MAB	33
LEUKOTRIENE RECEPTOR ANTAGONISTS	33-34
MAST CELL STABILIZERS	34
MAST CELL STABILIZERS, ORALLY INHALED	34
MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)	34
MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	34
PHOSPHODIESTERASE-4 (PDE4) INHIBITORS	34
RESPIRATORY AIDS, DEVICES, EQUIPMENT	34-35

THYMIC STROMAL LYMPHOPOIETIN (TSLP) INHIBITORS	35
XANTHINES	35
AUTONOMIC NERVOUS SYSTEM DISORDERS.....	35-36
ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS.....	35
AMYLOID DIRECTED MONOCLONAL ANTIBODY.....	35
CHOLINESTERASE INHIBITORS.....	35-36
NEONATAL FC RECEPTOR (FCRN) INHIBITORS	36
BEHAVIORAL HEALTH - OTHER	36-39
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE.....	36
ANTI-ALCOHOLIC PREPARATIONS.....	37
BARBITURATES	37
NARCOTIC ANTAGONISTS.....	37
PINEAL HORMONE AGENTS.....	37
SEDATIVE-HYPNOTICS, NON-BARBITURATE	37
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	37-39
CARDIOVASCULAR DISEASE.....	39-46
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION.....	39
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	39
ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	39
ALPHA-ADRENERGIC BLOCKING AGENTS	39-40
ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI).....	40
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	40
ANGIOTENSIN RECEPTOR ANTAGNST & CALC.CHANNEL BLOCKR.....	40
ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC.....	40
ANTIANGINAL, HEART RATE REDUCING, I(F) INHIBITOR	40
ANTIARRHYTHMICS	40
ANTIHYPERLIPIDEMIC - ATP CITRATE LYASE INHIBITOR.....	41
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS.....	41
ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS	41
ANTIHYPERLIPIDEMIC-ACLY AND CHOLEST ABSORP INHIB	41
ANTIHYPERTENSIVES, ACE INHIBITORS.....	41-42
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	42
ANTIHYPERTENSIVES, SYMPATHOLYTIC	42
ANTIHYPERTENSIVES, VASODILATORS	42
BETA-ADRENERGIC BLOCKING AGENTS	42
BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE & RELATED	42-43
BILE SALT SEQUESTRANTS	43
CALCIUM CHANNEL BLOCKING AGENTS.....	43
CARDIAC MYOSIN INHIBITOR.....	43
DIGITALIS GLYCOSIDES	43-44

LIPOTROPICS.....	44
LOOP DIURETICS.....	44
POTASSIUM SPARING DIURETICS.....	44
POTASSIUM SPARING DIURETICS IN COMBINATION.....	44-45
PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB.....	45
PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST.....	45
PULMONARY ANTIHYPER AGENT,ACTRIIA-FC.....	45
THIAZIDE AND RELATED DIURETICS.....	45
VASODILATORS,CORONARY.....	45-46
CONTRACEPTION/OXYTOCICS.....	46-47
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC.....	46
CONTRACEPTIVES,IMPLANTABLE.....	46
CONTRACEPTIVES,INJECTABLE.....	46
CONTRACEPTIVES,INTRAVAGINAL.....	46
CONTRACEPTIVES,ORAL.....	46-47
CONTRACEPTIVES,TRANSDERMAL.....	47
DIAPHRAGMS/CERVICAL CAP.....	47
OXYTOCICS.....	47
COUGH AND COLD.....	47-50
1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS.....	48
1ST GEN ANTIHISTAMINE-DECONGESTANT-ANALGESIC COMB.....	48
ANALGESIC, NON-SAL.- 1ST GENERATION ANTIHISTAMINE.....	48
ANTITUSSIVES,NON-NARCOTIC.....	48
DECONGEST-ANALGESIC,NON-SALICYLATE COMB.....	48
DECONGESTANT-EXPECTORANT COMBINATIONS.....	48-49
DECONGESTANTS, ORAL.....	49
EXPECTORANTS.....	49
NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE.....	49
NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION.....	49
NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.....	49
NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CMB.....	49
NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.....	49
NOSE PREPARATIONS, VASOCONSTRICTORS (OTC).....	50
SYMPATHOMIMETIC AGENTS.....	50
DERMATOLOGY.....	50-57
ACNE AGENTS,SYSTEMIC.....	50
ACNE AGENTS,TOPICAL.....	50
ANTIPERSPIRANTS.....	50
ANTI PRURITICS, SYSTEMIC.....	50
ANTI PRURITICS, TOPICAL.....	50

ANTIPSORIATIC AGENTS,SYSTEMIC.....	50-51
ANTIPSORIATICS AGENTS.....	51
ANTISEBORRHEIC AGENTS	51
ASTRINGENTS.....	51
EMOLLIENTS	51
IODINE ANTISEPTICS	51-52
IRRITANTS/COUNTER-IRRITANTS.....	52
KERATOLYTICS.....	52
PROTECTIVES	52-53
ROSACEA AGENTS, TOPICAL.....	53
TOPICAL AGENTS,MISCELLANEOUS	53
TOPICAL ANTIBIOTICS.....	53
TOPICAL ANTIFUNGAL/ANTIINFLAMMATORY,STERIOD AGENT.....	53
TOPICAL ANTIFUNGALS	53-54
TOPICAL ANTI-INFLAMMATORY STEROIDAL	54-55
TOPICAL ANTI-INFLAMMATORY, NSAIDS.....	55-56
TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS.....	56
TOPICAL ANTIPARASITICS	56
TOPICAL IMMUNOSUPPRESSIVE AGENTS	56
TOPICAL LOCAL ANESTHETICS	56-57
TOPICAL PREPARATIONS,ANTIBACTERIALS	57
TOPICAL PREPARATIONS,MISCELLANEOUS.....	57
TOPICAL SULFONAMIDES.....	57
VITAMIN A DERIVATIVES	57
DIABETES	57-61
ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.....	57
ANTIHYPERGLY,DPP-4 ENZYME INHIB &THIAZOLIDINEDIONE	57
ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST).....	57-58
ANTIHYPERGLYCEMC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB.....	58
ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	58
ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)	58
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	58
ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE.....	58-59
ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)	59
ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA).....	59
ANTIHYPERGLYCEMIC,INSULIN & GLP-1 RECEPTOR AGONIST	59
ANTIHYPERGLYCEMIC,INSULIN-REL STIM.& BIGUANIDE CMB.....	59
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB	59
DIABETIC SUPPLIES	59
DIABETIC ULCER PREPARATIONS,TOPICAL	59-60

DISEASE MODIFYING AGENTS FOR TYPE 1 DIABETES	60
HYPERGLYCEMICS.....	60
INSULINS	60-61
EAR DISORDERS	61-62
EAR PREPARATIONS, MISC. ANTI-INFECTIVES.....	61-62
EAR PREPARATIONS,ANTIBIOTICS.....	62
EAR PREPARATIONS,EAR WAX REMOVERS.....	62
OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS.....	62
ELECTROLYTE REGULATION.....	62-63
ELECTROLYTE DEPLETERS.....	62
POTASSIUM REPLACEMENT.....	62
SODIUM/SALINE PREPARATIONS.....	62-63
ENDOCRINE DISORDERS	63-65
ADRENAL STEROID INHIBITORS.....	63
ANTIDIURETIC AND VASOPRESSOR HORMONES.....	63
ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.....	63
ANTITHYROID PREPARATIONS.....	63
BONE FORMATION AGENTS - SCLEROSTIN INHIBITOR, MONO.....	63
BONE RESORPTION INHIBITORS.....	63
GROWTH HORMONES.....	64
LHRH (GNRH) ANTAGONIST,ESTROGEN AND PROGESTIN COMB.....	64
LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS.....	64
LHRH(GNRH) ANTAGONIST,PITUITARY SUPPRESSANT AGENTS.....	64
LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY.....	64
MENOPAUSAL SYMPT SUPP-SEL ESTROGEN RECEP MODULATOR.....	64
PITUITARY SUPPRESSIVE AGENTS.....	64
THYROID HORMONES.....	64-65
EYE DISORDERS	65-68
ARTIFICIAL TEARS.....	65
CARBONIC ANHYDRASE INHIBITORS.....	65
EYE ANTIBIOTIC-CORTICOID COMBINATIONS.....	65
EYE ANTIINFLAMMATORY AGENTS.....	65-66
EYE ANTIVIRALS.....	66
EYE PREPARATIONS, MISCELLANEOUS (OTC).....	66
EYE SULFONAMIDES.....	66
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS.....	66-67
MYDRIATICS.....	67
OPHTHALMIC (EYE) ANTIPARASITICS.....	67
OPHTHALMIC ANTIBIOTICS.....	67-68

OPHTHALMIC MAST CELL STABILIZERS.....	68
OPHTHALMIC PREPARATIONS, MISCELLANEOUS.....	68
GOUT AND RELATED DISEASES.....	68
COLCHICINE.....	68
HYPERURICEMIA TX - PURINE INHIBITORS.....	68
URICOSURIC AGENTS.....	68
HEMATOLOGICAL DISORDERS.....	68-69
ANTICOAGULANTS,COUMARIN TYPE.....	68
ANTIFIBRINOLYTIC AGENTS.....	68
COMPLEMENT (C3) INHIBITORS.....	68
DIRECT FACTOR XA INHIBITORS.....	68-69
HEMORRHEOLOGIC AGENTS.....	69
HEPARIN AND RELATED PREPARATIONS.....	69
HUMAN MONOCLONAL ANTIBODY COMPLEMENT(C5) INHIBITOR.....	69
PLATELET AGGREGATION INHIBITORS.....	69
SICKLE CELL ANEMIA AGENTS.....	69
VITAMIN K PREPARATIONS.....	69
HORMONAL DEFICIENCY.....	70-71
ANDROGEN/ESTROGEN PREPS FOR FEMALE SEXUAL DYSFUNC.....	70
ANDROGENIC AGENTS.....	70
ESTROGEN & SELECTIVE ESTROGEN RECEPT MOD(SERM)COMB.....	70
ESTROGENIC AGENTS.....	70
MENOPAUSAL SYMPTOMS SUPPRESSANT-NK3 RECEPTOR ANTAG.....	70
PROGESTATIONAL AGENTS.....	71
IMMUNIZATION.....	71-72
COVID-19 VACCINES.....	71
GRAM (-) BACILLI (NON-ENTERIC) VACCINES.....	71
GRAM POSITIVE COCCI VACCINES.....	71
NEUROTOXIC VIRUS VACCINES.....	71-72
TOXIN-PRODUCING BACILLI VACCINES/TOXOIDS.....	72
VACCINE/TOXOID PREPARATIONS,COMBINATIONS.....	72
VIRAL/TUMORIGENIC VACCINES.....	72
IMMUNOSUPPRESSION/MODULATION.....	72-73
IMMUNOMODULATORS.....	72
IMMUNOSUPPRESSANT-INTERFERON GAMMA INHIBITOR, MAB.....	72-73
IMMUNOSUPPRESSIVES.....	73
INFECTIOUS DISEASE.....	73-83
2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL.....	73
ABSORBABLE SULFONAMIDES.....	73

AMINOGLYCOSIDES	73
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	73-74
ANTHELMINTICS.....	74
ANTIFUNGAL AGENTS.....	74
ANTIFUNGAL ANTIBIOTICS.....	74-75
ANTILEPROTICS.....	75
ANTIMALARIAL DRUGS.....	75
ANTI-MYCOBACTERIUM AGENTS.....	75
ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NNRTI COMB.....	75
ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NRTI COMB.....	75
ANTIRETROVIRAL-NUCLEOSIDE,NUCLEOTIDE,PROTEASE INH.....	75
ANTITUBERCULAR ANTIBIOTICS	75
ANTIVIRAL - MAIN PROTEASE (MPRO) INHIBITOR	75
ANTIVIRALS, GENERAL	75-76
ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB	76
ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	76-77
ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB	77
ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.....	77
ANTIVIRALS, HIV-SPECIFIC, CD4 ATTACHMENT INHIBITOR	77
ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS	77
ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	77
ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI.....	77-78
ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI.....	78
ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	78
ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	78
ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR	78
ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI.....	79
ARV CMB-NRTI,N(T)RTI, INTEGRASE INHIBITOR	79
ARV COMB-NRTIS & INTEGRASE INHIBITOR.....	79
BETALACTAMS	79
CEPHALOSPORINS - 1ST GENERATION.....	79
CEPHALOSPORINS - 2ND GENERATION.....	79-80
CEPHALOSPORINS - 3RD GENERATION.....	80
CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.....	80
FECAL MICROBIOTA TRANSPLANTATION (FMT).....	80
HEP C - NS5A, NS3/4A, NUCLEOTIDE NS5B INHIB COMBO	80
HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.....	80
HEPATITIS B TREATMENT AGENTS.....	80-81
HEPATITIS C TREATMENT AGENTS.....	81
HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB.....	81
LINCOSAMIDES.....	81

MACROLIDES.....	81-82
NITROFURAN DERIVATIVES.....	82
OXAZOLIDINONES.....	82
PENICILLINS.....	82
QUINOLONES.....	82-83
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS.....	83
TETRACYCLINES.....	83
VANCOMYCIN AND DERIVATIVES.....	83
INFLAMMATORY DISEASE.....	83-87
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR.....	83-84
ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR.....	84
ANTI-INFLAMMATORY,PHOSPHODIESTERASE-4(PDE4) INHIB.....	84
GLUCOCORTICIDS.....	84-85
HYPERTRICHOTIC AGENTS, SYSTEMIC/INCL. COMBINATIONS.....	85
IMMUNOMODULATOR,B-LYMPHOCYTE STIM(BLYS)-SPEC INHIB.....	85
INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS.....	85
JANUS KINASE (JAK) INHIBITORS.....	85-86
MINERALOCORTICIDS.....	86
MONOCLONAL ANTIBODY-HUMAN INTERLEUKIN 12/23 INHIB.....	86
NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE.....	86
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE.....	86-87
LOCAL ANESTHESIA.....	87
LOCAL ANESTHETICS.....	87
LOWER GASTROINTESTINAL DISORDERS.....	87-89
AMMONIA INHIBITORS.....	87
ANTIDIARRHEALS.....	87
BILE SALTS.....	87
CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX.....	87-88
DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT.....	88
LAXATIVES AND CATHARTICS.....	88-89
LAXATIVES, LOCAL/RECTAL.....	89
RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR).....	89
MISCELLANEOUS AGENTS.....	89
ANAPHYLAXIS THERAPY AGENTS.....	89
GENETIC D/O TX-EXON INCLUSION ANTISENSE OLIGONUCLE.....	89
PARASYMPATHETIC AGENTS.....	89
NEOPLASTIC DISEASE.....	89-92
ALKYLATING AGENTS.....	89-90
ANTIANDROGENIC AGENTS.....	90

ANTIBIOTIC ANTINEOPLASTICS	90
ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY	90
ANTIMETABOLITES	90-91
ANTINEOPLASTIC AROMATASE INHIBITORS	91
ANTINEOPLASTIC - BRAF KINASE INHIBITORS	91
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR	91
ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS	91
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	91
ANTINEOPLASTICS,MISCELLANEOUS	91-92
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	92
PHOTOACTIVATED, ANTINEOPLASTIC AGENTS (SYSTEMIC)	92
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	92
STEROID ANTINEOPLASTICS	92
VINCA ALKALOIDS	92
NEUROLOGICAL DISEASE - MISCELLANEOUS	92-93
AGENTS TO TREAT MULTIPLE SCLEROSIS	93
AMYOTROPHIC LATERAL SCLEROSIS AGENTS	93
GENETIC DISORDER THERAPY - HDAC INHIBITOR	93
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATOR	93
ORAL/PHARYNGEAL DISORDERS	93-94
DENTAL AIDS AND PREPARATIONS	93
NOSE PREPARATIONS, MISCELLANEOUS (RX)	93-94
OTHER DRUGS	94-95
ANTIOXIDANT AGENTS	94
APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.	94
CONDOMS	94
DIAGNOSTIC TEST DEVICES AND SUPPLIES	94
DIETARY SUPPLEMENT, MISCELLANEOUS	94
GENERAL ANESTHETICS - BENZODIAZEPINE, INJECTABLE	94
GENERAL INHALATION AGENTS	94-95
INSECTICIDES	95
METABOLIC DEFICIENCY AGENTS	95
NOSE PREPARATIONS, MISCELLANEOUS (OTC)	95
SOMATOSTATIC AGENTS	95
THICKENING AGENTS, ORAL	95
OTHER RESPIRATORY DISORDERS	95-96
ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS	95
CYSTIC FIB.TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR	95
CYSTIC FIBROSIS-CFTR POTENTIATOR & CORRECTOR COMB.	95-96
MUCOLYTICS	96

PAIN MANAGEMENT - ANALGESICS	96-101
ANALGESIC, SALICYLATE, BARBITURATE,& XANTHINE CMB	96
ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB	96
ANALGESIC/ANTIPYRETICS, SALICYLATES	96
ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	96-97
ANALGESICS, NARCOTICS	97-98
ANTIMIGRAINE PREPARATIONS	98-99
NARC. & NON-SAL. ANALGESIC, BARBITURATE & XANTHINE CMB	99-100
NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB.	100-101
NARCOTIC WITHDRAWAL THERAPY AGENTS	101
OPIOID WITHDRAWAL THER, ALPHA-2 ADRENERGIC AGONIST	101
PARKINSONS DISEASE	101-102
ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC	101
ANTIPARKINSONISM DRUGS, OTHER	101-102
DECARBOXYLASE INHIBITORS	102
SEIZURE DISORDER	102-103
ANTICONVULSANT - BENZODIAZEPINE TYPE	102
ANTICONVULSANT - CANNABINOID TYPE	102
ANTICONVULSANTS	102-103
SKELETAL MUSCLE DISORDER	103-104
AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH	104
SKELETAL MUSCLE RELAXANTS	104
SMOKING CESSATION	104-105
SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)	104
SMOKING DETERRENT-NICOTINIC RECEPT. PARTIAL AGONIST	104-105
SMOKING DETERRENTS, OTHER	105
UPPER GASTROINTESTINAL DISORDERS	105-107
ANTACIDS	105
ANTICHOLINERGICS/ANTISPASMODICS	105
ANTI-FLATULENTS	105-106
ANTI-ULCER PREPARATIONS	106
HISTAMINE H2-RECEPTOR INHIBITORS	106
INTESTINAL MOTILITY STIMULANTS	106
PANCREATIC ENZYMES	106
POTASSIUM-COMPETITIVE ACID BLOCKERS (PCABS)	106
PROTON-PUMP INHIBITORS	106-107
URINARY TRACT - FUNCTIONAL DISORDERS	107-108
BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	107
OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEPT	107

URINARY PH MODIFIERS	107
URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE).....	107
URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.....	107
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	107-108
VAGINAL DISORDERS	108-109
VAGINAL ANTIBIOTICS.....	108
VAGINAL ANTIFUNGALS.....	108
VAGINAL ESTROGEN PREPARATIONS	108-109
VITAMIN AND/OR MINERAL DEFICIENCY	109-114
ANTIOXIDANT MULTIVITAMIN COMBINATIONS	109
CALCIUM REPLACEMENT	109
FLUORIDE PREPARATIONS.....	109
FOLIC ACID PREPARATIONS	109
GERIATRIC VITAMIN PREPARATIONS.....	109
IRON REPLACEMENT	109-110
MAGNESIUM SALTS REPLACEMENT	110
MULTIVITAMIN PREPARATIONS.....	110-111
PEDIATRIC VITAMIN PREPARATIONS.....	111-112
PRENATAL VITAMIN PREPARATIONS.....	112
VITAMIN A PREPARATIONS.....	112
VITAMIN B PREPARATIONS.....	112-113
VITAMIN B12 PREPARATIONS.....	113
VITAMIN B6 PREPARATIONS	113
VITAMIN C PREPARATIONS.....	113
VITAMIN D PREPARATIONS.....	113-114
VITAMIN E PREPARATIONS.....	114

Please note any medication over \$650 per fill, will require a PA.

AllCare CCO is a Generic Mandatory plan – generic drugs must be used when available.

Certain drugs must be obtained through MedImpact Direct Specialty Pharmacy (MIDS).

If you have questions concerning the AllCare CCO Drug Coverage Plan, please call (541) 471-4106.

Drug Table

Abbr.	Description	Explanation
What the initials legend mean		
[]	Brand Name Drug	A drug sold by a drug company under a specific name or trademark that is protected by patent. Brand name drugs may be available by prescription or over the counter.
AL	Age Limit	There may be certain age restrictions to qualify for this drug.
DL	Day Supply Limit	Some drugs have day supply limits, such as opioids. You will be limited to the maximum daily dose for that drug.
FL	Fill Limit	The number of times a prescription can be filled.
MS	Must fill through specialty pharmacy program	Some drugs are for complex medical problems. They need to be filled by special pharmacies. They offer more support, and have special guidelines for shipment and storage.
PA	Prior Authorization Restriction	You (or your PCP) are required to get a prior authorization (PA) from AllCare CCO before you fill your prescription for this drug. Without prior approval, AllCare CCO may not cover this drug.
ST	Step Therapy Restriction	Before AllCare CCO will provide coverage for this drug, you must first try another drug(s) to treat your condition. This drug may only be covered if the other drug(s) does not work for you.
QL	Quantity Limit Restriction	AllCare CCO limits the amount of this drug that is covered per prescription, or within a specific time frame.

Therapeutic Indication / Drug Name	Comment
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ALLERGY

2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS

TIER 1

LORATADINE/PSEUDOEPHEDRINE (TAB ER 12H) 5 MG-120MG	PA
LORATADINE/PSEUDOEPHEDRINE (TAB ER 24H) 10MG-240MG	QL: 1 IN 1 DAYS

ANTIHISTAMINES - 1ST GENERATION

TIER 1

CHLORPHENIRAMINE MALEATE (SYRUP) 2 MG/5 ML	
CHLORPHENIRAMINE MALEATE (TAB ER) 12 MG	
CHLORPHENIRAMINE MALEATE (TAB) 4 MG	
DIPHENHYDRAMINE (CAP) 25 MG, 50 MG, 50 MG	
DIPHENHYDRAMINE (ELIXIR) 12.5MG/5ML	
DIPHENHYDRAMINE (LIQ) 12.5MG/5ML	
DIPHENHYDRAMINE (TAB CHEW) 12.5 MG	
DIPHENHYDRAMINE (TAB RAPDIS) 12.5 MG	
DIPHENHYDRAMINE (TAB) 25 MG, 25 MG, 50 MG	
HYDROXYZINE (SOL) 10 MG/5 ML	
HYDROXYZINE (TAB) 10 MG, 25 MG, 50 MG	
HYDROXYZINE PAMOATE (CAP) 100 MG	QL: 4 IN 1 DAYS
HYDROXYZINE PAMOATE (CAP) 25 MG, 50 MG	QL: 6 IN 1 DAYS
PROMETHAZINE (SYRUP) 6.25MG/5ML	
PROMETHAZINE (TAB) 12.5 MG, 25 MG, 50 MG	

TIER 3

CLEMASTINE FUMARATE (SYRUP) 0.5 MG/5ML	PA, ST
CLEMASTINE FUMARATE (TAB) 1.34 MG, 2.68 MG	ST
CYPROHEPTADINE (SYRUP) 2 MG/5 ML	
CYPROHEPTADINE (TAB) 4 MG	

ANTIHISTAMINES - 2ND GENERATION

TIER 1

CETIRIZINE (SOL) 1 MG/ML, 5 MG/5 ML	QL: <= 150 IN 30 DAYS IF AGE <= 12 YEARS THEN <= 300 IN 30 DAYS
CETIRIZINE (TAB) 10 MG	
CETIRIZINE (TAB) 5 MG	QL: 1 IN 1 DAYS

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
LORATADINE (SOL) 5 MG/5 ML	QL: <= 150 IN 30 DAYS IF AGE <= 12 YEARS THEN <= 300 IN 30 DAYS
LORATADINE (TAB RAPDIS) 10 MG	QL: 1 IN 1 DAYS, AL: ≤13 YEARS
LORATADINE (TAB) 10 MG	
TIER 3	
FEXOFENADINE (TAB) 180 MG	QL: 1 IN 1 DAYS
NASAL ANTI-INFLAMMATORY STEROIDS	
TIER 1	
FLUTICASONE PROPIONATE (SPRAY SUSP) 50 MCG	
TIER 3	
BUDESONIDE (SPRAY/PUMP) 32 MCG	
FLUNISOLIDE (SPRAY) 25 MCG	ST
TRIAMCINOLONE ACETONIDE (SPRAY) 55 MCG	QL: <= 50.7 IN 365 DAYS
NASAL MAST CELL STABILIZERS AGENTS	
TIER 1	
CROMOLYN SODIUM (SPRAY/PUMP) 5.2 MG	
ANTIEMESIS/ANTIVERTIGO	
ANTIEMETIC/ANTIVERTIGO AGENTS	
TIER 1	
DIMENHYDRINATE (TAB) 50 MG	
MECLIZINE (TAB CHEW) 25 MG	
MECLIZINE (TAB) 12.5 MG, 25 MG	
ONDANSETRON (TAB RAPDIS) 4 MG, 8 MG	
ONDANSETRON (TAB) 4 MG, 8 MG	
PROCHLORPERAZINE (SUPP.RECT) 25 MG	
PROCHLORPERAZINE MALEATE (TAB) 10 MG, 5 MG	
PROMETHAZINE (SUPP.RECT) 12.5 MG, 25 MG, 50 MG	
TIER 2	
DIMENHYDRINATE [DRAMAMINE] (TAB CHEW) 50 MG	
MECLIZINE (TAB) 50 MG	
TIER 3	

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
APREPITANT (CAP) 40 MG	QL: ≤ 1 IN 180 DAYS
DOXYLAMINE SUCCINATE/VIT B6 (TAB DR) 10 MG-10MG	PA
ONDANSETRON (SOL) 4 MG/5 ML	AL: ≤4 YEARS
SCOPOLAMINE (PATCH TD 3) 1 MG/3 DAY	

ASTHMA AND COPD

ANTICHOLINERGIC, ORALLY INHALED SHORT ACTING

TIER 1

IPRATROPIUM BROMIDE (SOL) 0.2 MG/ML	AL: ≥18 YEARS
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TIER 2

IPRATROPIUM BROMIDE [ATROVENT HFA] 17MCG	AL: ≥18 YEARS
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ANTICHOLINERGICS, ORALLY INHALED LONG ACTING

TIER 2

ACLIDINIUM BROMIDE [TUDORZA PRESSAIR] 400 MCG	QL: 1 IN 30
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UMECLIDIINIUM BROMIDE [INCRUSE ELLIPTA] 62.5 MCG	QL: 1 IN 30
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TIER 3

TIOTROPIUM BROMIDE [SPIRIVA RESPIMAT] (MIST INHAL) 1.25 MCG	QL: 4 IN 30 DAYS
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TIOTROPIUM BROMIDE [SPIRIVA RESPIMAT] (MIST INHAL) 2.5 MCG	QL: 4 IN 30 DAYS
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BETA-ADRENERGIC AGENTS

TIER 1

ALBUTEROL (SYRUP) 2 MG/5 ML	
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ALBUTEROL (TAB ER 12H) 4 MG, 8 MG	
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ALBUTEROL (TAB) 2 MG, 4 MG	
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TIER 3

TERBUTALINE (TAB) 2.5 MG, 5 MG	ST
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BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING

TIER 1

ALBUTEROL 90 MCG	QL: 2 IN 30 DAYS
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ALBUTEROL (SOL) 5 MG/ML	
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ALBUTEROL (VIAL-NEB) MULTIPLE STRENGTHS	
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LEVALBUTEROL TARTRATE 45 MCG	QL: 2 IN 30 DAYS
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TIER 3

ALBUTEROL [PROAIR RESPICLICK] 90 MCG	QL: ≤ 2 IN 30 DAYS
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Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
<i>BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING</i>	
TIER 2	
OLODATEROL [STRIVERDI RESPIMAT] (MIST INHAL) 2.5 MCG	QL: 4 IN 30 DAYS, AL: ≥18 YEARS
<i>BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING</i>	
TIER 3	
SALMETEROL XINAFOATE [SEREVENT DISKUS] 50 MCG	QL: 2 IN 1 DAYS ≤ 60 IN 30 DAYS, AL: ≥18 YEARS, ST
<i>BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS</i>	
TIER 1	
IPRATROPIUM/ALBUTEROL (AMPUL-NEB) 0.5-3MG/3	AL: ≥18 YEARS
TIER 2	
IPRATROPIUM/ALBUTEROL [COMBIVENT RESPIMAT] (MIST INHAL) 20-100 MCG	QL: ≤ 4 IN 30 DAYS, AL: ≥18 YEARS
TIOTROPIUM BR/OLODATEROL [STIOLTO RESPIMAT] (MIST INHAL) 2.5-2.5MCG	QL: 4 IN 30 DAYS
UMECLIDINIUM BRM/VILANTEROL TR [ANORO ELLIPTA] 62.5-25MCG	QL: 1 IN 30 DAYS
<i>BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS</i>	
TIER 1	
FLUTICASONE PROPION/SALMETEROL MULTIPLE STRENGTHS	QL: 2 IN 1 DAYS
TIER 3	
FLUTICASONE/VILANTEROL 100-25MCG, 200-25 MCG	ST
MOMETASONE/FORMOTEROL [DULERA] 100-5 MCG, 200-5 MCG	QL: ≤ 13 IN 30 DAYS, AL: ≥12 YEARS, ST
BUDESONIDE/FORMOTEROL FUMARATE 160-4.5MCG, 80-4.5 MCG	QL: ≤ 10.3 IN 30 DAYS
FLUTICASONE PROPION/SALMETEROL MULTIPLE STRENGTHS	QL: 2 IN 1 DAYS
<i>BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED</i>	
TIER 3	

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
BUDESONIDE/GLYCOPYR/FORMOTEROL [BREZTRI AEROSPHERE] 160-9-4.8	PA
FLUTICASONE/UMECLIDIN/VILANTER [TRELEGY ELLIPTA] 100-62.5, 200-62.5	ST

GLUCOCORTICIDS, ORALLY INHALED

TIER 1

BUDESONIDE (AMPUL-NEB) MULTIPLE STRENGTHS	AL: ≤5 YEARS
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TIER 2

FLUTICASONE FUROATE [ARNUITY ELLIPTA] 100 MCG, 200 MCG	
FLUTICASONE PROPIONATE 100 MCG, 250 MCG, 50 MCG	QL: ≤ 60 IN 30 DAYS
FLUTICASONE PROPIONATE 110 MCG, 44 MCG	QL: ≤ 12 IN 30 DAYS

TIER 3

BECLOMETHASONE DIPROPIONATE [QVAR REDIHALER] 40 MCG, 80 MCG	QL: 1 IN 30 DAYS
FLUTICASONE PROPIONATE 220 MCG	QL: ≤ 12 IN 30 DAYS, ST
BUDESONIDE [PULMICORT FLEXHALER] 180 MCG, 90 MCG	QL: ≤ 1 IN 30

INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB

TIER 3

DUPILUMAB [DUPIXENT PEN] (PEN INJCTR) 200MG/1.14, 300 MG/2ML	PA, MS
DUPILUMAB [DUPIXENT SYRINGE] (SYRINGE) 200MG/1.14	PA, MS
DUPILUMAB [DUPIXENT SYRINGE] (SYRINGE) 300 MG/2ML	PA, MS

INTERLEUKIN-5(IL-5) RECEPTOR ALPHA ANTAGONIST, MAB

TIER 3

BENRALIZUMAB [FASENRA PEN] (AUTO INJCT) 30 MG/ML	PA, MS
BENRALIZUMAB [FASENRA] (SYRINGE) 30 MG/ML	PA, MS

LEUKOTRIENE RECEPTOR ANTAGONISTS

TIER 1

MONTELUKAST SODIUM (TAB CHEW) 4 MG	QL: 30 IN 30 DAYS, AL: <6 YEARS
MONTELUKAST SODIUM (TAB CHEW) 5 MG	QL: 30 IN 30 DAYS

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name		Comment
MONTELUKAST SODIUM (TAB) 10 MG		QL: 30 IN 30 DAYS
TIER 3		
MONTELUKAST SODIUM (GRAN PACK) 4 MG		PA, QL: 30 IN 30 DAYS
<i>MAST CELL STABILIZERS</i>		
TIER 1		
CROMOLYN SODIUM (ORAL CONC) 20 MG/ML		
<i>MAST CELL STABILIZERS, ORALLY INHALED</i>		
TIER 1		
CROMOLYN SODIUM (AMPUL-NEB) 20 MG/2 ML		
<i>MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)</i>		
TIER 2		
OMALIZUMAB [XOLAIR] (SYRINGE) 150 MG/ML, 75MG/0.5ML		PA, MS
OMALIZUMAB [XOLAIR] (VIAL) 150 MG		PA, MS
<i>MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS</i>		
TIER 2		
MEPOLIZUMAB [NUCALA] (VIAL) 100 MG		PA, MS
<i>PHOSPHODIESTERASE-4 (PDE4) INHIBITORS</i>		
TIER 3		
ENSIFENTRINE [OHTUVAYRE] (AMPUL-NEB) 3 MG/2.5ML		PA, QL: 2 IN 1 DAYS
TIER 3		
ROFLUMILAST (TAB) 500 MCG		PA, QL: 1 IN 1 DAYS
<i>RESPIRATORY AIDS,DEVICES,EQUIPMENT</i>		
TIER 1		
INHALER, ASSIST DEVICES [AEROCHAMBER PLUS FLOW-VU] (SPACER)		QL: 2 YEAR
INHALER,ASSIST DEV,SMALL MASK [AEROCHAMBER PLUS FLOW-VU] (SPACER)		QL: 2 YEAR
INHALER,ASSIST DEVICE,ACCESORY [COMFORTSEAL] (EACH)		QL: 2 YEAR
INHALER,ASSIST DEVICE,ACCESORY [EASIVENT] (EACH)		QL: 2 YEAR
INHALER,ASSIST DEVICE,LG MASK [AEROCHAMBER PLUS FLOW-VU] (SPACER)		QL: 2 YEAR
INHALER,ASSIST DEVICE,MED MASK [AEROCHAMBER PLUS FLOW-VU] (SPACER)		QL: 2 YEAR

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required		
MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name		Comment
PEAK FLOW METER [TRUZONE PEAK FLOW METER] (EACH)		QL: 2 YEAR
PEAK FLOW METER/INH ASSIT DEV [AEROGEAR ASTHMA ACTION KIT] (KIT)		QL: 2 YEAR
SPIROMETERS AND ACCESSORIES [PFLEX TRAINER] (EACH)		QL: 2 YEAR
<i>THYMIC STROMAL LYMPHOPOIETIN (TSLP) INHIBITORS</i>		
TIER 3		
TEZPELUMAB-EKKO [TEZSPIRE] (SYRINGE) 210MG/1.91		PA, MS
<i>XANTHINES</i>		
TIER 1		
THEOPHYLLINE ANHYDROUS (ELIXIR) 80 MG/15ML, 80 MG/15ML		
THEOPHYLLINE ANHYDROUS (SOL) 80 MG/15ML		
THEOPHYLLINE ANHYDROUS (TAB ER 12H) MULTIPLE STRENGTHS		
THEOPHYLLINE ANHYDROUS (TAB ER 24H) 400 MG, 600 MG		
TIER 2		
THEOPHYLLINE ANHYDROUS [THEO-24] (CAP ER 24H) 200 MG, 300 MG, 400 MG		
<i>AUTONOMIC NERVOUS SYSTEM DISORDERS</i>		
<i>ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS</i>		
TIER 1		
MEMANTINE (SOL) 2 MG/ML		PA
MEMANTINE (TAB) 10 MG, 5 MG		
<i>AMYLOID DIRECTED MONOCLONAL ANTIBODY</i>		
TIER 3		
DONANEMAB-AZBT [KISUNLA] (VIAL) 350MG/20ML		PA, MS
<i>CHOLINESTERASE INHIBITORS</i>		
TIER 1		
DONEPEZIL (TAB RAPDIS) 10 MG, 5 MG		
DONEPEZIL (TAB) 10 MG, 23 MG, 5 MG		
GALANTAMINE HBR (CAP24H PEL) 16 MG, 24 MG, 8 MG		PA
GALANTAMINE HBR (SOL) 4 MG/ML		PA
GALANTAMINE HBR (TAB) 12 MG, 4 MG, 8 MG		
RIVASTIGMINE TARTRATE (CAP) 1.5 MG, 3 MG, 4.5 MG, 6 MG		PA
TIER 3		
DONEPEZIL [ADLARITY] (PATCH TDWK) 10 MG/24HR, 5 MG/24 HR		QL: 1 IN 1 DAYS, ST
PYRIDOSTIGMINE BROMIDE (TAB) 60 MG		PA

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required		
MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name		Comment
RIVASTIGMINE (PATCH TD24) 4.6MG/24HR, 9.5MG/24HR		PA
<i>NEONATAL FC RECEPTOR (FCRN) INHIBITORS</i>		
TIER 2		
ROZANOLIXIZUMAB-NOLI [RYSTIGGO] (VIAL) 280 MG/2ML		PA, MS
TIER 3		
EFGARTIGIMOD ALFA-FCAB [VYVGART] (VIAL) 400MG/20ML		PA, MS
EFGARTIGIMOD-HYALURONIDAS-QVFC [VYVGART HYTRULO] (VIAL) 1008MG/5.6		PA, MS
BEHAVIORAL HEALTH - OTHER		
<i>ADRENERGICS, AROMATIC, NON-CATECHOLAMINE</i>		
TIER 1		
DEXTROAMPHETAMINE (CAP ER) 10 MG, 15 MG, 5 MG		QL: 1 IN 1 DAYS 2 IN 1 DAYS 3 IN 1 DAYS, AL: <21 YEARS ≥6 YEARS, ST
DEXTROAMPHETAMINE (TAB) 10 MG, 5 MG		
DEXTROAMPHETAMINE/AMPHETAMINE (CAP ER 24H) MULTIPLE STRENGTHS		QL: 2 IN 1 DAYS
DEXTROAMPHETAMINE/AMPHETAMINE (TAB) 30 MG		QL: 2 IN 1 DAYS
DEXTROAMPHETAMINE/AMPHETAMINE (TAB) MULTIPLE STRENGTHS		QL: 3 IN 1 DAYS
TIER 3		
DEXTROAMPHETAMINE [XELSTRYM] (PATCH TD24) MULTIPLE STRENGTHS		PA
LISDEXAMFETAMINE (CAP) 10 MG		PA, QL: 1 IN 1 DAYS, AL: ≥6 YEARS
LISDEXAMFETAMINE (TAB CHEW) MULTIPLE STRENGTHS		PA, QL: 1 IN 1 DAYS, AL: ≥6 YEARS
LISDEXAMFETAMINE [VYVANSE] (TAB CHEW) 10 MG, 20 MG, 30 MG		PA, QL: 1 IN 1 DAYS, AL: ≥6 YEARS
LISDEXAMFETAMINE (CAP) MULTIPLE STRENGTHS		PA, QL: 1 IN 1 DAYS, AL: ≥6 YEARS

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
ANTI-ALCOHOLIC PREPARATIONS	
TIER 1	
ACAMPROSATE CALCIUM (TAB DR) 333 MG	
TIER 3	
DISULFIRAM (TAB) 250 MG	QL: 2 IN 1 DAYS
BARBITURATES	
TIER 1	
PHENOBARBITAL (ELIXIR) 20 MG/5 ML	
PHENOBARBITAL (TAB) 32.4 MG, 64.8 MG, 97.2MG	
PHENOBARBITAL (TAB) 16.2 MG	
NARCOTIC ANTAGONISTS	
TIER 1	
NALMEFENE (VIAL) 2 MG/2 ML	QL: <= 4 IN 30 DAYS
NALOXONE (CARTRIDGE) 0.4 MG/ML	
NALOXONE (SYRINGE) 0.4 MG/ML, 1 MG/ML	
NALOXONE (VIAL) 0.4 MG/ML	
NALTREXONE (TAB) 50 MG	
TIER 2	
NALOXONE (SPRAY) 4 MG	QL: <= 8, FL: 6 IN 365 DAYS
NALOXONE [KLOXXADO] (SPRAY) 8 MG	QL: <= 8, FL: 6 IN 365 DAYS
TIER 3	
NALMEFENE [OPVEE] (SPRAY) 2.7 MG	QL: 4 IN 30 DAYS
NALOXONE [ZIMHI] (SYRINGE) 5 MG/0.5ML	QL: 1 IN 1 DAYS, FL: 1 IN 30 DAYS
PINEAL HORMONE AGENTS	
TIER 1	
MELATONIN (TAB) 3 MG	QL: 1 IN 1 DAYS
MELATONIN/PYRIDOXINE (B6) (TAB) 3 MG-10 MG	QL: 1 IN 1 DAYS
SEDATIVE-HYPNOTICS, NON-BARBITURATE	
TIER 1	
DOXYLAMINE SUCCINATE (TAB) 25 MG	
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	
TIER 1	

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
METHYLPHENIDATE (CPBP 30-70) MULTIPLE STRENGTHS	QL: 1 IN 1 DAYS 2 IN 1 DAYS 3 IN 1 DAYS, AL: <21 YEARS ≥6 YEARS, ST
METHYLPHENIDATE (CPBP 50-50) 20 MG, 30 MG, 40 MG	QL: 1 IN 1 DAYS 2 IN 1 DAYS 3 IN 1 DAYS, AL: <21 YEARS ≥6 YEARS, ST
METHYLPHENIDATE (SOL) 10 MG/5 ML, 5 MG/5 ML	QL: 12 IN 1 DAYS
METHYLPHENIDATE (TAB ER 24) 18 MG, 27 MG, 36 MG, 54 MG	QL: 1 IN 1 DAYS 2 IN 1 DAYS 3 IN 1 DAYS, AL: <21 YEARS ≥6 YEARS, ST
METHYLPHENIDATE (TAB ER) 10 MG, 20 MG	QL: 1 IN 1 DAYS 2 IN 1 DAYS 3 IN 1 DAYS, AL: <21 YEARS ≥6 YEARS, ST
METHYLPHENIDATE (TAB) 10 MG, 20 MG, 5 MG	
METHYLPHENIDATE [RELEXXII] (TAB ER 24) 18 MG, 27 MG, 36 MG, 54 MG	QL: 1 IN 1 DAYS 2 IN 1 DAYS 3 IN 1 DAYS, AL: <21 YEARS ≥6 YEARS, ST

TIER 3

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
DEXMETHYLPHENIDATE (CPBP 50-50) MULTIPLE STRENGTHS	QL: 1 IN 1 DAYS 3 IN 1 DAYS, AL: <21 YEARS ≥6 YEARS, ST
DEXMETHYLPHENIDATE (TAB) 10 MG, 2.5 MG, 5 MG	QL: 3 IN 1 DAYS, AL: ≥6 YEARS, ST
METHYLPHENIDATE (PATCH TD24) MULTIPLE STRENGTHS	PA, QL: 1 IN 1 DAYS 3 IN 1 DAYS, AL: ≤17 YEARS ≥6 YEARS, ST
DEXMETHYLPHENIDATE (CPBP 50-50) 15 MG	QL: 1 IN 1 DAYS 3 IN 1 DAYS, AL: <21 YEARS ≥6 YEARS, ST

CARDIOVASCULAR DISEASE

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION

TIER 1

AMLODIPINE BESYLATE/BENAZEPRIL (CAP) MULTIPLE STRENGTHS

ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC

TIER 1

BENAZEPRIL/HCTZ (TAB) MULTIPLE STRENGTHS

ENALAPRIL/HCTZ (TAB) 10 MG-25MG, 5MG-12.5MG

LISINOPRIL/HCTZ (TAB) MULTIPLE STRENGTHS

ALPHA/BETA-ADRENERGIC BLOCKING AGENTS

TIER 1

CARVEDILOL (TAB) MULTIPLE STRENGTHS

TIER 3

LABETALOL (TAB) 100 MG, 200 MG, 300 MG

CARVEDILOL PHOSPHATE (CPMP 24HR) 10 MG, 20 MG, 40 MG, 80 MG

PA

ALPHA-ADRENERGIC BLOCKING AGENTS

TIER 1

DOXAZOSIN MESYLATE (TAB) 1 MG, 2 MG, 4 MG, 8 MG

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
PRAZOSIN (CAP) 1 MG, 2 MG, 5 MG	
TERAZOSIN (CAP) 1 MG, 10 MG, 2 MG, 5 MG	
<i>ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)</i>	
TIER 3	
SACUBITRIL/VALSARTAN [ENTRESTO] (TAB) MULTIPLE STRENGTHS	PA
<i>ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB</i>	
TIER 1	
IRBESARTAN/HCTZ (TAB) 150-12.5MG, 300-12.5MG	
LOSARTAN/HCTZ (TAB) MULTIPLE STRENGTHS	
VALSARTAN/HCTZ (TAB) MULTIPLE STRENGTHS	
<i>ANGIOTENSIN RECEPTOR ANTAGNST & CALC.CHANNEL BLOCKR</i>	
TIER 1	
AMLODIPINE BES/OLMESARTAN MED (TAB) MULTIPLE STRENGTHS	QL: 1 IN 1 DAYS
AMLODIPINE BESYLATE/VALSARTAN (TAB) MULTIPLE STRENGTHS	
<i>ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC</i>	
TIER 1	
RANOLAZINE (TAB ER 12H) 500 MG	QL: 2 IN 1 DAYS
RANOLAZINE (TAB ER 12H) 1000 MG	QL: 2 IN 1 DAYS
<i>ANTIANGINAL, HEART RATE REDUCING, I(F) INHIBITOR</i>	
TIER 1	
IVABRADINE (TAB) 5 MG, 7.5 MG	PA, QL: 2/D
<i>ANTIARRHYTHMICS</i>	
TIER 1	
AMIODARONE (TAB) 200 MG, 400 MG	
DISOPYRAMIDE PHOSPHATE (CAP) 100 MG, 150 MG	
FLECAINIDE ACETATE (TAB) 100 MG, 150 MG, 50 MG	
MEXILETINE (CAP) 150 MG, 200 MG, 250 MG	
PROPAFENONE (TAB) 150 MG, 225 MG, 300 MG	
QUINIDINE (TAB) 200 MG, 300 MG	
QUINIDINE GLUCONATE (TAB ER) 324 MG	
TIER 2	
DISOPYRAMIDE PHOSPHATE [NORPACE CR] (CAP ER) 100 MG, 150 MG	
TIER 3	
DOFETILIDE (CAP) 125 MCG, 250 MCG, 500 MCG	

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required		
MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
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ANTIHYPERLIPIDEMIC - ATP CITRATE LYASE INHIBITOR

TIER 3

BEMPEDOIC ACID [NEXLETOL] (TAB) 180 MG	PA
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ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS

TIER 1

ATORVASTATIN CALCIUM (TAB) 10 MG, 20 MG, 40 MG, 80 MG	
LOVASTATIN (TAB) 10 MG, 20 MG, 40 MG	
PRAVASTATIN SODIUM (TAB) 10 MG, 20 MG, 40 MG, 80 MG	
ROSUVASTATIN CALCIUM (TAB) 10 MG, 20 MG, 40 MG, 5 MG	
SIMVASTATIN (TAB) MULTIPLE STRENGTHS	

TIER 3

FLUVASTATIN SODIUM (CAP) 20 MG, 40 MG	
FLUVASTATIN SODIUM (TAB ER 24H) 80 MG	
LOVASTATIN [ALTOPREV] (TAB ER 24H) 40 MG, 60 MG	

ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS

TIER 2

ALIROCUMAB [PRALUENT PEN] (PEN INJCTR) 150 MG/ML, 75 MG/ML	PA
EVOLOCUMAB [REPATHA PUSHTRONEX] (WEAR INJCT) 420 MG/3.5	PA
EVOLOCUMAB [REPATHA SURECLICK] (PEN INJCTR) 140 MG/ML	PA
EVOLOCUMAB [REPATHA SYRINGE] (SYRINGE) 140 MG/ML	PA

ANTIHYPERLIPIDEMIC-ACLY AND CHOLEST ABSORP INHIB

TIER 3

BEMPEDOIC ACID/EZETIMIBE [NEXLIZET] (TAB) 180MG-10MG	PA
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ANTIHYPERTENSIVES, ACE INHIBITORS

TIER 1

BENAZEPRIL (TAB) 10 MG, 20 MG, 40 MG, 5 MG	
ENALAPRIL MALEATE (TAB) 10 MG, 2.5 MG, 20 MG, 5 MG	
FOSINOPRIL SODIUM (TAB) 10 MG, 20 MG, 40 MG	
LISINOPRIL (TAB) MULTIPLE STRENGTHS	
QUINAPRIL (TAB) 10 MG, 20 MG, 40 MG, 5 MG	
RAMIPRIL (CAP) 1.25 MG, 10 MG, 2.5 MG, 5 MG	
TRANDOLAPRIL (TAB) 1 MG, 2 MG, 4 MG	

TIER 3

CAPTOPRIL (TAB) 100 MG, 12.5 MG, 25 MG, 50 MG	
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Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required		
MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
MOEXIPRIL (TAB) 15 MG, 7.5 MG	
<i>ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST</i>	
TIER 1	
IRBESARTAN (TAB) 150 MG, 300 MG, 75 MG	
LOSARTAN POTASSIUM (TAB) 100 MG, 25 MG, 50 MG	
VALSARTAN (TAB) 160 MG, 320 MG, 40 MG, 80 MG	
TIER 3	
OLMESARTAN MEDOXOMIL (TAB) 20 MG, 40 MG, 5 MG	ST
TELMISARTAN (TAB) 20 MG, 40 MG, 80 MG	ST
<i>ANTIHYPERTENSIVES, SYMPATHOLYTIC</i>	
TIER 1	
CLONIDINE (TAB) 0.1 MG, 0.2 MG, 0.3 MG	AL: ≥6 YEARS
GUANFACINE (TAB) 1 MG, 2 MG	QL: 3 IN 1 DAYS, AL: ≥6 YEARS
METHYLDOPA (TAB) 250 MG, 500 MG	
<i>ANTIHYPERTENSIVES, VASODILATORS</i>	
TIER 1	
HYDRALAZINE (TAB) 10 MG, 100 MG, 25 MG, 50 MG	
MINOXIDIL (TAB) 10 MG, 2.5 MG	
<i>BETA-ADRENERGIC BLOCKING AGENTS</i>	
TIER 1	
ACEBUTOLOL (CAP) 200 MG, 400 MG	
ATENOLOL (TAB) 100 MG, 25 MG, 50 MG	
METOPROLOL SUCCINATE (TAB ER 24H) 100 MG, 200 MG, 25 MG, 50 MG	
METOPROLOL TARTRATE (TAB) 100 MG, 50 MG	
PROPRANOLOL (SOL) 20 MG/5 ML, 40MG/5ML	
PROPRANOLOL (TAB) MULTIPLE STRENGTHS	
SOTALOL (TAB) 120 MG, 160 MG, 240 MG, 80 MG	
TIMOLOL MALEATE (TAB) 10 MG, 20 MG, 5 MG	
TIER 3	
BETAXOLOL (TAB) 10 MG, 20 MG	
BISOPROLOL FUMARATE (TAB) 10 MG, 5 MG	
NADOLOL (TAB) 20 MG, 40 MG, 80 MG	
PROPRANOLOL (CAP SA 24H) 120 MG, 160 MG, 60 MG, 80 MG	
<i>BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE & RELATED</i>	
TIER 1	

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
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Therapeutic Indication / Drug Name	Comment
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ATENOLOL/CHLORTHALIDONE (TAB) 100MG-25MG, 50 MG-25MG	
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BILE SALT SEQUESTRANTS

TIER 1

CHOLESTYRAMINE (WITH SUGAR) (POWD PACK) 4 G	DL: 60 DAYS
CHOLESTYRAMINE (WITH SUGAR) (POWDER) 4 G	DL: 60 DAYS
CHOLESTYRAMINE/ASPARTAME (POWD PACK) 4 G	DL: 60 DAYS

TIER 3

COLESEVELAM (POWD PACK) 3.75 G	ST
COLESEVELAM (TAB) 625 MG	ST
COLESTIPOL (PACKET) 5 G	ST
COLESTIPOL (TAB) 1 G	ST
CHOLESTYRAMINE/ASPARTAME (POWDER) 4 G	DL: 60 DAYS

CALCIUM CHANNEL BLOCKING AGENTS

TIER 1

AMLODIPINE BESYLATE (TAB) 10 MG, 2.5 MG, 5 MG	
DILTIAZEM (CAP ER 24H) MULTIPLE STRENGTHS	
DILTIAZEM (CAP ER DEG) 120 MG, 180 MG, 240 MG	
DILTIAZEM (CAP SA 24H) MULTIPLE STRENGTHS	
DILTIAZEM (TAB) 120 MG, 30 MG, 60 MG, 90 MG	
FELODIPINE (TAB ER 24H) 10 MG, 2.5 MG, 5 MG	
NIFEDIPINE (CAP) 10 MG, 20 MG	
NIFEDIPINE (TAB ER 24) 30 MG, 60 MG, 90 MG	
NIFEDIPINE (TAB ER) 30 MG	
NIFEDIPINE (TAB ER) 60 MG, 90 MG	QL: 1 IN 1 DAYS
VERAPAMIL (CAP24H PCT) 100 MG, 200 MG, 300 MG	
VERAPAMIL (CAP24H PEL) MULTIPLE STRENGTHS	
VERAPAMIL (TAB ER) 120 MG, 180 MG, 240 MG	
VERAPAMIL (TAB) 120 MG, 40 MG, 80 MG	

TIER 3

DILTIAZEM (CAP ER 12H) 120 MG, 60 MG, 90 MG	
DILTIAZEM (CAP ER 24H) 360 MG	

CARDIAC MYOSIN INHIBITOR

TIER 3

MAVACAMTEN [CAMZYOS] (CAP) 10 MG, 15 MG, 2.5 MG, 5 MG	PA, QL: 1 IN 1 DAYS, MS
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DIGITALIS GLYCOSIDES

TIER 1

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
DIGOXIN (TAB) 125 MCG, 250 MCG	
TIER 2	
DIGOXIN (SOL) 50 MCG/ML	
LIPOTROPICS	
TIER 1	
EZETIMIBE (TAB) 10 MG	
FENOFIBRATE (TAB) 160 MG, 54 MG	
GEMFIBROZIL (TAB) 600 MG	
NIACIN (TAB ER 24H) 1000 MG, 500 MG, 750 MG	PA
NIACIN (TAB) 500 MG	
OMEGA-3 ACID ETHYL ESTERS (CAP) 1 G	QL: 120 IN 30 DAYS
OMEGA-3S/DHA/EPA/FISH OIL (CAP DR) 120-180-60	QL: 1 IN 1 DAYS
OMEGA-3S/DHA/EPA/FISH OIL (CAP) 600-1200MG	QL: 1 IN 1 DAYS
OMEGA-3S/DHA/EPA/FISH OIL [FISH OIL] (CAP) 720-1200MG	QL: 1 IN 1 DAYS
TIER 3	
FENOFIBRATE, MICRONIZED (CAP) 134 MG, 200 MG	ST
FENOFIBRATE NANOCRYSTALLIZED (TAB) 145 MG, 48 MG	
LOOP DIURETICS	
TIER 1	
FUROSEMIDE (SOL) 10 MG/ML, 40MG/5ML	
FUROSEMIDE (TAB) 20 MG, 40 MG, 80 MG	
TORSEMIDE (TAB) 10 MG, 100 MG, 20 MG, 5 MG	
TIER 3	
BUMETANIDE (TAB) 0.5 MG, 1 MG, 2 MG	
POTASSIUM SPARING DIURETICS	
TIER 1	
AMILORIDE (TAB) 5 MG	
SPIRONOLACTONE (TAB) 100 MG, 25 MG, 50 MG	
TIER 3	
EPLERENONE (TAB) 25 MG, 50 MG	QL: 1 IN 1 DAYS
FINERENONE [KERENDIA] (TAB) 10 MG, 20 MG	PA, QL: 1 IN 1 DAYS
POTASSIUM SPARING DIURETICS IN COMBINATION	
TIER 1	
AMILORIDE/HCTZ (TAB) 5 MG-50 MG	
SPIRONOLACT/HYDROCHLOROTHIAZID (TAB) 25 MG-25MG	

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

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MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name		Comment
TRIAMTERENE/HYDROCHLOROTHIAZID (CAP) 37.5-25 MG TRIAMTERENE/HYDROCHLOROTHIAZID (TAB) 37.5-25 MG, 75 MG-50MG		
<i>PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB</i>		
TIER 1		
SILDENAFIL CITRATE (TAB) 20 MG		QL: 3 IN 1 DAYS, AL: >10 YEARS
TIER 3		
TADALAFIL (TAB) 20 MG		QL: 2 IN 1 DAYS, ST, MS
<i>PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST</i>		
TIER 1		
BOSENTAN (TAB) 125 MG, 62.5 MG		PA, QL: 2 IN 1 DAYS, MS
<i>PULMONARY ANTIHYPER AGENT, ACTRIIA-FC</i>		
TIER 3		
SOTATERCEPT-CSRK [WINREVAIR] (KIT) 45 MG, 60 MG		PA, QL: 1 IN 21 DAYS, MS
<i>THIAZIDE AND RELATED DIURETICS</i>		
TIER 1		
HYDROCHLOROTHIAZIDE (CAP) 12.5 MG		
HYDROCHLOROTHIAZIDE (TAB) 12.5 MG, 25 MG, 50 MG		
INDAPAMIDE (TAB) 1.25 MG, 2.5 MG		
METOLAZONE (TAB) 10 MG, 2.5 MG, 5 MG		
TIER 3		
CHLORTHALIDONE (TAB) 25 MG, 50 MG		
CHLORTHALIDONE [THALITONE] (TAB) 15 MG		
<i>VASODILATORS,CORONARY</i>		
TIER 1		
ISOSORBIDE DINITRATE (TAB) MULTIPLE STRENGTHS		
ISOSORBIDE MONONITRATE (TAB ER 24H) 120 MG, 30 MG, 60 MG		
ISOSORBIDE MONONITRATE (TAB) 20 MG		
NITROGLYCERIN (PATCH TD24) MULTIPLE STRENGTHS		
NITROGLYCERIN (TAB SUBL) 0.3 MG, 0.4 MG, 0.6 MG		
TIER 2		
NITROGLYCERIN [NITRO-BID] (OINT.) 0.02		

Legend

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MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
NITROGLYCERIN [NITRO-DUR] (PATCH TD24) 0.3 MG/HR, 0.8MG/HR	
TIER 3	
NITROGLYCERIN (SPRAY) 400MCG/SPR	
NITROGLYCERIN [NITROMIST] (SPRAY) 400MCG/SPR	
CONTRACEPTION/OXYTOCICS	
<i>CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC</i>	
TIER 1	
ETONOGESTREL/ETHINYL ESTRADIOL (VAG RING) .12-.015MG	DL: 100 DAYS
<i>CONTRACEPTIVES,IMPLANTABLE</i>	
TIER 2	
ETONOGESTREL [NEXPLANON] (IMPLANT) 68 MG	DL: 100 DAYS
<i>CONTRACEPTIVES,INJECTABLE</i>	
TIER 1	
MEDROXYPROGESTERONE ACETATE (SYRINGE) 150 MG/ML	DL: 100 DAYS
MEDROXYPROGESTERONE ACETATE (VIAL) 150 MG/ML	DL: 100 DAYS
<i>CONTRACEPTIVES,INTRAVAGINAL</i>	
TIER 1	
NONOXYNOL 9 (GEL/PF APP) 0.04	DL: 100 DAYS
TIER 2	
NONOXYNOL 9 [VCF] (FILM) 0.28	DL: 100 DAYS
TIER 3	
LACTIC ACID/CITRIC/POTASSIUM [PHEXXI] (GEL/PF APP) 1.8-1-0.4%	QL: <= 60 IN 30 DAYS, DL: 100 DAYS
<i>CONTRACEPTIVES,ORAL</i>	
TIER 1	
DESOG-E.ESTRADIOL/E.ESTRADIOL (TAB) 21-5 (28)	DL: 365 DAYS
DESOGESTREL-ETHINYL ESTRADIOL (TAB) 0.15-0.03, 7 DAYS X 3	DL: 365 DAYS
ETHINYL ESTRADIOL/DROSPIRENONE (TAB) 0.02-3(28), 0.03MG-3MG	DL: 365 DAYS
ETHYNODIOL D-ETHINYL ESTRADIOL (TAB) 1 MG-35MCG, 1 MG-50MCG	DL: 365 DAYS
LEVONORGESTREL/ETHIN.ESTRADIOL (TAB CHEW) 0.1-0.02MG	DL: 365 DAYS
LEVONORGESTREL/ETHIN.ESTRADIOL (TAB) 40334, 0.1-0.02MG, 0.15-0.03	DL: 365 DAYS

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required		
MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
LEVONORGESTREL/ETHIN. ESTRADIOL (TBDSPK 3MO) 0.15-0.03	DL: 365 DAYS
L-NORGEST/E.ESTRADIOL-E.ESTRAD (TBDSPK 3MO) 100-20(84), 150-30(84)	DL: 365 DAYS
NORETH-ETHINYL ESTRADIOL/IRON (TAB CHEW) 0.8-25(24)	DL: 365 DAYS
NORETHINDRONE (TAB) 0.35 MG	DL: 365 DAYS
NORETHINDRONE AC/ETH ESTRADIOL (TAB) 1.5-0.03MG, 1MG-20MCG	DL: 365 DAYS
NORETHINDRONE-E.ESTRADIOL-IRON (TAB) MULTIPLE STRENGTHS	DL: 365 DAYS
NORETHINDRONE-ETHIN. ESTRADIOL (TAB) MULTIPLE STRENGTHS	DL: 365 DAYS
NORGESTIMATE-ETHINYL ESTRADIOL (TAB) MULTIPLE STRENGTHS	DL: 365 DAYS
NORGESTREL-ETHINYL ESTRADIOL (TAB) 0.3-0.03MG	DL: 365 DAYS
TIER 2	
LEVONORGESTREL (TAB) 1.5 MG	DL: 365 DAYS
LEVONORGESTREL [PLAN B ONE-STEP] (TAB) 1.5 MG	DL: 365 DAYS
NORGESTREL [OPILL] (TAB) 75 MCG	DL: 365 DAYS
ULIPRISTAL ACETATE [ELLA] (TAB) 30 MG	DL: 365 DAYS
TIER 3	
NORETHINDRONE-E.ESTRADIOL-IRON [LO LOESTRIN FE] (TAB) 1MG-10(24)	DL: 365 DAYS
LEVONORGESTREL/ETHIN. ESTRADIOL (TAB) 90-20 MCG	DL: 365 DAYS
NORETH-ETHINYL ESTRADIOL/IRON (TAB CHEW) 0.4-35(21)	DL: 365 DAYS
CONTRACEPTIVES, TRANSDERMAL	
TIER 1	
NORELGESTROMIN/ETHIN. ESTRADIOL (PATCH TDWK) 150-35/24H	DL: 100 DAYS
DIAPHRAGMS/CERVICAL CAP	
DIAPHRAGMS, CONTOURED [CAYA CONTOURED] (DIAPHRAGM) 65 MM-80MM	DL: 100 DAYS
DIAPHRAGMS, WIDE SEAL [WIDE SEAL DIAPHRAGM] (DIAPHRAGM) MULTIPLE STRENGTHS	DL: 100 DAYS
OXYTOCICS	
TIER 1	
METHYLERGONOVINE MALEATE (TAB) 0.2 MG	
COUGH AND COLD	

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

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MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
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1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS

TIER 1

CHLORPHENIRAMINE/PSEUDOEPHED (LIQ) 2-30MG/5ML	
CHLORPHENIRAMINE/PSEUDOEPHED (TAB) 4 MG-60 MG	
PHENYLEPHRINE HCL/PROMETH (SYRUP) 5-6.25MG/5	
CHLORPHENIRAMINE/PSEUDOEPHED (TAB) 4 MG-60 MG	
TRIPROLIDINE/PSEUDOEPHEDRINE (SYRUP) 1.25-30/5	
TRIPROLIDINE/PSEUDOEPHEDRINE (TAB) 2.5MG-60MG	

1ST GEN ANTIHISTAMINE-DECONGESTANT-ANALGESIC COMB

TIER 1

PSEUDOEPHED/ACETAMINOPHEN/CPM (TAB) 30-500-2MG	
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TIER 2

P-EPHED HCL/ACETAMINOPHN/DPHA [BENADRYL] (TAB) 30MG-500MG	
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ANALGESIC, NON-SAL.- 1ST GENERATION ANTIHISTAMINE

TIER 1

ACETAMINOPHEN/DIPHENHYDRAMINE (TAB) 500MG-25MG	
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ANTITUSSIVES, NON-NARCOTIC

TIER 1

BENZONATATE (CAP) 100 MG, 200 MG	
DEXTROMETHORPHAN HBR (LIQ) 15 MG/5 ML	
DEXTROMETHORPHAN HBR (LOZENGE) 5 MG	
DEXTROMETHORPHAN HBR (SYRUP) 15 MG/5 ML, 5 MG/5 ML	

TIER 2

DEXTROMETHORPHAN HBR [SCOT-TUSSIN DM COUGH CHASER] (LOZENGE) 2.5 MG	
DEXTROMETHORPHAN HBR [SCOT-TUSSIN] (LIQ) 10 MG/5 ML	

DECONGEST-ANALGESIC, NON-SALICYLATE COMB.

TIER 1

PSEUDOEPHEDRINE/ACETAMINOPHEN [NEXAFED SINUS PRESSURE-PAIN] (TAB) 30MG-325MG	
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DECONGESTANT-EXPECTORANT COMBINATIONS

TIER 1

GUAIFENESIN/PSEUDOEPHEDRINE (TAB ER 12H) 600MG-60MG	
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TIER 2

GUAIFENESIN/PSEUDOEPHEDRINE (TAB ER 12H) 1200-120MG	
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Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name		Comment
GUAIFENESIN/PSEUDOEPHEDRINE [MUCINEX D] (TAB ER 12H) 1200-120MG		
<i>DECONGESTANTS, ORAL</i>		
TIER 1		
PSEUDOEPHEDRINE (TAB ER) 120 MG		
PSEUDOEPHEDRINE (TAB) 60 MG		
TIER 2		
PSEUDOEPHEDRINE (TAB) 30 MG		
PSEUDOEPHEDRINE [NEXAFED] (TAB) 30 MG		
<i>EXPECTORANTS</i>		
TIER 1		
GUAIFENESIN (LIQ) 200 MG/5ML		
GUAIFENESIN (TAB ER 12H) 600 MG		
GUAIFENESIN (TAB) 200 MG, 400 MG		
TIER 2		
GUAIFENESIN (LIQ) 100 MG/5ML		
GUAIFENESIN [TUSNEL-EX] (LIQ) 100 MG/5ML		
<i>NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE</i>		
TIER 1		
PROMETHAZINE HCL/CODEINE (SYRUP) 6.25-10/5, 6.25-10/5		AL: ≥12 YEARS
<i>NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION</i>		
TIER 1		
CODEINE PHOSPHATE/GUAIFENESIN (LIQ) MULTIPLE STRENGTHS		AL: ≥12 YEARS
<i>NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.</i>		
TIER 1		
PROMETHAZINE/DEXTROMETHORPHAN (SYRUP) 6.25-15/5		
PROMETHAZINE/DEXTROMETHORPHAN (SYRUP) 6.25-15/5		
<i>NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CMB</i>		
TIER 1		
GUAIFENESIN/DM/PSEUDOEPHEDRINE (LIQ) 50-5-15/5		
GUAIFENESIN/DM/PSEUDOEPHEDRINE (TAB) 200-10-30		
<i>NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.</i>		
TIER 1		
GUAIFENESIN/DEXTROMETHORPHAN (LIQ) 100-10MG/5, 200-30MG/5		
GUAIFENESIN/DEXTROMETHORPHAN (SYRUP) 100-10MG/5, 100-10MG/5		

Legend

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MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
NOSE PREPARATIONS, VASOCONSTRICTORS(OTC)	
TIER 1	
OXYMETAZOLINE (MIST) 0.0005	
OXYMETAZOLINE (SPRAY) 0.0005, 0.0005	
SYMPATHOMIMETIC AGENTS	
TIER 1	
PSEUDOEPHEDRINE (LIQ) 15 MG/5 ML, 15 MG/5 ML	
DERMATOLOGY	
ACNE AGENTS,SYSTEMIC	
TIER 3	
ISOTRETINOIN (CAP) MULTIPLE STRENGTHS	PA, QL: 2 IN 1 DAYS
ACNE AGENTS, TOPICAL	
TIER 1	
SULFACETAMIDE SODIUM (SUSPENSION) 0.1	PA
ANTIPERSPIRANTS	
TIER 2	
ALUMINUM CHLORIDE [DRYSOL] (SOL) 0.2	QL: 70 IN 30 DAYS, AL: <21 YEARS
ANTIPRURITICS, SYSTEMIC	
TIER 3	
DIFELIKEFALIN ACETATE [KORSUVA] (VIAL) 65 MCG/1.3	PA, MS
ANTIPRURITICS, TOPICAL	
TIER 1	
DIPHENHYDRAMINE (GEL (ML)) 0.02	
DIPHENHYDRAMINE (SPRAY) 0.02	
DIPHENHYDRAMINE HCL/ZINC ACET (CREAM) 2 %-0.1 %	
ANTIPSORIATIC AGENTS,SYSTEMIC	
TIER 3	
ACITRETIN (CAP) 10 MG, 17.5 MG, 25 MG	PA, MS
BRODALUMAB [SILIQ] (SYRINGE) 210 MG/1.5	PA, MS
DEUCRAVACITINIB [SOTYKTU] (TAB) 6 MG	PA, MS
GUSELKUMAB [TREMIFYA] (AUTO INJCT) 100 MG/ML	PA, MS
GUSELKUMAB [TREMIFYA] (SYRINGE) 100 MG/ML	PA, MS
SECUKINUMAB [COSENTYX (2 SYRINGES)] (SYRINGE) 150 MG/ML	PA, MS

Legend

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MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
SECUKINUMAB [COSENTYX SENSOREADY (2 PENS)] (PEN INJCTR) 150 MG/ML	PA, MS

ANTIPSORIATICS AGENTS

TIER 2

ANTHRALIN [DRITHOCREME HP] (CREAM) 0.01	
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TIER 3

CALCIPOTRIENE (CREAM) 0.0001	PA, QL: 60 IN 30 DAYS
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CALCIPOTRIENE (OINT.) 0.0001	PA, QL: 60 IN 30 DAYS
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CALCIPOTRIENE (SOL) 0.0001	PA, QL: 60 IN 30 DAYS
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ROFLUMILAST [ZORYVE] (CREAM) 0.003	PA
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TAPINAROF [VTAMA] (CREAM) 0.01	PA
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ANTISEBORRHEIC AGENTS

TIER 1

SELENIUM SULFIDE (LOTION) 0.025	PA
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SELENIUM SULFIDE (SHAMPOO) 0.01	
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TIER 2

SULFACETAMIDE SODIUM (SHAMPOO) 0.1	PA
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SULFACETAMIDE SODIUM [OVACE PLUS] (SHAMPOO) 0.1	PA
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ASTRINGENTS

TIER 1

ALUMINUM ACETATE (SOL)	
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EMOLLIENTS

TIER 1

GLYCERIN (LIQ)	
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IODINE ANTISEPTICS

TIER 1

POVIDONE-IODINE (GEL (ML)) 0.1	
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POVIDONE-IODINE (LIQ PKT) 0.1	
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POVIDONE-IODINE (MED. SWAB) 0.1	
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POVIDONE-IODINE (OINT.) 0.1	
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POVIDONE-IODINE (SOL) 0.075, 0.1	
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POVIDONE-IODINE (SPRAY) 0.1	
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TIER 2

POVIDONE-IODINE (SOL) 0.05	
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POVIDONE-IODINE [BETADINE] (SOL) 0.05	
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Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
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POVIDONE-IODINE [SUMMER'S EVE DOUCHE] (SOL) 0.003, 0.003	
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IRRITANTS/COUNTER-IRRITANTS

TIER 1

CAPSAICIN (ADH. PATCH) 0.0003	
CAPSAICIN (CREAM) 0.0003, 0.0008, 0.001	

TIER 2

MENTHOL (GEL (GRAM))	
MENTHOL (POWDER) 0.01	
MENTHOL [GOLD BOND MEDICATED FOOT] (POWDER) 0.01	
MENTHOL [STOPAIN] (SPRAY) 0.06	
MENTHOL/ALOE VERA EXTRACT [ICY HOT] (GEL (GRAM)) 0.16	
METHYL SALICYLATE/MENTHOL (ADH. PATCH) 10 %-3 %	PA

KERATOLYTICS

TIER 1

BENZOYL PEROXIDE (CLEANSER) 0.05, 0.1	QL: 240 IN 30 DAYS
BENZOYL PEROXIDE (GEL (GRAM)) 0.025	
BENZOYL PEROXIDE (GEL (GRAM)) 0.05	QL: <= 60 IN 30 DAYS
PODOFILOX (SOL) 0.005	
SALICYLIC ACID (ADH. PATCH) 0.4	DL: 84 DAYS DS <= 84 IN 365 DAYS, AL: ≤20 YEARS
SALICYLIC ACID (LIQ) 0.17	DL: 84 DAYS DS <= 84 IN 365 DAYS, AL: ≤20 YEARS

PROTECTIVES

TIER 1

ALUMINUM HYDROXIDE (OINT.)	
CORN STARCH (POWDER) 0.837	
VIT A/VITAMIN D3/E/ALOE V/ZINC (OINT.)	
ZINC OXIDE (OINT.) 0.2, 0.25,	

TIER 2

ZINC OXIDE (OINT.) 0.16	
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Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[] Brand Name Drug	ST Step Therapy	QL Quantity Limit	PA Prior Authorization required
MS Must fill through specialty pharmacy program	DL Day Supply Limit	AL Age Limit	FL Fill Limit

Therapeutic Indication / Drug Name	Comment
ZINC OXIDE (PASTE) 0.25	
ZINC OXIDE [BOUDREAUXX] (OINT.) 0.16	
<i>ROSACEA AGENTS, TOPICAL</i>	
TIER 1	
METRONIDAZOLE (CREAM) 0.0075	PA
METRONIDAZOLE (GEL (GRAM)) 0.0075	PA
METRONIDAZOLE (LOTION) 0.0075	PA
<i>TOPICAL AGENTS,MISCELLANEOUS</i>	
TIER 1	
UREA (CREAM) 0.2	QL: 85 IN 30 DAYS
<i>TOPICAL ANTIBIOTICS</i>	
TIER 1	
BACITRACIN (OINT.) 500 UNIT/G, 500 UNIT/G	
BACITRACIN (PACKET) 500 UNIT/G	
BACITRACIN ZINC (OINT PACK) 500 UNIT/G	
BACITRACIN ZINC (OINT.) 500 UNIT/G, 500 UNIT/G	
BACITRACIN ZINC/POLYMYXIN B (OINT.) 500-10K/G	
CLINDAMYCIN PHOSPHATE (SOL) 0.01	QL: 60 IN 30 DAYS
GENTAMICIN (OINT.) 0.001	
HYDROCORTISONE/ALOE VERA (CREAM) 0.01, 0.01	
MUPIROCIN (OINT.) 0.02	QL: 112 IN 30 DAYS
NEOMYCIN/BACITRACIN/POLYMYXINB (OINT PACK) 3.5-400-5K	
NEOMYCIN/BACITRACIN/POLYMYXINB (OINT.) 3.5-400-5K, 3.5MG-400	
NEOMYCIN/BACITRACIN/POLYMYXIN/PRAMOX (OINT.) 3.5-10K-10	
TIER 3	
GENTAMICIN (CREAM) 0.001	
MUPIROCIN CALCIUM (CREAM) 0.02	ST
<i>TOPICAL ANTIFUNGAL/ANTIINFLAMMATORY,STERIOD AGENT</i>	
TIER 1	
CLOTRIMAZOLE/BETAMETHASONE DIP (CREAM) 1 %-0.05 %	
<i>TOPICAL ANTIFUNGALS</i>	
TIER 1	
CICLOPIROX (SOL) 0.08	

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
CLOTRIMAZOLE (CREAM) 0.01	
CLOTRIMAZOLE (LOTION) 0.01	
CLOTRIMAZOLE (SOL) 0.01	
MICONAZOLE NITRATE (AERO POWD) 0.02	
MICONAZOLE NITRATE (CREAM(ML)) 0.02	
MICONAZOLE NITRATE (CREAM) 0.02	
MICONAZOLE NITRATE (OINT.) 0.02	
MICONAZOLE NITRATE (POWDER) 0.02	
MICONAZOLE NITRATE (TINCTURE) 0.02	
NYSTATIN (CREAM) 100000/G	
NYSTATIN (OINT.) 100000/G	
NYSTATIN (POWDER) 100000/G	QL: 120 IN 30 DAYS
TERBINAFINE (CREAM) 0.01	
TOLNAFTATE (AERO POWD) 0.01, 0.01	
TOLNAFTATE (CREAM) 0.01	
TOLNAFTATE (POWDER) 0.01	
TOLNAFTATE (SOL) 0.01	
TIER 2	
MICONAZOLE NITRATE (SPRAY) 0.02	
MICONAZOLE NITRATE [LOTRIMIN AF] (SPRAY) 0.02	
TERBINAFINE [LAMISIL] (SPRAY) 0.01	PA
TIER 3	
KETOCONAZOLE (CREAM) 0.02	FL: 3 IN 365 DAYS
KETOCONAZOLE (SHAMPOO) 0.02	
KETOCONAZOLE [NIZORAL A-D] (SHAMPOO) 0.01	ST
NYSTATIN/TRIAMCINOLONE ACET (CREAM) 100000-0.1, 100000-0.1	ST
NYSTATIN/TRIAMCINOLONE ACET (OINT.) 100000-0.1	ST
TOPICAL ANTI-INFLAMMATORY STEROIDAL	
TIER 1	
BETAMETHASONE DIPROPIONATE (CREAM) 0.0005	PA
BETAMETHASONE DIPROPIONATE (GEL (GRAM)) 0.0005	PA
BETAMETHASONE DIPROPIONATE (LOTION) 0.0005	PA
BETAMETHASONE DIPROPIONATE (OINT.) 0.0005	PA
BETAMETHASONE VALERATE (CREAM) 0.001	PA
BETAMETHASONE VALERATE (LOTION) 0.001	PA

Legend

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MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
BETAMETHASONE VALERATE (OINT.) 0.001	PA
BETAMETHASONE/PROPYLENE GLYC (CREAM) 0.0005	PA
BETAMETHASONE/PROPYLENE GLYC (LOTION) 0.0005	PA
BETAMETHASONE/PROPYLENE GLYC (OINT.) 0.0005	PA
CLOBETASOL PROPIONATE (CREAM) 0.0005	
CLOBETASOL PROPIONATE (OINT.) 0.0005	
CLOBETASOL PROPIONATE (SOL) 0.0005	PA
CLOBETASOL PROPIONATE/EMOLL (CREAM) 0.0005	PA
FLUOCINOLONE ACETONIDE (OIL) 0.0001	PA
FLUOCINONIDE (CREAM) 0.0005	PA
FLUOCINONIDE (GEL (GRAM)) 0.0005	PA
FLUOCINONIDE (OINT.) 0.0005	PA
FLUOCINONIDE (SOL) 0.0005	PA
FLUOCINONIDE/EMOLLIENT BASE (CREAM) 0.0005	PA
FLUTICASONE PROPIONATE (CREAM) 0.0005	PA
FLUTICASONE PROPIONATE (OINT.) 0.0001	PA
HYDROCORTISONE (CREAM) 0.005, 0.01, 0.025	
HYDROCORTISONE (CRM/PE APP) 0.01	
HYDROCORTISONE (GEL (GRAM)) 0.01	
HYDROCORTISONE (LOTION) 0.005, 0.01, 0.02, 0.025	
HYDROCORTISONE (OINT.) 0.005, 0.01, 0.025	
HYDROCORTISONE (SOL) 0.01	
HYDROCORTISONE (SPRAY) 0.01	
HYDROCORTISONE ACETATE (CREAM PACK) 0.01	
HYDROCORTISONE ACETATE (CREAM) 0.005, 0.01	
HYDROCORTISONE ACETATE (OINT.) 0.01	
HYDROCORTISONE BUTYRATE (SOL) 0.001	PA
MOMETASONE FUROATE (CREAM) 0.001	
MOMETASONE FUROATE (OINT.) 0.001	
MOMETASONE FUROATE (SOL) 0.001	
TRIAMCINOLONE ACETONIDE (CREAM) 0.0003, 0.001, 0.005	
TRIAMCINOLONE ACETONIDE (LOTION) 0.0003, 0.001	
TRIAMCINOLONE ACETONIDE (OINT.) 0.0003, 0.001, 0.005	

TOPICAL ANTI-INFLAMMATORY, NSAIDS

TIER 1

DICLOFENAC SODIUM (GEL (GRAM)) 0.01	QL: <= 100 IN 30 DAYS
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TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS

Legend

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MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
TIER 1	
FLUOROURACIL (CREAM) 0.05	PA
FLUOROURACIL (SOL) 0.05	PA
TIER 3	
DICLOFENAC SODIUM (GEL (GRAM)) 0.03	PA
FLUOROURACIL (CREAM) 0.005	PA
FLUOROURACIL (SOL) 0.02	PA
TOPICAL ANTIPARASITICS	
TIER 1	
IVERMECTIN (LOTION) 0.005	AL: ≤21 YEARS, ST
PERMETHRIN (CREAM) 0.05	
PERMETHRIN (LIQ) 0.01	
PIPERONYL BUT/PYRETHINS/PERMET (KIT) 4-.33-.5%	
PIPERONYL BUTOXIDE/PYRETHRINS (SHAMPOO) 4%-0.33%	
TIER 3	
MALATHION (LOTION) 0.005	ST
TOPICAL IMMUNOSUPPRESSIVE AGENTS	
TIER 1	
TACROLIMUS (OINT.) 0.0003	QL: 60 IN 30 DAYS, FL: 3 IN 180 DAYS, AL: <16 YEARS, ST
TACROLIMUS (OINT.) 0.001	QL: 60 IN 30 DAYS, FL: 3 IN 180 DAYS, AL: <21 YEARS, ST
TOPICAL LOCAL ANESTHETICS	
TIER 1	
LIDOCAINE (ADH. PATCH) 0.05	QL: 1 IN 1 DAYS ≤ 15 IN 365 DAYS
LIDOCAINE (OINT.) 0.05, 0.05	QL: 60 IN 30 DAYS
LIDOCAINE/PRILOCAINE (CREAM) 2.5 %-2.5%	QL: 60 IN 30 DAYS
TIER 2	

Legend

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MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name		Comment
TETRACAINE/BENZOCAINE/BUTAMBEN [CETACAINE ANESTHETIC] (LIQ) 2%-14%-2%		
<i>TOPICAL PREPARATIONS,ANTIBACTERIALS</i>		
TIER 1		
CHLORHEXIDINE GLUCONATE (LIQ) 0.02, 0.04		
TIER 2		
CADEXOMER IODINE [IODOSORB] (GEL (GRAM)) 0.009		QL: <= 40
<i>TOPICAL PREPARATIONS,MISCELLANEOUS</i>		
TIER 1		
CALCIUM ACETATE/ALUMINUM SULF (POWD PACK) 51 %-49 %, 952-1347MG		PA
TIER 2		
SODIUM CHLORIDE [NORMLGEL] (GEL (GRAM)) 0.009		
<i>TOPICAL SULFONAMIDES</i>		
TIER 1		
SILVER SULFADIAZINE (CREAM) 0.01		
<i>VITAMIN A DERIVATIVES</i>		
TIER 1		
TRETINOIN (CREAM) 0.0003, 0.0005, 0.001		FL: 1 IN 30 DAYS, AL: <21 YEARS
TRETINOIN (GEL (GRAM)) 0.0001, 0.0003		PA, QL: <= 45 IN 30 DAYS
TIER 3		
ADAPALENE (GEL (GRAM)) 0.001		PA, QL: <= 45 IN 30 DAYS
DIABETES		
<i>ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.</i>		
TIER 1		
ALOGLIPTIN BENZ/METFORMIN (TAB) 12.5-1000, 12.5-500MG		QL: 2 IN 1 DAYS
<i>ANTIHYPERGLY,DPP-4 ENZYME INHIB &THIAZOLIDINEDIONE</i>		
TIER 1		
ALOGLIPTIN BENZ/PIOGLITAZONE (TAB) MULTIPLE STRENGTHS		QL: 1 IN 1 DAYS
<i>ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)</i>		
TIER 1		
LIRAGLUTIDE (PEN INJCTR) 0.6 MG/0.1		PA
TIER 2		

Legend

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MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
EXENATIDE MICROSPHERES [BYDUREON BCISE] (AUTO INJCT) 2MG/0.85ML	PA
TIER 3	
DULAGLUTIDE [TRULICITY] (PEN INJCTR) MULTIPLE STRENGTHS	PA
EXENATIDE (PEN INJCTR) 10MCG/0.04, 5MCG/0.02	PA
SEMAGLUTIDE [OZEMPIC] (PEN INJCTR) .25 OR 0.5	PA
SEMAGLUTIDE [OZEMPIC] (PEN INJCTR) 1/0.75 (3), 2MG/0.75ML	PA, QL: <= 3 IN 21 DAYS
SEMAGLUTIDE [RYBELSUS] (TAB) 14 MG, 3 MG, 7 MG	PA, QL: 1 IN 1 DAYS
<i>ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB</i>	
TIER 1	
BEXAGLIFLOZIN (TAB) 20 MG	PA
BEXAGLIFLOZIN [BRENZAVVY] (TAB) 20 MG	PA
TIER 2	
ERTUGLIFLOZIN PIDOLATE [STEGLATRO] (TAB) 15 MG, 5 MG	QL: 1 IN 1 DAYS, ST
TIER 3	
DAPAGLIFLOZIN PROPANEDIOL (TAB) 10 MG, 5 MG	PA, QL: 1 IN 1 DAYS
EMPAGLIFLOZIN [JARDIANCE] (TAB) 10 MG, 25 MG	PA
<i>ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION</i>	
TIER 3	
TIRZEPATIDE [MOUNJARO] (PEN INJCTR) MULTIPLE STRENGTHS	PA, QL: <= 2 IN 21 DAYS
<i>ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)</i>	
TIER 1	
ACARBOSE (TAB) 100 MG, 25 MG, 50 MG	
MIGLITOL (TAB) 100 MG, 25 MG, 50 MG	
<i>ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS</i>	
TIER 1	
ALOGLIPTIN BENZOATE (TAB) 12.5 MG, 25 MG, 6.25 MG	QL: 1 IN 1 DAYS
<i>ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE</i>	
TIER 1	
GLIMEPIRIDE (TAB) 1 MG, 2 MG, 4 MG	
GLIPIZIDE (TAB ER 24) 10 MG, 2.5 MG, 5 MG	
GLIPIZIDE (TAB) 10 MG, 5 MG	

Legend

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MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name		Comment
GLYBURIDE (TAB) 1.25 MG, 2.5 MG, 5 MG		
GLYBURIDE,MICRONIZED (TAB) 1.5 MG, 3 MG, 6 MG		
TIER 3		
NATEGLINIDE (TAB) 120 MG, 60 MG		QL: 3 IN 1 DAYS
<i>ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)</i>		
TIER 1		
PIOGLITAZONE (TAB) 15 MG, 30 MG, 45 MG		
<i>ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA)</i>		
TIER 1		
METFORMIN (TAB ER 24H) 500 MG, 750 MG		
METFORMIN (TAB) 1000 MG, 500 MG, 850 MG		
TIER 3		
METFORMIN (TAB ER 24) 1000 MG, 500 MG		
<i>ANTIHYPERGLYCEMIC,INSULIN & GLP-1 RECEPTOR AGONIST</i>		
TIER 2		
INSULIN DEGLUDEC/LIRAGLUTIDE [XULTOPHY 100-3.6] (PEN) 100-3.6/ML		PA
TIER 3		
INSULIN GLARGINE/LIXISENATIDE [SOLIQUA 100-33] (PEN) 100-33/ML		PA
<i>ANTIHYPERGLYCEMIC,INSULIN-REL STIM.& BIGUANIDE CMB</i>		
TIER 1		
GLIPIZIDE/METFORMIN (TAB) MULTIPLE STRENGTHS		
GLYBURIDE/METFORMIN (TAB) MULTIPLE STRENGTHS		
<i>ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB</i>		
TIER 2		
ERTUGLIFLOZIN/METFORMIN [SEGLUROMET] (TAB) MULTIPLE STRENGTHS		QL: 2 IN 1 DAYS, ST
TIER 3		
EMPAGLIFLOZIN/METFORMIN [SYNJARDY XR] (TAB BP 24H) MULTIPLE STRENGTHS		PA
EMPAGLIFLOZIN/METFORMIN [SYNJARDY] (TAB) MULTIPLE STRENGTHS		PA
<i>DIABETIC SUPPLIES</i>		
INSULIN PUMP CART/SYRNG/NEEDLE [TWIIST REFILL KT(CSST-NDL-SYR)] (KIT)		
<i>DIABETIC ULCER PREPARATIONS, TOPICAL</i>		
TIER 3		

Legend

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MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
BECAPLERMIN [REGRANEX] (GEL (GRAM)) 0.0001	PA
<i>DISEASE MODIFYING AGENTS FOR TYPE 1 DIABETES</i>	
TIER 3	
TEPLIZUMAB-MZWV [TZIELD] (VIAL) 2 MG/2 ML	PA, MS
<i>HYPERGLYCEMICS</i>	
TIER 1	
DEXTROSE (GEL (GRAM)) 0.4	
DEXTROSE (GEL PACKET) 15 G/33 G	
DEXTROSE (LIQ) 15 G/60 ML, 15G/59ML	
DEXTROSE (TAB CHEW) 1 G	
DEXTROSE (TAB CHEW) 4 G	FL: 2 IN 30 DAYS
TIER 2	
DEXTROSE/DEXTRIN/MALTOSE [INSTA-GLUCOSE] (GEL (GRAM)) 24 G/31 G	
GLUCAGON (VIAL) 1 MG, 1 MG	QL: 6 YEAR
GLUCAGON [GVOKE HYPOPEN 1-PACK] (AUTO INJCT) 0.5 MG/0.1	QL: 6 YEAR
GLUCAGON [GVOKE HYPOPEN 1-PACK] (AUTO INJCT) 1 MG/0.2ML	QL: 6 IN 365 DAYS
TIER 3	
GLUCAGON [BAQSIMI] (SPRAY) 3 MG	QL: 6 YEAR
<i>INSULINS</i>	
TIER 1	
INSULIN ASPART (CARTRIDGE) 100/ML	
INSULIN ASPART (PEN) 100/ML (3)	
INSULIN ASPART (VIAL) 100/ML	
INSULIN ASPART PROT/INSULIN ASP (PEN) 70-30/ML	
INSULIN ASPART PROT/INSULIN ASP (VIAL) 70-30/ML	
INSULIN DEGLUDEC (PEN) 100/ML (3)	PA
INSULIN DEGLUDEC (VIAL) 100/ML	PA
INSULIN GLARGINE-YFGN (PEN) 100/ML (3)	
INSULIN GLARGINE-YFGN (VIAL) 100/ML	
INSULIN LISPRO PROTAMIN/LISPRO (PEN) 75-25/ML	
TIER 2	
INSULIN REGULAR, HUMAN [NOVOLIN R FLEXPEN] (PEN) 100/ML (3)	PA
TIER 3	

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Therapeutic Indication / Drug Name	Comment
INSULIN DEGLUDEC (PEN) 200/ML (3)	PA
INSULIN GLARGINE,HUM.REC.ANLOG (PEN) 300/ML, 300/ML (3)	PA
INSULIN GLARGINE,HUM.REC.ANLOG [LANTUS] (VIAL) 100/ML	ST
INSULIN GLULISINE [APIDRA] (VIAL) 100/ML	ST
INSULIN LISPRO (INS PEN HF) 100/ML	
INSULIN LISPRO (VIAL) 100/ML	
INSULIN LISPRO [HUMALOG KWIKPEN U-200] (PEN) 200/ML (3)	PA
INSULIN LISPRO [HUMALOG] (CARTRIDGE) 100/ML	PA
INSULIN LISPRO PROTAMIN/LISPRO [HUMALOG MIX 50-50 KWIKPEN] (PEN) 50-50/ML	
INSULIN LISPRO PROTAMIN/LISPRO [HUMALOG MIX 75-25] (VIAL) 75-25/ML	PA
INSULIN NPH HUM/REG INSULIN HM [HUMULIN 70/30 KWIKPEN] (PEN) 70-30/ML	ST
INSULIN NPH HUM/REG INSULIN HM [HUMULIN 70-30] (VIAL) 70-30/ML	ST
INSULIN NPH HUM/REG INSULIN HM [NOVOLIN 70-30 FLEXPEN] (PEN) 70-30/ML	
INSULIN NPH HUM/REG INSULIN HM [NOVOLIN 70-30] (VIAL) 70-30/ML	
INSULIN NPH HUMAN ISOPHANE [HUMULIN N KWIKPEN] (PEN) 100/ML (3)	
INSULIN NPH HUMAN ISOPHANE [HUMULIN N] (VIAL) 100/ML	
INSULIN REGULAR, HUMAN [HUMULIN R U-500 KWIKPEN] (PEN) 500/ML (3)	
INSULIN REGULAR, HUMAN [HUMULIN R] (VIAL) 100/ML	
INSULIN GLARGINE,HUM.REC.ANLOG [LANTUS SOLOSTAR] (PEN) 100/ML (3)	
INSULIN LISPRO (PEN) 100/ML	

EAR DISORDERS

EAR PREPARATIONS, MISC. ANTI-INFECTIVES

TIER 1

ACETIC ACID (SOL) 0.02,	
HYDROCORTISONE/ACETIC ACID (DROPS) 1 %-2 %	

EAR PREPARATIONS,ANTIBIOTICS

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Therapeutic Indication / Drug Name	Comment
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TIER 1

CIPROFLOXACIN (DROPERETTE) 0.002	
NEOMYCIN/POLYMYXIN B/HYDROCORT (DROPS SUSP) 3.5-10K-1, 3.5-10K-10	
NEOMYCIN/POLYMYXIN B/HYDROCORT (SOL) 3.5-10K-1	
OFLOXACIN (DROPS) 0.003, 0.003	
NEOMYC/COLIST/HYDROCORT/THONZN [CORTISPORIN-TC] (DROPS SUSP) 3.3-3-10/1	

EAR PREPARATIONS,EAR WAX REMOVERS

TIER 1

CARBAMIDE PEROXIDE (DROPS) 0.065	
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OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS

TIER 3

CIPROFLOXACIN HCL/DEXAMETH (DROPS SUSP) 0.3 %-0.1%	
CIPROFLOXACIN/HYDROCORTISONE [CIPRO HC] (DROPS SUSP) 0.2 %-1 %	

ELECTROLYTE REGULATION

ELECTROLYTE DEPLETERS

TIER 1

CALCIUM ACETATE (CAP) 667 MG	
CALCIUM ACETATE (TAB) 667 MG	
LANTHANUM CARBONATE (TAB CHEW) 1000 MG, 500 MG, 750 MG	PA
SEVELAMER CARBONATE (POWD PACK) 0.8 G, 2.4 G	PA

TIER 3

SEVELAMER (TAB) 400 MG, 800 MG	PA
SEVELAMER CARBONATE (TAB) 800 MG	

POTASSIUM REPLACEMENT

TIER 1

POTASSIUM &MAGNESIUM ASPARTATE (CAP) 250-250 MG	
POTASSIUM CHLORIDE (CAP ER) 10 MEQ, 8 MEQ	
POTASSIUM CHLORIDE (TAB ER PRT) 10 MEQ, 20 MEQ	
POTASSIUM CHLORIDE (TAB ER) 10 MEQ, 20 MEQ, 8 MEQ	
POTASSIUM GLUCONATE (TAB) MULTIPLE STRENGTHS	

TIER 3

POTASSIUM CHLORIDE (LIQ) 20MEQ/15ML, 40MEQ/15ML	
POTASSIUM CHLORIDE (PACKET) 20 MEQ	

SODIUM/SALINE PREPARATIONS

Legend

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MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
TIER 1	
0.9 % SODIUM CHLORIDE (SOL) 0.009	
SODIUM CHLORIDE (TAB SOL) 1000 MG, 1000 MG	QL: 3 IN 1 DAYS
ENDOCRINE DISORDERS	
<i>ADRENAL STEROID INHIBITORS</i>	
TIER 3	
LEVOKETOCONAZOLE [RECORLEV] (TAB) 150 MG	PA, MS
<i>ANTIDIURETIC AND VASOPRESSOR HORMONES</i>	
TIER 1	
DESMOPRESSIN ACETATE (SPRAY/PUMP) 150/SPRAY	PA
DESMOPRESSIN ACETATE (TAB) 0.1 MG, 0.2 MG	QL: 1 IN 1 DAYS, AL: <21 YEARS
<i>ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.</i>	
TIER 1	
LEUPROLIDE ACETATE (KIT) 1 MG/0.2ML	PA, MS
LEUPROLIDE ACETATE (VIAL) 1 MG/0.2ML	PA, MS
LEUPROLIDE ACETATE (VIAL) 22.5 MG	MS
TIER 2	
GOSERELIN ACETATE [ZOLADEX] (IMPLANT) 10.8 MG, 3.6 MG	PA
LEUPROLIDE ACETATE [ELIGARD] (SYRINGE) 22.5 MG, 7.5 MG	PA, MS
LEUPROLIDE ACETATE [LUPRON DEPOT] (SYRINGEKIT) 22.5 MG, 30 MG, 7.5 MG	ST, MS
TRIPTORELIN PAMOATE [TRELSTAR] (VIAL) 11.25 MG, 3.75 MG	PA
<i>ANTITHYROID PREPARATIONS</i>	
TIER 1	
METHIMAZOLE (TAB) 10 MG, 5 MG	
PROPYLTHIOURACIL (TAB) 50 MG	
<i>BONE FORMATION AGENTS - SCLEROSTIN INHIBITOR, MONO</i>	
TIER 3	
ROMOSUZUMAB-AQQG [EVENITY (2 SYRINGES)] (SYRINGE) 210MG/2.34	PA, MS
ROMOSUZUMAB-AQQG [EVENITY] (SYRINGE) 105MG/1.17	PA, MS
<i>BONE RESORPTION INHIBITORS</i>	
TIER 1	
ALENDRONATE SODIUM (SOL) 70 MG/75ML	
ALENDRONATE SODIUM (TAB) 10 MG, 35 MG, 5 MG, 70 MG	
IBANDRONATE SODIUM (TAB) 150 MG	
RALOXIFENE (TAB) 60 MG	

Legend

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MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
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GROWTH HORMONES

TIER 2

SOMATROPIN [GENOTROPIN] (CARTRIDGE) 12 MG/ML, 5 MG/ML	PA, MS
SOMATROPIN [GENOTROPIN] (SYRINGE) MULTIPLE STRENGTHS	PA, MS
SOMATROPIN [OMNITROPE] (VIAL) 5.8 MG	PA, MS

LHRH (GNRH) ANTAGONIST,ESTROGEN AND PROGESTIN COMB

TIER 3

ELAGOLIX/ESTRADIOL/NORETHINDRN [ORIAHNN] (CAP SEQ) 300-1-0.5	PA
RELUGOLIX/ESTRADIOL/NORETHINDR [MYFEMBREE] (TAB) 40-1-0.5MG	PA

LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS

TIER 3

LEUPROLIDE ACETATE [LUPRON DEPOT] (SYRINGEKIT) 11.25 MG	ST, MS
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LHRH(GNRH) ANTAGONIST,PITUITARY SUPPRESSANT AGENTS

TIER 3

ELAGOLIX SODIUM [ORLISSA] (TAB) 150 MG, 200 MG	PA
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LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY

TIER 2

LEUPROLIDE ACETATE [LUPRON DEPOT-PED] (SYRINGEKIT) 11.25 MG	PA, MS
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TIER 3

LEUPROLIDE ACETATE [LUPRON DEPOT-PED] (KIT) 11.25 MG	ST, MS
LEUPROLIDE ACETATE [LUPRON DEPOT-PED] (KIT) 15 MG, 7.5 MG	MS

MENOPAUSAL SYMPT SUPP-SEL ESTROGEN RECEP MODULATOR

TIER 2

OSPEMIFENE [OSPHENA] (TAB) 60 MG	PA
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PITUITARY SUPPRESSIVE AGENTS

TIER 1

CABERGOLINE (TAB) 0.5 MG	PA
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THYROID HORMONES

TIER 2

LEVOTHYROXINE SODIUM (TAB) MULTIPLE STRENGTHS	
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Legend

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Therapeutic Indication / Drug Name	Comment
LEVOTHYROXINE SODIUM [SYNTHROID] (TAB) MULTIPLE STRENGTHS	

TIER 3

LIOTHYRONINE SODIUM (TAB) 25 MCG, 5 MCG, 50 MCG

EYE DISORDERS

ARTIFICIAL TEARS

TIER 1

DEXTRAN 70/HYPROMELLOSE (DROPS) 0.1%-0.3%,
GLYCERIN/PROPYLENE GLYCOL (DROPS) 0.3%-1%
POLYVINYL ALCOHOL (DROPS) 0.014

TIER 2

DEXTRAN 70/HYPROMELLOSE (DROPERETTE)
DEXTRAN 70/HYPROMELLOSE/PF (DROPERETTE) 0.1%-0.3%,
0.1%-0.3%
DEXTRAN 70/HYPROMELLOSE/PF [GENTEAL TEARS]
(DROPERETTE) 0.1%-0.3%

CARBONIC ANHYDRASE INHIBITORS

TIER 1

ACETAZOLAMIDE (CAP ER) 500 MG
ACETAZOLAMIDE (TAB) 125 MG, 250 MG
METHAZOLAMIDE (TAB) 25 MG, 50 MG

EYE ANTIBIOTIC-CORTICOID COMBINATIONS

TIER 1

NEOMYCIN/BACIT/P-MYX/HYDROCORT (OINT.) 3.5-10K-1
NEOMYCIN/POLYMYXIN B/DEXAMETHA (DROPS SUSP) 0.001
NEOMYCIN/POLYMYXIN B/DEXAMETHA (OINT.) 3.5-10K-.1, 3.5-10K-.1
TOBRAMYCIN/DEXAMETHASONE (DROPS SUSP) 0.3 %-0.1%

TIER 2

TOBRAMYCIN/DEXAMETHASONE [TOBRADEX] (OINT.) 0.3 %-0.1%

EYE ANTIINFLAMMATORY AGENTS

TIER 1

DEXAMETHASONE SODIUM PHOSPHATE (DROPS) 0.001
DICLOFENAC SODIUM (DROPS) 0.001
FLUOROMETHOLONE (DROPS SUSP) 0.001
KETOROLAC TROMETHAMINE (DROPS) 0.004, 0.005
PREDNISOLONE ACETATE (DROPS SUSP) 0.01

Legend

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Therapeutic Indication / Drug Name	Comment
TIER 2	
FLUOROMETHOLONE [FML FORTE] (DROPS SUSP) 0.0025	
PREDNISOLONE ACETATE [PRED MILD] (DROPS SUSP) 0.0012	
TIER 3	
DEXAMETHASONE [MAXIDEX] (DROPS SUSP) 0.001	
EYE ANTIVIRALS	
TIER 1	
TRIFLURIDINE (DROPS) 0.01	
EYE PREPARATIONS, MISCELLANEOUS (OTC)	
TIER 1	
LANOLIN/MINERAL OIL/PETROLATUM (OINT.)	
TIER 2	
MINERAL OIL/PETROLATUM,WHITE (OINT.) 42.5-57.3%	
MINERAL OIL/PETROLATUM,WHITE (OINT.) 15 %-83 %	
MINERAL OIL/PETROLATUM,WHITE [REFRESH LACRI-LUBE] (OINT.) 42.5-56.8%	
EYE SULFONAMIDES	
TIER 1	
SULFACETAMIDE SODIUM (DROPS) 0.1	
SULFACETAMIDE SODIUM (OINT.) 0.1	
SULFACETAMIDE/PREDNISOLONE SP (DROPS) 10 %-0.23%	
TIER 2	
SULFACETAMIDE/PREDNISOLONE [BLEPHAMIDE S.O.P.] (OINT.) 10 %-0.2 %	
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	
TIER 1	
APRACLONIDINE (DROPS) 0.005	
BIMATOPROST (DROPS) 0.0003	
BRIMONIDINE TARTRATE (DROPS) 0.0015, 0.002	
CARTEOLOL (DROPS) 0.01	
DORZOLAMIDE (DROPS) 0.02	
LATANOPROST (DROPS) 0.0001	
LEVOBUNOLOL (DROPS) 0.005	
PILOCARPINE (DROPS) 0.01, 0.02, 0.04	
TIMOLOL MALEATE (DROPS) 0.0025, 0.005	
TIMOLOL MALEATE (SOL-GEL) 0.0025, 0.005	
TRAVOPROST (DROPS) 0	

Legend

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Therapeutic Indication / Drug Name	Comment
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TIER 2	
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APRACLONIDINE [IOPIDINE] (DROPERETTE) 0.01	
TIMOLOL [BETIMOL] (DROPS) 0.0025, 0.005	
TIMOLOL MALEATE/PF (DROPERETTE) 0.0025, 0.005	

TIER 3	
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BETAXOLOL (DROPS) 0.005	
BETAXOLOL [BETOPTIC S] (DROPS SUSP) 0.0025	
ECHOTHIOPHATE IODIDE [PHOSPHOLINE IODIDE] (DROPS) 0.0013	PA, MS
BRINZOLAMIDE (DROPS SUSP) 0.01	
DORZOLAMIDE HCL/TIMOLOL MALEAT (DROPS) 22.3-6.8/1	
TIMOLOL (DROPS) 0.005	

MYDRIATICS

TIER 1	
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ATROPINE (DROPS) 0.01	
CYCLOPENTOLATE (DROPS) 0.01	
HOMATROPINE HBR (DROPS) 0.05	
TROPICAMIDE (DROPS) 0.005	

TIER 2	
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CYCLOPENTOLATE/PHENYLEPHRINE [CYCLOMYDRIL] (DROPS) 0.2 %-1 %	
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TIER 3	
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TROPICAMIDE (DROPS) 0.01	
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OPHTHALMIC (EYE) ANTIPARASITICS

TIER 3	
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LOTILANER [XDEMVEY] (DROPS) 0.0025	PA, QL: <= 10, MS
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OPHTHALMIC ANTIBIOTICS

TIER 1	
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BACITRACIN/POLYMYXIN B (OINT.) 500-10K/G	
CIPROFLOXACIN (DROPS) 0.003	
ERYTHROMYCIN BASE (OINT.) 5 MG/GRAM	
MOXIFLOXACIN (DROPS VISC) 0.005	
MOXIFLOXACIN (DROPS) 0.005	
NEOMYCIN/POLYMYXIN B/GRAMICIDIN (DROPS) 1.75MG-10K	
POLYMYXIN B SULF/TRIMETHOPRIM (DROPS) 10000-1/ML	
TOBRAMYCIN (DROPS) 0.003	

TIER 2	
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Legend

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Therapeutic Indication / Drug Name	Comment
TOBRAMYCIN [TOBREX] (OINT.) 0.003	
TIER 3	
CIPROFLOXACIN [CILOXAN] (OINT.) 0.003	
GENTAMICIN (DROPS) 0.003	
<i>OPHTHALMIC MAST CELL STABILIZERS</i>	
TIER 1	
CROMOLYN SODIUM (DROPS) 0.04	
<i>OPHTHALMIC PREPARATIONS, MISCELLANEOUS</i>	
TIER 1	
SODIUM CHLORIDE (DROPS) 0.02, 0.05, 0.0065	
SODIUM CHLORIDE (OINT.) 0.05	
GOUT AND RELATED DISEASES	
<i>COLCHICINE</i>	
TIER 1	
COLCHICINE (TAB) 0.6 MG	
<i>HYPERURICEMIA TX - PURINE INHIBITORS</i>	
TIER 1	
ALLOPURINOL (TAB) 100 MG, 300 MG	
<i>URICOSURIC AGENTS</i>	
TIER 1	
PROBENECID (TAB) 500 MG	
PROBENECID/COLCHICINE (TAB) 500-0.5 MG, 500-0.5 MG	
HEMATOLOGICAL DISORDERS	
<i>ANTICOAGULANTS, COUMARIN TYPE</i>	
TIER 1	
WARFARIN SODIUM (TAB) MULTIPLE STRENGTHS	
<i>ANTIFIBRINOLYTIC AGENTS</i>	
TIER 1	
TRANEXAMIC ACID (TAB) 650 MG	
<i>COMPLEMENT (C3) INHIBITORS</i>	
TIER 3	
PEGCETACOPLAN [EMPAVELI] (VIAL) 1080 MG/20	PA, MS
<i>DIRECT FACTOR XA INHIBITORS</i>	
TIER 2	
APIXABAN [ELIQUIS] (TAB DS PK) 5 MG (74)	DL: 30 DAYS
APIXABAN [ELIQUIS] (TAB) 2.5 MG	QL: 2 IN 1 DAYS
APIXABAN [ELIQUIS] (TAB) 5 MG	QL: <= 74 IN 30 DAYS

Legend

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Therapeutic Indication / Drug Name	Comment
RIVAROXABAN [XARELTO] (TAB DS PK) 15 MG-20MG	FL: 1 IN 180 DAYS
RIVAROXABAN [XARELTO] (TAB) 10 MG, 15 MG, 20 MG	
HEMORRHOLOGIC AGENTS	
TIER 1	
PENTOXIFYLLINE (TAB ER) 400 MG	QL: 3 IN 1 DAYS
HEPARIN AND RELATED PREPARATIONS	
TIER 1	
ENOXAPARIN SODIUM (SYRINGE) MULTIPLE STRENGTHS	
HEPARIN SODIUM,PORCINE (VIAL) 10 UNIT/ML, 100/ML	
HEPARIN SODIUM,PORCINE/PF (SYRINGE) MULTIPLE STRENGTHS	
HEPARIN SODIUM,PORCINE/PF (VIAL) 100/ML (1)	
TIER 3	
FONDAPARINUX SODIUM (SYRINGE) MULTIPLE STRENGTHS	
ENOXAPARIN SODIUM (VIAL) 300 MG/3ML	
HUMAN MONOCLONAL ANTIBODY COMPLEMENT(C5) INHIBITOR	
TIER 3	
DANICOPAN [VOYDEYA] (TAB) 100 MG, 150 MG	PA, MS
IPTACOPAN [FABHALTA] (CAP) 200 MG	PA, MS
ZILUCOPLAN SODIUM [ZILBRYSQ] (SYRINGE) MULTIPLE STRENGTHS	PA, MS
PLATELET AGGREGATION INHIBITORS	
TIER 1	
ASPIRIN (TAB CHEW) 81 MG	
ASPIRIN (TAB DR) 81 MG, 325 MG, 500 MG, 650 MG	
CILOSTAZOL (TAB) 100 MG, 50 MG	
PRASUGREL (TAB) 10 MG, 5 MG	
ASPIRIN/DIPYRIDAMOLE (CPMP 12HR) 25MG-200MG	
CLOPIDOGREL BISULFATE (TAB) 75 MG	
SICKLE CELL ANEMIA AGENTS	
TIER 2	
HYDROXYUREA [DROXIA] (CAP) 200 MG, 300 MG, 400 MG	
VITAMIN K PREPARATIONS	
TIER 1	
PHYTONADIONE (VIT K1) (AMPUL) 1 MG/0.5ML	AL: ≤1 YEARS
PHYTONADIONE (VIT K1) (TAB) 100 MCG, 5 MG	
PHYTONADIONE (VIT K1) (VIAL) 10 MG/ML	

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Therapeutic Indication / Drug Name	Comment
HORMONAL DEFICIENCY	
<i>ANDROGEN/ESTROGEN PREPS FOR FEMALE SEXUAL DYSFUNC</i>	
TIER 2	
PRASTERONE (DHEA) [INTRAROSA] (INSERT) 6.5 MG	PA
<i>ANDROGENIC AGENTS</i>	
TIER 1	
TESTOSTERONE CYPIONATE (VIAL) 100 MG/ML, 200 MG/ML	AL: ≤44 YEARS
TIER 3	
TESTOSTERONE (GEL (GRAM)) 50 MG (1%)	PA
TESTOSTERONE (GEL MD PMP) 12.5/1.25G, 20.25/1.25	PA
TESTOSTERONE (GEL PACKET) 25MG(1%), 50 MG (1%)	PA
TESTOSTERONE (SOL MD PMP) 30MG/1.5ML	PA
TESTOSTERONE (GEL MD PMP) 10 MG (2%)	PA
<i>ESTROGEN & SELECTIVE ESTROGEN RECEPT MOD(SERM)COMB</i>	
TIER 2	
ESTROGENS,CONJ/BAZEDOXIFENE [DUAVEE] (TAB) 0.45-20 MG	PA
<i>ESTROGENIC AGENTS</i>	
TIER 1	
ESTRADIOL (PATCH TDSW) MULTIPLE STRENGTHS	
ESTRADIOL (PATCH TDWK) MULTIPLE STRENGTHS	
ESTRADIOL (TAB) 0.5 MG, 1 MG, 2 MG, 10 MCG	
NORETHINDRONE AC/ETH ESTRADIOL (TAB) 1MG-5MCG	QL: 1 IN 1 DAYS
TIER 2	
ESTRADIOL/NORETHINDRONE ACET [COMBIPATCH] (PATCH TDSW) .05-.14/24, .05-.25/24	
TIER 3	
ESTRADIOL VALERATE (VIAL) 10 MG/ML, 20 MG/ML	QL: 5 IN 30 DAYS
ESTROGEN,CON/M-PROGEST ACET [PREMPRO] (TAB) MULTIPLE STRENGTHS	PA
ESTROGENS, CONJUGATED [PREMARIN] (TAB) MULTIPLE STRENGTHS	PA
ESTRADIOL/NORETHINDRONE ACET (TAB) 0.5-0.1 MG, 1 MG-0.5MG	
<i>MENOPAUSAL SYMPTOMS SUPPRESSANT-NK3 RECEPTOR ANTAG</i>	
TIER 2	
FEZOLINETANT [VEOZAH] (TAB) 45 MG	PA

Legend

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Therapeutic Indication / Drug Name	Comment
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PROGESTATIONAL AGENTS

TIER 1

MEDROXYPROGESTERONE ACETATE (TAB) 10 MG, 2.5 MG, 5 MG	
NORETHINDRONE ACETATE (TAB) 5 MG	
PROGESTERONE, MICRONIZED (CAP) 100 MG, 200 MG	

IMMUNIZATION

COVID-19 VACCINES

TIER 2

COVID VAC 24-25 (12UP)(MOD)/PF [SPIKEVAX 2024-2025] (SYRINGE) 50 MCG/0.5	
COVID VAC 24-25 (12UP)(PFI)/PF [COMIRNATY 2024-2025] (SYRINGE) 30 MCG/0.3	
COVID VAC 24-25(12Y UP)/ADJ/PF [NOVAVAX COVID 2024-2025 (EUA)] (SYRINGE) 5MCG/0.5ML	
COVID VAC 24-25(5-11Y)(PFI)/PF [PFIZER COVID 2024-25(5-11Y)EUA] (VIAL) 10 MCG/0.3	
COVID VAC 24-25(6M-11Y)(MOD)PF [MODERNA COVID 24-25(6M-11Y)EUA] (SYRINGE) 25MCG/0.25	
COVID VAC 24-25(6M-4Y)(PFI)/PF [PFIZER COVID 2024-25(6M-4Y)EUA] (VIAL) 3MCG/0.3ML	

GRAM (-) BACILLI (NON-ENTERIC) VACCINES

TIER 2

TYPHOID VACC,LIVE,ATTENUATED [VIVOTIF] (CAP DR) 2B UNIT	
TYPHOID VI POLYSACCH VACCINE [TYPHIM VI] (SYRINGE) 25MCG/0.5	
TYPHOID VI POLYSACCH VACCINE [TYPHIM VI] (VIAL) 25MCG/0.5	

GRAM POSITIVE COCCI VACCINES

TIER 2

PNEUMOCOCCAL 23-VAL P-SAC VAC [PNEUMOVAX 23] (SYRINGE) 25MCG/0.5	
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NEUROTOXIC VIRUS VACCINES

TIER 2

DENGUE VACCINE, LIVE, VERO(PF) [DENGVAXIA] (VIAL) 10EXP4.5-6	
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Therapeutic Indication / Drug Name	Comment
JAPANESE ENCEPHALITIS VACC/PF [IXIARO] (SYRINGE) 6MCG/0.5ML	
YELLOW FEVER VACCINE LIVE/PF [STAMARIL] (VIAL) 1000/0.5ML	
YELLOW FEVER VACCINE LIVE/PF [YF-VAX] (VIAL) 10E4.74, 10E4.74	

TOXIN-PRODUCING BACILLI VACCINES/TOXOIDS

TIER 2	
ANTHRAX VACCINE ADSORBED [BIOTHRAX] (VIAL) 0.5ML/DOSE	
CHOLERA VACCINE, LIVE [VAXCHORA VACCINE] (SUSP RECON) 0.4B TO 2B	

TIER 2	
BCG VACCINE, LIVE/PF [BCG VACCINE (TICE STRAIN)] (VIAL) 50 MG	

VACCINE/TOXOID PREPARATIONS, COMBINATIONS

TIER 2	
DIPH, PERTUSS(ACELL), TET PED/PF [DAPTACEL DTAP] (VIAL) 15-10-5/.5	
DIPHTH, PERTUSS(ACELL), TET VAC [BOOSTRIX TDAP] (SYRINGE) 2.5-8-5/.5, 2.5-8-5/.5	

VIRAL/TUMORIGENIC VACCINES

TIER 2	
CHIKUNGUNYA VACCINE, LIVE/PF [IXCHIQ] (VIAL) 1000 TCID	
EBOLA (ZAIRE)VACC, LIVE, VERO/PF [ERVEBO (NATIONAL STOCKPILE)] (VIAL) 1 ML	

TIER 2	
VARICELLA-ZOSTER GE VAC, 2 OF 2 [SHINGRIX GE ANTIGEN COMPONENT] (VIAL) 50 MCG	AL: ≥19 YEARS ≥50 YEARS
VARICELLA-ZOSTER GE/AS01B/PF [SHINGRIX] (KIT) 50 MCG/0.5	AL: ≥19 YEARS ≥50 YEARS

IMMUNOSUPPRESSION/MODULATION

IMMUNOMODULATORS

TIER 1	
IMIQUIMOD (CREAM PACK) 0.05	PA

IMMUNOSUPPRESSANT-INTERFERON GAMMA INHIBITOR, MAB

Legend

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Therapeutic Indication / Drug Name	Comment
TIER 3	
ANIFROLUMAB-FNIA [SAPHNELO] (VIAL) 300 MG/2ML	PA, MS
IMMUNOSUPPRESSIVES	
TIER 1	
AZATHIOPRINE (TAB) 50 MG	
CYCLOSPORINE (CAP) 100 MG, 25 MG	
CYCLOSPORINE, MODIFIED (CAP) 100 MG, 25 MG, 50 MG	
MYCOPHENOLATE MOFETIL (CAP) 250 MG	
MYCOPHENOLATE MOFETIL (SUSP RECON) 200 MG/ML	
MYCOPHENOLATE MOFETIL (TAB) 500 MG	
TACROLIMUS (CAP) 0.5 MG, 1 MG, 5 MG	
TIER 2	
CYCLOSPORINE, MODIFIED (SOL) 100 MG/ML	
CYCLOSPORINE, MODIFIED [NEORAL] (SOL) 100 MG/ML	
TIER 3	
VOCLOSPORIN [LUPKYNIS] (CAP) 7.9 MG	PA, MS
INFECTIOUS DISEASE	
2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL	
TIER 1	
TINIDAZOLE (TAB) 250 MG, 500 MG	QL: <= 12 IN 45 DAYS
ABSORBABLE SULFONAMIDES	
TIER 1	
SULFAMETHOXAZOLE/TRIMETHOPRIM (ORAL SUSP) 200-40MG/5	
SULFAMETHOXAZOLE/TRIMETHOPRIM (TAB) 400MG-80MG, 800-160 MG	
AMINOGLYCOSIDES	
TIER 1	
NEOMYCIN (TAB) 500 MG	QL: 6 IN 1 DAYS, DL: 1 DAYS, FL: 1 IN 30 DAYS
TOBRAMYCIN IN 0.225% SOD CHLOR (AMPUL-NEB) 300 MG/5ML	PA, MS
TIER 2	
TOBRAMYCIN [TOBI PODHALER] (CAP W/DEV) 28 MG	PA, MS
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	

Legend

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Therapeutic Indication / Drug Name	Comment
TIER 1	
METRONIDAZOLE (TAB) 250 MG, 500 MG	
ANTHELMINTICS	
TIER 1	
IVERMECTIN (TAB) 3 MG	
PRAZIQUANTEL (TAB) 600 MG	PA
PYRANTEL PAMOATE (ORAL SUSP) 50 MG/ML	
TIER 3	
ALBENDAZOLE (TAB) 200 MG	PA
PYRANTEL PAMOATE (TAB CHEW) 250 MG	
ANTIFUNGAL AGENTS	
TIER 1	
CLOTRIMAZOLE (TROCHE) 10 MG	
FLUCONAZOLE (SUSP RECON) 10 MG/ML, 40 MG/ML	DL: 21 IN 180 DAYS
FLUCONAZOLE (TAB) 100 MG, 150 MG, 200 MG, 50 MG	QL: <= 21 IN 180 DAYS
TERBINAFINE (TAB) 250 MG	
TIER 3	
ITRACONAZOLE (CAP) 100 MG	PA
ITRACONAZOLE (SOL) 10 MG/ML	PA
KETOCONAZOLE (TAB) 200 MG	ST
VORICONAZOLE (SUSP RECON) 200 MG/5ML	PA
VORICONAZOLE (TAB) 200 MG, 50 MG	PA
ANTIFUNGAL ANTIBIOTICS	
TIER 1	
NYSTATIN (ORAL SUSP) 100000/ML	
NYSTATIN (TAB) 500K UNIT	
TIER 2	
REZAFUNGIN ACETATE [REZZAYO] (VIAL) 200 MG	PA
TIER 3	
GRISEOFULVIN ULTRAMICROSIZED (TAB) 125 MG, 250 MG	PA
GRISEOFULVIN, MICROSIZED (ORAL SUSP) 125 MG/5ML	DL: 30 DAYS DS <= 84 IN 365 DAYS, AL: ≤20 YEARS
GRISEOFULVIN, MICROSIZED (TAB) 500 MG	PA

Legend

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Therapeutic Indication / Drug Name		Comment
IBREXAFUNGERP CITRATE [BREXAFEMME] (TAB) 150 MG		PA, QL: 4 IN 1 DAYS, FL: 1 IN 90 DAYS
ANTILEPROTICS		
TIER 1		
DAPSONE (TAB) 100 MG, 25 MG		
ANTIMALARIAL DRUGS		
TIER 1		
HYDROXYCHLOROQUINE (TAB) 200 MG		
HYDROXYCHLOROQUINE [SOVUNA] (TAB) 200 MG		
ANTI-MYCOBACTERIUM AGENTS		
TIER 1		
ETHAMBUTOL (TAB) 100 MG, 400 MG		
ISONIAZID (SOL) 50 MG/5 ML		
ISONIAZID (TAB) 100 MG, 300 MG		
ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NNRTI COMB.		
TIER 2		
DOLUTEGRAVIR/RILPIVIRINE [JULUCA] (TAB) 50 MG-25MG		PA, QL: 1 IN 1 DAYS
ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NRTI COMB.		
TIER 2		
DOLUTEGRAVIR SODIUM/LAMIVUDINE [DOVATO] (TAB) 50MG-300MG		PA, QL: 1 IN 1 DAYS
ANTIRETROVIRAL-NUCLEOSIDE,NUCLEOTIDE,PROTEASE INH.		
TIER 2		
DARUNAVIR/COB/EMTRI/TENOF ALAF [SYMTUZA] (TAB) 800-150 MG		PA
ANTITUBERCULAR ANTIBIOTICS		
TIER 1		
RIFAMPIN (CAP) 150 MG, 300 MG		
ANTIVIRAL - MAIN PROTEASE (MPRO) INHIBITOR		
TIER 2		
NIRMATRELVIR/RITONAVIR [PAXLOVID] (TAB DS PK) 150-100 MG, 300-100 MG		DL: 5 DAYS, FL: 1 IN 90 DAYS
ANTIVIRALS, GENERAL		
TIER 1		
ACYCLOVIR (CAP) 200 MG		

Legend

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MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
ACYCLOVIR (ORAL SUSP) 200 MG/5ML	QL: <= 30 IN 180 DAYS IF AGE <= 12 YEARS THEN <= 9999 IN 180 DAYS, DL: 30 IN 180 DAYS
ACYCLOVIR (TAB) 400 MG, 800 MG	
OSELTAMIVIR PHOSPHATE (CAP) 75 MG	
OSELTAMIVIR PHOSPHATE (SUSP RECON) 6 MG/ML	QL: 3 IN 180 DAYS
RIBAVIRIN (VIAL-NEB) 6 G	PA
VALACYCLOVIR (TAB) 1000 MG, 500 MG	
VALGANCICLOVIR (SOLN RECON) 50 MG/ML	QL: 500 IN 30 DAYS
VALGANCICLOVIR (TAB) 450 MG	QL: 2 IN 1 DAYS
TIER 2	
ZANAMIVIR [RELENZA] 5 MG	
TIER 3	
BALOXAVIR MARBOXIL [XOFLUZA] (TAB) 20 MG, 40 MG	PA
OSELTAMIVIR PHOSPHATE (CAP) 30 MG, 45 MG	
<i>ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB</i>	
TIER 2	
DARUNAVIR (TAB) 800 MG	
DARUNAVIR [PREZISTA] (ORAL SUSP) 100 MG/ML	AL: <12 YEARS
DARUNAVIR [PREZISTA] (TAB) 150 MG, 75 MG	
DARUNAVIR/COBICISTAT [PREZCOBIX] (TAB) 800-150 MG	
TIPRANAVIR [APTIVUS] (CAP) 250 MG	PA
DARUNAVIR (TAB) 600 MG	
<i>ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG</i>	
TIER 1	
EMTRICITABINE/TENOFOVIR (TDF) (TAB) 200-300 MG	
TIER 2	
EMTRICITABINE/TENOFOV ALAFENAM [DESCOVY] (TAB) 200MG-25MG	
EMTRICITABINE/TENOFOVIR (TDF) (TAB) MULTIPLE STRENGTHS	

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name		Comment
LAMIVUDINE/TENOFOVIR DISOP FUM [CIMDUO] (TAB) 300-300 MG		PA
<i>ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB</i>		
TIER 1		
ABACAVIR/LAMIVUDINE (TAB) 600-300 MG		PA
LAMIVUDINE/ZIDOVUDINE (TAB) 150-300 MG		
<i>ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.</i>		
MARAVIROC (TAB) 150 MG, 300 MG		PA
<i>ANTIVIRALS, HIV-SPECIFIC, CD4 ATTACHMENT INHIBITOR</i>		
TIER 2		
FOSTEMSAVIR TROMETHAMINE [RUKOBIA] (TAB ER 12H) 600 MG		PA
<i>ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS</i>		
TIER 2		
ENFUVIRTIDE [FUZEON] (VIAL) 90 MG		
<i>ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI</i>		
TIER 1		
EFAVIRENZ (TAB) 600 MG		
NEVIRAPINE (ORAL SUSP) 50 MG/5 ML		PA
NEVIRAPINE (TAB ER 24H) 100 MG, 400 MG		PA
NEVIRAPINE (TAB) 200 MG		PA
TIER 2		
DORAVIRINE [PIFELTRO] (TAB) 100 MG		PA
ETRAVIRINE (TAB) 200 MG		
ETRAVIRINE [INTELENCE] (TAB) 25 MG		
RILPIVIRINE [EDURANT] (TAB) 25 MG		
ETRAVIRINE (TAB) 100 MG		
<i>ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI</i>		
TIER 1		
ABACAVIR (SOL) 20 MG/ML		PA
ABACAVIR (TAB) 300 MG		PA
EMTRICITABINE (CAP) 200 MG		
LAMIVUDINE (SOL) 10 MG/ML		AL: <12 YEARS
LAMIVUDINE (TAB) 150 MG, 300 MG, 100 MG		
STAVUDINE (CAP) 15 MG, 20 MG		PA
ZIDOVUDINE (CAP) 100 MG		
ZIDOVUDINE (SYRUP) 10 MG/ML		AL: <12 YEARS
ZIDOVUDINE (TAB) 300 MG		

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required		
MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
TIER 2	
EMTRICITABINE [EMTRIVA] (SOL) 10 MG/ML	AL: <12 YEARS
<i>ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI</i>	
TIER 1	
TENOFOVIR DISOPROXIL FUMARATE (TAB) 300 MG	
TIER 2	
TENOFOVIR DISOPROXIL FUMARATE [VIREAD] (POWDER) 40MG/SCOOP	AL: <12 YEARS
TENOFOVIR DISOPROXIL FUMARATE [VIREAD] (TAB) 150 MG, 200 MG, 250 MG	
<i>ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB</i>	
TIER 1	
LOPINA VIR/RITONAVIR (SOL) 400-100/5	AL: <12 YEARS
TIER 2	
LOPINA VIR/RITONAVIR (TAB) 200MG-50MG	
LOPINA VIR/RITONAVIR (TAB) 100MG-25MG	
<i>ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS</i>	
TIER 1	
ATAZANA VIR (CAP) 150 MG, 200 MG	
FOSA MPRENA VIR CALCIUM (TAB) 700 MG	
RITONAVIR (TAB) 100 MG	
TIER 2	
ATAZANA VIR [REYATAZ] (POWD PACK) 50 MG	AL: <12 YEARS
ATAZANA VIR/COBICISTAT [EVOTAZ] (TAB) 300-150 MG	
NELFINAVIR MESYLATE [VIRACEPT] (TAB) 250 MG, 625 MG	PA
RITONAVIR [NORVIR] (CAP) 100 MG	
ATAZANA VIR (CAP) 300 MG	
<i>ANTIVIRALS, HIV-1 INTEGRASE STRAND TRANSFER INHIBTR</i>	
TIER 2	
CABOTEGRA VIR SODIUM [VOCABRIA] (TAB) 30 MG	PA, QL: 1 IN 1 DAYS
DOLUTEGRA VIR SODIUM [TIVICAY] (TAB) 50 MG	
RALTEGRA VIR POTASSIUM [ISENTRESS HD] (TAB) 600 MG	PA
RALTEGRA VIR POTASSIUM [ISENTRESS] (POWD PACK) 100 MG	AL: <12 YEARS
RALTEGRA VIR POTASSIUM [ISENTRESS] (TAB CHEW) 100 MG, 25 MG	AL: <12 YEARS
RALTEGRA VIR POTASSIUM [ISENTRESS] (TAB) 400 MG	

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
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ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI

TIER 1

EFAVIRENZ/EMTRICIT/TENOFOVR DF (TAB) 600-200MG	
EFAVIRENZ/LAMIVU/TENOFOV DISOP (TAB) 400-300 MG, 600-300 MG	PA, QL: 1 IN 1 DAYS

TIER 2

DORAVIRINE/LAMIVU/TENOFOV DISO [DELSTRIGO] (TAB) 100-300 MG	PA
EMTRICITA/RILPIVIRINE/TENOF DF [COMPLERA] (TAB) 200-25-300	PA
EMTRICITAB/RILPIVIRI/TENOF ALA [ODEFSEY] (TAB) 200-25-25	PA

ARV CMB-NRTI,N(T)RTI, INTEGRASE INHIBITOR

TIER 2

BICTEGRAV/EMTRICIT/TENOFOV ALA [BIKTARVY] (TAB) 50-200-25	QL: 1 IN 1 DAYS
ELVITEG/COB/EMTRI/TENOF ALAFEN [GENVOYA] (TAB) 150-200-10	PA
ELVITEG/COB/EMTRI/TENOFO DISOP [STRIBILD] (TAB) 150-200 MG	PA

ARV COMB-NRTIS & INTEGRASE INHIBITOR

TIER 2

ABACAVIR/DOLUTEGRAVIR/LAMIVUDI [TRIUMEQ] (TAB) 600-50-300	PA
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BETALACTAMS

TIER 3

AZTREONAM LYSINE [CAYSTON] (VIAL-NEB) 75 MG/ML	PA, MS
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CEPHALOSPORINS - 1ST GENERATION

TIER 1

CEFADROXIL (CAP) 500 MG	
CEFADROXIL (SUSP RECON) 250 MG/5ML, 500 MG/5ML	
CEFADROXIL (TAB) 1 G	
CEPHALEXIN (CAP) 250 MG, 500 MG	
CEPHALEXIN (SUSP RECON) 125 MG/5ML, 250 MG/5ML	
CEPHALEXIN (TAB) 250 MG, 500 MG	

CEPHALOSPORINS - 2ND GENERATION

TIER 1

CEFACLOR (CAP) 250 MG, 500 MG	
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Legend

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MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
CEFACLOR (SUSP RECON) MULTIPLE STRENGTHS	
CEFACLOR (TAB ER 12H) 500 MG	
CEFPROZIL (SUSP RECON) 125 MG/5ML, 250 MG/5ML	
CEFPROZIL (TAB) 250 MG, 500 MG	
CEFUROXIME AXETIL (TAB) 250 MG, 500 MG	
CEPHALOSPORINS - 3RD GENERATION	
TIER 1	
CEFDINIR (CAP) 300 MG	
CEFDINIR (SUSP RECON) 125 MG/5ML, 250 MG/5ML	
CEFIXIME (SUSP RECON) 100 MG/5ML	
CEFPODOXIME PROXETIL (SUSP RECON) 100 MG/5ML, 50 MG/5 ML	
CEFPODOXIME PROXETIL (TAB) 100 MG, 200 MG	
CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	
TIER 1	
TRIMETHOPRIM (TAB) 100 MG	
TIER 2	
TRIMETHOPRIM [PRIMSOL] (SOL) 50 MG/5 ML	
FECAL MICROBIOTA TRANSPLANTATION (FMT)	
TIER 3	
FECAL MICROBIO SPORE,LIVE-BRPK [VOWST] (CAP)	PA, QL: <= 12,
HEP C - NS5A, NS3/4A, NUCLEOTIDE NS5B INHIB COMBO	
TIER 3	
SOFOSBUVIR/VELPATAS/VOXILAPREV [VOSEVI] (TAB) 400-100 MG	QL: 1 IN 1 DAYS 84 LIFETIME, DL: 28 DAYS, MS
HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	
TIER 1	
SOFOSBUVIR/VELPATASVIR (TAB) 400-100 MG	QL: 1 IN 1 DAYS 84 LIFETIME, DL: 28 DAYS, MS
HEPATITIS B TREATMENT AGENTS	
TIER 1	
ADEFOVIR DIPIVOXIL (TAB) 10 MG	MS
ENTECAVIR (TAB) 0.5 MG, 1 MG	MS
TIER 2	

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name		Comment
ENTECAVIR [BARACLUDE] (SOL) 0.05 MG/ML		MS
<i>HEPATITIS C TREATMENT AGENTS</i>		
TIER 1		
RIBAVIRIN (CAP) 200 MG		PA
RIBAVIRIN (TAB) 200 MG		PA
TIER 2		
PEGINTERFERON ALFA-2A [PEGASYS] (SYRINGE) 180MCG/0.5		PA, MS
PEGINTERFERON ALFA-2A [PEGASYS] (VIAL) 180MCG/ML		PA, MS
<i>HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB</i>		
TIER 2		
GLECAPREVIR/PIBRENTASVIR [MAVYRET] (TAB) 100MG-40MG		QL: 168 LIFETIME 3 IN 1 DAYS, DL: 28 DAYS, MS
TIER 3		
ELBASVIR/GRAZOPREVIR [ZEPATIER] (TAB) 50MG-100MG		PA, MS
<i>LINCOSAMIDES</i>		
TIER 1		
CLINDAMYCIN (CAP) 150 MG, 300 MG, 75 MG		
CLINDAMYCIN PALMITATE (SOLN RECON) 75 MG/5 ML		
<i>MACROLIDES</i>		
TIER 1		
AZITHROMYCIN (PACKET) 1 G		
AZITHROMYCIN (SUSP RECON) 100 MG/5ML, 200 MG/5ML		
AZITHROMYCIN (TAB) 250 MG, 500 MG, 600 MG		
AZITHROMYCIN (VIAL PORT) 500 MG		
AZITHROMYCIN (VIAL) 500 MG		
CLARITHROMYCIN (SUSP RECON) 125 MG/5ML, 250 MG/5ML		PA
CLARITHROMYCIN (TAB ER 24H) 500 MG		DL: 14 IN 180 DAYS
CLARITHROMYCIN (TAB) 250 MG		PA
CLARITHROMYCIN (TAB) 500 MG		DL: 14 IN 180 DAYS
ERYTHROMYCIN BASE (CAP DR) 250 MG		
TIER 3		
ERYTHROMYCIN BASE (TAB DR) 250 MG, 333 MG, 500 MG		
ERYTHROMYCIN BASE (TAB) 250 MG, 500 MG		

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required		
MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
ERYTHROMYCIN ETHYLSUCCINATE (SUSP RECON) 200 MG/5ML, 400 MG/5ML	FL: 1 IN 30 DAYS
ERYTHROMYCIN ETHYLSUCCINATE (TAB) 400 MG	
ERYTHROMYCIN STEARATE (TAB) 250 MG	

NITROFURAN DERIVATIVES

TIER 1

NITROFURANTOIN MACROCRYSTAL (CAP) 100 MG, 25 MG, 50 MG

NITROFURANTOIN MONOHYD/M-CRYST (CAP) 100 MG

TIER 3

NITROFURANTOIN (ORAL SUSP) 25 MG/5 ML

OXAZOLIDINONES

TIER 3

LINEZOLID (TAB) 600 MG

PA

PENICILLINS

TIER 1

AMOXICILLIN (CAP) 250 MG, 500 MG

AMOXICILLIN (SUSP RECON) MULTIPLE STRENGTHS

AMOXICILLIN (TAB CHEW) 125 MG, 250 MG

AMOXICILLIN (TAB) 500 MG, 875 MG

AMOXICILLIN/POTASSIUM CLAV (SUSP RECON) MULTIPLE STRENGTHS

AMOXICILLIN/POTASSIUM CLAV (TAB CHEW) 200-28.5MG, 400-57MG

AMOXICILLIN/POTASSIUM CLAV (TAB ER 12H) 1000-62.5

AMOXICILLIN/POTASSIUM CLAV (TAB) MULTIPLE STRENGTHS

AMPICILLIN TRIHYDRATE (CAP) 500 MG

DICLOXACILLIN SODIUM (CAP) 250 MG, 500 MG

PENICILLIN V POTASSIUM (SOLN RECON) 125 MG/5ML, 250 MG/5ML

PENICILLIN V POTASSIUM (TAB) 250 MG, 500 MG

TIER 2

AMOXICILLIN/POTASSIUM CLAV [AUGMENTIN] (SUSP RECON) 125-31.25/

PENICILLIN G BENZATHINE [BICILLIN L-A] (SYRINGE) MULTIPLE STRENGTHS

QL: 4 IN 28 DAYS

QUINOLONES

Legend

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MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
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TIER 1

CIPROFLOXACIN (TAB) MULTIPLE STRENGTHS	
LEVOFLOXACIN (TAB) 250 MG, 500 MG, 750 MG	
LEVOFLOXACIN (VIAL) 25 MG/ML	
MOXIFLOXACIN (TAB) 400 MG	QL: 1 IN 1 DAYS

TIER 3

CIPROFLOXACIN (SUS MC REC) 250 MG/5ML, 500 MG/5ML	
CIPROFLOXACIN [CIPRO] (SUS MC REC) 250 MG/5ML, 500 MG/5ML	
OFLOXACIN (TAB) 300 MG, 400 MG	

RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS

TIER 2

RIFAXIMIN [XIFAXAN] (TAB) 200 MG, 550 MG	PA
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TETRACYCLINES

TIER 1

DOXYCYCLINE HYCLATE (CAP) 100 MG, 50 MG	QL: 60 IN 30 DAYS
DOXYCYCLINE HYCLATE (TAB) 100 MG, 20 MG	
DOXYCYCLINE HYCLATE (VIAL) 100 MG	
DOXYCYCLINE MONOHYDRATE (CAP) 100 MG, 50 MG	QL: 60 IN 30 DAYS
DOXYCYCLINE MONOHYDRATE (SUSP RECON) 25 MG/5 ML	
DOXYCYCLINE MONOHYDRATE (TAB) 100 MG, 50 MG	
TETRACYCLINE (TAB) 250 MG, 500 MG	

TIER 3

TETRACYCLINE (CAP) 250 MG, 500 MG	QL: 4 IN 1 DAYS
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VANCOMYCIN AND DERIVATIVES

TIER 1

VANCOMYCIN (CAP) 125 MG	QL: 4 IN 1 DAYS <= 40 IN 30 DAYS
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TIER 3

VANCOMYCIN (CAP) 250 MG	PA
VANCOMYCIN (SOLN RECON) 25 MG/ML, 50 MG/ML	PA

INFLAMMATORY DISEASE

ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR

TIER 1

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
ADALIMUMAB-AATY (AUTOINJKIT) 40MG/0.4ML, 80MG/0.8ML	PA, MS
ADALIMUMAB-AATY (SYRINGEKIT) 20MG/0.2ML, 40MG/0.4ML	PA, MS
ADALIMUMAB-FKJP (PEN IJ KIT) 40MG/0.8ML	PA, MS
ADALIMUMAB-FKJP (SYRINGEKIT) 20MG/0.4ML, 40MG/0.8ML	PA, MS
ADALIMUMAB-AACF (PEN IJ KIT) 40MG/0.8ML	PA, MS

TIER 3

ETANERCEPT [ENBREL SURECLICK] (PEN INJCTR) 50MG/ML(1)	PA, MS
ETANERCEPT [ENBREL] (SYRINGE) 50MG/ML(1)	PA, MS
INFLIXIMAB (VIAL) 100 MG	PA, MS
INFLIXIMAB-DYYB [INFLECTRA] (VIAL) 100 MG	PA, MS
INFLIXIMAB-DYYB [ZYMFENTRA (2 PACK)] (SYRINGEKIT) 120 MG/ML	PA, MS
INFLIXIMAB-DYYB [ZYMFENTRA] (PEN IJ KIT) 120 MG/ML	PA, MS
ETANERCEPT [ENBREL] (SYRINGE) 25MG/0.5ML	PA, MS

ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR

TIER 1

LEFLUNOMIDE (TAB) 10 MG, 20 MG

ANTI-INFLAMMATORY, PHOSPHODIESTERASE-4 (PDE4) INHIB.

TIER 3

APREMILAST [OTEZLA] (TAB DS PK) 10-20-30MG, 10-20-30MG	PA, MS
APREMILAST [OTEZLA] (TAB) 30 MG	PA, MS

GLUCOCORTICOIDS

TIER 1

BUDESONIDE (CAPDR - ER) 3 MG	PA
DEXAMETHASONE (ELIXIR) 0.5 MG/5ML	
DEXAMETHASONE (SOL) 0.5 MG/5ML	
DEXAMETHASONE (TAB DS PK) 1.5MG (51)	
DEXAMETHASONE (TAB) MULTIPLE STRENGTHS	
HYDROCORTISONE (TAB) 10 MG, 20 MG, 5 MG	
METHYLPREDNISOLONE (TAB DS PK) 4 MG, 4 MG	
METHYLPREDNISOLONE (TAB) 16 MG, 32 MG, 4 MG, 8 MG	
PREDNISOLONE (SOL) 15 MG/5 ML	
PREDNISOLONE SODIUM PHOSPHATE (SOL) 15 MG/5 ML, 5 MG/5 ML	
PREDNISONE (SOL) 5 MG/5 ML	
PREDNISONE (TAB DS PK) 10 MG, 5 MG	

Legend

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MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
PREDNISONE (TAB) MULTIPLE STRENGTHS	
TIER 2	
DEXAMETHASONE [DEXAMETHASONE INTENSOL] (DROPS) 1 MG/ML	
HYDROCORTISONE SOD SUCCINATE (VIAL) 100 MG	
HYDROCORTISONE SODIUM SUCC/PF [SOLU-CORTEF] (VIAL) MULTIPLE STRENGTHS	
METHYLPREDNISOLONE [MEDROL] (TAB) 2 MG	
METHYLPREDNISOLONE SOD SUCC/PF [SOLU-MEDROL] (VIAL) 125 MG/2ML	
PREDNISOLONE (TAB) 5 MG	
PREDNISONE [PREDNISONE INTENSOL] (ORAL CONC) 5 MG/ML	
TIER 3	
METHYLPREDNISOLONE SOD SUCC/PF [SOLU-MEDROL] (VIAL) 40 MG/ML	
VAMOROLONE [AGAMREE] (ORAL SUSP) 40 MG/ML	PA, MS
<i>HYPERTRICHOTIC AGENTS, SYSTEMIC/INCL. COMBINATIONS</i>	
TIER 3	
RITLECITINIB TOSYLATE [LITFULO] (CAP) 50 MG	PA, MS
<i>IMMUNOMODULATOR, B-LYMPHOCYTE STIM(BLYS)-SPEC INHIB</i>	
TIER 3	
BELIMUMAB [BENLYSTA] (AUTO INJCT) 200 MG/ML	PA, MS
BELIMUMAB [BENLYSTA] (SYRINGE) 200 MG/ML	PA, MS
<i>INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS</i>	
TIER 1	
TOCILIZUMAB-AAZG [TYENNE AUTOINJECTOR] (PEN INJCTR) 162 MG/0.9	PA, MS
TOCILIZUMAB-AAZG [TYENNE] (SYRINGE) 162 MG/0.9	PA, MS
TIER 3	
TOCILIZUMAB [ACTEMRA] (SYRINGE) 162 MG/0.9	PA, MS
<i>JANUS KINASE (JAK) INHIBITORS</i>	
TIER 3	
ABROCITINIB [CIBINQO] (TAB) 100 MG, 200 MG, 50 MG	PA, QL: 1 IN 1 DAYS, MS
BARICITINIB [OLUMIANT] (TAB) 1 MG, 2 MG	PA, QL: 1 IN 1 DAYS, MS
TOFACITINIB CITRATE [XELJANZ XR] (TAB ER 24H) 11 MG	PA, MS

Legend

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MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name		Comment
TOFACITINIB CITRATE [XELJANZ] (TAB) 5 MG		PA, MS
<i>MINERALOCORTICIDS</i>		
TIER 1		
FLUDROCORTISONE ACETATE (TAB) 0.1 MG		
<i>MONOCLONAL ANTIBODY-HUMAN INTERLEUKIN 12/23 INHIB</i>		
USTEKINUMAB-AEKN [SELARSDI] (SYRINGE) 45MG/0.5ML, 90 MG/ML		PA
USTEKINUMAB-KFCE [YESINTEK] (SYRINGE) 45MG/0.5ML, 90 MG/ML		PA, MS
USTEKINUMAB-KFCE [YESINTEK] (VIAL) 130MG/26ML, 45MG/0.5ML		PA, MS
<i>NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE</i>		
TIER 1		
CELECOXIB (CAP) 100 MG, 200 MG		QL: 60 IN 30 DAYS
<i>NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE</i>		
TIER 1		
DICLOFENAC SODIUM (TAB DR) 25 MG, 50 MG, 75 MG		
DICLOFENAC SODIUM (TAB ER 24H) 100 MG		
IBUPROFEN (CAP) 200 MG		
IBUPROFEN (DROPS SUSP) 50 MG/1.25		
IBUPROFEN (ORAL SUSP) 100 MG/5ML		
IBUPROFEN (TAB CHEW) 100 MG		
IBUPROFEN (TAB) MULTIPLE STRENGTHS		
MELOXICAM (TAB) 15 MG, 7.5 MG		
NABUMETONE (TAB) 500 MG, 750 MG		
NAPROXEN (ORAL SUSP) 125 MG/5ML		
NAPROXEN (TAB) 250 MG, 500 MG		
NAPROXEN SODIUM (TAB) 220 MG		
PIROXICAM (CAP) 10 MG, 20 MG		
SULINDAC (TAB) 150 MG, 200 MG		
TIER 2		
INDOMETHACIN (SUPP.RECT) 50 MG		
TIER 3		
ETODOLAC (CAP) 200 MG, 300 MG		
ETODOLAC (TAB ER 24H) 400 MG, 500 MG, 600 MG		PA
ETODOLAC (TAB) 400 MG, 500 MG		PA
FLURBIPROFEN (TAB) 100 MG		

Legend

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MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
INDOMETHACIN (CAP ER) 75 MG	
INDOMETHACIN (CAP) 25 MG, 50 MG	
INDOMETHACIN (ORAL SUSP) 25 MG/5 ML	
NAPROXEN (TAB) 375 MG	
NAPROXEN SODIUM (TAB) 275 MG, 550 MG	
NAPROXEN SODIUM (TBMP 24HR) 500 MG	
NAPROXEN SODIUM (TBMP 24HR) 375 MG	

LOCAL ANESTHESIA

LOCAL ANESTHETICS

TIER 1

LIDOCAINE (SOL) 0.02, 40 MG/ML	DL: 10 IN 365 DAYS
LIDOCAINE (JELLY(ML)) 0.02	QL: 30 IN 30 DAYS

LOWER GASTROINTESTINAL DISORDERS

AMMONIA INHIBITORS

TIER 1

LACTULOSE (SOL) 10 G/15 ML, 10 G/15 ML	DL: 90 IN 360 DAYS
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ANTIDIARRHEALS

TIER 1

BISMUTH SUBSALICYLATE (ORAL SUSP) 262MG/15ML, 525MG/15ML	
BISMUTH SUBSALICYLATE (TAB CHEW) 262 MG	
BISMUTH SUBSALICYLATE (TAB) 262 MG	
DIPHENOXYLATE HCL/ATROPINE (LIQ) 2.5-.025/5	
DIPHENOXYLATE HCL/ATROPINE (TAB) 2.5-.025MG	
LOPERAMIDE (CAP) 2 MG	QL: 8 IN 1 DAYS
LOPERAMIDE (TAB) 2 MG	QL: 8 IN 1 DAYS

BILE SALTS

TIER 1

URSODIOL (CAP) 300 MG	QL: 2 IN 1 DAYS
URSODIOL (TAB) 250 MG	
URSODIOL (TAB) 500 MG	QL: 2 IN 1 DAYS

CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX

TIER 1

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
MESALAMINE (ENEMA) 4 G/60 ML	QL: <= 1800 IN 30 DAYS
TIER 3	
MESALAMINE (SUPP.RECT) 1000 MG	PA
<i>DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT</i>	
TIER 1	
SULFASALAZINE (TAB DR) 500 MG	
SULFASALAZINE (TAB) 500 MG	
TIER 3	
MESALAMINE (CAP ER 24H) 0.375G	PA
MESALAMINE (TAB DR) 800 MG	PA
BALSALAZIDE DISODIUM (CAP) 750 MG	
MESALAMINE (TAB DR) 1.2 G	PA
<i>LAXATIVES AND CATHARTICS</i>	
TIER 1	
BISACODYL (TAB DR) 5 MG, 5 MG	
BISACODYL (TAB) 5 MG	
DOCUSATE SODIUM (CAP) 100 MG, 250 MG, 50 MG	
DOCUSATE SODIUM (LIQ) 50 MG/5 ML	
DOCUSATE SODIUM (SYRUP) 50 MG/15ML, 60 MG/15ML	
DOCUSATE SODIUM (TAB) 100 MG	
MAGNESIUM HYDROXIDE (ORAL SUSP) 400 MG/5ML	
POLYETHYLENE GLYCOL 3350 (POWD PACK) 17 G	
PSYLLIUM HUSK (CAP) 0.52G	
SENNOSIDES (SYRUP) 8.8MG/5ML	QL: <= 240 IN 30 DAYS
SENNOSIDES (TAB CHEW) 15 MG	QL: 2 IN 1 DAYS
SENNOSIDES (TAB) 8.6 MG	
SENNOSIDES/DOCUSATE SODIUM (TAB) 8.6MG-50MG	QL: 2 IN 1 DAYS
SODIUM CHLORIDE/NAHCO3/KCL/PEG (SOLN RECON) 420G	
TIER 2	
POLYETHYLENE GLYCOL 3350 (POWDER) 17 G/DOSE	
POLYETHYLENE GLYCOL 3350 [MIRALAX] (POWDER) 17 G/DOSE	
SODIUM, POTASSIUM,MAGS (SOLN RECON) 17.5-3.13G	
PEG3350/SOD SUL/NAACL/KCL/ASB/C (POWD PACK) 7.5-2.691G	

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name		Comment
PEG3350/SOD SULF,BICARB,CL/KCL (SOLN RECON) 236-22.74G, 240-22.72G		
<i>LAXATIVES, LOCAL/RECTAL</i>		
TIER 1		
BISACODYL (SUPP.RECT) 10 MG		QL: 1 IN 1 DAYS
DOCUSATE SODIUM (ENEMA) 283 MG/5ML		
GLYCERIN (SUPP.RECT) ADULT, PEDIATRIC		
TIER 2		
BISACODYL (ENEMA) 10MG/30ML		
GLYCERIN [PEDIA-LAX] (SOL/PF APP) 2.8G/2.7ML		
<i>RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)</i>		
TIER 1		
HYDROCORTISONE (ENEMA) 100MG/60ML		
TIER 2		
HYDROCORTISONE ACETATE [CORTIFOAM] (FOAM/APPL) 0.1		
MISCELLANEOUS AGENTS		
<i>ANAPHYLAXIS THERAPY AGENTS</i>		
TIER 1		
EPINEPHRINE (AUTO INJCT) 0.15/0.15		QL: 4 IN 365 DAYS
EPINEPHRINE (AUTO INJCT) 0.15MG/0.3, 0.3MG/0.3		QL: <= 4 IN 365 DAYS
<i>GENETIC D/O TX-EXON INCLUSION ANTISENSE OLIGONUCLE</i>		
TIER 2		
RISDIPLAM [EVRYSOI] (SOLN RECON) 0.75 MG/ML		PA, MS
<i>PARASYMPATHETIC AGENTS</i>		
TIER 1		
BETHANECHOL CHLORIDE (TAB) 10 MG, 25 MG, 5 MG, 50 MG		
TIER 3		
CEVIMELINE (CAP) 30 MG		
PILOCARPINE (TAB) 5 MG		
NEOPLASTIC DISEASE		
<i>ALKYLATING AGENTS</i>		
TIER 1		
CARBOPLATIN (VIAL) 150 MG		PA, MS
CARMUSTINE (VIAL) 100 MG		PA, MS
CISPLATIN (VIAL) 1 MG/ML, 50 MG		PA, MS

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required		
MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
CYCLOPHOSPHAMIDE (TAB) 25 MG, 50 MG	PA, MS
CYCLOPHOSPHAMIDE (VIAL) 1 G, 2 G, 500 MG	PA, MS
HYDROXYUREA (CAP) 500 MG	
IFOSFAMIDE (VIAL) 1 G, 3 G	PA, MS
MELPHALAN (VIAL) 50 MG	PA
OXALIPLATIN (VIAL) 100 MG, 50 MG	PA
TEMOZOLOMIDE (CAP) 100 MG, 20 MG, 250 MG, 5 MG	PA
THIOTEPA (VIAL) 15 MG	PA

TIER 2

BUSULFAN [MYLERAN] (TAB) 2 MG	PA
CHLORAMBUCIL [LEUKERAN] (TAB) 2 MG	PA, MS
LOMUSTINE [GLEOSTINE] (CAP) 10 MG, 100 MG, 40 MG	PA, MS

ANTIANDROGENIC AGENTS

TIER 1

BICALUTAMIDE (TAB) 50 MG	QL: 1 IN 1 DAYS
NILUTAMIDE (TAB) 150 MG	PA

TIER 2

APALUTAMIDE [ERLEADA] (TAB) 60 MG	PA, MS
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ANTIBIOTIC ANTINEOPLASTICS

TIER 1

BLEOMYCIN (VIAL) 15 UNIT, 30 UNIT	PA, MS
DAUNORUBICIN (VIAL) 5 MG/ML	PA, MS
DOXORUBICIN (VIAL) 10 MG, 2 MG/ML, 50 MG	PA
DOXORUBICIN PEG-LIPOSOMAL (VIAL) 2 MG/ML	PA, MS
EPIRUBICIN (VIAL) 50 MG/25ML	PA, MS
IDARUBICIN (VIAL) 1 MG/ML	PA, MS
MITOMYCIN (VIAL) 20 MG, 40 MG, 5 MG	PA

TIER 2

STREPTOZOCIN [ZANOSAR] (VIAL) 1 G	PA
DACTINOMYCIN (VIAL) 0.5 MG	PA, MS
DOXORUBICIN (VIAL) MULTIPLE STRENGTHS	PA

ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY

TIER 2

RITUXIMAB [RITUXAN] (VIAL) 10 MG/ML	PA
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ANTIMETABOLITES

TIER 1

CAPECITABINE (TAB) 150 MG, 500 MG	PA
CLADRIBINE (VIAL) 10 MG/10ML	PA, MS

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
CYTARABINE/PF (VIAL) MULTIPLE STRENGTHS	PA, MS
FLOXURIDINE (VIAL) 500 MG	PA, MS
FLUDARABINE PHOSPHATE (VIAL) 50 MG	PA, MS
GEMCITABINE (VIAL) 1 G, 200 MG	PA, MS
MERCAPTOPURINE (TAB) 50 MG	
METHOTREXATE SODIUM (TAB) 2.5 MG	
METHOTREXATE SODIUM (VIAL) 25 MG/ML	
METHOTREXATE SODIUM/PF (VIAL) 1 G, 25 MG/ML, 25 MG/ML	
TIER 2	
METHOTREXATE SODIUM [TREXALL] (TAB) 10 MG, 15 MG, 5 MG, 7.5 MG	
PENTOSTATIN [NIPENT] (VIAL) 10 MG	PA
THIOGUANINE [TABLOID] (TAB) 40 MG	PA
CAPECITABINE (TAB) 150 MG, 500 MG	PA
<i>ANTINEOPLASTIC AROMATASE INHIBITORS</i>	
TIER 1	
ANASTROZOLE (TAB) 1 MG	
EXEMESTANE (TAB) 25 MG	
LETROZOLE (TAB) 2.5 MG	
<i>ANTINEOPLASTIC - BRAF KINASE INHIBITORS</i>	
TIER 2	
DABRAFENIB MESYLATE [TAFINLAR] (CAP) 50 MG	PA
<i>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR</i>	
TIER 2	
SONIDEGIB PHOSPHATE [ODOMZO] (CAP) 200 MG	PA
<i>ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS</i>	
TIER 1	
TOPOTECAN (VIAL) 4 MG	
<i>ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS</i>	
TIER 2	
CABOZANTINIB S-MALATE [COMETRIQ] (CAP) 140 MG/DAY	PA, MS
CRIZOTINIB [XALKORI] (CAP) 200 MG, 250 MG	PA
IBRUTINIB [IMBRUVICA] (CAP) 140 MG	PA, MS
IDELALISIB [ZYDELIG] (TAB) 100 MG, 150 MG	PA
PALBOCICLIB [IBRANCE] (CAP) 100 MG, 125 MG, 75 MG	PA, MS
<i>ANTINEOPLASTICS, MISCELLANEOUS</i>	
TIER 1	
DACARBAZINE (VIAL) 100 MG, 200 MG	PA

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
ETOPOSIDE (CAP) 50 MG	PA
ETOPOSIDE (VIAL) 20 MG/ML	PA
MITOXANTRONE (VIAL) 2 MG/ML	PA
PACLITAXEL (VIAL) 6 MG/ML	PA
TIER 2	
ETOPOSIDE PHOSPHATE [ETOPOPHOS] (VIAL) 100 MG	PA
MITOTANE [LYSODREN] (TAB) 500 MG	PA, MS
PEGASPARGASE [ONCASPAR] (VIAL) 750/ML	PA
PROCARBAZINE [MATULANE] (CAP) 50 MG	PA, MS
<i>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</i>	
TIER 1	
DEXRAZOXANE (VIAL) 250 MG, 500 MG, 500 MG	PA
LEUCOVORIN CALCIUM (TAB) 10 MG, 15 MG, 25 MG	PA
LEUCOVORIN CALCIUM (TAB) 5 MG	
LEUCOVORIN CALCIUM (VIAL) MULTIPLE STRENGTHS	PA
MESNA (VIAL) 100 MG/ML	PA
TIER 2	
AMIFOSTINE CRYSTALLINE [ETHYOL] (VIAL) 500 MG	PA
MESNA (TAB) 400 MG	PA
<i>PHOTOACTIVATED, ANTINEOPLASTIC AGENTS (SYSTEMIC)</i>	
TIER 2	
METHOXSALEN [UVADEX] (VIAL) 20 MCG/ML	PA
TIER 3	
PORFIMER SODIUM [PHOTOFRIN] (VIAL) 75 MG	PA
<i>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)</i>	
TIER 1	
FULVESTRANT (SYRINGE) 250 MG/5ML	PA, MS
TAMOXIFEN CITRATE (TAB) 10 MG, 20 MG	
TOREMIFENE CITRATE (TAB) 60 MG	PA
<i>STEROID ANTINEOPLASTICS</i>	
TIER 1	
MEGESTROL ACETATE (TAB) 20 MG, 40 MG	PA
<i>VINCA ALKALOIDS</i>	
TIER 3	
VINBLASTINE (VIAL) 1 MG/ML	PA
VINCRISTINE (VIAL) 1 MG/ML	PA
VINORELBINE TARTRATE (VIAL) 10 MG/ML, 50 MG/5 ML	PA
NEUROLOGICAL DISEASE - MISCELLANEOUS	

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required		
MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
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AGENTS TO TREAT MULTIPLE SCLEROSIS

TIER 1

DIMETHYL FUMARATE (CAP DR) 120 MG, 120-240 MG, 240 MG	QL: 2 IN 1 DAYS, MS
GLATIRAMER ACETATE (SYRINGE) 20 MG/ML, 40 MG/ML	PA, MS

TIER 2

FINGOLIMOD (CAP) 0.5 MG	PA, MS
FINGOLIMOD [GILENYA] (CAP) 0.25 MG	PA, MS
INTERFERON BETA-1A [AVONEX (4 PACK)] (SYRINGEKIT) 30MCG/.5ML	PA, MS
INTERFERON BETA-1A [AVONEX PEN (4 PACK)] (PEN IJ KIT) 30MCG/.5ML	PA, MS
SIPONIMOD [MAYZENT] (TAB DS PK) 0.25MG(12)	PA, MS
SIPONIMOD [MAYZENT] (TAB) 0.25 MG, 2 MG	PA, MS
UBLITUXIMAB-XIYY [BRIUMVI] (VIAL) 150 MG/6ML	PA, MS

TIER 3

CLADRIBINE [MAVENCLAD] (TAB) 10 MG	PA, MS
DIROXIMEL FUMARATE [VUMERITY] (CAP DR) 231 MG	PA, MS
DIMETHYL FUMARATE (CAP DR) 120 MG, 240 MG	QL: 2 IN 1 DAYS

AMYOTROPHIC LATERAL SCLEROSIS AGENTS

TIER 1

RILUZOLE (TAB) 50 MG	QL: 2 IN 1 DAYS
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GENETIC DISORDER THERAPY - HDAC INHIBITOR

TIER 2

GIVINOSTAT HYDROCHLORIDE [DUVYZAT] (ORAL SUSP) 8.86 MG/ML	PA, MS
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SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATOR

TIER 2

OZANIMOD HYDROCHLORIDE [ZEPOSIA] (CAP DS PK) 0.23-0.46	PA, MS
OZANIMOD HYDROCHLORIDE [ZEPOSIA] (CAP) 0.92 MG	PA, MS

ORAL/PHARYNGEAL DISORDERS

DENTAL AIDS AND PREPARATIONS

TIER 1

CHLORHEXIDINE GLUCONATE (MOUTHWASH) 0.0012, 0.0012	
TRIAMCINOLONE ACETONIDE (PASTE) 0.001	

NOSE PREPARATIONS, MISCELLANEOUS (RX)

TIER 1

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
IPRATROPIUM BROMIDE (SPRAY) 21 MCG, 42 MCG	AL: ≥18 YEARS
OTHER DRUGS	
<i>ANTIOXIDANT AGENTS</i>	
TIER 1	
ALPHA LIPOIC ACID (CAP) 600 MG	QL: 1 IN 1 DAYS
<i>APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.</i>	
TIER 1	
MEGESTROL ACETATE (ORAL SUSP) 400MG/10ML	
<i>CONDOMS</i>	
CONDOMS, FEMALE [FC2 FEMALE CONDOM] (EACH)	QL: ≤ 12, DL: 100 DAYS
CONDOMS, LATEX, LUBRICATED [DUREX TROPICAL] (EACH)	QL: ≤ 12, DL: 100 DAYS
CONDOMS, LATEX, NON-LUBRICATED [TRUSTEX-RIA] (EACH)	QL: ≤ 12, DL: 100 DAYS
CONDOMS, NON-LATEX, LUBRICATED [DUREX AVANTI BARE REAL FEEL] (EACH)	QL: ≤ 12, DL: 100 DAYS
<i>DIAGNOSTIC TEST DEVICES AND SUPPLIES</i>	
TIER 1	
COVID-19 ANTIGEN TEST [BD VERITOR SYSTEM SARS-COV-2] (KIT)	QL: ≤ 8 IN 28 DAYS
COVID-19 MOLECULAR TEST ASSAY [ID NOW COVID-19 TEST KIT (EUA)] (KIT)	QL: ≤ 8 IN 28 DAYS
COVID19 TEST ADM.BY PHARMACIST [COVID19 TEST ADM BY PHARMACIST] (MISCELL)	QL: ≤ 8 IN 28 DAYS
COVID-19,FLU A,B ANTIGEN TEST [VERITOR SARS-COV-2 AND FLU A-B] (KIT)	QL: ≤ 8 IN 28 DAYS
<i>DIETARY SUPPLEMENT, MISCELLANEOUS</i>	
ACETYLCYSTEINE (CAP) 600 MG	PA
<i>GENERAL ANESTHETICS - BENZODIAZEPINE, INJECTABLE</i>	
TIER 1	
MIDAZOLAM (VIAL) 5 MG/ML	QL: 10 IN 30 DAYS
MIDAZOLAM HCL/PF (VIAL) 10 MG/2 ML, 5 MG/ML(1)	QL: 10 IN 30 DAYS
MIDAZOLAM HCL/PF (SYRINGE) 5 MG/ML	QL: 10 IN 30 DAYS
<i>GENERAL INHALATION AGENTS</i>	

Legend

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MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
TIER 1	
SODIUM CHLORIDE FOR INHALATION (VIAL-NEB) 0.009, 0.03, 0.1	
SODIUM CHLORIDE FOR INHALATION (VIAL-NEB) 0.07	QL: <= 360 IN 30 DAYS
<i>INSECTICIDES</i>	
TIER 1	
PERMETHRIN (SPRAY) 0.005	
<i>METABOLIC DEFICIENCY AGENTS</i>	
TIER 1	
LEVOCARNITINE (TAB) 330 MG, 500 MG	PA
TIER 2	
LEVOCARNITINE (SOL) 100 MG/ML	PA
LEVOCARNITINE (VIAL) 200 MG/ML	PA
LEVOCARNITINE [CARNITOR SF] (SOL) 100 MG/ML	PA
LEVOCARNITINE [CARNITOR] (VIAL) 200 MG/ML	PA
LEVOCARNITINE (WITH SUGAR) (SOL) 100 MG/ML	PA
<i>NOSE PREPARATIONS, MISCELLANEOUS (OTC)</i>	
TIER 1	
SODIUM CHLORIDE (SPRAY) 0.0065	
<i>SOMATOSTATIC AGENTS</i>	
TIER 1	
OCTREOTIDE ACETATE (SYRINGE) MULTIPLE STRENGTHS	
OCTREOTIDE ACETATE (VIAL) MULTIPLE STRENGTHS	
<i>THICKENING AGENTS, ORAL</i>	
TIER 1	
CORN STARCH [RESOURCE THICKENUP] (POWDER)	
STARCH [THICK NOW] (POWDER)	
STARCH [THICK-IT] (POWD PACK)	
OTHER RESPIRATORY DISORDERS	
<i>ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS</i>	
TIER 3	
PIRFENIDONE (TAB) 267 MG, 534 MG, 801 MG	PA, MS
<i>CYSTIC FIB.TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR</i>	
TIER 2	
IVACAFTOR [KALYDECO] (GRAN PACK) 25 MG, 50 MG, 75 MG	PA, MS
IVACAFTOR [KALYDECO] (TAB) 150 MG	PA, MS
<i>CYSTIC FIBROSIS-CFTR POTENTIATOR & CORRECTOR COMB.</i>	

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required		
MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
TIER 2	
ELEXACAFTOR/TEZACAFTOR/IVACAFT [TRIKAFTA] (TAB SEQ) 100-50-75, 50-25-37.5	PA, MS
LUMACAFTOR/IVACAFTOR [ORKAMBI] (GRAN PACK) 100-125 MG, 150-188 MG	PA, MS
LUMACAFTOR/IVACAFTOR [ORKAMBI] (TAB) 100-125 MG, 200-125MG	PA, MS
TEZACAFTOR/IVACAFTOR [SYMDEKO] (TAB SEQ) 100-150 MG, 50 MG-75MG	PA, MS

MUCOLYTICS

TIER 2	
DORNASE ALFA [PULMOZYME] (SOL) 1 MG/ML	PA, MS

PAIN MANAGEMENT - ANALGESICS

ANALGESIC, SALICYLATE, BARBITURATE, & XANTHINE CMB

TIER 1	
BUTALBITAL/ASPIRIN/CAFFEINE (CAP) 50-325-40	QL: <= 30 IN 30 DAYS
BUTALBITAL/ASPIRIN/CAFFEINE (TAB) 50-325-40	QL: <= 30 IN 30 DAYS

ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB

TIER 1	
BUTALB/ACETAMINOPHEN/CAFFEINE (CAP) 50-325-40	QL: <= 30 IN 30 DAYS
BUTALB/ACETAMINOPHEN/CAFFEINE (TAB) 50-325-40	QL: <= 30 IN 30 DAYS

ANALGESIC/ANTIPYRETICS, SALICYLATES

TIER 1	
ASPIRIN (SUPP.RECT) 300 MG	
ASPIRIN (TAB) 325 MG, 325 MG, 500 MG	
ASPIRIN/ACETAMINOPHEN/CAFFEINE (TAB) 250-250-65	
ASPIRIN/CALCIUM CARB/MAGNESIUM (TAB) 325 MG	
CHOLINE SALICYL/MAG SALICYLATE (LIQ) 500 MG/5ML	
TIER 3	
ASPIRIN [VAZALORE] (CAP) 325 MG	

ANALGESIC/ANTIPYRETICS, NON-SALICYLATE

TIER 1	
ACETAMINOPHEN (CAP) 325 MG, 500 MG	
ACETAMINOPHEN (ELIXIR) 160 MG/5ML	

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
ACETAMINOPHEN (LIQ) MULTIPLE STRENGTHS	
ACETAMINOPHEN (ORAL SUSP) 160 MG/5ML, 325/10.15	
ACETAMINOPHEN (SOL) MULTIPLE STRENGTHS	
ACETAMINOPHEN (SUPP.RECT) 120 MG, 325 MG, 650 MG	
ACETAMINOPHEN (TAB CHEW) 160 MG, 80 MG	
ACETAMINOPHEN (TAB ER) 650 MG	
ACETAMINOPHEN (TAB) 325 MG, 500 MG, 500 MG	

TIER 2

ACETAMINOPHEN [FEVERALL] (SUPP.RECT) 80 MG	
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ANALGESICS, NARCOTICS

TIER 1

HYDROMORPHONE (TAB) 2 MG, 4 MG	PA, QL: 11.2 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS
HYDROMORPHONE (TAB) 8 MG	PA, QL: 2.8 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS
MORPHINE (SOL) MULTIPLE STRENGTHS	PA
MORPHINE (TAB ER) MULTIPLE STRENGTHS	PA
OXYCODONE (TAB) 10 MG	QL: 6 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS
OXYCODONE (TAB) 15 MG	PA, QL: 4 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS
OXYCODONE (TAB) 20 MG	PA, QL: 3 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS
OXYCODONE (TAB) 30 MG	PA, QL: 2 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required		
MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
OXYCODONE (TAB) 5 MG	QL: 12 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS
TRAMADOL (TAB) 50 MG	QL: 8 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS
TIER 2	
MORPHINE (TAB) 15 MG	PA, QL: 6 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS
MORPHINE (TAB) 30 MG, 30 MG	PA, QL: 3 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS
MORPHINE (VIAL) 50 MG/ML	PA
TIER 3	
BUPRENORPHINE (PATCH TDWK) MULTIPLE STRENGTHS	PA
FENTANYL (PATCH TD72) MULTIPLE STRENGTHS	PA
METHADONE (ORAL CONC) 10 MG/ML	PA
METHADONE (SOL) 10 MG/5 ML, 5 MG/5 ML	PA
METHADONE (TAB) 10 MG, 5 MG	PA
MORPHINE (CAP ER PEL) 20 MG, 50 MG	PA
MORPHINE (CPMP 24HR) 120 MG, 30 MG, 60 MG, 90 MG	PA
MORPHINE (CAP ER PEL) 60 MG	PA

ANTIMIGRAINE PREPARATIONS

TIER 1	
NARATRIPTAN (TAB) 1 MG, 2.5 MG	QL: <= 9 IN 30 DAYS
RIZATRIPTAN BENZOATE (TAB RAPDIS) 10 MG, 5 MG	QL: <= 9 IN 30 DAYS
RIZATRIPTAN BENZOATE (TAB) 10 MG, 5 MG	QL: <= 9 IN 30 DAYS
SUMATRIPTAN SUCCINATE (TAB) 100 MG, 25 MG, 50 MG	QL: <= 9 IN 30 DAYS

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
ZOLMITRIPTAN (TAB RAPDIS) 2.5 MG, 5 MG	QL: <= 9 IN 30 DAYS
ZOLMITRIPTAN (TAB) 2.5 MG, 5 MG	QL: <= 9 IN 30 DAYS

TIER 2

ERENUMAB-AOOE [AIMOVIG AUTOINJECTOR] (AUTO INJCT) 140 MG/ML	PA, QL: 1 IN 30 DAYS
ERENUMAB-AOOE [AIMOVIG AUTOINJECTOR] (AUTO INJCT) 70 MG/ML	PA
ERGOTAMINE TARTRATE/CAFFEINE [MIGERGOT] (SUPP.RECT) 2-100MG	PA, QL: <= 30 IN 30 DAYS
FREMANEZUMAB-VFRM [AJOVY AUTOINJECTOR] (AUTO INJCT) 225 MG/1.5	PA, QL: <= 1 IN 30 DAYS
FREMANEZUMAB-VFRM [AJOVY SYRINGE] (SYRINGE) 225 MG/1.5	PA, QL: <= 1 IN 30 DAYS
RIMEGEPANT [NURTEC ODT] (TAB RAPDIS) 75 MG	PA, QL: 8 IN 30 DAYS
UBROGEPANT [UBRELVY] (TAB) 100 MG, 50 MG	PA, QL: 10 IN 30 DAYS

TIER 3

ATOGEPAANT [QULIPTA] (TAB) 10 MG, 30 MG, 60 MG	PA, QL: 1 IN 1 DAYS
ERGOTAMINE TARTRATE/CAFFEINE (TAB) 1 MG-100MG	PA, QL: <= 30 IN 30 DAYS
GALCANEZUMAB-GNLM [EMGALITY PEN] (PEN INJCTR) 120 MG/ML	PA, QL: <= 1 IN 30 DAYS
GALCANEZUMAB-GNLM [EMGALITY SYRINGE] (SYRINGE) 120 MG/ML	PA, QL: <= 1 IN 30 DAYS
LASMIDITAN SUCCINATE [REYVOW] (TAB) 100 MG, 50 MG	PA, QL: 8 IN 30 DAYS
SUMATRIPTAN (SPRAY) 20 MG, 5 MG	PA
ZAVEGEPANT [ZAVZPRET] (SPRAY) 10 MG	PA, QL: 6 IN 30 DAYS

NARC.& NON-SAL.ANALGESIC,BARBITURATE &XANTHINE CMB

TIER 1

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
BUTALBIT/ACETAMIN/CAFF/CODEINE (CAP) 50-325-30	QL: 6 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS, AL: ≥12 YEARS

NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB

TIER 1

ACETAMINOPHEN WITH CODEINE (SOL) 120-12MG/5	QL: 240 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS, AL: ≥12 YEARS
ACETAMINOPHEN WITH CODEINE (TAB) 300MG-15MG, 300MG-30MG	QL: 12 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS, AL: ≥12 YEARS
ACETAMINOPHEN WITH CODEINE (TAB) 300MG-60MG	QL: 10 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS, AL: ≥12 YEARS
HYDROCODONE/ACETAMINOPHEN (SOL) 7.5-325/15	QL: 180 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS
HYDROCODONE/ACETAMINOPHEN (TAB) 10MG-300MG, 10MG-325MG	QL: 9 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS
HYDROCODONE/ACETAMINOPHEN (TAB) MULTIPLE STRENGTHS	QL: 12 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS
OXYCODONE HCL/ACETAMINOPHEN (TAB) 10MG-325MG	QL: 6 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[] Brand Name Drug	ST Step Therapy	QL Quantity Limit	PA Prior Authorization required
MS Must fill through specialty pharmacy program	DL Day Supply Limit	AL Age Limit	FL Fill Limit

Therapeutic Indication / Drug Name	Comment
OXYCODONE HCL/ACETAMINOPHEN (TAB) 5 MG-325MG	QL: 12 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS
OXYCODONE HCL/ACETAMINOPHEN (TAB) 7.5-325 MG	QL: 8 IN 1 DAYS, DL: 7 DAYS, FL: 1 IN 60 DAYS

NARCOTIC WITHDRAWAL THERAPY AGENTS

TIER 1

BUPRENORPHINE (TAB SUBL) 2 MG, 8 MG	QL: 3 IN 1 DAYS
BUPRENORPHINE HCL/NALOXONE (TAB SUBL) 2 MG-0.5MG, 8 MG-2 MG	QL: 4 IN 1 DAYS

TIER 3

BUPRENORPHINE HCL/NALOXONE (FILM) 12 MG-3 MG, 4MG-1MG	QL: 2 IN 1 DAYS
BUPRENORPHINE HCL/NALOXONE (FILM) 2 MG-0.5MG, 8 MG-2 MG	QL: 4 IN 1 DAYS
BUPRENORPHINE HCL/NALOXONE [ZUBSOLV] (TAB SUBL) MULTIPLE STRENGTHS	QL: 1 IN 1 DAYS

OPIOID WITHDRAWAL THER, ALPHA-2 ADRENERGIC AGONIST

TIER 1

LOFEXIDINE (TAB) 0.18 MG	DL: 14 IN 180 DAYS
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PARKINSONS DISEASE

ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC

TIER 1

BENZTROPINE MESYLATE (TAB) 0.5 MG, 1 MG, 2 MG	
TRIHEXYPHENIDYL (SOL) 2 MG/5 ML	
TRIHEXYPHENIDYL (TAB) 2 MG, 5 MG	

ANTIPARKINSONISM DRUGS,OTHER

TIER 1

CARBIDOPA/LEVODOPA (TAB ER) 25MG-100MG, 50MG-200MG	
CARBIDOPA/LEVODOPA (TAB) MULTIPLE STRENGTHS	
PRAMIPEXOLE DI-(TAB) MULTIPLE STRENGTHS	QL: 3 IN 1 DAYS
ROPINIROLE (TAB) MULTIPLE STRENGTHS	QL: 3 IN 1 DAYS

TIER 3

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
AMANTADINE (CAP) 100 MG	
AMANTADINE (SOL) 50 MG/5 ML	
AMANTADINE (TAB) 100 MG	
CARBIDOPA/LEVODOPA [RYTARY] (CAP ER) MULTIPLE STRENGTHS	ST
SELEGILINE (CAP) 5 MG	
SELEGILINE (TAB) 5 MG	
TOLCAPONE (TAB) 100 MG	
ENTACAPONE (TAB) 200 MG	
PRAMIPEXOLE DI-(TAB) 0.75 MG	QL: 3 IN 1 DAYS
DECARBOXYLASE INHIBITORS	
TIER 1	
CARBIDOPA (TAB) 25 MG	
SEIZURE DISORDER	
ANTICONVULSANT - BENZODIAZEPINE TYPE	
TIER 2	
MIDAZOLAM [NAYZILAM] (SPRAY) 5 MG/SPRAY	FL: 1 IN 180 DAYS
TIER 1	
CLOBAZAM (TAB) 10 MG, 20 MG	QL: 2 IN 1 DAYS
CLONAZEPAM (TAB RAPDIS) MULTIPLE STRENGTHS	
CLONAZEPAM (TAB) 0.5 MG, 1 MG, 2 MG	
DIAZEPAM (KIT) MULTIPLE STRENGTHS	QL: <= 4 IN 365 DAYS
ANTICONVULSANT - CANNABINOID TYPE	
TIER 3	
CANNABIDIOL (CBD) [EPIDIOLEX] (SOL) 100 MG/ML	PA, MS
ANTICONVULSANTS	
TIER 1	
CARBAMAZEPINE (CPMP 12HR) 100 MG, 200 MG, 300 MG	
CARBAMAZEPINE (ORAL SUSP) 100 MG/5ML	
CARBAMAZEPINE (TAB CHEW) 100 MG	
CARBAMAZEPINE (TAB ER 12H) 100 MG, 200 MG, 400 MG	
CARBAMAZEPINE (TAB) 200 MG	
ETHOSUXIMIDE (CAP) 250 MG	
ETHOSUXIMIDE (SOL) 250 MG/5ML	
FELBAMATE (ORAL SUSP) 600 MG/5ML	
FELBAMATE (TAB) 400 MG, 600 MG	

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
GABAPENTIN (CAP) 100 MG, 300 MG	QL: 12 IN 1 DAYS
GABAPENTIN (CAP) 400 MG	QL: 9 IN 1 DAYS
GABAPENTIN (TAB) 600 MG	QL: 6 IN 1 DAYS
GABAPENTIN (TAB) 800 MG	QL: 4.5 IN 1 DAYS
LEVETIRACETAM (SOL) 100 MG/ML	
LEVETIRACETAM (TAB ER 24H) 500 MG, 750 MG	
LEVETIRACETAM (TAB) MULTIPLE STRENGTHS	
OXCARBAZEPINE (ORAL SUSP) 300 MG/5ML	
OXCARBAZEPINE (TAB) 150 MG, 300 MG, 600 MG	
PREGABALIN (CAP) 225 MG, 300 MG	PA
PREGABALIN (CAP) MULTIPLE STRENGTHS	QL: 3 IN 1 DAYS
PRIMIDONE (TAB) 250 MG, 50 MG	
TIAGABINE (TAB) 12 MG, 16 MG, 2 MG, 4 MG	ST
TOPIRAMATE (CAP SPRINK) 15 MG, 25 MG	QL: 4 IN 1 DAYS
TOPIRAMATE (TAB) 100 MG, 200 MG, 25 MG, 50 MG	
ZONISAMIDE (CAP) 100 MG, 25 MG, 50 MG	

TIER 2

BRIVARACETAM [BRIVIACT] (TAB) MULTIPLE STRENGTHS	ST
FENFLURAMINE [FINTEPLA] (SOL) 2.2 MG/ML	PA, MS
LACOSAMIDE (SOL) 10 MG/ML	ST
LACOSAMIDE (TAB) 100 MG, 150 MG, 200 MG, 50 MG	ST
METHSUXIMIDE (CAP) 300 MG	ST
PHENYTOIN (ORAL SUSP) 125 MG/5ML	
PHENYTOIN (TAB CHEW) 50 MG	
PHENYTOIN [DILANTIN] (TAB CHEW) 50 MG	
PHENYTOIN [DILANTIN-125] (ORAL SUSP) 125 MG/5ML	
PHENYTOIN SODIUM EXTENDED (CAP) 100 MG, 200 MG, 300 MG	
PHENYTOIN SODIUM EXTENDED [DILANTIN] (CAP) 100 MG, 300 MG	
PHENYTOIN SODIUM EXTENDED [PHENYTEK] (CAP) 200 MG, 300 MG	

SKELLETAL MUSCLE DISORDER

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
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AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH

TIER 2

DICHLORPHENAMIDE (TAB) 50 MG	PA, MS
DICHLORPHENAMIDE [KEVEYIS] (TAB) 50 MG	PA, MS

SKELETAL MUSCLE RELAXANTS

TIER 1

BACLOFEN (TAB) 10 MG	QL: 240 IN 30 DAYS
BACLOFEN (TAB) 20 MG	QL: 120 IN 30 DAYS
CYCLOBENZAPRINE (TAB) 10 MG, 5 MG	
METHOCARBAMOL (TAB) 500 MG, 750 MG	

TIER 3

TIZANIDINE (TAB) 2 MG, 4 MG	QL: 3 IN 1 DAYS
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SMOKING CESSATION

SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)

TIER 1

NICOTINE (PATCH TD24) MULTIPLE STRENGTHS	QL: 180 YEAR <= 30 IN 30 DAYS
NICOTINE POLACRILEX (GUM) 2 MG, 4 MG	QL: 24 IN 1 DAYS 4400 YEAR
NICOTINE POLACRILEX (LOZENGE) 2 MG, 4 MG	QL: 24 IN 1 DAYS 3600 YEAR
NICOTINE POLACRILEX (LOZNG MINI) 2 MG, 2 MG, 4 MG, 4 MG	QL: 24 IN 1 DAYS 3600 YEAR

TIER 2

NICOTINE [NICOTINE PATCH] (PATCH DYSQ) 21-14-7MG	QL: 180 YEAR <= 30 IN 30 DAYS
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TIER 3

NICOTINE [NICOTROL NS] (SPRAY) 10 MG/ML	PA
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SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST

TIER 1

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
VARENICLINE TARTRATE (TAB DS PK) 0.5 (11)-1	QL: <= 56 IN 21 DAYS, DL: 180 IN 365 DAYS
VARENICLINE TARTRATE (TAB) 0.5 MG, 1 MG	DL: 180 IN 365 DAYS

SMOKING DETERRENTS, OTHER

TIER 1

BUPROPION (TAB ER 12H) 150 MG

UPPER GASTROINTESTINAL DISORDERS

ANTACIDS

TIER 1

ALUMINUM HYDROXIDE (ORAL SUSP) 320 MG/5ML

CALCIUM CARBONATE (ORAL SUSP) 400 MG/5ML

CALCIUM CARBONATE (TAB CHEW) MULTIPLE STRENGTHS

CALCIUM CARBONATE [TUMS] (TAB CHEW) 320MG(750)

MAG CARB/ALUMINUM HYDROX/ALGIN (ORAL SUSP) 358-95/15

MAG HYDROX/ALUMINUM HYD/SIMETH (ORAL SUSP) 200-200-20, 200-200-20

MAGNESIUM CARB/ALUMINUM HYDROX (TAB CHEW) 105-160MG

SODIUM BICARBONATE (TAB) 650 MG

QL: 4 IN 1 DAYS

TIER 2

MAG CARB/ALUMINUM HYDROX/ALGIN (ORAL SUSP) 237.5-254

MAG CARB/ALUMINUM HYDROX/ALGIN [GAVISCON] (ORAL SUSP) 237.5-254

ANTICHOLINERGICS/ANTISPASMODICS

TIER 1

DICYCLOMINE (CAP) 10 MG

DICYCLOMINE (SOL) 10 MG/5 ML

DICYCLOMINE (TAB) 20 MG

ANTIFLATULENTS

TIER 1

SIMETHICONE (CAP) 125 MG, 180 MG

SIMETHICONE (DROPS SUSP) 40MG/0.6ML

SIMETHICONE (TAB CHEW) 125 MG, 80 MG

Legend

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MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name		Comment
SIMETHICONE (TAB) 125 MG		
<i>ANTI-ULCER PREPARATIONS</i>		
TIER 1		
MISOPROSTOL (TAB) 100 MCG, 200 MCG		
SUCRALFATE (TAB) 1 G		
<i>HISTAMINE H2-RECEPTOR INHIBITORS</i>		
TIER 1		
FAMOTIDINE (SUSP RECON) 40MG/5ML		
FAMOTIDINE (TAB) 10 MG, 20 MG, 40 MG		
FAMOTIDINE/CA CARB/MAG HYDROX (TAB CHEW) 10-800-165		
TIER 3		
CIMETIDINE (SOL) 300 MG/5ML		
CIMETIDINE (TAB) MULTIPLE STRENGTHS		
<i>INTESTINAL MOTILITY STIMULANTS</i>		
TIER 1		
METOCLOPRAMIDE (SOL) 5 MG/5 ML		DL: 90 IN 180 DAYS
METOCLOPRAMIDE (TAB) 10 MG		QL: 6 IN 1 DAYS, DL: 90 IN 180 DAYS
METOCLOPRAMIDE (TAB) 5 MG		QL: 12 IN 1 DAYS, DL: 90 IN 180 DAYS
<i>PANCREATIC ENZYMES</i>		
TIER 2		
LIPASE/PROTEASE/AMYLASE [CREON] (CAP DR) MULTIPLE STRENGTHS		PA
TIER 3		
LIPASE/PROTEASE/AMYLASE [ZENPEP] (CAP DR) MULTIPLE STRENGTHS		
<i>POTASSIUM-COMPETITIVE ACID BLOCKERS (PCABS)</i>		
TIER 3		
VONOPRAZAN FUMARATE [VOQUEZNA] (TAB) 10 MG, 20 MG		PA
<i>PROTON-PUMP INHIBITORS</i>		
TIER 1		
LANSOPRAZOLE (CAP DR) 15 MG, 30 MG		
OMEPRAZOLE (CAP DR) 10 MG, 20 MG, 40 MG, 40 MG		

Legend

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MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
OMEPRAZOLE (TAB RAP DR) 20 MG	QL: 1 IN 1 DAYS, DL: 60 IN 365 DAYS
PANTOPRAZOLE SODIUM (TAB DR) 40 MG, 40 MG	
TIER 3	
ESOMEPRAZOLE MAGNESIUM (CAP DR) 20 MG, 40 MG	QL: 1 IN 1 DAYS
LANSOPRAZOLE (TAB RAP DR) 15 MG, 30 MG	ST
RABEPRAZOLE SODIUM (TAB DR) 20 MG	QL: <= 30 IN 30 DAYS
PANTOPRAZOLE SODIUM (TAB DR) 20 MG, 20 MG	

URINARY TRACT - FUNCTIONAL DISORDERS

BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS

TIER 1	
DUTASTERIDE (CAP) 0.5 MG	QL: 1 IN 1 DAYS
FINASTERIDE (TAB) 5 MG	
SILODOSIN (CAP) 8 MG	QL: 1 IN 1 DAYS, ST
TAMSULOSIN (CAP) 0.4 MG	

TIER 3	
ALFUZOSIN (TAB ER 24H) 10 MG	ST

OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEPTOR

TIER 3	
MIRABEGRON (TAB ER 24H) 25 MG, 50 MG	PA, QL: 1 IN 1 DAYS

URINARY PH MODIFIERS

TIER 1	
POTASSIUM CITRATE (TAB ER) 10 MEQ, 15 MEQ, 5 MEQ	
POTASSIUM CITRATE/CITRIC ACID (SOL) 1100-334/5	

URINARY TRACT ANESTHETIC/ANALGESIC AGENT (AZO-DYE)

TIER 1	
PHENAZOPYRIDINE (TAB) 100 MG, 200 MG, 97.5 MG	

URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAGONIST

TIER 1	
SOLIFENACIN SUCCINATE (TAB) 10 MG, 5 MG	QL: 1 IN 1 DAYS

URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT

TIER 1	
OXYBUTYNIN CHLORIDE (SYRUP) 5 MG/5 ML	
OXYBUTYNIN CHLORIDE (TAB ER 24) 10 MG, 15 MG, 5 MG	

Legend

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MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
OXYBUTYNIN CHLORIDE (TAB) 5 MG	
TOLTERODINE TARTRATE (TAB) 1 MG, 2 MG	QL: 2 IN 1 DAYS, ST
TROSPIUM CHLORIDE (TAB) 20 MG	QL: 2 IN 1 DAYS
TIER 3	
TOLTERODINE TARTRATE (CAP ER 24H) 2 MG, 4 MG	QL: 1 IN 1 DAYS, ST
TROSPIUM CHLORIDE (CAP ER 24H) 60 MG	ST

VAGINAL DISORDERS

VAGINAL ANTIBIOTICS

TIER 1	
CLINDAMYCIN PHOSPHATE (CREAM/APPL) 0.02	
TIER 2	
METRONIDAZOLE (GEL W/APPL) 0.0075	
TIER 3	
CLINDAMYCIN PHOSPHATE [CLEOCIN] (SUPP.VAG) 100 MG	

VAGINAL ANTIFUNGALS

TIER 1	
CLOTRIMAZOLE (CREAM/APPL) 0.01, 0.02	
MICONAZOLE NITRATE (CREAM/APPL) 0.02, 0.04	
MICONAZOLE NITRATE (KIT) 1200MG-2%	
MICONAZOLE NITRATE (SUPP.VAG) 100 MG, 200 MG	
TIER 2	
MICONAZOLE NITRATE (CMB PF CRM) 200 MG-2 %	
MICONAZOLE NITRATE (KIT) 200 MG-2 %	
MICONAZOLE NITRATE [MONISTAT 3] (CMB PF CRM) 200 MG-2 %	
MICONAZOLE NITRATE [MONISTAT 3] (CRM/PF APP) 0.04	
MICONAZOLE NITRATE [MONISTAT 3] (KIT) 200 MG-2 %	
TIER 3	
TERCONAZOLE (CREAM/APPL) 0.004, 0.008	
TERCONAZOLE (SUPP.VAG) 80 MG	

VAGINAL ESTROGEN PREPARATIONS

TIER 1	
ESTRADIOL (CREAM/APPL) 0.0001	QL: 42.5 IN 30 DAYS
TIER 2	

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
ESTRADIOL [ESTRING] (VAG RING) 7.5MCG/24H	QL: 1 IN 90 DAYS, DL: 90 DAYS

TIER 3

ESTROGENS, CONJUGATED [PREMARIN] (CREAM/APPL) 0.625 MG/G	PA
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VITAMIN AND/OR MINERAL DEFICIENCY

ANTIOXIDANT MULTIVITAMIN COMBINATIONS

VITS A,C,E/LUTEIN/MINERALS (TAB) 300MCG-200	
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CALCIUM REPLACEMENT

TIER 1

CA/D3/MAG OX/ZINC/COP/MANG/BOR (TAB CHEW) 600 MG-400, 600 MG-800	
CALCIUM CARB/VIT D3/MINERALS (TAB) 600 MG-200, 600 MG-400	
CALCIUM CARBONATE (TAB) 500(1250), 600 MG, 600 MG	
CALCIUM CARBONATE/VITAMIN D3 (TAB) MULTIPLE STRENGTHS	
CALCIUM CIT/MGOX/VIT D3/B6/MIN (TAB) 250-40-125	
CALCIUM CITRATE (TAB) 200(950)MG, 250 MG	
CALCIUM CITRATE/VITAMIN D3 (TAB) 250MG-5MCG	
CA/D3/MAG OX/ZINC/COP/MANG/BOR (TAB CHEW) 600 MG-800	
CALCIUM/MULTIVITAMIN WITH IRON (TAB) 175.5-14.5	

FLUORIDE PREPARATIONS

TIER 1

FLUORIDE (SODIUM) (CREAM) 0.011	
FLUORIDE (SODIUM) (DROPS) 0.5 MG/ML	
FLUORIDE (SODIUM) (GEL (GRAM)) 0.011	

FOLIC ACID PREPARATIONS

TIER 1

FOLIC ACID (TAB) 0.4 MG, 0.8 MG, 1 MG	
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GERIATRIC VITAMIN PREPARATIONS

TIER 1

MULTIVIT WITH MINERALS/LUTEIN (TAB)	
MULTIVIT WITH IRON,MINERALS (TAB)	

IRON REPLACEMENT

TIER 1

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
FERROUS (DROPS) 15 MG/ML	
FERROUS (ELIXIR) 220 (44)/5	
FERROUS (LIQ) 300 MG/5ML	
FERROUS (SOL) 220 (44)/5	
FERROUS (TAB DR) 324(65)MG, 325(65) MG	
FERROUS (TAB ER) MULTIPLE STRENGTHS	
FERROUS (TAB) 134 MG, 325(65) MG	
FERROUS GLUCONATE (TAB) MULTIPLE STRENGTHS	
IRON,CARB/VIT C/VIT B12/FOLIC (TAB) 100-250-1	
IRON,CARBONYL (ORAL SUSP) 15MG/1.25	
IRON,CARBONYL (TAB CHEW) 15 MG	

MAGNESIUM SALTS REPLACEMENT

TIER 1

MAGNESIUM OXIDE (CAP) 500 MG	
MAGNESIUM OXIDE (TAB) MULTIPLE STRENGTHS	

MULTIVITAMIN PREPARATIONS

TIER 1

B-COMPLEX WITH VITAMIN C (CAP)	
B-COMPLEX WITH VITAMIN C (TAB ER)	
B-COMPLEX WITH VITAMIN C (TAB)	
MULTIVIT NO.51/IRON/FOLIC ACID (CAP) 106.5-1MG	
MULTIVIT WITH CALCIUM,IRON,MIN (TAB) 27MG-0.4MG	
MULTIVIT,CALC,MIN/IRON/FOLIC (TAB) 500-18-0.4, 9MG-400MCG	
MULTIVIT,IRON,MINERALS/LUTEIN (TAB)	
MULTIVITAMIN/IRON/FOLIC ACID (TAB) 18MG-0.4MG	
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN (TAB) .4-300-250, 500-300MCG	
MULTIVIT-MINS60/IRON FUM/FOLIC (TAB) 27 MG-1 MG	
MV,CAL,MIN/IRON/FOLIC ACID/LUT (TAB) 18-500-300	
M-VIT,TX,IRON,MIN/IRON/FOLIC (TAB) 27MG-0.4MG	
A/C/E/ZINC/SOD SELENATE/COPPER (TAB) 5000-60-30	
FA/MV,CA,IRON,MIN/LYCOPENE/LUT (TAB) 0.4-162-18	
FOLIC ACID/MULTIVIT,IRON,MINER (TAB) 0.4MG-18MG	
MULTIVIT WITH CALCIUM,IRON,MIN (TAB)	
MULTIVIT,IRON,MIN 5/FOLIC ACID (TAB) 10 MG-1 MG	
MULTIVIT,STRESS FORMULA/ZINC (TAB)	
MULTIVIT/FOLIC ACID/ZINC/VIT C (CAP) 400-50-500	

Legend

AllCare CCO is a Generic-Mandatory plan - generic drugs must be used when available

[] Brand Name Drug	ST Step Therapy	QL Quantity Limit	PA Prior Authorization required
MS Must fill through specialty pharmacy program	DL Day Supply Limit	AL Age Limit	FL Fill Limit

Therapeutic Indication / Drug Name	Comment
MULTIVITAMIN (TAB)	
MULTIVITAMIN COMBINATION NO.56 (TAB CHEW)	
MULTIVITAMIN WITH FOLIC ACID (TAB) 400 MCG, 400 MCG	
MULTIVITAMIN WITH IRON (TAB)	
MULTIVITAMIN WITH MINERALS (CAP)	
MULTIVITAMIN WITH MINERALS (LIQ)	
MULTIVITAMIN WITH MINERALS (TAB)	
MULTIVITAMIN,STRESS FORMULA (TAB)	
MULTIVITAMIN,THE AND MINERALS (CAP)	
MULTIVITAMIN,THE AND MINERALS (TAB)	
MULTIVITAMIN,THERAPEUTIC (LIQ)	
MULTIVITAMIN,THERAPEUTIC (TAB)	
MULTIVITAMIN/IRON/FOLIC ACID (TAB) 18MG-0.4MG, 18MG-0.4MG	
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN (TAB) .4-300-250, 200-10-10	
MULTIVIT-MIN/FOLIC ACID/BIOTIN (CAP) 400-400MCG	
MULTIVIT-MIN/FOLIC ACID/LUTEIN (COMBO. PKG) 0.4MG-250	
MULTIVIT-MIN/FOLIC/VIT K/LYCOP (TAB) 400-300MCG	
MULTIVIT-MIN/IRON FUM/FOLIC AC (TAB) 7.5 MG-400	
MULTIVIT-MINERALS/FOLIC ACID (TAB) 0.4 MG	
MV,CALCIUM,MIN/IRON/FOLIC/VITK (TAB) 18-600-80	

PEDIATRIC VITAMIN PREPARATIONS

TIER 1	
PEDI MULTIVIT 45/FLUORIDE/IRON (DROPS) 0.25-10/ML	QL: 50 IN 30 DAYS
PEDI MULTIVIT NO.12 W-FLUORIDE (TAB CHEW) 0.25 MG, 0.5 MG, 1 MG	
PEDI MULTIVIT NO.2 W-FLUORIDE (DROPS) 0.25 MG/ML	QL: 50 IN 30 DAYS
CALCIUM CARBONATE/MULTIVITAMIN [FLINTSTONES PLUS CALCIUM] (TAB CHEW)	
MULTIVIT WITH IRON,MINERALS (TAB CHEW)	
MULTIVITAMIN WITH IRON (TAB CHEW)	
PEDI MULTIVIT NO.159/IRON SULF (TAB CHEW) 4.5 MG	
PEDI MULTIVIT NO.82 W-FLUORIDE (DROPS) 0.25 MG/ML	QL: 50 IN 30 DAYS

Legend

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required		
MS	Must fill through specialty pharmacy program			DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit

Therapeutic Indication / Drug Name	Comment
PEDIATRIC MULTIVIT NO.36/IRON (TAB CHEW) 10 MG	
PEDIATRIC MULTIVITAMIN NO.171 (DROPS) 750-35/ML	
PEDIATRIC MULTIVITAMIN NO.171 [POLY-VITA] (DROPS) 750-35/ML	

PRENATAL VITAMIN PREPARATIONS

TIER 1	
PNV NO.118/IRON FUMARATE/FA (TAB CHEW) 29 MG-1 MG	
PNV NO.95/FERROUS FUM/FOLIC AC (TAB) 28MG-0.8MG, 28MG-0.8MG	
PNV,CALCIUM 72/IRON,CARB/FOLIC (TAB) 29 MG-1 MG	
PNV,CALCIUM 72/IRON/FOLIC ACID (TAB) 27 MG-1 MG	
PNV/FERROUS FUM/DOCUSATE/FOLIC (TAB ER) 90-50-1MG	
PRENATAL VIT 14/IRON FUM/FOLIC (TAB CHEW) 29 MG-1 MG	
PRENATAL VIT NO.129/IRON/FOLIC (TAB) 27MG-0.8MG	
PRENATAL VIT,CAL 73/IRON/FOLIC (TAB) 28 MG-1 MG	
PRENATAL VIT,CALC76/IRON/FOLIC (TAB) 29 MG-1 MG	
PRENATAL VIT,CALC78/IRON/FOLIC (TAB) 29 MG-1 MG	
PRENATAL VIT/IRON FUM/FOLIC AC (TAB) 28MG-0.8MG, 65 MG-1 MG	
PRENATAL VIT27,CALCIUM/IRON/FA [TRINATAL RX 1] (TAB) 60 MG-1 MG	
PNV NO.95/FERROUS FUM/FOLIC AC (TAB) 28MG-0.8MG	
PNV/IRON,CARB/DOCUSAT/FOLIC AC (TAB) 90-50-1MG	
PRENATAL VIT NO.130/IRON/FOLIC (TAB) 27MG-0.8MG	
PRENATAL VIT/IRON FUM/FOLIC AC (CAP) 65 MG-1 MG	
PRENATAL VITS15/IRON/FOLIC/DSS (TAB) 90-1-50 MG	

VITAMIN A PREPARATIONS

TIER 1	
BETA-CAROTENE (CAP) 7500 MCG	
VITAMIN A (CAP) 2400 MCG	
VITAMIN A PALMITATE (CAP) 3000 MCG, 7500 MCG	

VITAMIN B PREPARATIONS

TIER 1	
B COMP NO3/FOLIC/C/BIOTIN/ZINC (TAB) 1 MG-60 MG	
B COMPLEX 11/FOLIC/C/BIOT/ZINC (TAB) 1 MG-100MG	
FOLIC ACID/B CMLPX C/RICE BRAN (TAB) 400MCG-500	
FOLIC ACID/VIT B COMPLEX AND C (TAB ER) 400 MCG	

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Therapeutic Indication / Drug Name	Comment
FOLIC ACID/VIT B COMPLEX AND C (TAB) MULTIPLE STRENGTHS	
VIT B COMP/FOLIC/CHOLINE/INOSI (CAP) 400-20-50	
VIT B COMP/FOLIC/CHOLINE/INOSI (TAB ER) 400-10-10	
VIT B COMPLEX 100 COMBO NO.2 (TAB ER) 100 MG, 100 MG	
VITAMIN B COMPLEX (CAP)	
VITAMIN B COMPLEX (TAB ER)	
VITAMIN B COMPLEX (TAB)	
VITAMIN B COMPLEX/FOLIC ACID (TAB) 0.4 MG	

VITAMIN B12 PREPARATIONS

TIER 1	
CYANOCOBALAMIN (VITAMIN B-12) (VIAL) 1000MCG/ML	QL: 4 IN 30 DAYS

VITAMIN B6 PREPARATIONS

TIER 1	
PYRIDOXINE (VITAMIN B6) (TAB) 50 MG	

VITAMIN C PREPARATIONS

TIER 1	
ASCORBIC ACID (CAP ER) 500 MG	QL: 1 IN 1 DAYS
ASCORBIC ACID (TAB CHEW) 500 MG	QL: 1 IN 1 DAYS
ASCORBIC ACID (TAB) 1000 MG, 250 MG, 500 MG	QL: 1 IN 1 DAYS
ASCORBIC ACID/ASCORBATE SODIUM (WAFER) 500 MG	QL: 1 IN 1 DAYS

VITAMIN D PREPARATIONS

TIER 1	
CALCITRIOL (CAP) 0.25 MCG, 0.5 MCG	
CALCITRIOL (SOL) 1 MCG/ML	
CHOLECALCIFEROL (VITAMIN D3) (CAP) MULTIPLE STRENGTHS	
CHOLECALCIFEROL (VITAMIN D3) (DROPS) 10(400)/ML	AL: <1 YEARS
CHOLECALCIFEROL (VITAMIN D3) (TAB CHEW) 10 MCG, 25 MCG	
CHOLECALCIFEROL (VITAMIN D3) (TAB) 50 MCG	QL: <= 60 IN 30 DAYS
CHOLECALCIFEROL (VITAMIN D3) (TAB) MULTIPLE STRENGTHS	
ERGOCALCIFEROL (VITAMIN D2) (CAP) 1250 MCG	
ERGOCALCIFEROL (VITAMIN D2) (DROPS) 200 MCG/ML	
ERGOCALCIFEROL (VITAMIN D2) (TAB) 10 MCG	

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Therapeutic Indication / Drug Name	Comment
CHOLECALCIFEROL (VITAMIN D3) (CAP) 1250 MCG	QL: <= 8 IN 21 DAYS
CHOLECALCIFEROL (VITAMIN D3) (CAP) 50 MCG	

VITAMIN E PREPARATIONS

TIER 1	
VITAMIN E (CAP) 268 MG	
VITAMIN E (DL,TOCOPHERYL ACET) (CAP) MULTIPLE STRENGTHS	
VITAMIN E (DL,TOCOPHERYL ACET) (DROPS) 22.5 MG/ML, 22.5 MG/ML	
VITAMIN E ACETATE (CAP) 134 MG, 268 MG, 670 MG	
VITAMIN E ACETATE (DROPS) 100/0.25ML	
VITAMIN E MIXED (CAP) MULTIPLE STRENGTHS	

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[]	Brand Name Drug	ST	Step Therapy	QL	Quantity Limit	PA	Prior Authorization required
MS	Must fill through specialty pharmacy program	DL	Day Supply Limit	AL	Age Limit	FL	Fill Limit



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