

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar or using the CTRL+F search function from your keyboard. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

Allegiance Minimum Essential Coverage PPACA Formulary
Alphabetical Index
Last Updated 5/1/2022

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| amethyst tab (LYBREL equiv) | - | \$0 | CONTRACEPTIVES |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ashlyna tab, daysee tab (SEASONALE/SEASONIQUE equiv) | - | \$0 | CONTRACEPTIVES |
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| ASPIRIN TAB 81MG | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| atorvastatin tab 10mg (LIPITOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab 20mg (LIPITOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CERVICAL CAP | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| CHANTIX PAK (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHANTIX TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CONCEPTROL GEL | OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE FILM | OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE FOAM | OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE GEL | OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE SUPP | OTC | \$0 | VAGINAL PRODUCTS |
| cryselle tab (OGESTREL equiv) | - | \$0 | CONTRACEPTIVES |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 | CONTRACEPTIVES |
| DIAPHRAGM | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ELLA TAB | - | \$0 | CONTRACEPTIVES |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 | CONTRACEPTIVES |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FEMALE CONDOMS | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ferrous sulfate elixir (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| FERROUS SULFATE LIQUID (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| ferrous sulfate soln (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| ferrous sulfate syrup (FERROUS SULFATE equiv) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger) | - | \$0 | MINERALS & ELECTROLYTES |
| folic acid tab 1mg (Covered at \$0 for females only) | - | \$0 | HEMATOPOIETIC AGENTS |
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 | LAXATIVES |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 | CONTRACEPTIVES |

OTC **NC** =Not Covered
Over-the-Counter

QL **generic** =small letters
Quantity Limit

SMKG **BRANDS** =CAPITAL LETTERS
Smoking Cessation

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Allegiance Minimum Essential Coverage PPACA Formulary Cont.
Alphabetical Index
Last Updated 5/1/2022

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| GOLYTELY SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| IRON SUSP (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 | CONTRACEPTIVES |
| junel FE tab (LOESTRIN FE equiv) | - | \$0 | CONTRACEPTIVES |
| junel tab (LOESTRIN equiv) | - | \$0 | CONTRACEPTIVES |
| kelnor tab (DEMULEN equiv) | - | \$0 | CONTRACEPTIVES |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | \$0 | CONTRACEPTIVES |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 | CONTRACEPTIVES |
| LEVONORGESTREL TAB 0.75MG | - | \$0 | CONTRACEPTIVES |
| lovastatin tab (MEVACOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| LURIDE CHEW TAB | - | \$0 | MINERALS & ELECTROLYTES |
| LURIDE SOLN | - | \$0 | MINERALS & ELECTROLYTES |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | \$0 | CONTRACEPTIVES |
| MIRENA IUD | - | \$0 | CONTRACEPTIVES |
| NEXPLANON IMPLANT | - | \$0 | CONTRACEPTIVES |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTINE KIT | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| norethindrone tab (NOR-QD equiv) | - | \$0 | CONTRACEPTIVES |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | \$0 | CONTRACEPTIVES |
| nortrel tab (OVCON 35 equiv) | - | \$0 | CONTRACEPTIVES |
| NULYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| NUVARING | - | \$0 | CONTRACEPTIVES |
| PARAGARD IUD | - | \$0 | CONTRACEPTIVES |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| PLAN B TAB | OTC | \$0 | CONTRACEPTIVES |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger) | - | \$0 | MOUTH/THROAT/DENTAL AGENTS |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older) | - | \$0 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 | ANTIHYPERLIPIDEMICS |
| rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 | ANTIHYPERLIPIDEMICS |
| simvastatin tab (ZOCOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger) | - | \$0 | MINERALS & ELECTROLYTES |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger) | - | \$0 | MOUTH/THROAT/DENTAL AGENTS |

| | | | | | |
|-----|--|----|---|------|---|
| OTC | NC =Not Covered Over-the-Counter | QL | generic =small letters Quantity Limit | SMKG | BRANDS =CAPITAL LETTERS Smoking Cessation |
|-----|--|----|---|------|---|

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Allegiance Minimum Essential Coverage PPACA Formulary Cont.
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger) | - | \$0 | MINERALS & ELECTROLYTES |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger) | - | \$0 | MINERALS & ELECTROLYTES |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger) | - | \$0 | MINERALS & ELECTROLYTES |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 | CONTRACEPTIVES |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TODAY SPONGE | OTC | \$0 | VAGINAL PRODUCTS |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 | CONTRACEPTIVES |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 | CONTRACEPTIVES |
| TYBLUME TAB | - | \$0 | CONTRACEPTIVES |
| velivet tab (CYCLESSA equiv) | - | \$0 | CONTRACEPTIVES |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | \$0 | CONTRACEPTIVES |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 | CONTRACEPTIVES |
| vitamin D cap 1000unit (Covered for members 65 years or older) | OTC | \$0 | VITAMINS |
| vitamin D cap 400unit (Covered for members 65 years or older) | OTC | \$0 | VITAMINS |
| XULANE PATCH | - | \$0 | CONTRACEPTIVES |
| zafemy patch (XULANE equiv) | - | \$0 | CONTRACEPTIVES |

| | | | | | |
|-----|--|----|---|------|---|
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|-----|--|----|---|------|---|

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**Allegiance Minimum Essential Coverage PPACA Formulary
Category/Class**

Last Updated* 5/1/2022

| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

ANALGESICS - NONNARCOTIC

SALICYLATES

| | | |
|---|-----|-----|
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 |
| aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| aspirin tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 |
| ASPIRIN TAB 81MG | OTC | \$0 |
| aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |

ANTIHYPERTENSIVES

HMG COA REDUCTASE INHIBITORS

| | | |
|---|----|-----|
| atorvastatin tab 10mg (LIPITOR equiv) | - | \$0 |
| atorvastatin tab 20mg (LIPITOR equiv) | - | \$0 |
| lovastatin tab (MEVACOR equiv) | - | \$0 |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 |
| rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 |
| rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 |
| simvastatin tab (ZOCOR equiv) | - | \$0 |

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

| | | |
|---|---|-----|
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older) | - | \$0 |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older) | - | \$0 |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older) | - | \$0 |

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

| | | |
|---|---|-----|
| amethyst tab (LYBREL equiv) | - | \$0 |
| ashlyna tab, daysee tab (SEASONALE/SEASONIQUE equiv) | - | \$0 |
| cryselle tab (OGESTREL equiv) | - | \$0 |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 |
| junel FE tab (LOESTRIN FE equiv) | - | \$0 |
| junel tab (LOESTRIN equiv) | - | \$0 |
| kelnor tab (DEMULEN equiv) | - | \$0 |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | \$0 |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | \$0 |
| nortrel tab (OVCON 35 equiv) | - | \$0 |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 |
| TYBLUME TAB | - | \$0 |
| velivet tab (CYCLESSA equiv) | - | \$0 |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | \$0 |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 |

COMBINATION CONTRACEPTIVES - TRANSDERMAL

| | | |
|-----------------------------|---|-----|
| XULANE PATCH | - | \$0 |
| zafemy patch (XULANE equiv) | - | \$0 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-----|-------------------------------------|----|--|------|--|
| OTC | NC =Not Covered Over-the-Counter | QL | generic =small letters Quantity Limit | SMKG | BRANDS =CAPITAL LETTERS Smoking Cessation |
|-----|-------------------------------------|----|--|------|--|

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**Allegiance Minimum Essential Coverage PPACA Formulary
Category/Class**

Last Updated* 5/1/2022

| DrugName | Special Code | Tier |
|---|--|------|
| CONTRACEPTIVES Cont. | | |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| NUVARING | - | \$0 |
| COPPER CONTRACEPTIVES - IUD | | |
| PARAGARD IUD | - | \$0 |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA TAB | - | \$0 |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 |
| LEVONORGESTREL TAB 0.75MG | - | \$0 |
| PLAN B TAB | OTC | \$0 |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| NEXPLANON IMPLANT | - | \$0 |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | \$0 |
| PROGESTIN CONTRACEPTIVES - IUD | | |
| MIRENA IUD | - | \$0 |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| norethindrone tab (NOR-QD equiv) | - | \$0 |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| HORMONE RECEPTOR MODULATORS | | |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older) | - | \$0 |
| HEMATOPOIETIC AGENTS | | |
| FOLIC ACID/FOLATES | | |
| folic acid tab 1mg (Covered at \$0 for females only) | - | \$0 |
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 |
| IRON | | |
| ferrous sulfate elixir (Covered for members 1 year or younger) | OTC | \$0 |
| FERROUS SULFATE LIQUID (Covered for members 1 year or younger) | OTC | \$0 |
| ferrous sulfate soln (Covered for members 1 year or younger) | OTC | \$0 |
| ferrous sulfate syrup (FERROUS SULFATE equiv) | OTC | \$0 |
| IRON SUSP (Covered for members 1 year or younger) | OTC | \$0 |
| LAXATIVES | | |
| LAXATIVE COMBINATIONS | | |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 |
| GOLYTELY SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year) | QL | \$0 |
| NULYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year) | QL | \$0 |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year) | QL | \$0 |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year) | QL | \$0 |
| MEDICAL DEVICES AND SUPPLIES | | |
| CONTRACEPTIVES | | |
| CERVICAL CAP | - | \$0 |
| DIAPHRAGM | - | \$0 |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| OTC | NC =Not Covered Over-the-Counter | QL |
| | generic =small letters Quantity Limit | SMKG |
| | BRANDS =CAPITAL LETTERS Smoking Cessation | |

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Category/Class**

Last Updated* 5/1/2022

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| FEMALE CONDOMS | OTC | \$0 |
| MINERALS & ELECTROLYTES | | |
| FLUORIDE | | |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger) | - | \$0 |
| LURIDE CHEW TAB | - | \$0 |
| LURIDE SOLN | - | \$0 |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger) | - | \$0 |
| SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger) | - | \$0 |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger) | - | \$0 |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger) | - | \$0 |
| MOUTH/THROAT/DENTAL AGENTS | | |
| DENTAL PRODUCTS | | |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger) | - | \$0 |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger) | - | \$0 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| SMOKING DETERRENTS | | |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| CHANTIX PAK (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| CHANTIX TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| NICOTINE KIT | OTC-QL-SMKG | \$0 |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| VAGINAL PRODUCTS | | |
| SPERMICIDES | | |
| CONCEPTROL GEL | OTC | \$0 |
| CONTRACEPTIVE FILM | OTC | \$0 |
| CONTRACEPTIVE FOAM | OTC | \$0 |
| CONTRACEPTIVE GEL | OTC | \$0 |
| CONTRACEPTIVE SUPP | OTC | \$0 |
| TODAY SPONGE | OTC | \$0 |
| VITAMINS | | |
| OIL SOLUBLE VITAMINS | | |
| vitamin D cap 1000unit (Covered for members 65 years or older) | OTC | \$0 |
| vitamin D cap 400unit (Covered for members 65 years or older) | OTC | \$0 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-----|--|----|---|------|---|
| OTC | NC =Not Covered Over-the-Counter | QL | generic =small letters Quantity Limit | SMKG | BRANDS =CAPITAL LETTERS Smoking Cessation |
|-----|--|----|---|------|---|

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Allegiance Minimum Essential Coverage PPACA Formulary
Last Updated* 5/1/2022
Over-the-Counter (OTC)

- The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

| | | | |
|------------------------|------------------------|-----------------------|------------------------|
| aspirin chew tab 81mg | aspirin ec tab 325mg | aspirin ec tab 81mg | aspirin tab 325mg |
| ASPIRIN TAB 81MG | CONCEPTROL GEL | CONTRACEPTIVE FILM | CONTRACEPTIVE FOAM |
| CONTRACEPTIVE GEL | CONTRACEPTIVE SUPP | FEMALE CONDOMS | ferrous sulfate elixir |
| FERROUS SULFATE LIQUII | ferrous sulfate soln | ferrous sulfate syrup | folic acid tab 400mcg |
| folic acid tab 800mcg | IRON SUSP | levonorgestrel tab | nicotine gum |
| NICOTINE KIT | nicotine lozenge | nicotine patch | PLAN B TAB |
| TODAY SPONGE | vitamin D cap 1000unit | vitamin D cap 400unit | |

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Allegiance Minimum Essential Coverage PPACA Formulary
Smoking Cessation Agents
Last Updated* 5/1/2022

| Drug Name | Tier # for Drug Copay |
|--|------------------------------|
| bupropion SR tab(Limited to 180 days/plan year) | \$0 |
| CHANTIX PAK(Limited to 180 days/plan year) | \$0 |
| CHANTIX TAB(Limited to 180 days/plan year) | \$0 |
| nicotine gum(Limited to 180 days/plan year) | \$0 |
| NICOTINE KIT | \$0 |
| nicotine lozenge(Limited to 180 days/plan year) | \$0 |
| nicotine patch(Limited to 180 days/plan year) | \$0 |
| NICOTROL INHALER(Limited to 180 days/plan year) | \$0 |
| NICOTROL NASAL SPRAY(Limited to 180 days/plan year) | \$0 |

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Allegiance Minimum Essential Coverage PPACA Formulary
Last Updated* 5/1/2022
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------|---|
| bupropion SR tab | Limited to 180 days/plan year |
| CHANTIX PAK | Limited to 180 days/plan year |
| CHANTIX TAB | Limited to 180 days/plan year |
| DEPO-PROVERA SC INJ 104MG | QL= 1 inj/90 days |
| GAVILYTE-C SOLN | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| GOLYTELY SOLN | Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year |
| medroxyprogesterone inj | QL= 1 inj/90 days |
| nicotine gum | Limited to 180 days/plan year |
| NICOTINE KIT | |
| nicotine lozenge | Limited to 180 days/plan year |
| nicotine patch | Limited to 180 days/plan year |
| NICOTROL INHALER | Limited to 180 days/plan year |
| NICOTROL NASAL SPRAY | Limited to 180 days/plan year |
| NULYTELY SOLN | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year |
| peg 3350/electrolytes soln | Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year |
| rosuvastatin tab 10mg | QL= 1 tab/day |
| rosuvastatin tab 5mg | QL= 1 tab/day |
| trilyte soln | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.