



PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary File Submission ID: 00025488

This formulary was updated on 1/21/2025. For more recent information or other questions, please contact Alterwood Advantage at 1-866-267-3144 (TTY users should call 711), 24 hours a day, 7 days a week, or visit www.AlterwoodAdvantage.com.

Alterwood Advantage Select (HMO) & Alterwood Advantage Choice (HMO) 2025 Formulary (List of Covered Drugs)

Alterwood Advantage Choice and Alterwood Advantage Select 2025 Formulary (List of Covered Drugs)

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Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Alterwood Advantage, Inc. When it refers to “plan” or “our plan,” it means Alterwood Advantage Choice and Alterwood Advantage Select.

This document includes Drug List (formulary) for our plan which is current as of 01/21/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Alterwood Advantage Choice and Alterwood Advantage Select formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Alterwood Advantage Choice and Alterwood Advantage Select in consultation with a team of health care providers, which represents the prescription

February 2025

H9306_25_DRS_001_001_OE_C

therapies believed to be a necessary part of a quality treatment program. Alterwood Advantage Choice and Alterwood Advantage Select will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Alterwood Advantage Choice and Alterwood Advantage Select network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Alterwood Advantage Choice and Alterwood Advantage Select, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but Alterwood Advantage Choice and Alterwood Advantage Select may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.AlterwoodAdvantage.com/find-a-medication/

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information,

see the section below titled “How do I request an exception to the Alterwood Advantage Choice and Alterwood Advantage Select’s Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Alterwood Advantage Choice and Alterwood Advantage Select’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/21/2025. To get updated information about the drugs covered by Alterwood Advantage Choice and Alterwood Advantage Select please contact us. Our contact information appears on the front and back cover pages

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 14. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR AGENTS. If you know what your drug is used for, look for the category name in the list that begins on page 12. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 156. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Alterwood Advantage Choice and Alterwood Advantage Select covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the

pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Alterwood Advantage Choice and Alterwood Advantage Select requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from Alterwood Advantage Choice and Alterwood Advantage Select before you fill your prescriptions. If you don’t get approval, Alterwood Advantage Choice and Alterwood Advantage Select may not cover the drug.
- **Quantity Limits:** For certain drugs, Alterwood Advantage Choice and Alterwood Advantage Select limits the amount of the drug that Alterwood Advantage Choice and Alterwood Advantage Select will cover. For example, Alterwood Advantage Choice and Alterwood Advantage Select provides 90 tablets per prescription for *valsartan tablet 80mg*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Alterwood Advantage Choice and Alterwood Advantage Select requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Alterwood Advantage Choice and Alterwood Advantage Select may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Alterwood Advantage Choice and Alterwood Advantage Select will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 14. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Alterwood Advantage Choice and Alterwood Advantage Select to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Alterwood Advantage Choice and Alterwood Advantage Select’s formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Alterwood Advantage Choice and Alterwood Advantage Select does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Alterwood Advantage Choice and Alterwood Advantage Select. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Alterwood Advantage Choice and Alterwood Advantage Select.
- You can ask Alterwood Advantage Choice and Alterwood Advantage Select to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the A Alterwood Advantage Choice and Alterwood Advantage Select's Formulary?

You can ask Alterwood Advantage Choice and Alterwood Advantage Select to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Alterwood Advantage Choice and Alterwood Advantage Select limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

Generally, Alterwood Advantage Choice and Alterwood Advantage Select will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an

February 2025

H9306_25_DRS_001_001_OE_C

expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first *<must be at least 90>* days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a level of care change such as a move from a hospital to a home setting or a move from a skilled nursing facility to a home setting, we may cover a one-time temporary supply of drug(s) not on our formulary when filled at a network pharmacy. This temporary one-time supply must be for up to a 30-day supply (or up to a 31-day supply if you reside in a long-term care facility).

You and your provider will receive a letter in the mail indicating that you have received a temporary supply. Please discuss with your provider the drugs listed in the Alterwood Advantage Choice and Alterwood Advantage Select formulary. You or your provider may request continuation of coverage for the temporary drug supply through the plan's exception process before you run out of medication(s).

For more information

For more detailed information about your Alterwood Advantage Choice and Alterwood Advantage Select prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Alterwood Advantage Choice and Alterwood Advantage Select, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

February 2025

H9306_25_DRS_001_001_OE_C

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Alterwood Advantage Choice and Alterwood Advantage Select Formulary

The formulary provides coverage information about] the drugs covered by Alterwood Advantage Choice and Alterwood Advantage Select. If you have trouble finding your drug in the list, turn to the Index that begins on page 156.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., DIGITEK ORAL TABLET 125 MCG) and generic drugs are listed in lower-case italics (e.g., *digoxin oral tablet 125 mcg*).

The information in the Requirements/Limits column tells you if Alterwood Advantage Choice and Alterwood Advantage Select has any special requirements for coverage of your drug.

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Your 2025 **Alterwood Advantage Select** Part D copays, co-insurance, and the Alterwood Advantage Choice and Alterwood Advantage Select formulary tiers are described below. You have a **\$295 deductible applicable to drugs in Tiers 3, 4, and 5.**

Formulary Tier	Retail (up to a 30 day supply)	Retail (up to a 60 day supply)	Retail (up to a 90 day supply)	Mail Order (up to a 30 day supply)	Mail Order (up to a 60 day supply)	Mail Order (up to a 90 day supply)	Long-Term Care (LTC) (up to a 31 day supply)	Out-of-Network (up to a 10 day supply)
Tier 1 <i>Preferred Generic</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 <i>Generic</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 3 <i>Preferred Brand</i>	\$47	\$94	\$141	\$47	\$94	\$141	\$47	\$47
Tier 4 <i>Non-Preferred Drug</i>	\$100	\$200	\$300	\$100	\$200	\$300	\$100	\$100
Tier 5 <i>Specialty</i>	29%	Not Covered	Not Covered	29%	Not Covered	Not Covered	29%	29%

Note: LTC drugs greater than a 31-day supply and out-of-network (OON) drugs greater than a 10-day supply are not covered.

If you receive “Extra Help,” your copay will vary by the type of drug and the allowed days supply will vary depending on where you get your medication(s). Please refer to

Your 2025 **Alterwood Advantage Choice** Part D copays, co-insurance, and the Alterwood Advantage Choice and Alterwood Advantage Select formulary tiers are described below.

Formulary Tier	Retail (up to a 30 day supply)	Retail (up to a 60 day supply)	Retail (up to a 90 day supply)	Mail Order (up to a 30 day supply)	Mail Order (up to a 60 day supply)	Mail Order (up to a 90 day supply)	Long-Term Care (LTC) (up to a 31 day supply)	Out-of-Network (up to a 10 day supply)
Tier 1 <i>Preferred Generic</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 <i>Generic</i>	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8
Tier 3 <i>Preferred Brand</i>	\$47	\$94	\$141	\$47	\$94	\$141	\$47	\$47
Tier 4 <i>Non-Preferred Drug</i>	\$100	\$200	\$300	\$100	\$200	\$300	\$100	\$100
Tier 5 <i>Specialty</i>	33%	Not Covered	Not Covered	33%	Not Covered	Not Covered	33%	33%

Note: LTC drugs greater than a 31-day supply and out-of-network (OON) drugs greater than a 10-day supply are not covered.

If you receive “Extra Help,” your copay will vary by the type of drug and the allowed days supply will vary depending on where you get your medication(s). Please refer to

The following abbreviations can be found in the Alterwood Advantage Choice and Alterwood Advantage Select formulary:

Abbreviation/Symbol	Definition
PA BvD	Part B vs. Part D - This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PA	Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA NSO	A member new to drug therapy. The first time a member has taken a specific drug with utilization management (UM). You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
EX	Excluded Drug - This prescription drug is not normally covered in a Medicare Prescription Drug Plan and is considered enhanced coverage. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Quantity limits apply and this drug will not be covered during the gap period per individual plan design.
NDS	Plans can elect to limit specific drugs to a 30 day supply.

2025 Alterwood Advantage Choice and Alterwood Advantage Select Formulary
(List of Covered Drugs)
List of Drugs by Medical Condition

ANALGESICS	14
ANESTHETICS	16
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	16
ANTI-ANXIETY AGENTS	17
ANTIBACTERIALS	18
ANTICANCER AGENTS	24
ANTICONVULSANTS	37
ANTIDEMENTIA AGENTS	41
ANTIDEPRESSANTS	41
ANTIDIABETIC AGENTS	44
ANTIFUNGALS	48
ANTIGOUT AGENTS	50
ANTIHISTAMINES	50
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)	50
ANTIMIGRAINE AGENTS	50
ANTIMYCOBACTERIALS	51
ANTINAUSEA AGENTS	52
ANTIPARASITE AGENTS	52
ANTIPARKINSONIAN AGENTS	53
ANTIPSYCHOTIC AGENTS	54
ANTIVIRALS (SYSTEMIC)	59
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	64
CALORIC AGENTS	66
CARDIOVASCULAR AGENTS	66
CENTRAL NERVOUS SYSTEM AGENTS	74
CONTRACEPTIVES	77
DENTAL AND ORAL AGENTS	82
DERMATOLOGICAL AGENTS	83

DEVICES	86
ENZYME COFACTORS/CHAPERONES	126
ENZYME REPLACEMENT/MODIFIERS	126
EYE, EAR, NOSE, THROAT AGENTS.....	127
GASTROINTESTINAL AGENTS.....	130
GENITOURINARY AGENTS.....	132
HEAVY METAL ANTAGONISTS.....	133
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING	133
IMMUNOLOGICAL AGENTS.....	137
INFLAMMATORY BOWEL DISEASE AGENTS.....	145
METABOLIC BONE DISEASE AGENTS	145
MISCELLANEOUS THERAPEUTIC AGENTS	146
OPHTHALMIC AGENTS	147
REPLACEMENT PREPARATIONS	148
RESPIRATORY TRACT AGENTS	148
SKELETAL MUSCLE RELAXANTS.....	152
SLEEP DISORDER AGENTS.....	152
VASODILATING AGENTS	152
VITAMINS AND MINERALS	153

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>Analgesics, Miscellaneous</i>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180 per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	QL (4 per 28 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	2	QL (180 per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	4	QL (180 per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	2	QL (240 per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (180 per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	2	QL (180 per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	PA; QL (180 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	2	QL (60 per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	2	QL (90 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML	2	QL (700 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML	2	QL (300 per 30 days)
MORPHINE SULFATE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE SULFATE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg</i>	2	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	QL (240 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	2	
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium external solution 2 %</i>	5	PA; NDS; QL (224 per 28 days)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	2	
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	2	QL (60 per 30 days)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
FLURBIPROFEN ORAL TABLET 50 MG	2	
<i>ibu oral tablet 400 mg</i>	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral tablet 400 mg</i>	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>ketorolac tromethamine oral tablet 10 mg</i>	2	QL (20 per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
ANESTHETICS		
Local Anesthetics		
<i>glydo external prefilled syringe 2 %</i>	2	QL (30 per 30 days)
<i>lidocaine external ointment 5 %</i>	2	PA; QL (240 per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	2	QL (30 per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	PA; QL (30 per 30 days)
<i>lidocan external patch 5 %</i>	2	PA; QL (90 per 30 days)
ZTLIDO EXTERNAL PATCH 1.8 %	3	PA; QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
APO-VARENICLINE TABLET 1 MG ORAL	2	QL (336 per 365 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	4	QL (60 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	4	QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	QL (4 per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	2	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	2	QL (4 per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>	2	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	QL (240 per 180 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	2	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg (56 pack)</i>	2	QL (336 per 365 days)
VARENICLINE TARTRATE ORAL TABLET 1 MG	2	QL (336 per 365 days)

ANTI-ANXIETY AGENTS

Benzodiazepines

<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 per 30 days)

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2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	4	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>lorazepam concentrate 2 mg/ml oral</i>	2	QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i>	4	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	2	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	2	QL (60 per 30 days)

ANTIBACTERIALS

Aminoglycosides

<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	PA; NDS; QL (235.2 per 28 days)
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	5	NDS
TOBI PODHALER INHALATION CAPSULE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	PA BvD; NDS

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i>	5	PA BvD; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	5	NDS
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	5	NDS
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	NDS
<i>linezolid intravenous solution 600 mg/300ml</i>	2	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	NDS
<i>linezolid oral tablet 600 mg</i>	2	
<i>methenamine hippurate oral tablet 1 gm</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	QL (120 per 30 days)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	QL (60 per 30 days)
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	2	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM	2	
<i>vancomycin hcl oral capsule 125 mg</i>	2	QL (56 per 14 days)
<i>vancomycin hcl oral capsule 250 mg</i>	2	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; QL (90 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>Cephalosporins</i>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	2	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	2	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>tazicef injection solution reconstituted 1 gm</i>	2	
<i>tazicef intravenous solution reconstituted 2 gm</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	2	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	NDS
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	5	NDS; QL (20 per 10 days)
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	4	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	2	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NDS
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	2	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	2	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	4	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	4	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	4	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	2	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	2	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	2	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin oral solution 25 mg/ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
MOXIFLOXACIN HCL IN NAACL INTRAVENOUS SOLUTION 400 MG/250ML	2	
<i>moxifloxacin hcl oral tablet 400 mg</i>	2	
MOXIFLOXACIN HCL SOLUTION 400 MG/250ML INTRAVENOUS	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	4	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	2	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	4	
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5	NDS
ANTICANCER AGENTS		
<i>Anticancer Agents</i>		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5	PA NSO; NDS; QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i>	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML	5	PA NSO; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (240 per 30 days)
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	5	NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection suspension reconstituted 100 mg</i>	5	NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	5	PA NSO; NDS
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	5	PA NSO; NDS
<i>bexarotene external gel 1 %</i>	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i>	5	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i>	2	
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	2	
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg</i>	4	PA NSO
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML	4	PA NSO
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA NSO; NDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA NSO; NDS; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA NSO; NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NDS; QL (63 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml</i>	5	PA BvD; NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	5	PA BvD; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	2	PA BvD; ST
<i>cyclophosphamide oral capsule 50 mg</i>	2	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg</i>	3	PA BvD; ST
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	5	PA NSO; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	5	PA NSO; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i>	5	PA NSO; NDS; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous solution reconstituted 50 mg</i>	5	NDS
<i>doxorubicin hcl liposomal intravenous suspension 2 mg/ml</i>	5	PA BvD; NDS
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA NSO
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML	5	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 76 MG/1.9ML	5	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	5	PA NSO; NDS

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 25 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib hcl oral tablet 150 mg</i>	5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
<i>etoposide intravenous solution 100 mg/5ml</i>	2	
<i>everolimus oral tablet 10 mg</i>	5	PA NSO; NDS; QL (56 per 28 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	5	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i>	2	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA BvD; NDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	PA BvD
<i>floxuridine injection solution reconstituted 0.5 gm</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml</i>	2	PA BvD
FLUTAMIDE ORAL CAPSULE 125 MG	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	5	NDS
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5	NDS

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	5	PA NSO; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	2	
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	2	
<i>imatinib mesylate oral tablet 100 mg</i>	2	PA NSO; QL (180 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	5	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	5	PA NSO; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA NSO; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NDS; QL (240 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	5	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5	PA NSO; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	5	PA NSO; NDS; QL (2 per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NDS; QL (63 per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA NSO; NDS; QL (28 per 28 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA NSO; NDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA NSO; NDS

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA NSO; NDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA NSO; NDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA NSO; NDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA NSO; NDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA NSO; NDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i>	2	
LEUKERAN ORAL TABLET 2 MG	5	NDS
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	4	PA NSO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	2	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	5	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA NSO; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	5	PA NSO; NDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA NSO; NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	5	PA NSO; NDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA NSO; NDS

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA NSO; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NDS; QL (140 per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NDS; QL (140 per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	2	
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML	2	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml</i>	2	
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NDS
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	5	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	5	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NDS; QL (90 per 30 days)
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5	PA BvD; NDS
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA NSO; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	5	NDS
<i>pemetrexed disodium intravenous solution 850 mg/34ml</i>	5	NDS
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	5	NDS
<i>pemetrexed ditromethamine intravenous solution reconstituted 100 mg, 500 mg</i>	5	NDS

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	NDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA NSO; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NSO; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	5	PA NSO; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PACKET 50 MG	5	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG	5	PA NSO; NDS
SCSEMBLIX ORAL TABLET 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	NDS
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML	5	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML	5	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML	5	PA NSO; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	4	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	5	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 100 mg/5ml</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>toremifene citrate oral tablet 60 mg</i>	5	NDS
<i>torpenz oral tablet 10 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA NSO; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
<i>tretinoin oral capsule 10 mg</i>	5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NDS; QL (64 per 28 days)
TRUQAP TABLET THERAPY PACK 160 MG ORAL	5	PA NSO; NDS; QL (64 per 28 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	PA NSO; NDS
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	PA NSO; NDS
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA NSO; NDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA NSO; NDS
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NDS
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA NSO; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NDS
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	5	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	5	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML	5	PA NSO; NDS; QL (20 per 28 days)

ANTICONVULSANTS

Anticonvulsants

APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL PACKET 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL PACKET 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>epitol oral tablet 200 mg</i>	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	2	
<i>felbamate oral suspension 600 mg/5ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NDS
<i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20ml</i>	2	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i>	2	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i>	2	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin sodium injection solution 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	QL (900 per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide oral suspension 40 mg/ml</i>	5	ST; NDS
<i>rufinamide oral tablet 200 mg</i>	2	ST
<i>rufinamide oral tablet 400 mg</i>	5	ST; NDS
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA BvD; NDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 100 mg/ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	5	NDS; QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	5	NDS; QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	5	NDS; QL (10 per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	5	NDS; QL (10 per 30 days)
<i>vigabatrin oral packet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral packet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigpoder oral packet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	ST; QL (56 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	4	ST
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NDS; QL (1080 per 30 days)

ANTIDEMENTIA AGENTS

Antidementia Agents

<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	2	QL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	2	
<i>donepezil hcl oral tablet dispersible 5 mg</i>	2	QL (30 per 30 days)
<i>ergoloid mesylates oral tablet 1 mg</i>	2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	2	ST; QL (30 per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	QL (300 per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	QL (30 per 30 days)

ANTIDEPRESSANTS

Antidepressants

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	5	ST; NDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	2	QL (30 per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	ST; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
NEFAZODONE HCL ORAL TABLET 100 MG	2	
<i>nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	4	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	5	PA NSO; NDS

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	5	PA NSO; NDS
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	2	QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	2	QL (90 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NDS; QL (14 per 14 days)
ANTIDIABETIC AGENTS		
<i>Antidiabetic Agents, Miscellaneous</i>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral solution 500 mg/5ml</i>	4	QL (765 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days)
<i>mifepristone oral tablet 300 mg</i>	5	PA; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML, 2 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	2	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP INJECTION SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	max \$35 copay per month supply; QL (30 per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	2	max \$35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	max \$35 copay per month supply; QL (30 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	2	max \$35 copay per month supply; QL (40 per 28 days)
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	2	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	max \$35 copay per month supply
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION	3	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	max \$35 copay per month supply; QL (30 per 28 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	max \$35 copay per month supply; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	max \$35 copay per month supply
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	max \$35 copay per month supply
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	max \$35 copay per month supply
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	2	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	2	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	2	PA BvD

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	PA BvD; NDS
<i>ciclopirox external solution 8 %</i>	2	QL (19.8 per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	2	QL (180 per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	4	QL (180 per 30 days)
<i>clotrimazole external cream 1 %</i>	2	
<i>clotrimazole external solution 1 %</i>	2	
<i>clotrimazole mouth/throat troche 10 mg</i>	2	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	QL (90 per 30 days)
<i>econazole nitrate external cream 1 %</i>	2	QL (170 per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	2	
<i>ketoconazole external cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole external shampoo 2 %</i>	2	QL (360 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>miconazole sodium intravenous solution reconstituted 100 mg, 50 mg</i>	2	
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG	2	
<i>nyamyc external powder 100000 unit/gm</i>	2	QL (60 per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	2	QL (60 per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	2	QL (60 per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	2	QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet 500000 unit</i>	2	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	
<i>nystop external powder 100000 unit/gm</i>	2	QL (60 per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i>	5	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA BvD; NDS
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	
ANTIGOUT AGENTS		
<i>Antigout Agents, Other</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	2	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	2	QL (120 per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	4	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
ANTIHISTAMINES		
<i>Antihistamines</i>		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
<i>Anti-Infectives (Skin And Mucous Membrane)</i>		
<i>clindamycin phosphate vaginal cream 2 %</i>	4	
<i>metronidazole vaginal gel 0.75 %</i>	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	4	
ANTIMIGRAINE AGENTS		
<i>Antimigraine Agents</i>		

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	3	PA; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	ST; NDS; QL (8 per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	QL (9 per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	QL (18 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	2	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	QL (5 per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	4	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
ANTIMYCOBACTERIALS		
<i>Antimycobacterials</i>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	4	
<i>rifampin intravenous solution reconstituted 600 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECTOR ORAL TABLET 250 MG	4	
ANTINAUSEA AGENTS		
<i>Antinausea Agents</i>		
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	2	PA BvD
<i>aprepitant oral capsule 80 mg</i>	2	PA BvD; QL (4 per 28 days)
<i>compro rectal suppository 25 mg</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; QL (60 per 30 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>ondansetron hcl oral tablet 24 mg</i>	4	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>promethazine hcl injection solution 25 mg/ml</i>	2	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 25 mg</i>	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	2	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	QL (10 per 30 days)
ANTIPARASITE AGENTS		
<i>Antiparasite Agents</i>		
<i>albendazole oral tablet 200 mg</i>	5	NDS
<i>atovaquone oral suspension 750 mg/5ml</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg</i>	2	QL (180 per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	QL (90 per 30 days)
<i>hydroxychloroquine sulfate oral tablet 300 mg, 400 mg</i>	2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i>	2	
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	5	NDS; QL (60 per 30 days)
<i>paromomycin sulfate oral capsule 250 mg</i>	2	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	2	PA BvD
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	2	
<i>praziquantel oral tablet 600 mg</i>	2	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	4	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i>	2	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>Antiparkinsonian Agents</i>		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 25-100 mg, 25-250 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	2	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI TITRATION KIT SUBLINGUAL KIT 10&15&20&25&30 MG	5	PA; NDS
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	4	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	2	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	5	PA; NDS; QL (560 per 28 days)
ANTIPSYCHOTIC AGENTS		
<i>Antipsychotic Agents</i>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NDS; QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NDS; QL (1 per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>aripiprazole oral tablet dispersible 10 mg</i>	4	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	2	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i>	4	ST; QL (90 per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	ST; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	5	ST; NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	NDS; QL (0.5 per 21 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	2	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>molindone hcl oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone hcl oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone hcl oral tablet 5 mg</i>	5	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	2	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
<i>quetiapine fumarate oral tablet 150 mg</i>	2	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NDS; QL (30 per 30 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	2	QL (2 per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	ST; NDS; QL (30 per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	NDS; QL (0.56 per 56 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	NDS; QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)		
<i>Antiretrovirals</i>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	
<i>abacavir sulfate oral tablet 300 mg</i>	2	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	5	NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	5	NDS
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	5	NDS
CIMDUO ORAL TABLET 300-300 MG	5	NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NDS
<i>darunavir oral tablet 600 mg, 800 mg</i>	5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	NDS
<i>emtricitabine oral capsule 200 mg</i>	2	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	NDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	2	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	NDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL PACKET 100 MG	5	NDS
ISENTRESS ORAL TABLET 400 MG	5	NDS

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction. 2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NDS
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	2	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	NDS
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	2	QL (90 per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	QL (30 per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	2	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PIFELTRO ORAL TABLET 100 MG	5	NDS
PREZCOBIX ORAL TABLET 800-150 MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	5	NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL PACKET 50 MG	5	NDS
<i>ritonavir oral tablet 100 mg</i>	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NDS

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction. 2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	5	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	5	PA BvD; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	ST; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/GM	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 50 mg/5ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NDS
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (84 per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	2	QL (48 per 180 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	2	QL (42 per 180 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	QL (540 per 180 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	2	\$0 copay until 2/28/25; QL (20 per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	2	\$0 copay until 2/28/25; QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 per 180 days)
<i>Hcv Antivirals</i>		
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PACKET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
<i>Interferons</i>		
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; NDS
<i>Nucleosides And Nucleotides</i>		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir dipivoxil oral tablet 10 mg</i>	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	NDS
<i>valganciclovir hcl oral tablet 450 mg</i>	2	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
<i>Anticoagulants</i>		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	2	QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	2	QL (60 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	2	QL (48 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	2	QL (18 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	2	QL (24 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	2	QL (36 per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	NDS; QL (24 per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	NDS; QL (12 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	NDS; QL (18 per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	
<i>Blood Formation Modifiers</i>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5	PA; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	5	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; NDS
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NDS
PROMACTA ORAL PACKET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NDS; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; QL (12 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	3	PA; QL (4 per 28 days)
<i>Hematologic Agents, Miscellaneous</i>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	
<i>Platelet-Aggregation Inhibitors</i>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 50 mg, 75 mg</i>	2	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	QL (30 per 30 days)
CALORIC AGENTS		
<i>Caloric Agents</i>		
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	4	PA BvD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	4	PA BvD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	4	PA BvD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	4	PA BvD
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	4	PA BvD
<i>dextrose intravenous solution 5 %</i>	2	
PROCALAMINE INTRAVENOUS SOLUTION 3 %	4	PA BvD
CARDIOVASCULAR AGENTS		
<i>Alpha-Adrenergic Agents</i>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; NDS; QL (180 per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	
Antiarrhythmic Agents		

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction. 2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	4	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	4	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5ML	3	QL (600 per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	2	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	QL (4 per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	3	QL (4 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (4 per 30 days)
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA; NDS; QL (18 per 30 days)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	3	QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i>	5	NDS
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>	2	QL (60 per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>	2	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
<i>Dihydropyridines</i>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan-hctz oral tablet 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	2	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>Diuretics</i>		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg</i>	2	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	QL (30 per 30 days)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 per 30 days)
<i>cholestyramine light oral packet 4 gm</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>colesevelam hcl oral packet 3.75 gm</i>	4	
<i>colesevelam hcl oral tablet 625 mg</i>	2	
<i>colestipol hcl oral packet 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	QL (30 per 30 days)
<i>fenofibrate capsule 134 mg oral</i>	2	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg, 54 mg</i>	2	
<i>fenofibrate oral tablet 160 mg</i>	1	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	2	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gm</i>	2	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	2	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
NEXLETOL ORAL TABLET 180 MG	3	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	ST; QL (30 per 30 days)
NIACIN (ANTIHYPERLIPIDEMIC) ORAL TABLET 500 MG	4	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	
NIACOR ORAL TABLET 500 MG	4	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30 per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 80 mg</i>	1	
<i>pravastatin sodium oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral packet 4 gm</i>	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	ST; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	ST; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	ST; QL (6 per 28 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
CENTRAL NERVOUS SYSTEM AGENTS		
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	2	QL (60 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	5	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG	5	PA; NDS; QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; NDS; QL (210 per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG	5	PA; NDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; NDS; QL (1 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	2	PA; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	5	PA; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	5	PA; NDS; QL (60 per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	5	PA; NDS
<i> fingolimod hcl oral capsule 0.5 mg</i>	5	PA; NDS; QL (30 per 30 days)
<i> glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; NDS; QL (30 per 30 days)
<i> glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; NDS; QL (12 per 28 days)
<i> glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; NDS; QL (30 per 30 days)
<i> glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; NDS; QL (12 per 28 days)
<i> guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5	PA; NDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; NDS; QL (1.2 per 28 days)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	
LITHIUM CARBONATE ORAL CAPSULE 600 MG	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	2	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; NDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	5	PA; NDS; QL (20 per 180 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	5	PA; NDS; QL (23 per 180 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	5	PA; NDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	PA; NDS; QL (1 per 28 days)
<i>riluzole oral tablet 50 mg</i>	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5	PA; NDS; QL (120 per 30 days)

CONTRACEPTIVES

Contraceptives

<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	2	
<i>altavera oral tablet 0.15-30 mg-mcg</i>	2	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>amethyst oral tablet 90-20 mcg</i>	2	
<i>apri oral tablet 0.15-30 mg-mcg</i>	2	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	2	
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	2	
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>camila oral tablet 0.35 mg</i>	2	
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	2	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyclafem 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>deblitane oral tablet 0.35 mg</i>	2	
<i>delyla oral tablet 0.1-20 mg-mcg</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	2	
<i>dolishale oral tablet 90-20 mcg</i>	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	2	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-30 mg-mcg</i>	2	
<i>emzahh oral tablet 0.35 mg</i>	2	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	4	QL (1 per 28 days)
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2	
<i>errin oral tablet 0.35 mg</i>	2	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	2	QL (1 per 28 days)
<i>falmina oral tablet 0.1-20 mg-mcg</i>	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	2	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	2	
<i>iclevia oral tablet 0.15-0.03 mg</i>	2	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	2	
<i>introvale oral tablet 0.15-0.03 mg</i>	2	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	2	
<i>jolessa oral tablet 0.15-0.03 mg</i>	2	QL (91 per 84 days)
<i>juleber oral tablet 0.15-30 mg-mcg</i>	2	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	2	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	2	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	4	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	QL (91 per 84 days)
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	2	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
<i>lillow oral tablet 0.15-30 mg-mcg</i>	2	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	2	
<i>lutura oral tablet 0.1-20 mg-mcg</i>	2	
<i>lyleq oral tablet 0.35 mg</i>	2	
<i>lyza oral tablet 0.35 mg</i>	2	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	2	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	4	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	3	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	2	QL (3 per 28 days)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg- mcg, 1.5-30 mg-mcg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	2	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1- 30/1-35 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg- 35 mcg</i>	2	
<i>norlyda oral tablet 0.35 mg</i>	1	
<i>norlyroc oral tablet 0.35 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	2	
<i>pimtrex oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	2	
<i>setlakin oral tablet 0.15-0.03 mg</i>	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	2	
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	4	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	2	
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	2	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	2	QL (3 per 28 days)
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
DENTAL AND ORAL AGENTS		
<i>Dental And Oral Agents</i>		
<i>cevimeline hcl oral capsule 30 mg</i>	2	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>periogard mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
SODIUM FLUORIDE 5000 SENSITIVE DENTAL GEL 1.1-5 %	1	
<i>sodium fluoride mouth/throat solution 0.2 %</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICAL AGENTS		
<i>Dermatological Agents, Other</i>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
<i>acyclovir external ointment 5 %</i>	4	QL (30 per 30 days)
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
<i>calcipotriene external cream 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene external solution 0.005 %</i>	2	QL (120 per 30 days)
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution 2 %</i>	2	
<i>fluorouracil external solution 5 %</i>	4	
<i>imiquimod external cream 5 %</i>	2	QL (24 per 30 days)
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	3	QL (5 per 5 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	5	NDS
PANRETIN EXTERNAL GEL 0.1 %	5	NDS; QL (60 per 28 days)
<i>podofilox external solution 0.5 %</i>	2	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	QL (180 per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	5	PA NSO; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>Dermatological Antibacterials</i>		
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	4	
<i>clindamycin phosphate external solution 1 %</i>	2	QL (180 per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	2	
<i>erythromycin external solution 2 %</i>	2	
<i>gentamicin sulfate external cream 0.1 %</i>	2	QL (90 per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	2	QL (120 per 30 days)
<i>metronidazole external cream 0.75 %</i>	2	
<i>metronidazole external gel 0.75 %</i>	2	
<i>metronidazole external gel 1 %</i>	4	
<i>mupirocin external ointment 2 %</i>	1	QL (220 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>neuac external gel 1.2-5 %</i>	1	
<i>rosadan external cream 0.75 %</i>	2	
<i>selenium sulfide external lotion 2.5 %</i>	2	
<i>silver sulfadiazine external cream 1 %</i>	2	
<i>ssd external cream 1 %</i>	4	
<i>Dermatological Anti-Inflammatory Agents</i>		
<i>ala-cort external cream 1 %</i>	2	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	
<i>betamethasone dipropionate external cream 0.05 %</i>	2	
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	
<i>betamethasone valerate external cream 0.1 %</i>	2	
<i>betamethasone valerate external lotion 0.1 %</i>	2	
<i>betamethasone valerate external ointment 0.1 %</i>	2	
<i>clobetasol propionate e external cream 0.05 %</i>	2	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	4	
<i>clobetasol propionate external cream 0.05 %</i>	2	
<i>clobetasol propionate external gel 0.05 %</i>	2	
<i>clobetasol propionate external lotion 0.05 %</i>	4	
<i>clobetasol propionate external ointment 0.05 %</i>	2	
<i>clobetasol propionate external shampoo 0.05 %</i>	2	
<i>clobetasol propionate external solution 0.05 %</i>	2	
EUCRISA EXTERNAL OINTMENT 2 %	3	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	2	
<i>fluocinonide external gel 0.05 %</i>	2	
<i>fluocinonide external ointment 0.05 %</i>	2	
<i>fluocinonide external solution 0.05 %</i>	2	
<i>fluticasone propionate external cream 0.05 %</i>	2	
<i>halobetasol propionate external cream 0.05 %</i>	2	
<i>halobetasol propionate external ointment 0.05 %</i>	2	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone cream 2.5 % external</i>	2	
<i>hydrocortisone external cream 1 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	2	
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
<i>pimecrolimus external cream 1 %</i>	4	QL (100 per 30 days)
<i>procto-med hc external cream 2.5 %</i>	2	
<i>procto-pak external cream 1 %</i>	2	
<i>proctosol hc external cream 2.5 %</i>	2	
<i>proctozone-hc external cream 2.5 %</i>	2	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	2	
<i>Dermatological Retinoids</i>		
<i>adapalene external cream 0.1 %</i>	4	
ALTRENO EXTERNAL LOTION 0.05 %	4	PA
<i>tazarotene external cream 0.1 %</i>	2	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA
<i>Scabicides And Pediculicides</i>		

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>malathion external lotion 0.5 %</i>	4	
<i>permethrin external cream 5 %</i>	2	QL (60 per 30 days)
DEVICES		
<i>Devices</i>		
ABOUTTIME PEN NEEDLE 30G X 8 MM	2	PA; ST
ABOUTTIME PEN NEEDLE 31G X 5 MM	2	PA; ST
ABOUTTIME PEN NEEDLE 31G X 8 MM	2	PA; ST
ABOUTTIME PEN NEEDLE 32G X 4 MM	2	PA; ST
ADVOCATE ALCOHOL PREP PADS PAD 70 %	1	PA; ST
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	2	PA; ST
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	2	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM	2	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM	2	PA; ST
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM	2	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
ALCOHOL PREP PAD	1	PA; ST
ALCOHOL PREP PAD 70 %	1	PA; ST
ALCOHOL PREP PADS PAD 70 %	1	PA; ST
ALCOHOL SWABS PAD	1	PA; ST
ALCOHOL SWABS PAD 70 %	1	PA; ST
ALCOHOL SWABSTICK PAD	1	PA; ST
ALCOHOL SWABSTICK PAD 70 %	1	PA; ST
APLICARE ALCOHOL SWABSTICK PAD 70 %	1	PA; ST
AQ INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
AQINJECT PEN NEEDLE 31G X 5 MM	2	PA; ST
AQINJECT PEN NEEDLE 32G X 4 MM	2	PA; ST
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	2	PA; ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (OTC)	2	PA; ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	PA; ST
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML	2	PA; ST
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML	2	PA; ST
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	2	PA; ST
AUM ALCOHOL PREP PADS PAD 70 %	1	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM	2	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM	2	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM	2	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM	2	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 4 MM	2	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 5 MM	2	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 6 MM	2	PA; ST
AUM PEN NEEDLE 32G X 4 MM	2	PA; ST
AUM PEN NEEDLE 32G X 5 MM	2	PA; ST
AUM PEN NEEDLE 32G X 6 MM	2	PA; ST
AUM PEN NEEDLE 33G X 4 MM	2	PA; ST
AUM PEN NEEDLE 33G X 5 MM	2	PA; ST
AUM PEN NEEDLE 33G X 6 MM	2	PA; ST
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	2	PA; ST
AUM SAFETY PEN NEEDLE 31G X 4 MM	2	PA; ST
BD AUTOSHIELD 29G X 5MM	2	PA; ST
BD AUTOSHIELD 29G X 8MM	2	PA; ST
BD AUTOSHIELD DUO 30G X 5 MM	2	PA; ST
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML	2	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	2	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML	2	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML	2	PA; ST
BD INSULIN SYRINGE 25G X 1" 1 ML	2	PA; ST
BD INSULIN SYRINGE 25G X 5/8" 1 ML	2	PA; ST
BD INSULIN SYRINGE 26G X 1/2" 1 ML	2	PA; ST
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML	2	PA; ST
BD INSULIN SYRINGE 27G X 1/2" 1 ML	2	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC)	2	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (RX)	2	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC)	2	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	2	PA; ST
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	2	PA; ST
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	2	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	2	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX)	2	PA; ST
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	2	PA; ST
BD INSULIN SYRINGE U-100 1 ML	2	PA; ST
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	2	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML	2	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	2	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML	2	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	2	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	2	PA; ST
BD PEN NEEDLE MICRO U/F 32G X 6 MM	2	PA; ST
BD PEN NEEDLE MINI U/F 31G X 5 MM	2	PA; ST
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	2	PA; ST
BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC)	2	PA; ST
BD PEN NEEDLE NANO U/F 32G X 4 MM (RX)	2	PA; ST
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	2	PA; ST
BD PEN NEEDLE SHORT U/F 31G X 8 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	2	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	2	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	2	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML	2	PA; ST
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
BD SWAB SINGLE USE REGULAR PAD	1	PA; ST
BD SWABS SINGLE USE BUTTERFLY PAD	1	PA; ST
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	2	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (OTC)	2	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (RX)	2	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML (OTC)	2	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML (RX)	2	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML (OTC)	2	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML (RX)	2	PA; ST
CAREFINE PEN NEEDLES 29G X 12MM	2	PA; ST
CAREFINE PEN NEEDLES 30G X 8 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction. 2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
CAREFINE PEN NEEDLES 31G X 6 MM	2	PA; ST
CAREFINE PEN NEEDLES 31G X 8 MM	2	PA; ST
CAREFINE PEN NEEDLES 32G X 4 MM	2	PA; ST
CAREFINE PEN NEEDLES 32G X 5 MM	2	PA; ST
CAREFINE PEN NEEDLES 32G X 6 MM	2	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML	2	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML	2	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
CARETOUCH ALCOHOL PREP PAD 70 %	1	PA; ST
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML	2	PA; ST
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	2	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
CARETOUCH PEN NEEDLES 29G X 12MM	2	PA; ST
CARETOUCH PEN NEEDLES 31G X 5 MM	2	PA; ST
CARETOUCH PEN NEEDLES 31G X 6 MM	2	PA; ST
CARETOUCH PEN NEEDLES 31G X 8 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLES 32G X 4 MM	2	PA; ST
CARETOUCH PEN NEEDLES 32G X 5 MM	2	PA; ST
CARETOUCH PEN NEEDLES 33G X 4 MM	2	PA; ST
CLEVER CHOICE COMFORT EZ 29G X 12MM	2	PA; ST
CLEVER CHOICE COMFORT EZ 33G X 4 MM	2	PA; ST
CLICKFINE PEN NEEDLES 31G X 6 MM	2	PA; ST
CLICKFINE PEN NEEDLES 31G X 8 MM	2	PA; ST
CLICKFINE PEN NEEDLES 32G X 4 MM	2	PA; ST
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
COMFORT EZ PEN NEEDLES 31G X 5 MM	2	PA; ST
COMFORT EZ PEN NEEDLES 31G X 6 MM	2	PA; ST
COMFORT EZ PEN NEEDLES 31G X 8 MM	2	PA; ST
COMFORT EZ PEN NEEDLES 32G X 4 MM	2	PA; ST
COMFORT EZ PEN NEEDLES 32G X 5 MM	2	PA; ST
COMFORT EZ PEN NEEDLES 32G X 6 MM	2	PA; ST
COMFORT EZ PEN NEEDLES 32G X 8 MM	2	PA; ST
COMFORT EZ PEN NEEDLES 33G X 4 MM	2	PA; ST
COMFORT EZ PEN NEEDLES 33G X 5 MM	2	PA; ST
COMFORT EZ PEN NEEDLES 33G X 6 MM	2	PA; ST
COMFORT EZ PEN NEEDLES 33G X 8 MM	2	PA; ST
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM	2	PA; ST
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM	2	PA; ST
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM	2	PA; ST
CURITY ALCOHOL PREPS PAD 70 %	1	PA; ST
CURITY ALL PURPOSE SPONGES PAD 2"X2"	1	PA; ST
CURITY GAUZE PAD 2"X2"	1	PA; ST
CURITY GAUZE SPONGE PAD 2"X2"	1	PA; ST
CURITY SPONGES PAD 2"X2"	1	PA; ST
CVS GAUZE PAD 2"X2"	1	PA; ST
CVS GAUZE STERILE PAD 2"X2"	1	PA; ST
DERMACEA GAUZE SPONGE PAD 2"X2"	1	PA; ST
DERMACEA IV DRAIN SPONGES PAD 2"X2"	1	PA; ST
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	1	PA; ST
DERMACEA TYPE VII GAUZE PAD 2"X2"	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 5 MM	2	PA; ST
DIATHRIVE PEN NEEDLE 31G X 6 MM	2	PA; ST
DIATHRIVE PEN NEEDLE 31G X 8 MM	2	PA; ST
DIATHRIVE PEN NEEDLE 32G X 4 MM	2	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction. 2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML	2	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML	2	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	2	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML	2	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML	2	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML	2	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	2	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
DROPLET MICRON 34G X 3.5 MM	2	PA; ST
DROPLET PEN NEEDLES 29G X 10MM	2	PA; ST
DROPLET PEN NEEDLES 29G X 12MM	2	PA; ST
DROPLET PEN NEEDLES 30G X 8 MM	2	PA; ST
DROPLET PEN NEEDLES 31G X 5 MM	2	PA; ST
DROPLET PEN NEEDLES 31G X 6 MM	2	PA; ST
DROPLET PEN NEEDLES 31G X 8 MM	2	PA; ST
DROPLET PEN NEEDLES 32G X 4 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLES 32G X 5 MM	2	PA; ST
DROPLET PEN NEEDLES 32G X 6 MM	2	PA; ST
DROPLET PEN NEEDLES 32G X 8 MM	2	PA; ST
DROPSAFE ALCOHOL PREP PAD 70 %	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	2	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM	2	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM	2	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML	2	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML	2	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML	2	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML	2	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML	2	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML	2	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML	2	PA; ST
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 0.3 ML	2	PA; ST
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 1 ML	2	PA; ST
DRUG MART ULTRA COMFORT SYR 30G X 5/16" 0.5 ML	2	PA; ST
DRUG MART ULTRA COMFORT SYR 30G X 5/16" 1 ML	2	PA; ST
DRUG MART UNIFINE PENTIPS 31G X 5 MM	2	PA; ST
EASY COMFORT ALCOHOL PADS PAD	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	2	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML	2	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML	2	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	2	PA; ST
EASY COMFORT PEN NEEDLES 31G X 5 MM	2	PA; ST
EASY COMFORT PEN NEEDLES 31G X 6 MM	2	PA; ST
EASY COMFORT PEN NEEDLES 31G X 8 MM	2	PA; ST
EASY COMFORT PEN NEEDLES 32G X 4 MM	2	PA; ST
EASY COMFORT PEN NEEDLES 33G X 4 MM	2	PA; ST
EASY COMFORT PEN NEEDLES 33G X 5 MM	2	PA; ST
EASY COMFORT PEN NEEDLES 33G X 6 MM	2	PA; ST
EASY GLIDE PEN NEEDLES 33G X 4 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	2	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	2	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML	2	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML	2	PA; ST
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML	2	PA; ST
EASY TOUCH INSULIN BARRELS 1ML	2	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	2	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML	2	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
EASY TOUCH PEN NEEDLES 29G X 12MM	2	PA; ST
EASY TOUCH PEN NEEDLES 30G X 5 MM	2	PA; ST
EASY TOUCH PEN NEEDLES 30G X 6 MM	2	PA; ST
EASY TOUCH PEN NEEDLES 30G X 8 MM	2	PA; ST
EASY TOUCH PEN NEEDLES 31G X 5 MM	2	PA; ST
EASY TOUCH PEN NEEDLES 31G X 6 MM	2	PA; ST
EASY TOUCH PEN NEEDLES 31G X 8 MM	2	PA; ST
EASY TOUCH PEN NEEDLES 32G X 4 MM	2	PA; ST
EASY TOUCH PEN NEEDLES 32G X 5 MM	2	PA; ST
EASY TOUCH PEN NEEDLES 32G X 6 MM	2	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM	2	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM	2	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	2	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	2	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	2	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML	2	PA; ST
EMBRACE PEN NEEDLES 29G X 12MM	2	PA; ST
EMBRACE PEN NEEDLES 30G X 5 MM	2	PA; ST
EMBRACE PEN NEEDLES 30G X 8 MM	2	PA; ST
EMBRACE PEN NEEDLES 31G X 5 MM	2	PA; ST
EMBRACE PEN NEEDLES 31G X 6 MM	2	PA; ST
EMBRACE PEN NEEDLES 31G X 8 MM	2	PA; ST
EMBRACE PEN NEEDLES 32G X 4 MM	2	PA; ST
EQL ALCOHOL SWABS PAD 70 %	1	PA; ST
EQL GAUZE PAD 2"X2"	1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	2	PA; ST
FIFTY50 PEN NEEDLES 32G X 6 MM	2	PA; ST
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML	2	PA; ST
FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML	2	PA; ST
FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML	2	PA; ST
FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML	2	PA; ST
GAUZE PADS PAD 2"X2"	1	PA; ST
GAUZE TYPE VII MEDI-PAK PAD 2"X2"	1	PA; ST
GLOBAL ALCOHOL PREP EASE PAD 70 %	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM	2	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM	2	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM	2	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML	2	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML	2	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.3 ML	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.5 ML	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML	2	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML	2	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML	2	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
GNP ALCOHOL SWABS PAD	1	PA; ST
GNP INSULIN SYRINGE 28G X 1/2" 1 ML	2	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML	2	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML	2	PA; ST
GNP INSULIN SYRINGES 30G X 5/16" 1 ML	2	PA; ST
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML	2	PA; ST
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML	2	PA; ST
GNP STERILE GAUZE PAD 2"X2"	1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	PA; ST
GNP ULTRA COM INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
GOODSENSE ALCOHOL SWABS PAD 70 %	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML	2	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML	2	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML	2	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML	2	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML	2	PA; ST
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM	2	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	2	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	2	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM	2	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM	2	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM	2	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM	2	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM	2	PA; ST
H-E-B INCONTROL ALCOHOL PAD	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 29G X 12MM	2	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM	2	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM	2	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM	2	PA; ST
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM	2	PA; ST
HM STERILE PADS PAD 2"X2"	1	PA; ST
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	2	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM	2	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	2	PA; ST
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM	2	PA; ST
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INSULIN SYRINGE 29G X 1" 0.3 ML	2	PA; ST
INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	PA; ST
INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML	2	PA; ST
INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML	2	PA; ST
INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (OTC)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (RX)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction. 2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (OTC)	2	PA; ST
INSUPEN PEN NEEDLES 31G X 5 MM	2	PA; ST
INSUPEN PEN NEEDLES 32G X 4 MM	2	PA; ST
INSUPEN PEN NEEDLES 33G X 4 MM	2	PA; ST
INSUPEN ULTRAFIN 29G X 12MM	2	PA; ST
INSUPEN ULTRAFIN 31G X 8 MM	2	PA; ST
J & J GAUZE PAD 2"X2"	1	PA; ST
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	1	PA; ST
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	1	PA; ST
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
KMART VALU INSULIN SYRINGE 29G U-100 1 ML	2	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML	2	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 1 ML	2	PA; ST
KROGER PEN NEEDLES 29G X 12MM	2	PA; ST
KROGER PEN NEEDLES 31G X 8 MM	2	PA; ST
LEADER UNIFINE PENTIPS 31G X 5 MM	2	PA; ST
LEADER UNIFINE PENTIPS 32G X 4 MM	2	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM	2	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	2	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
LITETOUCH PEN NEEDLES 29G X 12.7MM	2	PA; ST
LITETOUCH PEN NEEDLES 31G X 5 MM	2	PA; ST
LITETOUCH PEN NEEDLES 31G X 6 MM	2	PA; ST
LITETOUCH PEN NEEDLES 31G X 8 MM	2	PA; ST
LITETOUCH PEN NEEDLES 32G X 4 MM	2	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML	2	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	2	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	2	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	2	PA; ST
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	2	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	2	PA; ST
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM	2	PA; ST
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM	2	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML	2	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML	2	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	2	PA; ST
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM	2	PA; ST
MEDPURA ALCOHOL PADS 70 % EXTERNAL	1	PA; ST
MEIJER ALCOHOL SWABS PAD 70 %	1	PA; ST
MEIJER PEN NEEDLES 29G X 12MM	2	PA; ST
MEIJER PEN NEEDLES 31G X 6 MM	2	PA; ST
MEIJER PEN NEEDLES 31G X 8 MM	2	PA; ST
MICRODOT PEN NEEDLE 31G X 6 MM	2	PA; ST
MICRODOT PEN NEEDLE 32G X 4 MM	2	PA; ST
MICRODOT PEN NEEDLE 33G X 4 MM	2	PA; ST
MIRASORB SPONGES 2"X2"	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
MM PEN NEEDLES 32G X 4 MM	2	PA; ST
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	2	PA; ST
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)	2	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	2	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	2	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	2	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	2	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	2	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)	2	PA; ST
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
MONOJECT INSULIN SYRINGE U-100 1 ML	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	2	PA; ST
NOVOFINE AUTOCOVER 30G X 8 MM	2	PA; ST
NOVOFINE PEN NEEDLE 32G X 6 MM	2	PA; ST
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	PA; ST
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	PA; ST
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	QL (1 per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	QL (10 per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	QL (1 per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL (10 per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT	3	QL (1 per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL (10 per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (10 per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (10 per 30 days)
PC UNIFINE PENTIPS 31G X 5 MM	2	PA; ST
PC UNIFINE PENTIPS 31G X 6 MM	2	PA; ST
PC UNIFINE PENTIPS 31G X 8 MM	2	PA; ST
PEN NEEDLES 29G X 12MM	2	PA; ST
PEN NEEDLES 30G X 5 MM (OTC)	2	PA; ST
PEN NEEDLES 30G X 8 MM	2	PA; ST
PEN NEEDLES 31G X 5 MM (OTC)	2	PA; ST
PEN NEEDLES 31G X 8 MM (OTC)	2	PA; ST
PEN NEEDLES 32G X 4 MM (OTC)	2	PA; ST
PEN NEEDLES 32G X 5 MM	2	PA; ST
PENTIPS 29G X 12MM (RX)	2	PA; ST
PENTIPS 31G X 5 MM (RX)	2	PA; ST
PENTIPS 31G X 8 MM (RX)	2	PA; ST
PENTIPS 32G X 4 MM (RX)	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
PENTIPS GENERIC PEN NEEDLES 29G X 12MM	2	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM	2	PA; ST
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	2	PA; ST
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM	2	PA; ST
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	2	PA; ST
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML	2	PA; ST
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML	2	PA; ST
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML	2	PA; ST
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML	2	PA; ST
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML	2	PA; ST
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	PA; ST
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	2	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM	2	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM	2	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 6 MM	2	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 8 MM	2	PA; ST
PRO COMFORT ALCOHOL PAD 70 %	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction. 2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	2	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
PRO COMFORT PEN NEEDLES 31G X 8 MM	2	PA; ST
PRO COMFORT PEN NEEDLES 32G X 4 MM	2	PA; ST
PRO COMFORT PEN NEEDLES 32G X 5 MM	2	PA; ST
PRO COMFORT PEN NEEDLES 32G X 6 MM	2	PA; ST
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	2	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
PURE COMFORT ALCOHOL PREP PAD	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 4 MM	2	PA; ST
PURE COMFORT PEN NEEDLE 32G X 5 MM	2	PA; ST
PURE COMFORT PEN NEEDLE 32G X 6 MM	2	PA; ST
PURE COMFORT PEN NEEDLE 32G X 8 MM	2	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM	2	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM	2	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM	2	PA; ST
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM	2	PA; ST
QC ALCOHOL EXTERNAL 70 %	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
QC ALCOHOL SWABS PAD 70 %	1	PA; ST
QC BORDER ISLAND GAUZE PAD 2"X2"	1	PA; ST
RA ALCOHOL SWABS PAD 70 %	1	PA; ST
RA INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
<i>ra isopropyl alcohol wipes external 70 %</i>	1	PA; ST
RA PEN NEEDLES 31G X 5 MM	2	PA; ST
RA PEN NEEDLES 31G X 8 MM	2	PA; ST
RA STERILE PAD 2"X2"	1	PA; ST
RAYA SURE PEN NEEDLE 29G X 12MM	2	PA; ST
RAYA SURE PEN NEEDLE 31G X 4 MM	2	PA; ST
RAYA SURE PEN NEEDLE 31G X 5 MM	2	PA; ST
RAYA SURE PEN NEEDLE 31G X 6 MM	2	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML	2	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
REALITY SWABS PAD	1	PA; ST
RELION ALCOHOL SWABS PAD	1	PA; ST
RELI-ON INSULIN SYRINGE 29G 0.3 ML	2	PA; ST
RELI-ON INSULIN SYRINGE 29G 0.5 ML	2	PA; ST
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML	2	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML	2	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	2	PA; ST
RELION MINI PEN NEEDLES 31G X 6 MM	2	PA; ST
RELION PEN NEEDLES 31G X 6 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
RELION PEN NEEDLES 31G X 8 MM	2	PA; ST
RESTORE CONTACT LAYER PAD 2"X2"	1	PA; ST
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML	2	PA; ST
SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML	2	PA; ST
SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML	2	PA; ST
SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML	2	PA; ST
SAFETY PEN NEEDLES 30G X 5 MM	2	PA; ST
SAFETY PEN NEEDLES 30G X 8 MM	2	PA; ST
SB ALCOHOL PREP PAD 70 %	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
SB INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	2	PA; ST
SM ALCOHOL PREP PAD	1	PA; ST
SM ALCOHOL PREP PAD 6-70 % EXTERNAL	1	PA; ST
SM GAUZE PAD 2"X2"	1	PA; ST
STERILE GAUZE PAD 2"X2"	1	PA; ST
STERILE PAD 2"X2"	1	PA; ST
SURE COMFORT ALCOHOL PREP PAD 70 %	1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
SURE COMFORT PEN NEEDLES 29G X 12.7MM	2	PA; ST
SURE COMFORT PEN NEEDLES 30G X 8 MM	2	PA; ST
SURE COMFORT PEN NEEDLES 31G X 5 MM	2	PA; ST
SURE COMFORT PEN NEEDLES 31G X 6 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT PEN NEEDLES 31G X 8 MM	2	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC)	2	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (RX)	2	PA; ST
SURE COMFORT PEN NEEDLES 32G X 6 MM	2	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
SURE-PREP ALCOHOL PREP PAD 70 %	1	PA; ST
SURGICAL GAUZE SPONGE PAD 2"X2"	1	PA; ST
TERUMO INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	PA; ST
THERAGA UZE PAD 2"X2"	1	PA; ST
TODAYS HEALTH PEN NEEDLES 29G X 12MM	2	PA; ST
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM	2	PA; ST
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM	2	PA; ST
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML	2	PA; ST
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	2	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	2	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 5 MM	2	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 6 MM	2	PA; ST
TRUE COMFORT PEN NEEDLES 32G X 4 MM	2	PA; ST
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML	2	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML	2	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML	2	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML	2	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML	2	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML	2	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 5 MM	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 6 MM	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 6 MM	2	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
TRUEPLUS PEN NEEDLES 29G X 12MM	2	PA; ST
TRUEPLUS PEN NEEDLES 31G X 5 MM	2	PA; ST
TRUEPLUS PEN NEEDLES 31G X 6 MM	2	PA; ST
TRUEPLUS PEN NEEDLES 31G X 8 MM	2	PA; ST
TRUEPLUS PEN NEEDLES 32G X 4 MM	2	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	2	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML	2	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML	2	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	2	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (OTC)	2	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	2	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (OTC)	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (RX)	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (OTC)	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (RX)	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
ULTICARE MICRO PEN NEEDLES 32G X 4 MM	2	PA; ST
ULTICARE MINI PEN NEEDLES 30G X 5 MM	2	PA; ST
ULTICARE MINI PEN NEEDLES 31G X 6 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
ULTICARE MINI PEN NEEDLES 32G X 6 MM	2	PA; ST
ULTICARE PEN NEEDLES 29G X 12.7MM (OTC)	2	PA; ST
ULTICARE PEN NEEDLES 29G X 12.7MM (RX)	2	PA; ST
ULTICARE PEN NEEDLES 31G X 5 MM	2	PA; ST
ULTICARE SHORT PEN NEEDLES 30G X 8 MM	2	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC)	2	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (RX)	2	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM	2	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM	2	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM	2	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM	2	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM	2	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM	2	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML	2	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML	2	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML	2	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML	2	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML	2	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction. 2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
ULTILET ALCOHOL SWABS PAD	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	PA; ST
ULTILET INSULIN SYRINGE 30G X 1/2" 1 ML	2	PA; ST
ULTILET INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
ULTILET INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
ULTILET INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
ULTILET INSULIN SYRINGE 31G X 1/4" 0.3 ML	2	PA; ST
ULTILET INSULIN SYRINGE 31G X 1/4" 1 ML	2	PA; ST
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (OTC)	2	PA; ST
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (RX)	2	PA; ST
ULTILET INSULIN SYRINGE 31G X 15/64" 0.5 ML	2	PA; ST
ULTILET INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
ULTILET INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML	2	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML	2	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML	2	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 1 ML	2	PA; ST
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.3 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.5 ML	2	PA; ST
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 1 ML	2	PA; ST
ULTILET PEN NEEDLE 29G X 12.7MM	2	PA; ST
ULTILET PEN NEEDLE 31G X 5 MM	2	PA; ST
ULTILET PEN NEEDLE 31G X 8 MM	2	PA; ST
ULTILET PEN NEEDLE 32G X 4 MM	2	PA; ST
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM	2	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM	2	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM	2	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM	2	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML	2	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML	2	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML	2	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML	2	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
ULTRA THIN PEN NEEDLES 32G X 4 MM	2	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML	2	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
ULTRACARE PEN NEEDLES 31G X 5 MM	2	PA; ST
ULTRACARE PEN NEEDLES 31G X 6 MM	2	PA; ST
ULTRACARE PEN NEEDLES 31G X 8 MM	2	PA; ST
ULTRACARE PEN NEEDLES 32G X 4 MM	2	PA; ST
ULTRACARE PEN NEEDLES 32G X 5 MM	2	PA; ST
ULTRACARE PEN NEEDLES 32G X 6 MM	2	PA; ST
ULTRACARE PEN NEEDLES 33G X 4 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML	2	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML	2	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML	2	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML	2	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML	2	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	2	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	2	PA; ST
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	2	PA; ST
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM	2	PA; ST
UNIFINE PEN NEEDLES 32G X 4 MM	2	PA; ST
UNIFINE PENTIPS 29G X 12MM	2	PA; ST
UNIFINE PENTIPS 31G X 6 MM	2	PA; ST
UNIFINE PENTIPS 31G X 8 MM	2	PA; ST
UNIFINE PENTIPS PLUS 29G X 12MM	2	PA; ST
UNIFINE PENTIPS PLUS 31G X 6 MM	2	PA; ST
UNIFINE PENTIPS PLUS 32G X 4 MM	2	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM	2	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction. 2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM	2	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM	2	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM	2	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM	2	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM	2	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM	2	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM	2	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM	2	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM	2	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM	2	PA; ST
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM	2	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML	2	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML	2	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML	2	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML	2	PA; ST
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	2	PA; ST
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	2	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM	2	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML	2	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML	2	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 5 MM	2	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	2	PA; ST
VERIFINE PLUS PEN NEEDLE 32G X 4 MM	2	PA; ST
V-GO 20 KIT 20 UNIT/24HR	3	QL (30 per 30 days)
V-GO 30 KIT 30 UNIT/24HR	3	QL (30 per 30 days)
V-GO 40 KIT 40 UNIT/24HR	3	QL (30 per 30 days)
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	PA; ST
WEBCOL ALCOHOL PREP LARGE PAD 70 %	1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM	2	PA; ST
ZEVFX STERILE ALCOHOL PREP PAD PAD 70 %	1	PA; ST
ENZYME		
COFACTORS/CHAPERONES		
<i>Enzyme Cofactors/Chaperones</i>		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	5	PA; NDS; QL (90 per 30 days)
ENZYME		
REPLACEMENT/MODIFIERS		
<i>Enzyme Replacement/Modifiers</i>		

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000- 114000 UNIT, 6000-19000 UNIT	3	
<i>javygtor oral tablet 100 mg</i>	5	PA; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	PA BvD; NDS
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	5	PA; NDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000- 79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	
EYE, EAR, NOSE, THROAT AGENTS		
<i>Eye, Ear, Nose, Throat Agents, Miscellaneous</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>azelastine hcl nasal solution 0.1 %</i>	2	QL (60 per 30 days)
<i>azelastine hcl nasal solution 0.15 %</i>	2	QL (30 per 25 days)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	
<i>azelastine hcl solution 137 mcg/spray nasal</i>	2	QL (60 per 30 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	4	
<i>ipratropium bromide nasal solution 0.03 %</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	QL (15 per 10 days)
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	2	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic solution 2 %</i>	2	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	2	QL (7.5 per 7 days)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	QL (3.5 per 4 days)
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	2	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	2	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>ofloxacin otic solution 0.3 %</i>	2	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction. 2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	
<i>trifluridine ophthalmic solution 1 %</i>	2	
XDEMVI OPTHALMIC SOLUTION 0.25 %	5	PA; NDS; QL (10 per 42 days)
ZIRGAN OPTHALMIC GEL 0.15 %	4	
ZYLET OPTHALMIC SUSPENSION 0.5-0.3 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>alrex ophthalmic suspension 0.2 %</i>	3	ST
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	4	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	2	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	2	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	4	
EYSUVIS OPTHALMIC SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	4	QL (50 per 25 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	4	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	QL (16 per 30 days)
ILEVRO OPTHALMIC SUSPENSION 0.3 %	3	
INVELTYS OPTHALMIC SUSPENSION 1 %	3	QL (5.6 per 14 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	QL (10 per 25 days)
LOTEMAX OPTHALMIC OINTMENT 0.5 %	3	QL (3.5 per 14 days)
LOTEMAX SM OPTHALMIC GEL 0.38 %	3	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	4	QL (10 per 14 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	2	ST
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	4	QL (15 per 19 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	4	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	4	
XIIDRA OPHTHALMIC SOLUTION 5 %	3	QL (60 per 30 days)
GASTROINTESTINAL AGENTS		
Antilucer Agents And Acid Suppressants		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	4	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg</i>	4	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral packet 40 mg</i>	4	ST; QL (60 per 30 days)
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule delayed release 15 mg</i>	2	QL (30 per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	QL (30 per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	QL (60 per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gm</i>	2	
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA; NDS
<i>constulose oral solution 10 gm/15ml</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	
<i>dicyclomine hcl oral capsule 10 mg</i>	2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>enulose oral solution 10 gm/15ml</i>	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>kionex combination suspension 15 gm/60ml</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL PACKET 10 GM, 5 GM	3	
<i>loperamide hcl oral capsule 2 mg</i>	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>	2	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	5	NDS
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	3	
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (84 per 28 days)
<i>Laxatives</i>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML	3	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	2	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	2	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	3	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	2	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	
SUTAB ORAL TABLET 1479-225-188 MG	3	
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	2	
<i>sevelamer carbonate oral tablet 800 mg</i>	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	2	
<i>flavoxate hcl oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	2	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction. 2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	4	
<i>tropium chloride oral tablet 20 mg</i>	2	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	2	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
HEAVY METAL ANTAGONISTS		
Heavy Metal Antagonists		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	2	PA
<i>penicillamine oral tablet 250 mg</i>	5	PA; NDS
<i>trientine hcl oral capsule 250 mg</i>	5	PA; NDS; QL (240 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	2	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone gel 1.62 % transdermal</i>	4	PA; QL (150 per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	4	PA; QL (150 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	3	PA; QL (2 per 28 days)
<i>Estrogens And Antiestrogens</i>		
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (4 per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	4	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>mimvey oral tablet 1-0.5 mg</i>	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene hcl oral tablet 60 mg</i>	2	
<i>yuvaferm vaginal tablet 10 mcg</i>	4	QL (18 per 28 days)
<i>Glucocorticoids/Mineralocorticoids</i>		
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 4 mg/ml</i>	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	PA BvD
<i>prednisolone sodium phosphate solution 15 mg/5ml oral</i>	2	PA BvD
<i>prednisone oral solution 5 mg/5ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	
Pituitary		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML	5	PA; NDS; QL (15 per 30 days)
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 80 UNIT/ML	5	PA; NDS; QL (30 per 30 days)
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>desmopressin acetate spray solution 0.01 % nasal</i>	2	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; NDS
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	PA NSO; NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA NSO; NDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	5	PA; NDS

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS
ORLISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORLISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML	5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	5	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	QL (1 per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	QL (1 per 84 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
IMMUNOLOGICAL AGENTS		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	5	PA; NDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; NDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; NDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	PA BvD
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	PA BvD; NDS
<i>azathioprine oral tablet 50 mg</i>	2	PA BvD
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	2	PA BvD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	5	PA; NDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; NDS

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; NDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; NDS
<i>cyclosporine intravenous solution 50 mg/ml</i>	2	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	PA BvD
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA; NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; NDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	PA BvD

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf oral solution 100 mg/ml</i>	2	PA BvD
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; NDS
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NDS; Only NDCs starting with 00074
<i>infliximab intravenous solution reconstituted 100 mg</i>	5	PA; NDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
<i>mycophenolate mofetil hcl intravenous solution reconstituted 500 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	PA BvD

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	4	PA BvD
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	PA BvD; NDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	PA; NDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	5	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	5	PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	PA BvD
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	ST
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i>	5	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	PA BvD
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5	PA; NDS
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	5	PA; NDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	5	PA; NDS

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction. 2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NDS; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	5	PA; NDS
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML	5	PA; NDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	5	PA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; NDS
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	3	\$0 copay
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	\$0 copay
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	3	\$0 copay
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	3	\$0 copay
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0 copay

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	\$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	\$0 copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	QL (3 per 365 days)
DIPHThERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	PA BvD; \$0 copay
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	PA BvD; \$0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	\$0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	3	\$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	3	PA BvD; \$0 copay
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	PA BvD; \$0 copay
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	
IPOL INJECTION INJECTABLE	3	\$0 copay
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0 copay

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
IXIARO INTRAMUSCULAR SUSPENSION	3	\$0 copay
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	\$0 copay
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	\$0 copay
MENQUADFI INTRAMUSCULAR SOLUTION	3	\$0 copay
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0 copay
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	\$0 copay
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	3	\$0 copay
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	\$0 copay
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD; \$0 copay
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	\$0 copay
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA BvD; \$0 copay
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	PA BvD; \$0 copay

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2- 2 LF/0.5ML	3	\$0 copay
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	\$0 copay
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	3	\$0 copay
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0 copay
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	\$0 copay
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	3	\$0 copay
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	3	\$0 copay
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	\$0 copay
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	\$0 copay

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>Inflammatory Bowel Disease Agents</i>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	2	
<i>balsalazide disodium oral capsule 750 mg</i>	2	
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	
<i>budesonide rectal foam 2 mg</i>	2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	2	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	4	
<i>mesalamine er oral capsule extended release 500 mg</i>	2	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	QL (120 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	4	
METABOLIC BONE DISEASE AGENTS		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium oral solution 70 mg/75ml</i>	4	QL (300 per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	2	QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	NDS; QL (120 per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; NDS; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	3	QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	5	PA; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NDS
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>Miscellaneous Therapeutic Agents</i>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA; NDS
<i>betaine oral powder</i>	5	PA; NDS
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	5	PA; NDS
<i>diazoxide oral suspension 50 mg/ml</i>	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>l-glutamine oral packet 5 gm</i>	5	PA; NDS; QL (180 per 30 days)
MESNEX ORAL TABLET 400 MG	5	NDS
<i>nitroglycerin rectal ointment 0.4 %</i>	2	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
VOWST ORAL CAPSULE	5	PA; NDS; QL (12 per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	3	
OPHTHALMIC AGENTS		
<i>Antiglaucoma Agents</i>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	2	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
<i>bimatoprost ophthalmic solution 0.03 %</i>	4	QL (2.5 per 25 days)
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	4	
<i>brinzolamide ophthalmic suspension 1 %</i>	2	
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	
<i>latanoprost ophthalmic solution 0.005 %</i>	1	QL (2.5 per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	4	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction. 2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	QL (5 per 30 days)

REPLACEMENT PREPARATIONS

Replacement Preparations

<i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>	2	
<i>klor-con m10 oral tablet extended release 10 meq</i>	2	
<i>klor-con m15 oral tablet extended release 15 meq</i>	2	
<i>klor-con m20 oral tablet extended release 20 meq</i>	2	
<i>magnesium sulfate injection solution 50 %</i>	4	
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>	2	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	PA BvD
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	2	

RESPIRATORY TRACT AGENTS

Anti-Inflammatories, Inhaled

Corticosteroids

ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 per 30 days)
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2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 per 30 days)
<i>breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	2	QL (30.9 per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	2	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	2	PA BvD; QL (60 per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	2	QL (30.6 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (21.2 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	
Bronchodilators		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	QL (36 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	PA BvD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	QL (4 per 28 days)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	4	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>theophylline oral solution 80 mg/15ml</i>	2	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	2	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 per 30 days)
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	PA BvD
BRONCHITOL INHALATION CAPSULE 40 MG	5	NDS; QL (560 per 28 days)
BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION	5	NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	5	PA; NDS
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	PA BvD
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; NDS; QL (0.4 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; NDS; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg</i>	2	QL (28 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
<i>roflumilast oral tablet 500 mcg</i>	2	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	5	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; NDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; NDS

SKELLETAL MUSCLE RELAXANTS

Skeletal Muscle Relaxants

<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	2	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	

SLEEP DISORDER AGENTS

Sleep Disorder Agents

<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	QL (30 per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)

VASODILATING AGENTS

Vasodilating Agents

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	2	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA; NDS

VITAMINS AND MINERALS

Vitamins And Minerals

C-NATE DHA CAPSULE 28-1-200 MG ORAL	2	
COMPLETENATE TABLET CHEWABLE 29-1 MG ORAL	2	
FOLIVANE-OB CAPSULE 85-1 MG ORAL	2	
KOSHER PRENATAL PLUS IRON TABLET 30-1 MG ORAL	2	
M-NATAL PLUS TABLET 27-1 MG ORAL	2	
NIVA-PLUS TABLET 27-1 MG ORAL	2	
OBSTETRIX DHA 29-1 & 350 MG ORAL	2	
PNV PRENATAL PLUS MULTIVITAMIN TABLET 27-1 MG ORAL (RX)	2	
PNV TABS 29-1 TABLET 29-1 MG ORAL	2	
PNV-DHA+DOCUSATE CAPSULE 27-1.25-300 MG ORAL	2	
PNV-OMEGA CAPSULE 28-0.6-0.4-340 MG ORAL	2	
PRENA 1 TRUE 30-1.4 & 300 MG ORAL	2	
PRENAISSANCE CAPSULE 29-1.25-325 MG ORAL	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Drug Name	Drug Tier	Requirements/Limits
PRENAISSANCE PLUS CAPSULE 28-1-250 MG ORAL	2	
PRENATABS FA TABLET 29-1 MG ORAL	2	
PRENATAL 19 TABLET CHEWABLE 29-1 MG ORAL	2	
PRENATAL ORAL TABLET 27-1 MG	2	
PRENATAL PLUS IRON TABLET 29-1 MG ORAL	2	
PRENATAL-U CAPSULE 106.5-1 MG ORAL	2	
PREPLUS TABLET 27-1 MG ORAL	2	
PRETAB TABLET 29-1 MG ORAL	2	
SELECT-OB TABLET CHEWABLE 29-0.6-0.4 MG ORAL	2	
SELECT-OB TABLET CHEWABLE 29-1 MG ORAL	2	
SE-NATAL 19 TABLET CHEWABLE 29-1 MG ORAL	2	
TARON-C DHA CAPSULE 35-1 MG ORAL	2	
TARON-PREX CAPSULE 30-1.2-265 MG ORAL	2	
TRIVEEN-DUO DHA 29-1-200 & 300 MG ORAL	2	
VIRT-C DHA CAPSULE 53.5-38-1 MG ORAL	2	
VIRT-NATE DHA CAPSULE 28-1-200 MG ORAL	2	
VIRT-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL	2	
VIRT-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL	2	
VITAFOL GUMMIES TABLET CHEWABLE 3.33-0.333-34.8 MG ORAL	2	
VITAFOL-NANO TABLET 18-0.6-0.4 MG ORAL	2	
VITAFOL-OB+DHA 65-1 & 250 MG ORAL	2	
VP-PNV-DHA CAPSULE 28-1-215.8 MG ORAL	2	

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Drug Name	Drug Tier	Requirements/Limits
ZATEAN-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL	2	
ZATEAN-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL	2	

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.
2025 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00025488.

Index of Drugs/Alphabetical Listing

A		
<i>abacavir sulfate</i>	59	
<i>abacavir sulfate-lamivudine</i> ...	59	
ABELCET	48	
ABILIFY ASIMTUFII	54	
ABILIFY MAINTENA	54	
<i>abiraterone acetate</i>	24	
ABOUTTIME PEN NEEDLE	86	
ABRYSVO	141	
<i>acamprosate calcium</i>	16	
<i>acarbose</i>	44	
<i>acebutolol hcl</i>	69	
<i>acetaminophen-codeine</i>	14	
<i>acetazolamide</i>	147	
<i>acetazolamide er</i>	147	
<i>acetazolamide sodium</i>	147	
<i>acetic acid</i>	127	
<i>acetylcysteine</i>	151	
<i>acitretin</i>	83	
ACTEMRA	137	
ACTEMRA ACTPEN	137	
ACTHAR	135	
ACTHAR GEL	135	
ACTHIB	141	
ACTIMMUNE	146	
<i>acyclovir</i>	63, 83	
<i>acyclovir sodium</i>	63	
ADACEL	141	
<i>adapalene</i>	85	
<i>adefovir dipivoxil</i>	63	
ADEMPAS	153	
ADVAIR HFA	148	
ADVOCATE ALCOHOL PREP PADS	86	
ADVOCATE INSULIN PEN NEEDLE	86	
ADVOCATE INSULIN PEN NEEDLES	86	
ADVOCATE INSULIN SYRINGE	86, 87	
<i>afirmelle</i>	77	
AIRSUPRA	149	
AJOVY	51	
AKEEGA	24	
<i>ala-cort</i>	84	
<i>albendazole</i>	52	
<i>albuterol sulfate</i>	150	
<i>albuterol sulfate hfa</i>	149, 150	
ALCOHOL PREP	87	
ALCOHOL PREP PADS	87	
ALCOHOL SWABS	87	
ALCOHOL SWABSTICK	87	
ALECENSA	24	
<i>alendronate sodium</i>	145	
<i>alfuzosin hcl er</i>	133	
<i>aliskiren fumarate</i>	73	
<i>allopurinol</i>	50	
<i>alosetron hcl</i>	145	
<i>alprazolam</i>	17	
<i>alex</i>	129	
<i>altavera</i>	77	
ALTRENO	85	
ALUNBRIG	24	
ALVAIZ	65	
<i>alyacen 1/35</i>	77	
<i>alyacen 7/7/7</i>	77	
<i>alyq</i>	153	
<i>amantadine hcl</i>	53	
<i>amethyst</i>	77	
<i>amikacin sulfate</i>	18	
<i>amiloride hcl</i>	71	
<i>amiloride-hydrochlorothiazide</i>	71	
<i>amiodarone hcl</i>	69	
<i>amitriptyline hcl</i>	42	
<i>amlodipine besy-benazepril hcl</i>	71	
<i>amlodipine besylate</i>	71	
<i>amlodipine besylate-valsartan</i>	71	
<i>amlodipine-atorvastatin</i>	72	
<i>amlodipine-olmesartan</i>	71	
<i>amlodipine-valsartan-hctz</i>	71	
<i>ammonium lactate</i>	83	
<i>amoxapine</i>	42	
<i>amoxicill-clarithro-lansopraz</i>	130	
<i>amoxicillin</i>	21	
<i>amoxicillin-pot clavulanate</i> ...	22	
<i>amphetamine-dextroamphet er</i>	74	
<i>amphetamine-</i> <i>dextroamphetamine</i>	74	
<i>amphotericin b</i>	48	
<i>amphotericin b liposome</i>	49	
<i>ampicillin</i>	22	
<i>ampicillin sodium</i>	22	
<i>ampicillin-sulbactam sodium</i> ..	22	
<i>anagrelide hcl</i>	66	
<i>anastrozole</i>	24	
ANKTIVA	24	
ANORO ELLIPTA	150	
APLICARE ALCOHOL SWABSTICK	87	
APO-VARENICLINE	16	
<i>aprepitant</i>	52	
APRETUDE	59	
<i>apri</i>	77	
APTIOM	37	
APTIVUS	59	
AQ INSULIN SYRINGE	87	
AQINJECT PEN NEEDLE ...	87	
ARCALYST	137	
AREXVY	141	

ARIKAYCE	18	AUSTEDO	74	BD PEN NEEDLE MICRO U/F	89
<i>aripiprazole</i>	54, 55	AUSTEDO XR.....	74, 75	.....	89
ARISTADA.....	55	AUSTEDO XR PATIENT		BD PEN NEEDLE MINI U/F	89
ARISTADA INITIO	55	TITRATION.....	75	BD PEN NEEDLE NANO 2ND	
<i>armodafinil</i>	152	AUVELITY.....	42	GEN.....	89
ARNUITY ELLIPTA.....	149	<i>aviane</i>	77	BD PEN NEEDLE NANO U/F	89
<i>asenapine maleate</i>	55	AVONEX PEN	75	.....	89
<i>aspirin-dipyridamole er</i>	66	AVONEX PREFILLED	75	BD PEN NEEDLE ORIGINAL	
ASSURE ID DUO PRO PEN		AXTLE.....	24	U/F.....	89
NEEDLES	87	<i>ayuna</i>	78	BD PEN NEEDLE SHORT U/F	89
ASSURE ID INSULIN		AYVAKIT.....	24	.....	89
SAFETY SYR.....	87	<i>azacitidine</i>	24	BD SAFETYGLIDE INSULIN	
ASSURE ID PRO PEN		<i>azathioprine</i>	137	SYRINGE.....	90
NEEDLES	87	<i>azathioprine sodium</i>	137	BD SAFETYGLIDE	
ASTAGRAF XL	137	<i>azelastine hcl</i>	127	SYRINGE/NEEDLE	90
<i>atazanavir sulfate</i>	59	<i>azithromycin</i>	21	BD SAFETY-LOK INSULIN	
<i>atenolol</i>	69	<i>aztreonam</i>	21	SYRINGE.....	90
<i>atenolol-chlorthalidone</i>	69	<i>azurette</i>	78	BD SWAB SINGLE USE	
<i>atomoxetine hcl</i>	74	B		REGULAR	90
<i>atorvastatin calcium</i>	72	<i>bacitracin</i>	127	BD SWABS SINGLE USE	
<i>atovaquone</i>	52	<i>bacitracin-polymyxin b</i>	128	BUTTERFLY	90
<i>atovaquone-proguanil hcl</i>	53	<i>bacitra-neomycin-polymyxin-hc</i>	128	BD VEO INSULIN SYR U/F	
<i>atropine sulfate</i>	127	.....	128	1/2UNIT	90
ATROVENT HFA	150	<i>baclofen</i>	152	BD VEO INSULIN SYRINGE	
<i>aubra eq</i>	77	<i>balsalazide disodium</i>	145	U/F.....	90
AUGTYRO	24	BALVERSA.....	24	BELSOMRA	152
AUM ALCOHOL PREP PADS		BCG VACCINE.....	141	<i>benazepril hcl</i>	68
.....	87	BD AUTOSHIELD	88	<i>benazepril-hydrochlorothiazide</i>	
AUM INSULIN SAFETY PEN		BD AUTOSHIELD DUO	88	.....	68
NEEDLE	87	BD ECLIPSE SYRINGE	88	<i>bendamustine hcl</i>	25
AUM MINI INSULIN PEN		BD INSULIN SYR		BENDAMUSTINE HCL.....	25
NEEDLE	87, 88	ULTRAFINE II	88	BENDEKA	25
AUM PEN NEEDLE	88	BD INSULIN SYRINGE .88, 89		BENLYSTA	137
AUM READYGARD DUO		BD INSULIN SYRINGE		<i>benztropine mesylate</i>	53
PEN NEEDLE.....	88	HALF-UNIT.....	89	BESREMI.....	137
AUM SAFETY PEN NEEDLE		BD INSULIN SYRINGE		<i>betaine</i>	146
.....	88	MICROFINE.....	89	<i>betamethasone dipropionate</i> ..84	
<i>aurovela 1.5/30</i>	77	BD INSULIN SYRINGE U/F	89	<i>betamethasone dipropionate aug</i>	
<i>aurovela 1/20</i>	77	BD INSULIN SYRINGE U-500		.....	84
<i>aurovela 24 fe</i>	77	.....	89	<i>betamethasone valerate</i>	84
<i>aurovela fe 1.5/30</i>	77	BD INSULIN SYRINGE		BETASERON.....	75
<i>aurovela fe 1/20</i>	77	ULTRAFINE.....	89	<i>betaxolol hcl</i>	147

<i>clarithromycin</i>	21	<i>colestipol hcl</i>	72	CVS GAUZE STERILE.....	94
CLENPIQ.....	131	<i>colistimethate sodium (cba)</i> ...	19	<i>cyclafem 1/35</i>	78
CLEVER CHOICE COMFORT EZ.....	92	COMBIVENT RESPIMAT .	150	<i>cyclafem 7/7/7</i>	78
CLICKFINE PEN NEEDLES	92	COMETRIQ (100 MG DAILY DOSE)	25	<i>cyclobenzaprine hcl</i>	152
<i>clindamycin hcl</i>	19	COMETRIQ (140 MG DAILY DOSE)	25	<i>cyclophosphamide</i>	26
<i>clindamycin phos-benzoyl perox</i>	83	COMETRIQ (60 MG DAILY DOSE)	25	CYCLOPHOSPHAMIDE	26
<i>clindamycin phosphate</i>	19, 50, 83	COMFORT ASSIST INSULIN SYRINGE.....	92	<i>cyclosporine</i>	129, 138
CLINIMIX E/DEXTROSE (8/10).....	66	COMFORT EZ INSULIN SYRINGE.....	92, 93	<i>cyclosporine modified</i>	138
CLINIMIX E/DEXTROSE (8/14)	66	COMFORT EZ PEN NEEDLES	93	<i>cyred eq</i>	78
CLINIMIX/DEXTROSE (6/5)	66	COMFORT EZ PRO PEN NEEDLES	93	D	
CLINIMIX/DEXTROSE (8/10)	66	COMFORT TOUCH INSULIN PEN NEED.....	93, 94	<i>dabigatran etexilate mesylate</i> .	64
CLINIMIX/DEXTROSE (8/14)	66	COMPLERA	60	<i>dalfampridine er</i>	75
<i>clobazam</i>	38	COMPLETENATE	153	<i>danazol</i>	133
<i>clobetasol propionate</i>	84	<i>compro</i>	52	<i>dantrolene sodium</i>	152
<i>clobetasol propionate e</i>	84	<i>constulose</i>	130	DANYELZA	26
<i>clobetasol propionate emulsion</i>	84	COPIKTRA	25	DANZITEN.....	26
<i>clomipramine hcl</i>	42	CORLANOR.....	70	<i>dapsone</i>	51
<i>clonazepam</i>	17, 18	COSENTYX.....	138, 146	DAPTACEL	142
<i>clonidine</i>	66	COSENTYX (300 MG DOSE)	138	<i>daptomycin</i>	19
<i>clonidine hcl</i>	66	COSENTYX SENSOREADY (300 MG).....	138	DAPTOMYCIN	19
<i>clopidogrel bisulfate</i>	66	COSENTYX UNOREADY .	138	<i>darunavir</i>	60
<i>clorazepate dipotassium</i>	18	COTELLIC.....	25	<i>dasatinib</i>	26
<i>clotrimazole</i>	49	CREON	127	<i>dasetta 1/35 (28)</i>	78
<i>clotrimazole-betamethasone</i> ...	49	<i>cromolyn sodium</i> ..	127, 131, 151	<i>dasetta 7/7/7</i>	78
<i>clozapine</i>	55	<i>cryselle-28</i>	78	DAURISMO.....	26
C-NATE DHA.....	153	CURITY ALCOHOL PREPS	94	<i>deblitane</i>	78
COARTEM	53	CURITY ALL PURPOSE SPONGES	94	<i>decitabine</i>	26
COBENFY	55	CURITY GAUZE.....	94	<i>deferasirox</i>	133
COBENFY STARTER PACK	55	CURITY GAUZE SPONGE..	94	<i>deferasirox granules</i>	133
<i>colchicine</i>	50	CURITY SPONGES	94	DELSTRIGO	60
<i>colchicine-probenecid</i>	50	CVS GAUZE.....	94	<i>delyla</i>	78
<i>colesevelam hcl</i>	72			<i>demeclocycline hcl</i>	23
				DENGVAXIA	142
				<i>denta 5000 plus</i>	82
				<i>dentagel</i>	82
				DEPO-SUBQ PROVERA	104
				.....	136
				DERMACEA GAUZE SPONGE.....	94
				DERMACEA IV DRAIN SPONGES	94

DERMACEA NON-WOVEN	
SPONGES	94
DERMACEA TYPE VII	
GAUZE	94
DESCOVY	60
<i>desipramine hcl</i>	42
<i>desmopressin ace spray refrig</i>	135
<i>desmopressin acetate</i>	135
<i>desmopressin acetate spray</i> ..	135
<i>desogestrel-ethinyl estradiol</i> ..	78
<i>desvenlafaxine succinate er</i>	42
<i>dexamethasone</i>	134
<i>dexamethasone sodium</i> <i>phosphate</i>	129, 134
<i>dextrose</i>	66
<i>dextrose-sodium chloride</i>	148
DIACOMIT	38
DIATHRIVE PEN NEEDLE	94
<i>diazepam</i>	18, 38
<i>diazepam intensol</i>	18
<i>diazoxide</i>	146
<i>diclofenac potassium</i>	15
<i>diclofenac sodium</i>	15, 129
<i>diclofenac sodium er</i>	15
<i>diclofenac-misoprostol</i>	15
<i>dicloxacillin sodium</i>	22
<i>dicyclomine hcl</i>	131
<i>didanosine</i>	60
DIFICID	21
<i>difluprednate</i>	129
<i>digoxin</i>	70
<i>dihydroergotamine mesylate</i> ..	51
<i>diltiazem hcl</i>	70
<i>diltiazem hcl er</i>	70
<i>diltiazem hcl er beads</i>	70
<i>diltiazem hcl er coated beads</i> .	70
<i>dilt-xr</i>	70
<i>dimethyl fumarate</i>	75
<i>dimethyl fumarate starter pack</i>	75
<i>diphenoxylate-atropine</i>	131

DIPHTHERIA-TETANUS	
TOXOIDS DT	142
<i>dipyridamole</i>	66
<i>disulfiram</i>	17
<i>divalproex sodium</i>	38
<i>divalproex sodium er</i>	38
<i>dofetilide</i>	69
<i>dolishale</i>	78
<i>donepezil hcl</i>	41
<i>dorzolamide hcl</i>	147
<i>dorzolamide hcl-timolol mal</i> .	147
DOVATO	60
<i>doxazosin mesylate</i>	67
<i>doxepin hcl</i>	42
<i>doxorubicin hcl liposomal</i>	26
<i>doxy 100</i>	23
<i>doxycycline hyclate</i>	23
<i>doxycycline monohydrate</i> .	23, 24
DRIZALMA SPRINKLE.....	42
<i>dronabinol</i>	52
DROPLET INSULIN	
SYRINGE.....	94, 95
DROPLET MICRON	95
DROPLET PEN NEEDLES..	95, 96
DROPSAFE ALCOHOL PREP	96
DROPSAFE SAFETY PEN NEEDLES	96
DROPSAFE SAFETY SYRINGE/NEEDLE	96
<i>droxidopa</i>	67
DRUG MART ULTRA	
COMFORT SYR.....	96
DRUG MART UNIFINE	
PENTIPS	96
DUAVEE.....	134
<i>duloxetine hcl</i>	42
DUPIXENT	138
<i>dutasteride</i>	133

E	
EASY COMFORT ALCOHOL PADS	96
EASY COMFORT INSULIN SYRINGE.....	97
EASY COMFORT PEN NEEDLES	97
EASY GLIDE PEN NEEDLES	97
EASY TOUCH ALCOHOL PREP MEDIUM.....	98
EASY TOUCH FLIPLOCK INSULIN SY	98
EASY TOUCH FLIPLOCK SAFETY SYR	98
EASY TOUCH INSULIN BARRELS 1ML	98
EASY TOUCH INSULIN SAFETY SYR	98
EASY TOUCH INSULIN SYRINGE.....	98, 99
EASY TOUCH PEN NEEDLES	99
EASY TOUCH SAFETY PEN NEEDLES	99
EASY TOUCH SHEATHLOCK SYRINGE	99, 100
<i>econazole nitrate</i>	49
EDURANT	60
<i>efavirenz</i>	60
<i>efavirenz-emtricitab-tenofo df</i> .	60
<i>efavirenz-lamivudine-tenofovir</i>	60
ELIGARD.....	26
<i>elinst</i>	78
ELIQUIS.....	64
ELIQUIS DVT/PE STARTER PACK	64
ELREXFIO.....	26
<i>eluryng</i>	78
EMBRACE PEN NEEDLES	100

EMCYT	26	<i>errin</i>	78	<i>femynor</i>	78
EMGALITY	51	<i>ertapenem sodium</i>	21	<i>fenofibrate</i>	72, 73
EMGALITY (300 MG DOSE)		<i>erythromycin</i>	83, 128	<i>fenofibrate micronized</i>	72
.....	51	<i>erythromycin base</i>	21	<i>fentanyl</i>	14
<i>emoquette</i>	78	<i>erythromycin ethylsuccinate</i> ..	21	<i>fentanyl citrate</i>	14
EMSAM	42	<i>escitalopram oxalate</i>	42, 43	<i>fesoterodine fumarate er</i>	132
<i>emtricitabine</i>	60	<i>esomeprazole magnesium</i>	130	FETZIMA.....	43
<i>emtricitabine-tenofovir df</i>	60	<i>estarylla</i>	78	FETZIMA TITRATION	43
EMTRIVA.....	60	<i>estradiol</i>	134	FIASP	46
<i>emzahn</i>	78	<i>estradiol-norethindrone acet</i>	134	FIASP FLEXTOUCH	46
<i>enalapril maleate</i>	68	<i>eszopiclone</i>	152	FIASP PENFILL	46
<i>enalapril-hydrochlorothiazide</i>	68	<i>ethambutol hcl</i>	51	FIFTY50 PEN NEEDLES....	100
ENBREL	138	<i>ethosuximide</i>	38	<i>finasteride</i>	133
ENBREL MINI	138	<i>ethynodiol diac-eth estradiol</i> ..	78	<i>finngolimod hcl</i>	75
ENBREL SURECLICK	138	<i>etodolac</i>	16	FINTEPLA	38
<i>endocet</i>	14	<i>etonogestrel-ethinyl estradiol</i> ..	78	FIRMAGON.....	27
ENGERIX-B	142	ETOPOPHOS	27	FIRMAGON (240 MG DOSE)	
<i>enilloring</i>	78	<i>etoposide</i>	27	.....	27
<i>enoxaparin sodium</i>	64	<i>etravirine</i>	60	<i>flavoxate hcl</i>	132
<i>enpresse-28</i>	78	EUCRISA.....	84	<i>flecainide acetate</i>	69
<i>enskyce</i>	78	<i>everolimus</i>	27, 138	<i>floxuridine</i>	27
<i>entacapone</i>	54	EVOTAZ.....	60	<i>fluconazole</i>	49
<i>entecavir</i>	63	EXEL COMFORT POINT PEN		<i>fluconazole in sodium chloride</i>	
ENTRESTO	67	NEEDLE	100	.....	49
<i>enulose</i>	131	<i>exemestane</i>	27	<i>flucytosine</i>	49
EPCLUSA	63	EXTENCILLINE	22	<i>fludrocortisone acetate</i>	134
EPIDIOLEX.....	38	EYSUVIS	129	<i>flunisolide</i>	129
<i>epinastine hcl</i>	127	<i>ezetimibe</i>	72	<i>fluocinolone acetonide</i>	84, 85,
<i>epinephrine</i>	70, 71	<i>ezetimibe-simvastatin</i>	72	129	
<i>epitol</i>	38	F		<i>fluocinonide</i>	85
EPIVIR HBV	60	<i>falmina</i>	78	<i>fluorometholone</i>	129
EPKINLY.....	26	<i>famciclovir</i>	63	<i>fluorouracil</i>	27, 83
<i>eplerenone</i>	74	<i>famotidine</i>	130	<i>fluoxetine hcl</i>	43
EPRONTIA	38	FANAPT	55	<i>fluphenazine decanoate</i>	56
EQL ALCOHOL SWABS ...	100	FANAPT TITRATION PACK		<i>fluphenazine hcl</i>	56
EQL GAUZE.....	100	.....	56	<i>flurbiprofen</i>	16
EQL INSULIN SYRINGE...	100	FARXIGA	44	FLURBIPROFEN.....	16
ERBITUX.....	26	FASENRA.....	151	<i>flurbiprofen sodium</i>	129
<i>ergoloid mesylates</i>	41	FASENRA PEN	151	FLUTAMIDE.....	27
ERIVEDGE.....	27	<i>febuxostat</i>	50	<i>fluticasone propionate</i>	85, 129
ERLEADA	27	<i>felbamate</i>	38	<i>fluticasone propionate hfa</i>	149
<i>erlotinib hcl</i>	27	<i>felodipine er</i>	71	<i>fluticasone-salmeterol</i>	149

fluvastatin sodium 73
fluvastatin sodium er 73
fluvoxamine maleate 43
 FOLIVANE-OB 153
fondaparinux sodium 64
fosamprenavir calcium 60
fosinopril sodium 68
fosinopril sodium-hctz 68
fosphenytoin sodium 38
 FOTIVDA 27
 FREESTYLE PRECISION INS
 SYR 100
 FRUZAQLA 27
fulvestrant 27
furosemide 72
 FUZEON 60
 FYARRO 27
 FYCOMPA 38
G
gabapentin 38, 39
galantamine hydrobromide 41
galantamine hydrobromide er 41
gallifrey 136
 GAMUNEX-C 138
 GARDASIL 9 142
 GAUZE PADS 100
 GAUZE TYPE VII MEDI-PAK
 100
 GAVILYTE-C 131
gavilyte-g 131
gavilyte-n with flavor pack ... 132
 GAVRETO 27
gefitinib 27
gemfibrozil 73
generlac 131
gengraf 138, 139
 GENTAK 128
gentamicin sulfate 18, 83, 128
 GENVOYA 60
 GILOTRIF 27
glatiramer acetate 75
glatopa 75

GLEOSTINE 27
glimepiride 48
glipizide 48
glipizide er 48
glipizide-metformin hcl 48
 GLOBAL ALCOHOL PREP
 EASE 100
 GLOBAL EASE INJECT PEN
 NEEDLES 100, 101
 GLOBAL EASY GLIDE
 INSULIN SYR 101
 GLOBAL INJECT EASE
 INSULIN SYR 101
 GLUCOPRO INSULIN
 SYRINGE 101, 102
glyburide 48
glyburide micronized 48
glyburide-metformin 48
glycopyrrolate 131
glydo 16
 GLYXAMBI 44
 GNP ALCOHOL SWABS ... 102
 GNP INSULIN SYRINGE... 102
 GNP INSULIN SYRINGES 102
 GNP INSULIN SYRINGES
 29GX1/2 102
 GNP INSULIN SYRINGES
 30GX5/16 102
 GNP INSULIN SYRINGES
 31GX5/16 102
 GNP STERILE GAUZE 102
 GNP ULTRA COM INSULIN
 SYRINGE 102
 GOODSENSE ALCOHOL
 SWABS 102
griseofulvin microsize 49
griseofulvin ultramicronsize 49
guanfacine hcl 67
guanfacine hcl er 75
 GVOKE HYPOPEN 2-PACK
 146
 GVOKE KIT 146

GVOKE PFS 146
H
 HAEGARDA 65
hailey 24 fe 78
hailey fe 1.5/30 78
hailey fe 1/20 79
halobetasol propionate 85
haloette 79
haloperidol 56
haloperidol decanoate 56
haloperidol lactate 56
 HARVONI 63
 HAVRIX 142
 HEALTHWISE INSULIN
 SYR/NEEDLE 102, 103
 HEALTHWISE MICRON PEN
 NEEDLES 103
 HEALTHWISE SHORT PEN
 NEEDLES 103
 HEALTHY ACCENTS
 UNIFINE PENTIP 103
heather 79
 H-E-B INCONTROL
 ALCOHOL 103
 H-E-B INCONTROL PEN
 NEEDLES 103
heparin sodium (porcine) 64
 HEPLISAV-B 142
 HERCEPTIN HYLECTA 28
 HERZUMA 28
 HIBERIX 142
 HM STERILE PADS 103
 HM ULTICARE INSULIN
 SYRINGE 103, 104
 HM ULTICARE SHORT PEN
 NEEDLES 104
 HUMIRA (2 PEN) 139
 HUMIRA (2 SYRINGE) 139
 HUMIRA-CD/UC/HS
 STARTER 139
 HUMIRA-PED<40KG
 CROHNS STARTER 139

HUMIRA-PED>/=40KG	IMJUDO	28	<i>ipratropium bromide</i>	127, 150
CROHNS START	IMKELDI	28	<i>ipratropium-albuterol</i>	150
HUMIRA-PED>/=40KG UC	IMOVAX RABIES	142	<i>irbesartan</i>	67
STARTER	IMPAVIDO	53	<i>irbesartan-hydrochlorothiazide</i>	.....67
HUMIRA-PS/UV/ADOL HS	<i>incassia</i>	79	ISENTRESS	60, 61
STARTER	INCONTROL ULTICARE PEN		ISENTRESS HD	60
HUMIRA-PSORIASIS/UEVIT	NEEDLES	104	<i>isibloom</i>	79
STARTER	INCRELEX	135	<i>isoniazid</i>	51
HUMULIN R U-500	<i>indapamide</i>	72	<i>isosorbide dinitrate</i>	74
(CONCENTRATED).....	<i>indomethacin</i>	16	<i>isosorbide mononitrate</i>	74
HUMULIN R U-500	INFANRIX.....	142	<i>isosorbide mononitrate er</i>	74
KWIKPEN	<i>infliximab</i>	139	ITOVEBI	28
<i>hydralazine hcl</i>	INGREZZA	75, 76	<i>itraconazole</i>	49
<i>hydrochlorothiazide</i>	INLYTA	28	<i>ivabradine hcl</i>	71
<i>hydrocodone-acetaminophen</i> .	INPEN 100-BLUE-LILLY-		<i>ivermectin</i>	53
<i>hydrocortisone</i>	HUMALOG.....	104	IWILFIN.....	28
<i>hydrocortisone (perianal)</i>	INPEN 100-BLUE-		IXCHIQ	142
<i>hydrocortisone valerate</i>	NOVOLOG-FIASP	104	IXIARO	143
<i>hydrocortisone-acetic acid</i> ...	INQOVI.....	28	J	
<i>hydromorphone hcl</i>	INREBIC	28	J & J GAUZE	105
<i>hydroxychloroquine sulfate</i>	<i>insulin asp prot & asp flexpen</i>	46	JAKAFI	29
<i>hydroxyurea</i>	INSULIN ASPART.....	47	<i>jantoven</i>	65
<i>hydroxyzine hcl</i>	INSULIN ASPART FLEXPEN		JANUMET	44
<i>hydroxyzine pamoate</i> .....	.....	46	JANUMET XR.....	44
I	INSULIN ASPART PENFILL		JANUVIA.....	44
<i>ibandronate sodium</i>.....	.....	47	JARDIANCE.....	44
IBRANCE	<i>insulin aspart prot & aspart</i> ...	47	<i>javygtor</i>	127
<i>ibu</i>	INSULIN SYRINGE.....	104	JAYPIRCA	29
<i>ibuprofen</i>	INSULIN SYRINGE/NEEDLE		JEMPERLI	29
<i>icatibant acetate</i> .....	.....	104	<i>jencycla</i>	79
<i>iclevia</i>	INSULIN SYRINGE-NEEDLE		JENTADUETO	44
ICLUSIG	U-100.....	104, 105	JENTADUETO XR.....	45
<i>icosapent ethyl</i>	INSUPEN PEN NEEDLES..	105	<i>jolessa</i>	79
IDHIFA	INSUPEN ULTRAFIN	105	<i>juleber</i>	79
<i>ifosfamide</i>	INTELENCE	60	JULUCA.....	61
ILEVRO	INTRON A	63	<i>junel 1.5/30</i>	79
<i>imatinib mesylate</i>	<i>introvale</i>	79	<i>junel 1/20</i>	79
IMBRUVICA	INVEGA HAFYERA.....	56	<i>junel fe 1.5/30</i>	79
IMDELLTRA.....	INVEGA SUSTENNA.....	56	<i>junel fe 1/20</i>	79
<i>imipenem-cilastatin</i>	INVEGA TRINZA	57	<i>junel fe 24</i>	79
<i>imipramine hcl</i>	INVELTYS	129	JYLAMVO	29
<i>imiquimod</i>	IPOL	142		

JYNNEOS	143	KRAZATI	29	LENVIMA (20 MG DAILY DOSE)	30
K		KROGER PEN NEEDLES ..	105	LENVIMA (24 MG DAILY DOSE)	30
KALYDECO	151	<i>kurvelo</i>	79	LENVIMA (4 MG DAILY DOSE)	30
<i>kariva</i>	79	KYLEENA	79	LENVIMA (8 MG DAILY DOSE)	30
<i>kelnor 1/35</i>	79	KYNMOBI	54	<i>lessina</i>	79
<i>kelnor 1/50</i>	79	KYNMOBI TITRATION KIT	54	<i>letrozole</i>	30
KENDALL HYDROPHILIC FOAM DRESS	105	L		<i>leucovorin calcium</i>	146
KENDALL HYDROPHILIC FOAM PLUS	105	<i>labetalol hcl</i>	69	LEUKERAN	30
KERENDIA	74	<i>lacosamide</i>	39	<i>leuprolide acetate</i>	30
KESIMPTA	76	<i>lactulose</i>	131	LEUPROLIDE ACETATE (3 MONTH)	30
<i>ketoconazole</i>	49	<i>lamivudine</i>	61	<i>levetiracetam</i>	39
<i>ketorolac tromethamine</i> ..	16, 129	<i>lamivudine-zidovudine</i>	61	<i>levetiracetam er</i>	39
KEYTRUDA	29	<i>lamotrigine</i>	39	<i>levobunolol hcl</i>	147
KIMMTRAK	29	LANREOTIDE ACETATE ..	135	<i>levocetirizine dihydrochloride</i>	50
KINERET	139	<i>lansoprazole</i>	130	<i>levofloxacin</i>	23
KINRAY INSULIN SYRINGE	105	LANTUS	47	<i>levofloxacin in d5w</i>	23
KINRIX	143	LANTUS SOLOSTAR	47	<i>levonest</i>	79
<i>kionex</i>	131	<i>lapatinib ditosylate</i>	29	<i>levonorgest-eth estrad 91-day</i>	79
KISQALI (200 MG DOSE) ..	29	<i>larin 1.5/30</i>	79	<i>levonorgest-eth estradiol-iron</i>	79
KISQALI (400 MG DOSE) ..	29	<i>larin 1/20</i>	79	<i>levonorgestrel-ethinyl estrad</i> ..	79
KISQALI (600 MG DOSE) ..	29	<i>larin 24 fe</i>	79	<i>levonorg-eth estrad triphasic</i>	.80
KISQALI FEMARA (200 MG DOSE)	29	<i>larin fe 1.5/30</i>	79	<i>levora 0.15/30 (28)</i>	80
KISQALI FEMARA (400 MG DOSE)	29	<i>larin fe 1/20</i>	79	<i>levothyroxine sodium</i>	137
KISQALI FEMARA (600 MG DOSE)	29	<i>larissia</i>	79	LEXIVA	61
KLISYRI (250 MG)	83	<i>latanoprost</i>	147	<i>l-glutamine</i>	146
<i>klor-con m10</i>	148	LAZCLUZE	29	LIBERVANT	39
<i>klor-con m15</i>	148	LEADER UNIFINE PENTIPS	105	<i>lidocaine</i>	16
<i>klor-con m20</i>	148	LEADER UNIFINE PENTIPS PLUS	105	<i>lidocaine hcl urethral/mucosal</i>	16
KLOXXADO	17	<i>leflunomide</i>	139	<i>lidocaine viscous hcl</i>	16
KMART VALU INSULIN SYRINGE 29G	105	<i>lenalidomide</i>	29	<i>lidocaine-prilocaine</i>	16
KMART VALU INSULIN SYRINGE 30G	105	LENTOCILIN	22	<i>lidocan</i>	16
KOSELUGO	29	LENVIMA (10 MG DAILY DOSE)	29	LILETTA (52 MG)	80
KOSHER PRENATAL PLUS IRON	153	LENVIMA (12 MG DAILY DOSE)	29	<i>lillow</i>	80
		LENVIMA (14 MG DAILY DOSE)	30	<i>linezolid</i>	19
		LENVIMA (18 MG DAILY DOSE)	30	LINZESS	131
				<i>liothyronine sodium</i>	137

<i>lisinopril</i>	68	LUPRON DEPOT-PED (6-		MAYZENT STARTER PACK	
<i>lisinopril-hydrochlorothiazide</i> 68		MONTH)	136	.....	76
LITETOUCH INSULIN		<i>lurasidone hcl</i>	57	<i>meclizine hcl</i>	52
SYRINGE.....	106	<i>lutea</i>	80	MEDIC INSULIN SYRINGE	
LITETOUCH PEN NEEDLES		LYBALVI	57	.....	107
.....	106	<i>lyleq</i>	80	MEDICINE SHOPPE PEN	
<i>lithium</i>	76	LYNPARZA.....	31	NEEDLES	107
<i>lithium carbonate</i>	76	LYSODREN.....	31	MEDPURA ALCOHOL PADS	
LITHIUM CARBONATE.....	76	LYTGOBI (12 MG DAILY		.....	107
<i>lithium carbonate er</i>	76	DOSE)	31	<i>medroxyprogesterone acetate</i>	
LIVTENCITY	62	LYTGOBI (16 MG DAILY		.....	136
LOKELMA	131	DOSE)	31	<i>mefloquine hcl</i>	53
LONSURF.....	30	LYTGOBI (20 MG DAILY		<i>megestrol acetate</i>	31, 136
<i>loperamide hcl</i>	131	DOSE)	31	MEIJER ALCOHOL SWABS	
<i>lopinavir-ritonavir</i>	61	<i>lyza</i>	80	.....	107
LOQTORZI.....	30	M		MEIJER PEN NEEDLES.....	107
<i>lorazepam</i>	18	MAGELLAN INSULIN		MEKINIST	31
<i>lorazepam intensol</i>	18	SAFETY SYR	106, 107	MEKTOVI.....	31
LORBRENA	30	<i>magnesium sulfate</i>	148	<i>meloxicam</i>	16
<i>losartan potassium</i>	67	<i>malathion</i>	86	<i>memantine hcl</i>	41
<i>losartan potassium-hctz</i>	67	<i>maraviroc</i>	61	<i>memantine hcl er</i>	41
LOTEMAX	129	MARGENZA	31	MENACTRA.....	143
LOTEMAX SM.....	129	<i>marlissa</i>	80	MENQUADFI	143
<i>loteprednol etabonate</i> ... 129, 130		MARPLAN	43	MENVEO	143
<i>lovastatin</i>	73	MATULANE.....	31	<i>mercaptopurine</i>	31
<i>low-ogestrel</i>	80	MAVENCLAD (10 TABS)... 76		<i>meropenem</i>	21
<i>loxapine succinate</i>	57	MAVENCLAD (4 TABS)..... 76		<i>mesalamine</i>	145
<i>lubiprostone</i>	131	MAVENCLAD (5 TABS)..... 76		<i>mesalamine er</i>	145
LUMAKRAS	30	MAVENCLAD (6 TABS)..... 76		MESNEX.....	146
LUMIGAN	147	MAVENCLAD (7 TABS)..... 76		<i>metformin hcl</i>	45
LUNSUMIO.....	30	MAVENCLAD (8 TABS)..... 76		<i>metformin hcl er</i>	45
LUPRON DEPOT (1-MONTH)		MAVENCLAD (9 TABS)..... 76		<i>methadone hcl</i>	14
.....	30, 135	MAXICOMFORT II PEN		<i>methazolamide</i>	147
LUPRON DEPOT (3-MONTH)		NEEDLE	107	<i>methenamine hippurate</i>	19
.....	30, 135	MAXI-COMFORT INSULIN		<i>methimazole</i>	137
LUPRON DEPOT (4-MONTH)		SYRINGE.....	107	<i>methocarbamol</i>	152
.....	30	MAXI-COMFORT SAFETY		<i>methotrexate sodium</i>	31
LUPRON DEPOT (6-MONTH)		PEN NEEDLE.....	107	METHOTREXATE SODIUM	
.....	31	MAXICOMFORT SYR 27G X		.....	31
LUPRON DEPOT-PED (3-		1/2.....	107	<i>methotrexate sodium (pf)</i>	31
MONTH).....	135	MAYZENT	76	<i>methoxsalen rapid</i>	83

<i>methylphenidate hcl</i>	76	<i>mono-lynyah</i>	80	<i>neomycin-polymyxin-hc</i>	128
<i>methylprednisolone</i>	135	<i>montelukast sodium</i>	149	<i>neo-polycin</i>	128
<i>methylprednisolone acetate</i> ..	134	MORPHINE SULFATE.....	15	<i>neo-polycin hc</i>	128
<i>metoclopramide hcl</i>	131	<i>morphine sulfate (concentrate)</i>		NERLYNX	31
<i>metolazone</i>	72	.....	14	<i>neuac</i>	84
<i>metoprolol succinate er</i>	69	<i>morphine sulfate er</i>	15	NEULASTA ONPRO	65
<i>metoprolol tartrate</i>	69	MOUNJARO.....	45	<i>nevirapine</i>	61
<i>metronidazole</i>	19, 50, 83	MOVANTIK	131	<i>nevirapine er</i>	61
<i>metyrosine</i>	71	<i>moxifloxacin hcl</i>	23, 128	NEXLETOL	73
<i>micafungin sodium</i>	49	MOXIFLOXACIN HCL	23	NEXLIZET.....	73
MICONAZOLE 3	49	MOXIFLOXACIN HCL IN		NEXPLANON.....	80
MICRODOT PEN NEEDLE	107	NACL	23	NIACIN	
<i>microgestin 1.5/30</i>	80	MRESVIA	143	(ANTHYPERLIPIDEMIC)	
<i>microgestin 1/20</i>	80	MULTAQ.....	69	.....	73
<i>microgestin 24 fe</i>	80	<i>mupirocin</i>	83	<i>niacin er (antihyperlipidemic)</i>	73
<i>microgestin fe 1.5/30</i>	80	MVASI	31	NIACOR.....	73
<i>microgestin fe 1/20</i>	80	<i>mycophenolate mofetil</i>	139	NICOTROL NS.....	17
<i>midodrine hcl</i>	67	<i>mycophenolate mofetil hcl</i>	139	<i>nifedipine er</i>	71
<i>mifepristone</i>	45	<i>mycophenolate sodium</i>	140	<i>nifedipine er osmotic release</i> ..	71
<i>mili</i>	80	MYRBETRIQ	132	<i>nilutamide</i>	31
<i>mimvey</i>	134	N		NINLARO	31
<i>minitran</i>	74	<i>na sulfate-k sulfate-mg sulf</i> ..	132	<i>nitazoxanide</i>	53
<i>minocycline hcl</i>	24	<i>nabumetone</i>	16	<i>nitisinone</i>	127
<i>minoxidil</i>	74	<i>nafcilin sodium</i>	22	<i>nitrofurantoin macrocrystal</i> ...	19
MIPLYFFA	126	<i>naloxone hcl</i>	17	<i>nitrofurantoin monohyd macro</i>	
MIRASORB SPONGES	107	<i>naltrexone hcl</i>	17	.....	19
MIRENA (52 MG).....	80	<i>naproxen</i>	16	<i>nitroglycerin</i>	74, 146
<i>mirtazapine</i>	43	<i>naratriptan hcl</i>	51	NIVA-PLUS	153
<i>misoprostol</i>	130	NATACYN	128	NIVESTYM	65
<i>mitoxantrone hcl</i>	31	<i>nateglinide</i>	45	NORDITROPIN FLEXPRO	136
MM PEN NEEDLES	108	NATPARA	145	<i>norelgestromin-eth estradiol</i> ..	80
M-M-R II.....	143	NAYZILAM.....	39	<i>norethin ace-eth estrad-fe</i>	80
M-NATAL PLUS.....	153	<i>nebivolol hcl</i>	69	<i>norethindrone</i>	80
<i>modafinil</i>	152	<i>nefazodone hcl</i>	43	<i>norethindrone acetate</i>	136
<i>moexipril hcl</i>	68	NEFAZODONE HCL	43	<i>norethindron-ethinyl estrad-fe</i>	80
<i>molindone hcl</i>	57	<i>neomycin sulfate</i>	18	<i>norgestimate-eth estradiol</i>	80
<i>mometasone furoate</i>	85, 130	<i>neomycin-bacitracin zn-polymyx</i>		<i>norgestim-eth estrad triphasic</i>	80
MONOJECT INSULIN		.....	128	<i>norlyda</i>	80
SYRINGE.....	108	<i>neomycin-polymyxin-dexameth</i>		<i>norlyroc</i>	80
MONOJECT ULTRA		.....	128	<i>nortrel 1/35 (21)</i>	81
COMFORT SYRINGE ...	108,	<i>neomycin-polymyxin-gramicidin</i>		<i>nortrel 1/35 (28)</i>	81
109		.....	128	<i>nortrel 7/7/7</i>	81

<i>nortriptyline hcl</i>	43	OJJAARA.....	32	ORKAMBI.....	151
NORVIR.....	61	<i>olanzapine</i>	57	ORSERDU	32
NOVOFINE AUTOCOVER	109	<i>olmesartan medoxomil</i>	67	<i>oseltamivir phosphate</i>	62, 63
NOVOFINE PEN NEEDLE	109	<i>olmesartan medoxomil-hctz</i>	67	OTEZLA.....	140
NOVOFINE PLUS PEN		<i>olmesartan-amlodipine-hctz</i> ...	67	<i>oxandrolone</i>	133
NEEDLE	109	<i>olopatadine hcl</i>	127	<i>oxcarbazepine</i>	39
NOVOLIN 70/30.....	47	<i>omega-3-acid ethyl esters</i>	73	<i>oxybutynin chloride</i>	132
NOVOLIN 70/30 FLEXPEN	47	<i>omeprazole</i>	130	<i>oxybutynin chloride er</i>	132
NOVOLIN 70/30 RELION....	47	OMNIPOD 5 DEXG7G6		<i>oxycodone hcl</i>	15
NOVOLIN N.....	47	INTRO GEN 5.....	109	<i>oxycodone-acetaminophen</i>	15
NOVOLIN N FLEXPEN	47	OMNIPOD 5 DEXG7G6 PODS		OZEMPIC (0.25 OR 0.5	
NOVOLIN N RELION	47	GEN 5.....	109	MG/DOSE).....	45
NOVOLIN R.....	47	OMNIPOD 5 G7 INTRO (GEN		OZEMPIC (1 MG/DOSE).....	45
NOVOLIN R FLEXPEN	47	5).....	109	OZEMPIC (2 MG/DOSE).....	45
NOVOLIN R RELION	47	OMNIPOD 5 G7 PODS (GEN		P	
NOVOTWIST PEN NEEDLE		5).....	109	<i>pacerone</i>	69
.....	109	OMNIPOD 5 LIBRE2 PLUS		PACLITAXEL PROTEIN-	
NUBEQA	31	G6.....	109	BOUND PART.....	32
NUCALA	151	OMNIPOD 5 LIBRE2 PLUS		<i>paliperidone er</i>	57
NULOJIX.....	140	G6 PODS.....	109	PANRETIN	83
NUPLAZID	57	OMNIPOD CLASSIC PDM		<i> pantoprazole sodium</i>	130
NURTEC.....	51	(GEN 3).....	109	<i>paricalcitol</i>	145
<i>nyamyc</i>	49	OMNIPOD CLASSIC PODS		<i>paromomycin sulfate</i>	53
<i>nylia 1/35</i>	81	(GEN 3).....	109	<i>paroxetine hcl</i>	43
<i>nylia 7/7/7</i>	81	OMNIPOD DASH INTRO		<i>paroxetine hcl er</i>	43
<i>nymyo</i>	81	(GEN 4).....	109	PAXLOVID (150/100).....	63
<i>nystatin</i>	49, 50	OMNIPOD DASH PDM (GEN		PAXLOVID (300/100).....	63
<i>nystatin-triamcinolone</i>	50	4).....	109	<i>pazopanib hcl</i>	32
<i>nystop</i>	50	OMNIPOD DASH PODS (GEN		PC UNIFINE PENTIPS	109
NYVEPRIA.....	65	4).....	109	PEDIARIX	143
O		<i>ondansetron</i>	52	PEDVAX HIB	143
OBSTETRIX DHA	153	<i>ondansetron hcl</i>	52	<i>peg 3350-kcl-na bicarb-nacl</i> 132	
OCREVUS	76	ONTRUZANT.....	32	<i>peg-3350/electrolytes</i>	132
OCREVUS ZUNOVO	77	ONUREG	32	PEGASYS	63
<i>octreotide acetate</i>	136	OPDIVO.....	32	PEMAZYRE.....	32
ODEFSEY	61	OPDUALAG.....	32	<i>pemetrexed disodium</i>	32
ODOMZO	32	OPSUMIT	153	PEMETREXED DISODIUM.....	32
OFEV	151	ORENCIA	140	<i>pemetrexed ditromethamine</i> ...	32
<i>ofloxacin</i>	128	ORENCIA CLICKJECT	140	PEMRYDI RTU	33
OGIVRI.....	32	ORFADIN	127	PEN NEEDLES.....	109
OGSIVEO	32	ORGOVYX.....	136	PENBRAYA.....	143
OJEMDA.....	32	ORLISSA.....	136	<i>penicillamine</i>	133

<i>penicillin g potassium</i>	22	<i>pirmella 7/7/7</i>	81	PREMPRO	134
<i>penicillin g procaine</i>	22	<i>pitavastatin calcium</i>	73	PRENA 1 TRUE.....	153
<i>penicillin v potassium</i>	22, 23	PLEGRIDY	77	PRENAISSANCE	153
PENTACEL	143	PLEGRIDY STARTER PACK	77	PRENAISSANCE PLUS.....	154
<i>pentamidine isethionate</i>	53	PNV PRENATAL PLUS		PRENATABS FA.....	154
PENTIPS	109	MULTIVITAMIN	153	PRENATAL	154
PENTIPS GENERIC PEN		PNV TABS 29-1	153	PRENATAL 19	154
NEEDLES	110	PNV-DHA+DOCUSATE ...	153	PRENATAL PLUS IRON....	154
<i>pentoxifylline er</i>	66	PNV-OMEGA	153	PRENATAL-U	154
<i>perindopril erbumine</i>	68	<i>podofilox</i>	83	PREPLUS	154
<i>perio gard</i>	82	<i>polycin</i>	128	PRETAB.....	154
<i>permethrin</i>	86	<i>polymyxin b-trimethoprim</i>	128	<i>prevalite</i>	73
<i>perphenazine</i>	57	POMALYST	33	PREVENT DROPSAFE PEN	
<i>perphenazine-amitriptyline</i>	43	<i>portia-28</i>	81	NEEDLES	110
PERSERIS.....	58	<i>posaconazole</i>	50	PREVENT SAFETY PEN	
<i>phenelzine sulfate</i>	43	<i>potassium chloride</i>	148	NEEDLES	110
<i>phenobarbital</i>	39	<i>potassium chloride crys er</i> ...	148	<i>previfem</i>	81
<i>phenytoin</i>	39	<i>potassium chloride er</i>	148	PREVYMIS.....	63
<i>phenytoin sodium</i>	39	<i>potassium citrate er</i>	148	PREZCOBIX	61
<i>phenytoin sodium extended</i>	39	<i>pramipexole dihydrochloride</i> .54		PREZISTA	61
PIFELTRO	61	<i>prasugrel hcl</i>	66	PRIFTIN	52
<i>pilocarpine hcl</i>	82, 147	<i>pravastatin sodium</i>	73	PRIMAQUINE PHOSPHATE	53
<i>pimecrolimus</i>	85	<i>praziquantel</i>	53	<i>primidone</i>	39
<i>pimozide</i>	58	<i>prazosin hcl</i>	67	PRIORIX	143
<i>pimtreea</i>	81	PRECISION SUREDOSE		PRO COMFORT ALCOHOL	110
<i>pioglitazone hcl</i>	45	PLUS SYR	110	PRO COMFORT INSULIN	
<i>pioglitazone hcl-metformin hcl</i>	45	PRECISION SURE-DOSE		SYRINGE.....	111
PIP PEN NEEDLES 31G X		SYRINGE.....	110	PRO COMFORT PEN	
5MM.....	110	<i>prednisolone</i>	135	NEEDLES	111
PIP PEN NEEDLES 32G X		<i>prednisolone acetate</i>	130	<i>probenecid</i>	50
4MM.....	110	<i>prednisolone sodium phosphate</i>	135	PROCALAMINE	66
<i>piperacillin sod-tazobactam so</i>	23	<i>prednisone</i>	135	<i>prochlorperazine</i>	52
PIQRAY (200 MG DAILY DOSE)	33	PREFERRED PLUS INSULIN		<i>prochlorperazine edisylate</i>	52
PIQRAY (250 MG DAILY DOSE)	33	SYRINGE.....	110	<i>prochlorperazine maleate</i>	52
PIQRAY (300 MG DAILY DOSE)	33	PREFERRED PLUS UNIFINE		<i>procto-med hc</i>	85
<i>pirfenidone</i>	151	PENTIPS	110	<i>procto-pak</i>	85
<i>pirmella 1/35</i>	81	<i>pregabalin</i>	39	<i>proctosol hc</i>	85
		PREHEVBRIO	143	<i>proctozone-hc</i>	85
		PREMARIN	134	PRODIGY INSULIN	
		PREMPHASE	134	SYRINGE.....	111

<i>progesterone</i>	137	RA INSULIN SYRINGE	112	REYATAZ	61
PROGRAF	140	<i>ra isopropyl alcohol wipes</i> ...	112	REZLIDHIA.....	33
PROLIA	145	RA PEN NEEDLES	112	REZUROCK.....	140
PROMACTA.....	65	RA STERILE	112	RHOPRESSA	147
<i>promethazine hcl</i>	52	RABAVERT	143	RIABNI	33
<i>promethegan</i>	52	<i>rabeprazole sodium</i>	130	<i>ribavirin</i>	64
<i>propafenone hcl</i>	69	<i>raloxifene hcl</i>	134	<i>rifabutin</i>	52
<i>propafenone hcl er</i>	69	<i>ramipril</i>	68	<i>rifampin</i>	52
<i>propranolol hcl</i>	69	<i>ranolazine er</i>	71	<i>riluzole</i>	77
<i>propranolol hcl er</i>	69	<i>rasagiline mesylate</i>	54	RINVOQ.....	140
<i>propylthiouracil</i>	137	RASUVO.....	140	RINVOQ LQ	140
PROQUAD.....	143	RAYA SURE PEN NEEDLE		<i>risperidone</i>	58
<i>protriptyline hcl</i>	43	.....	112	<i>risperidone microspheres er</i> ...58	
PULMOZYME.....	127	RAYALDEE	145	<i>ritonavir</i>	61
PURE COMFORT ALCOHOL		REALITY INSULIN SYRINGE		RITUXAN HYCELA.....	33
PREP	111	.....	112	<i>rivastigmine</i>	41
PURE COMFORT PEN		REALITY SWABS	112	<i>rivastigmine tartrate</i>	41
NEEDLE	111	<i>reclipsen</i>	81	<i>rizatriptan benzoate</i>	51
PURE COMFORT SAFETY		RECOMBIVAX HB.....	143, 144	ROCKLATAN	147
PEN NEEDLE.....	111	RELENZA DISKHALER	63	<i>roflumilast</i>	151, 152
PURIXAN	33	RELION ALCOHOL SWABS		<i>ropinirole hcl</i>	54
PX SHORTLENGTH PEN		.....	112	<i>ropinirole hcl er</i>	54
NEEDLES	111	RELION INSULIN SYRINGE		<i>rosadan</i>	84
<i>pyrazinamide</i>	52	.....	112	<i>rosuvastatin calcium</i>	73
<i>pyridostigmine bromide</i>	146	RELI-ON INSULIN SYRINGE		ROTARIX	144
<i>pyrimethamine</i>	53	.....	112	ROTATEQ	144
Q		RELION MINI PEN NEEDLES		ROZLYTREK	33
QC ALCOHOL	111	.....	112	RUBRACA.....	33
QC ALCOHOL SWABS	112	RELION PEN NEEDLES... 112,		<i>rufinamide</i>	40
QC BORDER ISLAND		113		RUKOBIA.....	61
GAUZE	112	<i>repaglinide</i>	45	RUXIENCE.....	33
QINLOCK.....	33	REPATHA.....	73	RYBELSUS.....	45
QUADRACEL	143	REPATHA PUSHTRONEX		RYBREVANT.....	33
<i>quetiapine fumarate</i>	58	SYSTEM	73	RYDAPT	33
<i>quetiapine fumarate er</i>	58	REPATHA SURECLICK	73	RYTELO	34
<i>quinapril hcl</i>	68	RESTORE CONTACT LAYER		S	
<i>quinapril-hydrochlorothiazide</i> 68		.....	113	SAFETY INSULIN SYRINGES	
<i>quinidine sulfate</i>	69	RETACRIT	65, 66	.....	113
<i>quinine sulfate</i>	53	RETEVMO.....	33	SAFETY PEN NEEDLES... 113	
QULIPTA.....	51	RETROVIR.....	61	SANTYL	83
R		REVUFORJ.....	33	<i>sapropterin dihydrochloride</i> .127	
RA ALCOHOL SWABS	112	REXULTI.....	58	SAVELLA	77

SAVELLA TITRATION PACK	77	<i>sodium fluoride</i>	82	<i>sulindac</i>	16
SB ALCOHOL PREP	113	SODIUM FLUORIDE 5000 SENSITIVE.....	82	<i>sumatriptan</i>	51
SB INSULIN SYRINGE.....	113	<i>sodium oxybate</i>	152	<i>sumatriptan succinate</i>	51
SCEMBLIX.....	34	<i>sodium polystyrene sulfonate</i>	131	<i>sumatriptan succinate refill</i>	51
<i>scopolamine</i>	52	<i>solifenacin succinate</i>	132	<i>sunitinib malate</i>	34
SECUADO	58	SOLIQUA	47	SUNLENCA.....	62
SECURESAFE INSULIN SYRINGE.....	113	SOLTAMOX.....	34	SURE COMFORT ALCOHOL PREP.....	113
SECURESAFE SAFETY PEN NEEDLES	113	SOMATULINE DEPOT	136	SURE COMFORT INSULIN SYRINGE.....	113, 114
SELECT-OB	154	SOMAVERT	136	SURE COMFORT PEN NEEDLES	114, 115
<i>selegiline hcl</i>	54	<i>sorafenib tosylate</i>	34	SURE-JECT INSULIN SYRINGE.....	115
<i>selenium sulfide</i>	84	<i>sorine</i>	69	SURE-PREP ALCOHOL PREP	115
SELZENTRY	61	<i>sotalol hcl</i>	70	SURGICAL GAUZE SPONGE	115
SEMGLEE (YFGN).....	47	<i>sotalol hcl (af)</i>	69	SUTAB	132
SE-NATAL 19	154	SPIRIVA RESPIMAT.....	150	SYMPAZAN	40
SEREVENT DISKUS	150	<i>spironolactone</i>	72	SYMTUZA.....	62
SEROSTIM	136	<i>spironolactone-hctz</i>	72	SYNJARDY	45
<i>sertraline hcl</i>	43	SPRAVATO (56 MG DOSE) 43		SYNJARDY XR.....	46
<i>setlakin</i>	81	SPRAVATO (84 MG DOSE) 44		SYNRIBO.....	34
<i>sevelamer carbonate</i>	132	<i>sprintec 28</i>	81	T	
<i>sevelamer hcl</i>	132	SPRITAM.....	40	TABLOID.....	34
SEZABY	40	<i>sps (sodium polystyrene sulf)</i>	131	TABRECTA	34
<i>sf 5000 plus</i>	82	<i>sronyx</i>	81	<i>tacrolimus</i>	85, 141
<i>sharobel</i>	81	<i>ssd</i>	84	<i>tadalafil</i>	153
SHINGRIX.....	144	<i>stavudine</i>	62	TAFINLAR	34
SIGNIFOR	136	STELARA.....	141	<i>tafluprost (pf)</i>	147
<i>sildenafil citrate</i>	153	STERILE.....	113	TAGRISO.....	34
<i>silver sulfadiazine</i>	84	STERILE GAUZE	113	TALVEY	34
SIMBRINZA.....	147	STIOLTO RESPIMAT	150	TALZENNA.....	34
<i>simliya</i>	81	STIVARGA.....	34	<i>tamoxifen citrate</i>	34
<i>simvastatin</i>	73	STRENSIQ.....	127	<i>tamsulosin hcl</i>	133
<i>sirolimus</i>	140	<i>streptomycin sulfate</i>	18	<i>tarina 24 fe</i>	81
SIRTURO.....	52	STRIBILD	62	<i>tarina fe 1/20 eq</i>	81
SKYLA.....	81	STRIVERDI RESPIMAT ...	150	TARON-C DHA.....	154
SKYRIZI	140, 141	<i>subvenite</i>	40	TARON-PREX.....	154
SKYRIZI (150 MG DOSE)..	140	<i>sucrafate</i>	130	TASIGNA.....	34
SKYRIZI PEN.....	140	<i>sulfacetamide sodium</i>	128	TAVNEOS	141
SM ALCOHOL PREP	113	<i>sulfacetamide-prednisolone</i> ..	128		
SM GAUZE.....	113	<i>sulfadiazine</i>	23		
<i>sodium chloride</i>	148	<i>sulfamethoxazole-trimethoprim</i>	23		
		<i>sulfasalazine</i>	145		

<i>tazarotene</i>	85	<i>tiotropium bromide</i>	TREMFYA	141
<i>tazicef</i>	20	<i>monohydrate</i>	TRESIBA	48
TAZICEF	21	TIVDAK	TRESIBA FLEXTOUCH.....	48
<i>taztia xt</i>	70	TIVICAY	<i>tretinoin</i>	35, 85
TAZVERIK	34	TIVICAY PD	<i>tri femynor</i>	81
TDVAX	144	<i>tizanidine hcl</i>	<i>triamcinolone acetonide</i> ..	82, 85,
TECVAYLI	34	TOBI PODHALER	135	
TEFLARO	21	<i>tobramycin</i>	<i>triamterene-hctz</i>	72
<i>telmisartan</i>	67	<i>tobramycin pak</i>	<i>triazolam</i>	18
<i>telmisartan-hctz</i>	67	<i>tobramycin sulfate</i>	<i>trientine hcl</i>	133
<i>temazepam</i>	18	<i>tobramycin-dexamethasone</i> ..	<i>tri-estarylla</i>	81
TEMIXYS	62	TODAYS HEALTH PEN	<i>trifluoperazine hcl</i>	58
TENIVAC	144	NEEDLES	<i>trifluridine</i>	129
<i>tenofovir disoproxil fumarate</i> ..	62	TODAYS HEALTH SHORT	<i>trihexyphenidyl hcl</i>	54
TEPMETKO	34	PEN NEEDLE	TRIJARDY XR	46
<i>terazosin hcl</i>	133	<i>tolterodine tartrate</i>	<i>tri-legest fe</i>	81
<i>terbinafine hcl</i>	50	<i>tolterodine tartrate er</i>	<i>tri-linyah</i>	81
<i>terconazole</i>	50	TOPCARE CLICKFINE PEN	<i>tri-lo-estarylla</i>	81
TERIPARATIDE	146	NEEDLES	<i>tri-lo-marzia</i>	81
TERUMO INSULIN SYRINGE		TOPCARE ULTRA	<i>tri-lo-mili</i>	81
.....	115	COMFORT INS SYR	<i>tri-lo-sprintec</i>	81
<i>testosterone</i>	133	116	<i>trimethoprim</i>	19
<i>testosterone cypionate</i>	133	<i>topiramate</i>	<i>tri-mili</i>	82
<i>testosterone enanthate</i>	133	<i>toposar</i>	<i>trimipramine maleate</i>	44
<i>tetrabenazine</i>	77	<i>toremifene citrate</i>	TRINTELLIX.....	44
<i>tetracycline hcl</i>	24	<i>torpenz</i>	<i>tri-nymyo</i>	82
TEVIMBRA	34	<i>torse mide</i>	<i>tri-previfem</i>	82
THALOMID.....	146	TOUJEO MAX SOLOSTAR ..	<i>tri-sprintec</i>	82
<i>theophylline</i>	150	TOUJEO SOLOSTAR	TRIUMEQ	62
<i>theophylline er</i>	150	TRADJENTA	TRIUMEQ PD.....	62
THERAGAUZE	115	<i>tramadol hcl</i>	TRIVEEN-DUO DHA	154
<i>thioridazine hcl</i>	58	<i>tramadol-acetaminophen</i>	<i>trivora (28)</i>	82
<i>thiothixene</i>	58	<i>trandolapril</i>	<i>tri-vylibra</i>	82
<i>tiadylt er</i>	70	<i>trandolapril-verapamil hcl er</i> ..	<i>tri-vylibra lo</i>	82
<i>tiagabine hcl</i>	40	<i>tranexamic acid</i>	TRIZIVIR	62
TIBSOVO.....	34	<i>tranylcypromine sulfate</i>	TROGARZO	62
TICE BCG.....	34	<i>travoprost (bak free)</i>	<i>tropium chloride</i>	133
TICOVAC	144	TRAZIMERA.....	<i>tropium chloride er</i>	133
TIGECYCLINE	24	<i>trazodone hcl</i>	TRUE COMFORT ALCOHOL	
<i>tilia fe</i>	81	TRECTOR.....	PREP PADS	116
<i>timolol maleate</i>	70, 148	TRELEGY ELLIPTA.....	TRUE COMFORT INSULIN	
<i>tinidazole</i>	53	TRELSTAR MIXJECT	SYRINGE.....	116

TRUE COMFORT PEN NEEDLES	116	ULTICARE PEN NEEDLES	120	UNIFINE PENTIPS	124
TRUE COMFORT PRO ALCOHOL PREP	116	ULTICARE SHORT PEN NEEDLES	120	UNIFINE PENTIPS PLUS...	124
TRUE COMFORT PRO INSULIN SYR.....	116, 117	ULTIGUARD SAFEPAK PEN NEEDLE.....	120	UNIFINE PROTECT PEN NEEDLE.....	124, 125
TRUE COMFORT PRO PEN NEEDLES	117	ULTIGUARD SAFEPAK SYR/NEEDLE.....	120	UNIFINE SAFECONTROL PEN NEEDLE	125
TRUEPLUS INSULIN SYRINGE.....	117, 118	ULTILET ALCOHOL SWABS	121	UNIFINE ULTRA PEN NEEDLE.....	125
TRUEPLUS PEN NEEDLES	118	ULTILET INSULIN SYRINGE	121	UPTRAVI.....	153
TRULICITY.....	46	ULTILET INSULIN SYRINGE SHORT	121, 122	UPTRAVI TITRATION	153
TRUMENBA	144	ULTILET PEN NEEDLE ...	122	<i>ursodiol</i>	131
TRUQAP	35	ULTRA COMFORT INSULIN SYRINGE.....	122	URSODIOL.....	131
TRUSELTIQ (100MG DAILY DOSE)	35	ULTRA FLO INSULIN PEN NEEDLES	122	UZEDY.....	58, 59
TRUSELTIQ (125MG DAILY DOSE)	35	ULTRA FLO INSULIN SYR 1/2 UNIT	122	V	
TRUSELTIQ (50MG DAILY DOSE)	35	ULTRA FLO INSULIN SYRINGE.....	122, 123	<i>valacyclovir hcl</i>	64
TRUSELTIQ (75MG DAILY DOSE)	35	ULTRA THIN PEN NEEDLES	123	VALCHLOR	83
TRUXIMA	35	ULTRACARE INSULIN SYRINGE.....	123	<i>valganciclovir hcl</i>	64
TUKYSA.....	35	ULTRACARE PEN NEEDLES	123	<i>valproate sodium</i>	40
TURALIO	35	ULTRA-COMFORT INSULIN SYRINGE.....	124	<i>valproic acid</i>	40
<i>turqoz</i>	82	ULTRA-THIN II INS SYR SHORT	124	<i>valsartan</i>	67
TWINRIX.....	144	ULTRA-THIN II INSULIN SYRINGE.....	124	<i>valsartan-hydrochlorothiazide</i>	68
TYBOST	146	ULTRA-THIN II MINI PEN NEEDLE	124	VALTOCO 10 MG DOSE	40
TYMLOS	146	ULTRA-THIN II PEN NEEDLE SHORT	124	VALTOCO 15 MG DOSE	40
TYPHIM VI	144	ULTRA-THIN II PEN NEEDLES	124	VALTOCO 20 MG DOSE	40
U		UNIFINE PEN NEEDLES...	124	VALTOCO 5 MG DOSE.....	40
UBRELVY.....	51			VALUE HEALTH INSULIN SYRINGE.....	125
ULTICARE INSULIN SAFETY SYR	118			<i>vancomycin hcl</i>	19
ULTICARE INSULIN SYRINGE.....	118, 119			VANCOMYCIN HCL.....	19
ULTICARE MICRO PEN NEEDLES	119			VANFLYTA.....	35
ULTICARE MINI PEN NEEDLES	119, 120			VANISHPOINT INSULIN SYRINGE.....	125
				VAQTA	144
				<i>varenicline tartrate</i>	17
				VARENICLINE TARTRATE17 <i>varenicline tartrate (starter)</i> ...	17
				VARIVAX.....	144
				VAXCHORA	144
				VEGZELMA	35
				VELTASSA.....	131
				VEMLIDY	62

VENCLEXTA.....	35	VORANIGO.....	36	XPOVIO (100 MG ONCE	
VENCLEXTA STARTING		<i>voriconazole</i>	50	WEEKLY).....	36
PACK.....	35	VOSEVI	63	XPOVIO (40 MG ONCE	
<i>venlafaxine hcl</i>	44	VOWST.....	147	WEEKLY).....	36
<i>venlafaxine hcl er</i>	44	VP INSULIN SYRINGE.....	126	XPOVIO (40 MG TWICE	
VEOZAH	146	VP-PNV-DHA.....	154	WEEKLY).....	36
<i>verapamil hcl</i>	70	VRAYLAR.....	59	XPOVIO (60 MG ONCE	
<i>verapamil hcl er</i>	70	VUMERITY	77	WEEKLY).....	36
VERAPAMIL HCL ER	70	VYALEV.....	54	XPOVIO (60 MG TWICE	
VERIFINE INSULIN PEN		<i>vylibra</i>	82	WEEKLY).....	36
NEEDLE	125, 126	VYLOY	36	XPOVIO (80 MG ONCE	
VERIFINE INSULIN		VYZULTA	148	WEEKLY).....	36
SYRINGE.....	126	W		XPOVIO (80 MG TWICE	
VERIFINE PLUS PEN		<i>warfarin sodium</i>	65	WEEKLY).....	36
NEEDLE	126	WEBCOL ALCOHOL PREP		XTANDI.....	36, 37
VERQUVO	71	LARGE.....	126	<i>xulane</i>	82
VERSACLOZ	59	WEGMANS UNIFINE		XULTOPHY.....	48
VERZENIO.....	35	PENTIPS PLUS	126	XYOSTED	134
V-GO 20.....	126	WELIREG	36	Y	
V-GO 30.....	126	WINREVAIR	152	YERVOY	37
V-GO 40.....	126	<i>wixela inhub</i>	149	YF-VAX.....	144
<i>vienva</i>	82	X		YONSA	37
<i>vigabatrin</i>	40	XALKORI.....	36	<i>yuvafem</i>	134
<i>vigadrone</i>	40	XARELTO	65	Z	
<i>vigpoder</i>	40	XARELTO STARTER PACK		<i>zafemy</i>	82
<i>vilazodone hcl</i>	44	.....	65	<i>zafirlukast</i>	149
<i>vinorelbine tartrate</i>	36	XATMEP.....	36	<i>zaleplon</i>	152
<i>viorele</i>	82	XCOPRI	41	ZATEAN-PN DHA	155
VIRACEPT	62	XCOPRI (250 MG DAILY		ZATEAN-PN PLUS.....	155
VIREAD.....	62	DOSE)	40	ZEGALOGUE.....	147
VIRT-C DHA.....	154	XCOPRI (350 MG DAILY		ZEJULA	37
VIRT-NATE DHA.....	154	DOSE)	41	ZELBORAF	37
VIRT-PN DHA	154	XDEMVY	129	<i>zenatane</i>	83
VIRT-PN PLUS	154	XELJANZ	141	ZENPEP	127
VITAFOL GUMMIES.....	154	XELJANZ XR.....	141	ZEVRX STERILE ALCOHOL	
VITAFOL-NANO.....	154	XERMELO.....	131	PREP PAD.....	126
VITAFOL-OB+DHA	154	XGEVA	146	<i>zidovudine</i>	62
VITRAKVI.....	36	XIFAXAN.....	19	ZIIHERA	37
VIZIMPRO.....	36	XIGDUO XR.....	46	<i>ziprasidone hcl</i>	59
VOCABRIA.....	62	XIIDRA	130	<i>ziprasidone mesylate</i>	59
<i>volnea</i>	82	XOLAIR.....	152	ZIRABEV	37
VONJO.....	36	XOSPATA.....	36	ZIRGAN.....	129

ZOLADEX.....	37	<i>zovia 1/35 (28)</i>	82	ZYLET	129
ZOLINZA.....	37	ZTALMY	41	ZYNLONTA	37
<i>zolpidem tartrate</i>	152	ZTLIDO.....	16	ZYNYZ.....	37
<i>zolpidem tartrate er</i>	152	ZURZUVAE	44	ZYPREXA RELPREVV	59
ZONISADE.....	41	ZYDELIG.....	37		
<i>zonisamide</i>	41	ZYKADIA.....	37		

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