



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

HPMS Approved Formulary File Submission ID: 00024450, version 11

This formulary was updated on 04/18/2024. 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) 2024 Formulary (List of Covered Drugs)

Alterwood Advantage Choice and Alterwood Advantage Select 2024 Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00024450, Version 11

This formulary was updated on 04/18/2024. For more recent information or other questions, please contact Alterwood Advantage Member Service at 1-866-267-3144 (TTY users should call 711), 24 hours a day, 7 days a week, or visit www.AlterwoodAdvantage.com.

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. When it refers to “plan” or “our plan,” it means Alterwood Advantage Choice and Alterwood Advantage Select.

This document includes a list of the drugs (formulary) for our plan which is current as of 04/18/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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, 2024, and from time to time during the year.

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

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 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 (drug list) 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 Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that 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 the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Alterwood Advantage Choice and Alterwood Advantage Select Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and 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 generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based

May 2024

H9306_24_DRS_09-002_OE_C

on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. 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 Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 04/18/2024. 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 12. 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 10. 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 107. 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 cost less than brand-name drugs.

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 physician] 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 30 tablets per prescription for *amlodipine-atorvastatin oral tablet 10-10mg*. 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 12. 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 Alterwood Advantage Choice and Alterwood Advantage Select formulary?" on page 5 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 Alterwood Advantage Choice and Alterwood Advantage Select 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 cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits 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.

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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to 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 if your ability to get your drugs is limited, 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. 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 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.

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 107.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LEVOXYL ORAL TABLET 100 MCG) and generic drugs are listed in lower-case italics (e.g., *levothyroxine sodium oral tablet 100 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 9.

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 2024 **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>	\$3	\$3	\$0	\$3	\$3	\$0	\$3	\$3
Tier 2 <i>Generic</i>	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8
Tier 3 <i>Preferred Brand</i>	\$47	\$94	\$94	\$47	\$94	\$94	\$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%

Your 2024 **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>	\$3	\$3	\$0	\$3	\$3	\$0	\$3	\$3
Tier 2 <i>Generic</i>	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8
Tier 3 <i>Preferred Brand</i>	\$47	\$94	\$94	\$47	\$94	\$94	\$47	\$47
Tier 4 <i>Non-Preferred Drug</i>	\$100	\$200	\$300	\$100	\$200	\$300	\$100	\$100
Tier 5 <i>Specialty</i>	28%	Not Covered	Not Covered	28%	Not Covered	Not Covered	28%	28%

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 Evidence of Coverage for more information regarding your copay and network pharmacy.

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

Abbreviation/Symbol	Definition
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.
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.
NMO	This prescription is not available via mail order.
E	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.

Your pharmacist will review the drugs you are taking and will contact your provider as needed to discuss potential safety or dosing concerns. For example, there is a seven days supply limitation on your first fill of an opioid prescription obtained at an Alterwood network pharmacy. This is in place to reduce the risk of developing opioid use disorder. If greater than a seven days supply of an opioid is needed, a PA is required. You or your provider may initiate a PA by calling 667-261-8050 or 1-866-267-3144.

2024 Alterwood Advantage Choice and Alterwood Advantage Select Formulary

(List of Covered Drugs)

List of Drugs by Medical Condition

ANALGESICS	12
ANESTHETICS	14
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	14
ANTIBACTERIALS	15
ANTICONVULSANTS	21
ANTIDEMENTIA AGENTS	25
ANTIDEPRESSANTS	26
ANTIEMETICS	29
ANTIFUNGALS	29
ANTIGOUT AGENTS	31
ANTIMIGRAINE AGENTS	31
ANTIMYASTHENIC AGENTS	32
ANTIMYCOBACTERIALS	32
ANTINEOPLASTICS	33
ANTIPARASITICS	41
ANTIPARKINSON AGENTS	42
ANTIPSYCHOTICS	43
ANTISPASTICITY AGENTS	47
ANTIVIRALS	47
ANXIOLYTICS	51
BIPOLAR AGENTS	52
BLOOD GLUCOSE REGULATORS	53
BLOOD PRODUCTS AND MODIFIERS	57
CARDIOVASCULAR AGENTS	59
CENTRAL NERVOUS SYSTEM AGENTS	67
DENTAL AND ORAL AGENTS	69
DERMATOLOGICAL AGENTS	70
ELECTROLYTES/MINERALS/METALS/VITAMINS	73
GASTROINTESTINAL AGENTS	77
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	79
GENITOURINARY AGENTS	80
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	81

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)	82
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	82
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)	88
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	88
HORMONAL AGENTS, SUPPRESSANT (THYROID)	90
IMMUNOLOGICAL AGENTS	90
INFLAMMATORY BOWEL DISEASE AGENTS	97
METABOLIC BONE DISEASE AGENTS	97
OPHTHALMIC AGENTS	98
OTIC AGENTS	101
RESPIRATORY TRACT/ PULMONARY AGENTS	101
SKELETAL MUSCLE RELAXANTS	105
SLEEP DISORDER AGENTS	106

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>Analgesics</i>		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	4	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (180 EA per 30 days)
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium external gel 1 %</i>	2	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>ec-naproxen oral tablet delayed release 500 mg</i>	2	
<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>	1	
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
Opioid Analgesics, Long-Acting		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	4	PA; QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	QL (240 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i>	4	QL (60 EA per 30 days)
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	QL (360 EA per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	4	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	2	QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	2	QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	2	QL (1800 ML per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral solution 20 mg/5ml</i>	2	QL (1500 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	4	QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	2	QL (1080 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	1	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (240 EA per 30 days)

ANESTHETICS

Local Anesthetics

<i>lidocaine external patch 5 %</i>	4	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	QL (50 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	4	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	QL (30 GM per 30 days)

ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS

Alcohol Deterrents/Anti-Craving

<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg</i>	2	
<i>naltrexone hcl oral tablet 50 mg</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	NMO

Opioid Dependence

<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	4	
<i>Opioid Reversal Agents</i>		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	3	
<i>Smoking Cessation Agents</i>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
NICOTROL INHALATION INHALER 10 MG	4	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	3	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	3	
ANTIBACTERIALS		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	BvD
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	4	PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate external cream 0.1 %</i>	2	
<i>gentamicin sulfate external ointment 0.1 %</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	BvD
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	5	NMO

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>Antibacterials, Other</i>		
<i>aztreonam injection solution reconstituted 1 gm</i>	2	BvD
<i>aztreonam injection solution reconstituted 2 gm</i>	4	BvD
<i>clindamycin hcl oral capsule 150 mg, 75 mg</i>	1	
<i>clindamycin hcl oral capsule 300 mg</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	4	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	
<i>clindamycin phosphate injection solution 600 mg/4ml, 900 mg/6ml</i>	4	BvD
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	BvD
<i>daptomycin intravenous solution reconstituted 350 mg</i>	4	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	NMO
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	PA
<i>linezolid oral tablet 600 mg</i>	4	PA
<i>methenamine hippurate oral tablet 1 gm</i>	2	
<i>metronidazole external cream 0.75 %</i>	2	
<i>metronidazole external gel 0.75 %, 1 %</i>	2	
<i>metronidazole external lotion 0.75 %</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	BvD
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75 %</i>	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	BvD; NMO

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	4	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	4	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	4	
XIFAXAN ORAL TABLET 200 MG, 550 MG	4	
<i>Beta-Lactam, Cephalosporins</i>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	4	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil oral tablet 1 gm</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	4	
<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>	4	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	4	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	4	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	BvD
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	BvD
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	4	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	4	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	4	BvD
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	BvD
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	BvD; NMO
<i>Beta-Lactam, Penicillins</i>		
<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>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	4	
<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	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	4	BvD
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	4	BvD
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	4	
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	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	BvD
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	BvD
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	4	BvD
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	BvD
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	4	BvD
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	4	BvD
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4	BvD
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<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</i>	4	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	BvD
<i>azithromycin oral packet 1 gm</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)</i>	1	
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	2	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	
<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 SUSPENSION RECONSTITUTED 40 MG/ML	5	PA; NMO; QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	5	PA; NMO; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	BvD
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	
<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	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	
Quinolones		

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	BvD
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin oral solution 25 mg/ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	4	BvD
<i>moxifloxacin hcl oral tablet 400 mg</i>	4	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	
<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		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	BvD
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	

ANTICONVULSANTS

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>Anticonvulsants, Other</i>		
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	4	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA
<i>felbamate oral suspension 600 mg/5ml</i>	5	NMO
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST; NMO; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	2	
<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>	4	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	2	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	2	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	QL (1500 ML per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	2	QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	2	QL (300 EA per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4	ST; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	4	ST; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	4	QL (28 EA per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; NMO; QL (1100 ML per 30 days)
<i>Calcium Channel Modifying Agents</i>		
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	2	
<i>methsuximide oral capsule 300 mg</i>	4	
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</i>		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	QL (180 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	ST; NMO; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	ST
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	ST
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	ST
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	ST
<i>vigabatrin oral packet 500 mg</i>	5	PA; NMO; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA; NMO; QL (180 EA per 30 days)
VIGADRONE ORAL TABLET 500 MG	5	PA; NMO; QL (180 EA per 30 days)
VIGPODER ORAL PACKET 500 MG	5	PA; NMO; QL (180 EA per 30 days)
<i>Sodium Channel Agents</i>		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NMO; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NMO; QL (60 EA 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	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	4	ST
EPITOL ORAL TABLET 200 MG	2	
<i>lacosamide oral solution 10 mg/ml</i>	4	QL (1395 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	QL (60 EA per 30 days)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	ST; QL (120 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	ST; QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	5	NMO; QL (2760 ML per 30 days)
<i>rufinamide oral tablet 200 mg</i>	4	QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	5	NMO; QL (240 EA per 30 days)
ANTIDEMENTIA AGENTS		
<i>Antidementia Agents, Other</i>		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	3	QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	QL (360 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	3	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	PA
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	2	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	2	QL (200 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	QL (30 EA per 30 days)
ANTIDEPRESSANTS		
<i>Antidepressants, Other</i>		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	ST; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	3	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (120 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	4	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	4	QL (90 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; NMO; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; NMO; QL (14 EA per 14 days)
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	ST; NMO; QL (30 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
MARPLAN ORAL TABLET 10 MG	4	ST; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
<i>Ssris/Snris (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide oral capsule 30 mg</i>	1	QL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	4	QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	4	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	2	QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	2	QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	2	QL (30 EA per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	QL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (30 EA per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	3	QL (30 EA per 30 days)
Tricyclics		
<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	
<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>	2	
<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	
<i>imipramine hcl oral tablet 10 mg, 25 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>	2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
ANTIEMETICS		
<i>Antiemetics, Other</i>		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	BvD
<i>prochlorperazine rectal suppository 25 mg</i>	4	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	BvD; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	BvD; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	4	BvD; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	BvD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BvD
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	3	BvD
ANTIFUNGALS		
<i>Antifungals</i>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BvD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	BvD
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	BvD; NMO
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	5	NMO

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	4	
<i>ciclopirox olamine external cream 0.77 %</i>	2	
<i>ciclopirox olamine external suspension 0.77 %</i>	2	
<i>clotrimazole external cream 1 %</i>	1	
<i>clotrimazole external solution 1 %</i>	2	
<i>clotrimazole mouth/throat troche 10 mg</i>	2	
<i>econazole nitrate external cream 1 %</i>	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	BvD; NMO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	BvD
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	BvD
<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	NMO
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	4	PA
<i>itraconazole oral solution 10 mg/ml</i>	4	PA
JUBLIA EXTERNAL SOLUTION 10 %	4	
<i>ketoconazole external cream 2 %</i>	2	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL PACKET 300 MG	5	PA; NMO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	3	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin external powder 100000 unit/gm</i>	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet 500000 unit</i>	2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	3	
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA; NMO
<i>posaconazole oral tablet delayed release 100 mg</i>	4	PA
<i>terbinafine hcl oral tablet 250 mg</i>	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA; NMO
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA; NMO
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	PA

ANTIGOUT AGENTS

Antigout Agents

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	3	
<i>colchicine oral tablet 0.6 mg</i>	3	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	PA
<i>probenecid oral tablet 500 mg</i>	2	

ANTIMIGRAINE AGENTS

Ergot Alkaloids

<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	NMO
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	QL (40 EA per 28 days)

Prophylactic

EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
EPRONTIA ORAL SOLUTION 25 MG/ML	3	
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	2	
<i>propranolol hcl oral tablet 80 mg</i>	1	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	4	
<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	
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; QL (16 EA per 30 days)
<i>Serotonin (5-Ht) Receptor Agonist</i>		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	4	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	4	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	QL (6 EA per 30 days)
ANTIMYASTHENIC AGENTS		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	2	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	2	
ANTIMYCOBACTERIALS		
<i>Antimycobacterials, Other</i>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN ORAL TABLET 150 MG	4	
<i>rifabutin oral capsule 150 mg</i>	4	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NMO
TRECTOR ORAL TABLET 250 MG	4	
ANTINEOPLASTICS		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	BvD
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	BvD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
LEUKERAN ORAL TABLET 2 MG	4	
MATULANE ORAL CAPSULE 50 MG	5	PA; NMO
VALCHLOR EXTERNAL GEL 0.016 %	5	PA; NMO; QL (60 GM per 14 days)
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	
ERLEADA ORAL TABLET 240 MG	5	PA; NMO; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; NMO; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NMO
<i>nilutamide oral tablet 150 mg</i>	5	NMO; QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA; NMO; QL (120 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL TABLET 40 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; NMO; QL (90 EA per 30 days)
YONSA ORAL TABLET 125 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>Antiangiogenic Agents</i>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; NMO; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; NMO; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	5	PA; NMO; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>Antiestrogens/Modifiers</i>		
ORSERDU ORAL TABLET 345 MG	5	PA; NMO; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; NMO; QL (90 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	5	PA; NMO
<i>Antimetabolites</i>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>hydroxyurea oral capsule 500 mg</i>	1	
INQOVI ORAL TABLET 35-100 MG	5	PA; NMO
<i>mercaptopurine oral tablet 50 mg</i>	2	
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; NMO
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	NMO
TABLOID ORAL TABLET 40 MG	4	PA
<i>Antineoplastics, Other</i>		
IDHIFA ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; NMO; QL (60 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA; NMO
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KRAZATI ORAL TABLET 200 MG	5	PA; NMO; QL (180 EA per 30 days)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; NMO
LUMAKRAS ORAL TABLET 120 MG	5	PA; NMO; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; NMO; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG	5	PA; NMO; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA; NMO; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400 MG	5	NMO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; NMO
OGSIVEO ORAL TABLET 50 MG	5	PA; NMO; QL (180 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG	5	PA; NMO; QL (60 EA per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA; NMO; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BvD
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; NMO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; NMO
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO
ZOLINZA ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>Aromatase Inhibitors, 3Rd Generation</i>		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	4	
<i>letrozole oral tablet 2.5 mg</i>	1	
<i>Molecular Target Inhibitors</i>		
ALECENSA ORAL CAPSULE 150 MG	5	PA; NMO
ALUNBRIG ORAL TABLET 180 MG	5	PA; NMO; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; NMO; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA; NMO; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; NMO; QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; NMO; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; NMO; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA; NMO; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; NMO; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA; NMO; QL (30 EA per 30 days)
BOSULIF ORAL CAPSULE 100 MG	5	PA; NMO; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; NMO; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; NMO; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; NMO; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; NMO; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; NMO; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; NMO
CALQUENCE ORAL CAPSULE 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; NMO; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; NMO; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; NMO; QL (112 EA per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; NMO; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; NMO; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; NMO; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA; NMO
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; NMO
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; NMO; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40 MG	5	PA; NMO
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; NMO; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; NMO; QL (84 EA per 21 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; NMO; QL (21 EA per 21 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA; NMO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; NMO; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; NMO
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; NMO
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; NMO; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; NMO; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; NMO; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; NMO; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; NMO; QL (240 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; NMO; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA; NMO; QL (180 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
INLYTA ORAL TABLET 5 MG	5	PA; NMO; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; NMO; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; NMO; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KOSELUGO ORAL CAPSULE 10 MG	5	PA; NMO; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; NMO; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; NMO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; NMO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; NMO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; NMO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; NMO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; NMO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; NMO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; NMO
LORBRENA ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; NMO; QL (120 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; NMO; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; NMO; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; NMO; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA; NMO; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; NMO; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; NMO; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; NMO; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA; NMO; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; NMO
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; NMO; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; NMO
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA; NMO
QINLOCK ORAL TABLET 50 MG	5	PA; NMO; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; NMO; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; NMO; QL (180 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; NMO; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; NMO; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; NMO; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	5	PA; NMO; QL (360 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; NMO
RYDAPT ORAL CAPSULE 25 MG	5	PA; NMO; QL (240 EA per 30 days)
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA; NMO

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA; NMO; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA; NMO; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; NMO; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; NMO; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; NMO; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; NMO; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	5	PA; NMO; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA; NMO; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA; NMO; QL (900 EA per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; NMO
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	5	PA; NMO; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; NMO; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG	5	PA; NMO; QL (60 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; NMO; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA; NMO; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA; NMO; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA; NMO; QL (60 EA per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; NMO; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; NMO; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; NMO; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; NMO; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA
VENCLEXTA ORAL TABLET 100 MG	5	PA; NMO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NMO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; NMO; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; NMO; QL (180 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; NMO; QL (310 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; NMO; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; NMO; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; NMO; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; NMO; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; NMO; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; NMO; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA; NMO; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; NMO; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; NMO; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; NMO; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; NMO; QL (150 EA per 30 days)
<i>Retinoids</i>		
<i>bexarotene external gel 1 %</i>	5	PA; NMO
<i>bexarotene oral capsule 75 mg</i>	5	PA; NMO; QL (300 EA per 30 days)
<i>tretinoin oral capsule 10 mg</i>	5	NMO
ANTIPARASITICS		
<i>Anthelmintics</i>		
<i>albendazole oral tablet 200 mg</i>	4	
EMVERM ORAL TABLET CHEWABLE 100 MG	5	NMO
<i>ivermectin oral tablet 3 mg</i>	2	PA
<i>Antiprotozoals</i>		
<i>atovaquone oral suspension 750 mg/5ml</i>	5	NMO
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	2	
LAMPIT ORAL TABLET 120 MG, 30 MG	4	
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	4	QL (40 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	BvD
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	BvD
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	
<i>quinine sulfate oral capsule 324 mg</i>	2	PA
ANTIPARKINSON AGENTS		
<i>Anticholinergics</i>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
<i>Antiparkinson Agents, Other</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>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	
<i>Dopamine Agonists</i>		
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<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, 25-100 mg, 25-250 mg</i>	2	
INBRIJA INHALATION CAPSULE 42 MG	5	PA; NMO
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	ST
<i>Monoamine Oxidase B (Mao-B) Inhibitors</i>		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
ANTIPSYCHOTICS		
<i>1St Generation/Typical</i>		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	BvD
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	BvD
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<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>	2	
<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>	4	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	2	
<i>perphenazine oral tablet 16 mg, 2 mg</i>	2	
<i>perphenazine oral tablet 4 mg, 8 mg</i>	2	BvD
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<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>	1	
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	5	NMO
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NMO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NMO
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	NMO; QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	5	NMO; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	NMO
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NMO; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST; QL (60 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	NMO
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	5	NMO
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	ST; NMO; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA; NMO
NUPLAZID ORAL TABLET 10 MG	5	PA; NMO
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	4	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	4	QL (90 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg, 300 mg, 400 mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	4	QL (120 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	NMO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	NMO
<i>risperidone oral solution 1 mg/ml</i>	2	QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	2	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg</i>	4	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	4	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	ST; NMO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	ST; NMO; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	ST; NMO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	ST; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	ST
<i>Treatment-Resistant</i>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	4	QL (120 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet dispersible 200 mg</i>	5	NMO; QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NMO; QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
<i>Antispasticity Agents</i>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	
ANTIVIRALS		
<i>Anti-Cytomegalovirus (Cmv) Agents</i>		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NMO
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NMO; QL (28 EA per 28 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	4	
<i>valganciclovir hcl oral tablet 450 mg</i>	3	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
<i>Anti-Hepatitis B (Hbv) Agents</i>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	NMO; QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	NMO; QL (30 EA per 30 days)
<i>Anti-Hepatitis C (Hcv) Agents</i>		
MAVYRET ORAL PACKET 50-20 MG	5	PA; NMO
MAVYRET ORAL TABLET 100-40 MG	5	PA; NMO
<i>ribavirin oral capsule 200 mg</i>	4	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; NMO
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NMO
<i>Antiherpetic Agents</i>		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	BvD
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>trifluridine ophthalmic solution 1 %</i>	2	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	
<i>Anti-Hiv Agents, Integrase Inhibitors (Insti)</i>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NMO; QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	NMO; QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NMO; QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	NMO; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	NMO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	4	QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NMO; QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NMO; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NMO; QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	QL (360 EA per 30 days)
<i>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</i>		
COMPLERA ORAL TABLET 200-25-300 MG	5	NMO; QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	5	NMO; QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	5	NMO; QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	NMO; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	4	QL (1200 ML per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	NMO; QL (30 EA per 30 days)
<i>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</i>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	NMO; QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NMO; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NMO; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	5	NMO; QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	NMO; QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	NMO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (680 ML per 28 days)
JULUCA ORAL TABLET 50-25 MG	5	NMO; QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	4	QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	3	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	NMO; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NMO; QL (60 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	NMO; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NMO; QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	2	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (60 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>Anti-Hiv Agents, Other</i>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NMO; QL (60 EA per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	NMO; QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NMO; QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NMO; QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	NMO; QL (60 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	NMO; QL (4 EA per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	NMO; QL (5 EA per 180 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NMO; QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	5	NMO; QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
<i>Anti-Hiv Agents, Protease Inhibitors (Pi)</i>		
APTIVUS ORAL CAPSULE 250 MG	5	NMO; QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	5	NMO; QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	5	NMO; QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	NMO; QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	NMO; QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	QL (400 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (150 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	NMO; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NMO; QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	4	QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	3	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	NMO; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	NMO; QL (120 EA per 30 days)
<i>Anti-Influenza Agents</i>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	
<i>rimantadine hcl oral tablet 100 mg</i>	2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
<i>Antivirals</i>		
LAGEVRIO ORAL CAPSULE 200 MG	1	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	1	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	
ANXIOLYTICS		
<i>Anxiolytics, Other</i>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	4	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	1	
<i>hydroxyzine hcl oral tablet 50 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	QL (120 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>Benzodiazepines</i>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	2	QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg</i>	1	QL (120 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
BIPOLAR AGENTS		
<i>Mood Stabilizers</i>		
<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>	1	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	2	
BLOOD GLUCOSE REGULATORS		
<i>Antidiabetic Agents</i>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<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	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	
INVOKANA ORAL TABLET 100 MG, 300 MG	3	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO SUBCUTANEOUS SOLUTION PEN-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 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	4	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	4	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	4	PA; QL (9 ML per 28 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>diazoxide oral suspension 50 mg/ml</i>	5	NMO
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	
<i>mifepristone oral tablet 300 mg</i>	5	PA; NMO
<i>Insulins</i>		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP INJECTION SOLUTION 100 UNIT/ML	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
<i>insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml</i>	3	
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	

BLOOD PRODUCTS AND MODIFIERS

Anticoagulants

ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	4	QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	4	QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	NMO; QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (15 ML per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	NMO; QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	NMO; QL (18 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	BvD
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	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	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	
<i>Blood Products And Modifiers, Other</i>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA; NMO
PROMACTA ORAL PACKET 12.5 MG	5	PA; NMO; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; NMO; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NMO; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 20000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	4	PA; QL (23 ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	4	PA; QL (16 ML per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	2	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>Platelet Modifying Agents</i>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; NMO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	4	
CARDIOVASCULAR AGENTS		
<i>Alpha-Adrenergic Agonists</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	QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; NMO; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>Alpha-Adrenergic Blocking Agents</i>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>Angiotensin Ii Receptor Antagonists</i>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>Angiotensin-Converting Enzyme (Ace) Inhibitors</i>		

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<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>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<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	
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	2	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<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, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	4	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	1	QL (30 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1	QL (30 EA per 30 days)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	2	QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	QL (60 EA per 30 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG	2	QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG	2	QL (30 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	3	QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<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-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>candesartan cilxetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA
<i>digoxin oral solution 0.05 mg/ml</i>	2	QL (255 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	QL (30 EA per 30 days)
<i>digoxin oral tablet 62.5 mcg</i>	4	QL (60 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	4	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	5	NMO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<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>	1	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	3	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 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>	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	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	BvD
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 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>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	2	QL (60 EA per 30 days)
<i>fenofibrate oral capsule 150 mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50 mg</i>	2	QL (60 EA per 30 days)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48 mg, 54 mg</i>	2	QL (60 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	QL (60 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>Dyslipidemics, Hmg Coa Reductase Inhibitors</i>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	2	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	
<i>lovastatin oral tablet 10 mg</i>	1	QL (45 EA per 30 days)
<i>lovastatin oral tablet 20 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	3	QL (30 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light oral packet 4 gm</i>	2	
<i>cholestyramine oral packet 4 gm</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>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	4	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; NMO
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	3	
<i>Vasodilators, Direct-Acting Arterial/ Venous</i>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<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>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	2	
RECTIV RECTAL OINTMENT 0.4 %	4	
CENTRAL NERVOUS SYSTEM AGENTS		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	4	QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	4	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	4	QL (90 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	QL (150 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; NMO; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	5	PA; NMO; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; NMO; QL (60 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; NMO; QL (42 EA per 28 days)
DAYBUE ORAL SOLUTION 200 MG/ML	5	PA; NMO
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; NMO
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA
<i>riluzole oral tablet 50 mg</i>	4	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; NMO; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral capsule 75 mg</i>	2	QL (120 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral solution 20 mg/ml</i>	2	QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	QL (55 EA per 28 days)
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; NMO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; NMO
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NMO
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	5	PA; NMO
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	3	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	5	PA; NMO
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	5	PA; NMO
<i>fingolimod hcl oral capsule 0.5 mg</i>	5	PA; NMO
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; NMO
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	5	PA; NMO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; NMO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA
DENTAL AND ORAL AGENTS		
<i>Dental And Oral Agents</i>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<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 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICAL AGENTS		
<i>Acne And Rosacea Agents</i>		
ACUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>tazarotene external cream 0.1 %</i>	2	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	4	PA
TAZORAC EXTERNAL CREAM 0.05 %	4	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA
<i>Dermatitis And Pruitus Agents</i>		
<i>alclometasone dipropionate external cream 0.05 %</i>	2	
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	
<i>amcinonide external ointment 0.1 %</i>	4	
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<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	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<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>	4	
<i>clobetasol propionate external cream 0.05 %</i>	4	
<i>clobetasol propionate external gel 0.05 %</i>	4	
<i>clobetasol propionate external ointment 0.05 %</i>	4	
<i>clobetasol propionate external solution 0.05 %</i>	2	
<i>desonide external cream 0.05 %</i>	4	
<i>desonide external lotion 0.05 %</i>	4	
<i>desonide external ointment 0.05 %</i>	2	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	4	
<i>desoximetasone external gel 0.05 %</i>	4	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	4	
EUCRISA EXTERNAL OINTMENT 2 %	4	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	
<i>fluocinolone acetonide external solution 0.01 %</i>	4	
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	
<i>fluocinonide external gel 0.05 %</i>	4	
<i>fluocinonide external ointment 0.05 %</i>	2	
<i>fluocinonide external solution 0.05 %</i>	2	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	4	
<i>halobetasol propionate external ointment 0.05 %</i>	2	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone external cream 1 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %</i>	2	
<i>hydrocortisone external ointment 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	2	
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	
HYFTOR EXTERNAL GEL 0.2 %	5	PA; NMO
<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	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	4	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	4	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	3	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	
<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 %, 0.1 %, 0.5 %</i>	1	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene external solution 0.005 %</i>	4	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	
<i>diclofenac sodium external gel 3 %</i>	4	PA
<i>fluorouracil external cream 5 %</i>	3	
<i>fluorouracil external solution 2 %, 5 %</i>	2	
<i>global alcohol prep ease pad 70 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod external cream 5 %</i>	2	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	
PANRETIN EXTERNAL GEL 0.1 %	5	PA; NMO
<i>podofilox external solution 0.5 %</i>	2	
REGRANEX EXTERNAL GEL 0.01 %	5	PA; NMO
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
<i>silver sulfadiazine external cream 1 %</i>	2	
SSD EXTERNAL CREAM 1 %	1	
<i>Pediculicides/Scabicides</i>		
<i>malathion external lotion 0.5 %</i>	4	
<i>permethrin external cream 5 %</i>	2	
<i>Topical Anti-Infectives</i>		
<i>ciclopirox external gel 0.77 %</i>	2	
<i>ciclopirox external shampoo 1 %</i>	2	
<i>ciclopirox external solution 8 %</i>	2	
<i>clindamycin phosphate external gel 1 %</i>	2	
<i>clindamycin phosphate external lotion 1 %</i>	2	
<i>clindamycin phosphate external solution 1 %</i>	2	
<i>ery external pad 2 %</i>	3	
<i>erythromycin external gel 2 %</i>	2	
<i>erythromycin external solution 2 %</i>	2	
<i>mupirocin calcium external cream 2 %</i>	4	
<i>mupirocin external ointment 2 %</i>	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
<i>Electrolyte/ Mineral Replacement</i>		
<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA; NMO
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	BvD

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	2	BvD
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	2	BvD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	
KLOR-CON ORAL PACKET 20 MEQ	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	3	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	BvD
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	3	BvD
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	2	BvD
<i>potassium chloride oral packet 20 meq</i>	2	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	2	BvD
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	
<i>Electrolyte/Mineral/Metal Modifiers</i>		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA; NMO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; NMO
<i>deferasirox oral tablet 90 mg</i>	4	PA
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA; NMO
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	5	PA; NMO
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NMO
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	5	PA; NMO
LOKELMA ORAL PACKET 10 GM, 5 GM	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	
SPS ORAL SUSPENSION 15 GM/60ML	3	
<i>tolvaptan oral tablet 15 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	5	PA; NMO
<i>Electrolytes/Minerals/Metals/Vitamins</i>		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BvD

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BvD
<i>dextrose intravenous solution 10 %, 5 %</i>	2	BvD
<i>dextrose-nacl intravenous solution 10-0.2 %, 10- 0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	3	BvD
DOJOLVI ORAL LIQUID 100 %	5	PA; NMO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	BvD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	BvD
<i>levocarnitine oral solution 1 gm/10ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BvD
PREMASOL INTRAVENOUS SOLUTION 10 %	4	BvD
<i>prenatal oral tablet 27-1 mg</i>	2	
PROSOL INTRAVENOUS SOLUTION 20 %	4	BvD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	BvD
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	BvD
<i>Phosphate Binders</i>		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	4	PA
<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</i>	4	QL (540 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate oral packet 2.4 gm</i>	4	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	4	QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	
GASTROINTESTINAL AGENTS		
<i>Anti-Constipation Agents</i>		
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>lactulose oral solution 10 gm/15ml</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
<i>Anti-Diarrheal Agents</i>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	NMO; QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>loperamide hcl oral capsule 2 mg</i>	1	
XERMELO ORAL TABLET 250 MG	5	NMO; QL (90 EA per 30 days)
<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>Gastrointestinal Agents, Other</i>		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	5	PA; NMO
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	5	PA; NMO
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML	4	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; NMO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; NMO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	4	
<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	4	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>Protectants</i>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>sucralfate oral suspension 1 gm/10ml</i>	4	
<i>sucralfate oral tablet 1 gm</i>	1	
<i>Proton Pump Inhibitors</i>		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	3	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine oral powder</i>	5	NMO
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
ENDARI ORAL PACKET 5 GM	4	PA
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NMO
<i>miglustat oral capsule 100 mg</i>	5	PA; NMO
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA; NMO
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; NMO
RAVICTI ORAL LIQUID 1.1 GM/ML	5	PA; NMO
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA; NMO
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA; NMO
SOHONOS ORAL CAPSULE 1 MG, 2.5 MG, 5 MG	5	PA; NMO; QL (28 EA per 28 days)
SOHONOS ORAL CAPSULE 1.5 MG, 10 MG	5	PA; NMO; QL (56 EA per 28 days)
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA; NMO
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	5	PA; NMO
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NMO; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2 GM	5	PA; NMO

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
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	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; NMO
GENITOURINARY AGENTS		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	4	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	4	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	2	QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	2	QL (60 EA per 30 days)
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	QL (30 EA per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	
<i>dutasteride oral capsule 0.5 mg</i>	1	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	2	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	QL (30 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>silodosin oral capsule 4 mg, 8 mg</i>	4	QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	QL (60 EA per 30 days)
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
ELMIRON ORAL CAPSULE 100 MG	4	
<i>penicillamine oral tablet 250 mg</i>	5	NMO
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	5	PA; NMO; QL (0.5 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	5	PA; NMO; QL (0.8 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	5	PA; NMO; QL (1 ML per 30 days)
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<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>	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
ISTURISA ORAL TABLET 1 MG	5	PA; NMO; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	BvD
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	2	BvD
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	BvD
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	2	BvD
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML	2	BvD
<i>prednisone oral solution 5 mg/5ml</i>	2	BvD

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BvD

<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
---	---	--

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	
--	---	--

<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
--	---	--

INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; NMO
--	---	---------

OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA; NMO
---	---	---------

OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA; NMO
--	---	---------

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)

Androgens

<i>danazol oral capsule 100 mg, 50 mg</i>	2	
---	---	--

<i>danazol oral capsule 200 mg</i>	4	
------------------------------------	---	--

<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	
---	---	--

<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	
--	---	--

<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	3	
--	---	--

<i>testosterone transdermal solution 30 mg/act</i>	3	
--	---	--

Estrogens

DUAVEE ORAL TABLET 0.45-20 MG	3	
-------------------------------	---	--

<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
---	---	--

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<i>estradiol vaginal cream 0.1 mg/gm</i>	4	
<i>estradiol vaginal tablet 10 mcg</i>	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	
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	
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</i>		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	
APRI ORAL TABLET 0.15-30 MG-MCG	1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	4	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	4	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	
<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>	4	
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	4	
ICLEVIA ORAL TABLET 0.15-0.03 MG	2	
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA
INTROVALE ORAL TABLET 0.15-0.03 MG	2	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	
JASMIEL ORAL TABLET 3-0.02 MG	2	
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	
LORYNA ORAL TABLET 3-0.02 MG	2	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
MILI ORAL TABLET 0.25-35 MG-MCG	1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NIKKI ORAL TABLET 3-0.02 MG	2	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	1	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
NYMYO ORAL TABLET 0.25-35 MG-MCG	1	
OCELLA ORAL TABLET 3-0.03 MG	2	
OSPHENA ORAL TABLET 60 MG	3	PA
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	
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	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
SYEDA ORAL TABLET 3-0.03 MG	2	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	1	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TURQOZ ORAL TABLET 0.3-30 MG-MCG	2	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	
VESTURA ORAL TABLET 3-0.02 MG	2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
<i>Progestins</i>		
CAMILA ORAL TABLET 0.35 MG	1	
DEBLITANE ORAL TABLET 0.35 MG	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	2	
ERRIN ORAL TABLET 0.35 MG	1	
HEATHER ORAL TABLET 0.35 MG	1	
INCASSIA ORAL TABLET 0.35 MG	1	
LYLEQ ORAL TABLET 0.35 MG	1	
LYZA ORAL TABLET 0.35 MG	1	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
NORA-BE ORAL TABLET 0.35 MG	1	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	1	
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
SHAROBEL ORAL TABLET 0.35 MG	1	

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<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	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
SYNTHROID 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	3	
UNITHROID 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	3	

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline oral tablet 0.5 mg</i>	2	
---------------------------------------	---	--

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA; NMO
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	4	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; NMO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; NMO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; NMO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; NMO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA; NMO
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA; NMO
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; NMO
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	2	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA; NMO
<i>octreotide acetate injection solution 200 mcg/ml</i>	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; NMO; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NMO; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA; NMO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	PA

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
IMMUNOLOGICAL AGENTS		
<i>Angioedema Agents</i>		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA; NMO
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA; NMO
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; NMO
<i>Immunoglobulins</i>		
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	BvD; NMO
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	BvD; NMO
<i>Immunological Agents, Other</i>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; NMO
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; NMO
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; NMO
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA; NMO

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	5	PA; NMO
JOENJA ORAL TABLET 70 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
OTEZLA ORAL TABLET 30 MG	5	PA; NMO
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA; NMO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; NMO
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	5	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; NMO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; NMO
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; NMO
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	5	PA; NMO; QL (16.072 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	5	PA; NMO; QL (22.68 ML per 28 days)
<i>Immunostimulants</i>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA; NMO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NMO
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; NMO
<i>Immunosuppressants</i>		
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	BvD
<i>azathioprine oral tablet 50 mg</i>	2	BvD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; NMO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NMO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	BvD
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	BvD
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; NMO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; NMO
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	5	PA; NMO
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BvD
<i>everolimus oral tablet 0.25 mg, 0.75 mg, 1 mg</i>	5	BvD; NMO; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5 mg</i>	5	BvD; NMO; QL (120 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	BvD
GENGRAF ORAL SOLUTION 100 MG/ML	2	BvD

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
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; NMO
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NMO
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; NMO
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NMO
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; NMO
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; NMO
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; NMO; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BvD
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	4	BvD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BvD; NMO
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BvD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	BvD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BvD

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
REZUROCK ORAL TABLET 200 MG	5	PA; NMO
<i>sirolimus oral solution 1 mg/ml</i>	5	BvD; NMO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	BvD
<i>tacrolimus oral capsule 0.5 mg</i>	2	BvD
<i>tacrolimus oral capsule 1 mg, 5 mg</i>	4	BvD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	BvD
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	3	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	4	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	3	
<i>bcg vaccine injection solution reconstituted 50 mg</i>	4	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	4	BvD
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	BvD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	3	BvD
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	4	
IPOL INJECTION INJECTABLE	3	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	4	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	BvD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	4	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	4	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	BvD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	BvD
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BvD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	BvD
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>Aminosalicylates</i>		
<i>balsalazide disodium oral capsule 750 mg</i>	2	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	4	
<i>mesalamine oral capsule delayed release 400 mg</i>	4	
<i>mesalamine oral tablet delayed release 800 mg</i>	4	
<i>mesalamine rectal enema 4 gm</i>	4	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>Glucocorticoids</i>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	5	NMO
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	
METABOLIC BONE DISEASE AGENTS		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	BvD; QL (4 ML per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	BvD
<i>calcitriol oral solution 1 mcg/ml</i>	4	BvD
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	4	BvD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	BvD; NMO; QL (120 EA per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	BvD

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
<i>rалoxifene hcl oral tablet 60 mg</i>	2	
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	2	QL (4 EA per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	PA; NMO; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; NMO; QL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NMO; QL (2 ML per 28 days)

OPHTHALMIC AGENTS

Ophthalmic Agents, Other

<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	2	QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA; NMO
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; NMO
<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>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION 1 %	4	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<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>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	4	PA
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	4	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	2	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</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>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	
AZOPT OPHTHALMIC SUSPENSION 1 %	3	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	3	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	2	
<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 %	4	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	
<i>Ophthalmic Prostaglandin And Prostanamide Analogs</i>		
<i>latanoprost ophthalmic solution 0.005 %</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	
OTIC AGENTS		
<i>Otic Agents</i>		
<i>acetic acid otic solution 2 %</i>	1	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	4	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	3	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	4	
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
<i>ofloxacin otic solution 0.3 %</i>	4	
RESPIRATORY TRACT/ PULMONARY AGENTS		
<i>Antihistamines</i>		
<i>azelastine hcl nasal solution 0.1 %</i>	2	QL (30 ML per 25 days)
<i>cetirizine hcl oral solution 5 mg/5ml</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	4	

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl oral tablet 4 mg</i>	4	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (26 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BvD
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	QL (50 ML per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act</i>	3	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	3	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	QL (34 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	2	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (26 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BvD
<i>ipratropium bromide nasal solution 0.03 %</i>	2	QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	QL (30 ML per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	3	QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	QL (36 GM 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	BvD
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE 40 MG	5	PA; NMO
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NMO
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NMO

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
KALYDECO ORAL TABLET 150 MG	5	PA; NMO
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NMO
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NMO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BvD; NMO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; NMO
TOBI PODHALER INHALATION CAPSULE 28 MG	5	PA; NMO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	BvD; NMO
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; NMO
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	5	PA; NMO
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	3	QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NMO; QL (90 EA per 30 days)
<i>ambisentan oral tablet 10 mg, 5 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NMO; QL (90 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
<i>Pulmonary Fibrosis Agents</i>		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NMO
<i>pirfenidone oral capsule 267 mg</i>	5	PA; NMO
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	5	PA; NMO
<i>Respiratory Tract Agents, Other</i>		

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	BvD
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA 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 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	3	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (4 GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	BvD
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	3	QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BvD
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	5	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NMO
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)

SKELLETAL MUSCLE RELAXANTS

Skeletal Muscle Relaxants

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	2	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	2	
SLEEP DISORDER AGENTS		
<i>Sleep Promoting Agents</i>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	4	QL (120 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	4	PA; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; NMO; QL (540 ML per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 9 of the introduction. 2024 Alterwood Advantage Choice and Alterwood Advantage Select, Formulary ID 00024450, Version 11, effective 05/01/2024. Last updated 04/18/2024.

Index of Drugs/Alphabetical Listing

A		
<i>abacavir sulfate</i>	49	
<i>abacavir sulfate-lamivudine</i>	49	
ABELCET	29	
ABILIFY ASIMTUFII	44	
ABILIFY MAINTENA	44	
<i>abiraterone acetate</i>	33	
ABRYSSVO	94	
<i>acamprosate calcium</i>	14	
<i>acarbose</i>	53	
ACCUTANE	70	
<i>acebutolol hcl</i>	60	
<i>acetaminophen-codeine</i>	13	
<i>acetazolamide</i>	100	
<i>acetazolamide er</i>	100	
<i>acetic acid</i>	101	
<i>acetylcysteine</i>	105	
<i>acitretin</i>	70	
ACTHIB	94	
ACTIMMUNE	91	
<i>acyclovir</i>	47	
<i>acyclovir sodium</i>	48	
ADACEL	94	
<i>adefovir dipivoxil</i>	47	
ADEMPAS	104	
ADVAIR HFA	105	
AKEEGA	33	
<i>albendazole</i>	41	
<i>albuterol sulfate</i>	103	
<i>albuterol sulfate hfa</i>	103	
<i>alclometasone dipropionate</i>	70	
ALECENSA	36	
<i>alendronate sodium</i>	97	
<i>alfuzosin hcl er</i>	80	
<i>aliskiren fumarate</i>	63	
<i>allopurinol</i>	31	
<i>alosetron hcl</i>	77	
<i>alprazolam</i>	52	
ALPRAZOLAM INTENSOL	52	
ALTAVERA	83	
ALUNBRIG	36	
<i>alyacen 1/35</i>	83	
<i>amantadine hcl</i>	42	
<i>ambrisentan</i>	104	
<i>amcinonide</i>	70	
<i>amikacin sulfate</i>	15	
<i>amiloride hcl</i>	65	
<i>amiloride-hydrochlorothiazide</i>	63	
<i>amiodarone hcl</i>	60	
<i>amitriptyline hcl</i>	28	
<i>amlodipine besy-benazepril hcl</i>	63	
<i>amlodipine besylate</i>	61	
<i>amlodipine besylate-valsartan</i>	63	
<i>amlodipine-atorvastatin</i>	63	
<i>amlodipine-olmesartan</i>	63	
<i>ammonium lactate</i>	70	
AMNESTEEM	70	
<i>amoxapine</i>	28	
<i>amoxicillin</i>	18	
<i>amoxicillin-pot clavulanate</i>	18,	
19		
<i>amoxicillin-pot clavulanate er</i>	18	
<i>amphetamine-</i>		
<i>dextroamphetamine</i>	67	
<i>amphotericin b</i>	29	
<i>amphotericin b liposome</i>	29	
<i>ampicillin</i>	19	
<i>ampicillin sodium</i>	19	
<i>ampicillin-sulbactam sodium</i>	19	
<i>anagrelide hcl</i>	58	
<i>anastrozole</i>	36	
ANORO ELLIPTA	105	
<i>apraclonidine hcl</i>	100	
<i>aprepitant</i>	29	
APRI	83	
APTIOM	24	
APTIVUS	50	
ARANELLE	83	
ARCALYST	90	
AREXVY	94	
ARIKAYCE	15	
<i>aripiprazole</i>	44	
<i>armodafinil</i>	106	
ARNUITY ELLIPTA	102	
<i>asenapine maleate</i>	44	
ASMANEX (120 METERED DOSES)	102	
ASMANEX (30 METERED DOSES)	102	
ASMANEX (60 METERED DOSES)	102	
ASMANEX HFA	102	
<i>aspirin-dipyridamole er</i>	59	
ASSURE ID INSULIN SAFETY SYR	55	
<i>atazanavir sulfate</i>	50	
<i>atenolol</i>	61	
<i>atenolol-chlorthalidone</i>	63	
<i>atomoxetine hcl</i>	68	
<i>atorvastatin calcium</i>	66	
<i>atovaquone</i>	41	
<i>atovaquone-proguanil hcl</i>	41	
<i>atropine sulfate</i>	98	
ATROVENT HFA	103	
AUBRA EQ	83	
AUGTYRO	36	
AURYXIA	76	
AUSTEDO	68	
AUSTEDO XR	68	
AUSTEDO XR PATIENT TITRATION	68	
AUVELITY	26	
AVIANE	83	
AVONEX PEN	69	
AVONEX PREFILLED	69	
AYVAKIT	36	
AZASITE	99	
<i>azathioprine</i>	92	
<i>azelastine hcl</i>	99, 101	
<i>azithromycin</i>	20	
AZOPT	100	
<i>aztreonam</i>	16	
B		
<i>bacitracin</i>	99	
<i>bacitracin-polymyxin b</i>	99	
<i>bacitra-neomycin-polymyxin-hc</i>	98	
<i>baclofen</i>	47	
<i>balsalazide disodium</i>	97	
BALVERSA	36	
BALZIVA	83	
BAQSIMI ONE PACK	54	
BARACLUDGE	47	
<i>bcg vaccine</i>	94	
BELSOMRA	106	
<i>benazepril hcl</i>	60	
<i>benazepril-hydrochlorothiazide</i>	63	
BENLYSTA	92	

<i>benznidazole</i>	41	<i>bupropion hcl er (smoking det)</i>	15	<i>cefoxitin sodium</i>	17
<i>benzoyl peroxide-erythromycin</i>	70	.....	15	<i>cefpodoxime proxetil</i>	17
.....	70	<i>bupropion hcl er (sr)</i>	26	<i>cefprozil</i>	18
<i>benztropine mesylate</i>	42	<i>bupropion hcl er (xl)</i>	26	<i>ceftazidime</i>	18
BESREMI	92	<i>buspirone hcl</i>	51	<i>ceftriaxone sodium</i>	18
<i>betaine</i>	79	<i>butalbital-apap-caffeine</i>	12	<i>cefuroxime axetil</i>	18
<i>betamethasone dipropionate</i> 70,	71	<i>butalbital-asa-caff-codeine</i> ..	12	<i>cefuroxime sodium</i>	18
.....	71	<i>butalbital-aspirin-caffeine</i>	12	<i>celecoxib</i>	12
<i>betamethasone dipropionate</i>		BYLVAY	77	<i>cephalexin</i>	18
<i>aug</i>	70	BYLVAY (PELLETS).....	77	<i>cetirizine hcl</i>	101
<i>betamethasone valerate</i>	71	C		<i>chlordiazepoxide hcl</i>	52
BETASERON	69	<i>cabergoline</i>	88	<i>chlorhexidine gluconate</i>	69
<i>betaxolol hcl</i>	61, 100	CABLIVI.....	59	<i>chloroquine phosphate</i>	41
<i>bethanechol chloride</i>	81	CABOMETYX.....	36	<i>chlorpromazine hcl</i>	43
<i>bexarotene</i>	41	<i>calcipotriene</i>	72	<i>chlorthalidone</i>	65
BEXSERO.....	94	<i>calcitonin (salmon)</i>	97	<i>chlorzoxazone</i>	106
<i>bicalutamide</i>	33	<i>calcitriol</i>	97	<i>cholestyramine</i>	66
BICILLIN L-A	19	<i>calcium acetate</i>	76	<i>cholestyramine light</i>	66
BIKTARVY	48	<i>calcium acetate (phos binder)</i>	76	<i>ciclopirox</i>	73
<i>bisoprolol fumarate</i>	61	.....	76	<i>ciclopirox olamine</i>	30
<i>bisoprolol-hydrochlorothiazide</i>	63	CALQUENCE.....	36	<i>cilostazol</i>	59
.....	63	CAMILA	87	CIMDUO	49
BLISOVI FE 1.5/30	83	CAMZYOS	63	<i>cinacalcet hcl</i>	97
BOOSTRIX.....	94	<i>candesartan cilexetil</i>	59	<i>ciprofloxacin hcl</i>	21, 101
<i>bosentan</i>	104	<i>candesartan cilexetil-hctz</i>	63	<i>ciprofloxacin in d5w</i>	21
BOSULIF	36	CAPLYTA.....	44	<i>ciprofloxacin-dexamethasone</i>	101
BRAFTOVI.....	36	CAPRELSA.....	36	.....	101
BREO ELLIPTA	105	<i>captopril</i>	60	<i>ciprofloxacin-fluocinolone pf</i>	101
<i>brillyln</i>	83	<i>carbamazepine</i>	24	.....	101
BRILINTA	59	<i>carbamazepine er</i>	24	<i>citalopram hydrobromide</i>	27
<i>brimonidine tartrate</i>	100	<i>carbidopa</i>	43	CLARAVIS	70
<i>brimonidine tartrate-timolol</i>	100	<i>carbidopa-levodopa</i>	43	<i>clarithromycin</i>	20
.....	100	<i>carbidopa-levodopa er</i>	43	<i>clarithromycin er</i>	20
BRIVIACT	22	<i>carbidopa-levodopa-</i>	42	CLENPIQ	77
<i>bromfenac sodium</i>	99	<i>entacapone</i>	42	<i>clindamycin hcl</i>	16
<i>bromfenac sodium (once-daily)</i>	99	CARDURA XL	80	<i>clindamycin palmitate hcl</i>	16
.....	99	<i>carglumic acid</i>	73	<i>clindamycin phos-benzoyl</i>	70
<i>bromocriptine mesylate</i>	42	<i>carteolol hcl</i>	100	<i>perox</i>	70
BROMSITE.....	99	CARTIA XT.....	62	<i>clindamycin phosphate</i> ..	16, 73
BRONCHITOL	103	<i>carvedilol</i>	61	<i>clindamycin phosphate in d5w</i>	16
BRUKINSA	36	<i>carvedilol phosphate er</i>	61	.....	16
<i>budesonide</i>	97, 102	<i>caspofungin acetate</i>	29, 30	CLINIMIX E/DEXTROSE	
<i>budesonide er</i>	97	CAYSTON	103	(2.75/5)	75
<i>budesonide-formoterol</i>		<i>cefaclor</i>	17	CLINIMIX E/DEXTROSE	
<i>fumarate</i>	105	<i>cefaclor er</i>	17	(4.25/10)	75
<i>bumetanide</i>	65	<i>cefadroxil</i>	17	CLINIMIX E/DEXTROSE	
<i>buprenorphine hcl</i>	14	<i>cefazolin sodium</i>	17	(4.25/5)	75
<i>buprenorphine hcl-naloxone</i>		<i>cefdinir</i>	17	CLINIMIX E/DEXTROSE	
<i>hcl</i>	14	<i>cefepime hcl</i>	17	(5/15)	75
<i>bupropion hcl</i>	26	<i>cefixime</i>	17	CLINIMIX E/DEXTROSE	
		<i>cefotetan disodium</i>	17	(5/20)	76

CLINIMIX/DEXTROSE (4.25/10).....	76	<i>cvs gauze sterile</i>	55	<i>diazoxide</i>	55
CLINIMIX/DEXTROSE (4.25/5).....	76	<i>cyclobenzaprine hcl</i>	106	<i>diclofenac potassium</i>	12
CLINIMIX/DEXTROSE (5/15).....	76	<i>cyclophosphamide</i>	33	<i>diclofenac sodium</i>	12, 72, 99
CLINIMIX/DEXTROSE (5/20).....	76	<i>cyclosporine</i>	92, 98	<i>diclofenac sodium er</i>	12
<i>clobazam</i>	23	<i>cyclosporine modified</i>	92	<i>dicloxacillin sodium</i>	19
<i>clobetasol propionate</i>	71	<i>cyproheptadine hcl</i>	101, 102	<i>dicyclomine hcl</i>	77
<i>clobetasol propionate e</i>	71	CYRED EQ.....	83	DIFICID.....	20
<i>clomipramine hcl</i>	28	CYSTADROPS.....	98	<i>diflunisal</i>	12
<i>clonazepam</i>	52	CYSTAGON.....	79	<i>digoxin</i>	63
<i>clonidine</i>	59	CYSTARAN.....	98	<i>dihydroergotamine mesylate</i>	31
<i>clonidine hcl</i>	59	D		DILANTIN.....	24
<i>clopidogrel bisulfate</i>	59	<i>dalfampridine er</i>	69	<i>diltiazem hcl</i>	62
<i>clorazepate dipotassium</i>	52	<i>danazol</i>	82	<i>diltiazem hcl er</i>	62
<i>clotrimazole</i>	30	<i>dapsone</i>	32	<i>diltiazem hcl er beads</i>	62
<i>clotrimazole-betamethasone</i>	72	DAPTACEL.....	94	<i>diltiazem hcl er coated beads</i>	62
<i>clozapine</i>	46, 47	<i>daptomycin</i>	16	.....	62
COARTEM.....	41	<i>darifenacin hydrobromide er</i>	80	<i>dilt-xr</i>	62
<i>codeine sulfate</i>	13	<i>darunavir</i>	50	<i>dimethyl fumarate</i>	69
<i>colchicine</i>	31	DAURISMO.....	37	<i>dimethyl fumarate starter pack</i>	69
<i>colchicine-probenecid</i>	31	DAYBUE.....	68	.....	69
<i>colestipol hcl</i>	66	DEBLITANE.....	87	<i>diphenoxylate-atropine</i>	77
<i>colistimethate sodium (cba)</i>	16	<i>deferasirox</i>	75	<i>diphtheria-tetanus toxoids dt</i>	94
COMBIGAN.....	100	<i>deferasirox granules</i>	75	<i>disopyramide phosphate</i>	60
COMBIVENT RESPIMAT	105	<i>deferiprone</i>	75	<i>disulfiram</i>	14
COMETRIQ (100 MG DAILY DOSE).....	36	DELSTRIGO.....	49	<i>divalproex sodium</i>	52
COMETRIQ (140 MG DAILY DOSE).....	36	DEPO-SUBQ PROVERA	104	<i>divalproex sodium er</i>	52
COMETRIQ (60 MG DAILY DOSE).....	37	.....	87	<i>dofetilide</i>	60
COMFORT ASSIST INSULIN SYRINGE.....	55	DESCOVY.....	49	DOJOLVI.....	76
COMPLERA.....	48	<i>desipramine hcl</i>	28	<i>donepezil hcl</i>	25
<i>constulose</i>	77	<i>desmopressin ace spray refrig</i>	82	<i>dorzolamide hcl</i>	100
COPAXONE.....	69	.....	82	<i>dorzolamide hcl-timolol mal</i>	100
COPIKTRA.....	37	<i>desmopressin acetate</i>	82	.....	100
CORLANOR.....	63	<i>desogestrel-ethinyl estradiol</i>	83	<i>dorzolamide hcl-timolol mal pf</i>	101
COSENTYX.....	90	<i>desonide</i>	71	.....	101
COSENTYX (300 MG DOSE)	90	<i>desoximetasone</i>	71	DOVATO.....	48
.....	90	<i>desvenlafaxine er</i>	27	<i>doxazosin mesylate</i>	59
COSENTYX SENSOREADY (300 MG).....	90	<i>desvenlafaxine succinate er</i>	27	<i>doxepin hcl</i>	28
COSENTYX UNOREADY	90	<i>dexamethasone</i>	81	DOXY 100.....	21
COTELLIC.....	37	<i>dexamethasone sodium</i>		<i>doxycycline hyclate</i>	21
CREON.....	79	<i>phosphate</i>	99	<i>doxycycline monohydrate</i>	21
<i>cromolyn sodium</i>	79, 99, 105	<i>dexlansoprazole</i>	78	<i>dronabinol</i>	29
CRYSSELLE-28.....	83	<i>dexmethylphenidate hcl</i>	68	<i>drospirenone-ethinyl estradiol</i>	84
		<i>dextroamphetamine sulfate</i>	67, 68	.....	84
		<i>dextroamphetamine sulfate er</i>	67	DROXIA.....	34
		.....	67	<i>droxidopa</i>	59
		<i>dextrose</i>	76	DUAVEE.....	82
		<i>dextrose-nacl</i>	76	<i>duloxetine hcl</i>	27
		DIACOMIT.....	22	DUPIXENT.....	90, 91
		<i>diazepam</i>	23, 52	DUREZOL.....	99
		DIAZEPAM INTENSOL.....	52	<i>dutasteride</i>	80
				<i>dutasteride-tamsulosin hcl</i>	80

E		
<i>ec-naproxen</i>	12	<i>ery</i>
<i>econazole nitrate</i>	30	ERYTHROCIN
EDURANT.....	48	LACTOBIONATE.....
<i>efavirenz</i>	48	<i>erythromycin</i>
<i>efavirenz-emtricitab-tenofo df</i>	49	20, 73, 99
.....	49	<i>erythromycin base</i>
<i>efavirenz-lamivudine-tenofovir</i>	49	20
.....	49	<i>erythromycin ethylsuccinate</i>
ELIGARD.....	89	20
ELIQUIS.....	57	<i>escitalopram oxalate</i>
ELIQUIS DVT/PE STARTER		27
PACK.....	57	<i>esomeprazole magnesium</i>
ELMIRON.....	81	84
ELURYNG.....	84	ESTARYLLA.....
EMGALITY.....	31	<i>estradiol</i>
EMSAM.....	26	82, 83
<i>emtricitabine</i>	49	<i>ethambutol hcl</i>
<i>emtricitabine-tenofovir df</i>	49	33
EMTRIVA.....	49	<i>ethosuximide</i>
EMVERM.....	41	23
<i>enalapril maleate</i>	60	<i>ethynodiol diac-eth estradiol</i>
<i>enalapril-hydrochlorothiazide</i>	63	84
.....	63	<i>etodolac</i>
ENBREL.....	92	12
ENBREL MINI.....	92	<i>etogestrel-ethinyl estradiol</i>
ENBREL SURECLICK.....	92	84
ENDARI.....	79	<i>etravirine</i>
ENGERIX-B.....	94	48
ENILLORING.....	84	EUCRISA.....
<i>enoxaparin sodium</i>	57	71
ENPRESSE-28.....	84	EUTHYROX.....
ENSKYCE.....	84	88
ENSPRYNG.....	92	<i>everolimus</i>
<i>entacapone</i>	42	37, 92
<i>entecavir</i>	47	EVOTAZ.....
ENTRESTO.....	63	50
<i>enulose</i>	77	EVRYSDI.....
ENVARUS XR.....	92	68
EPIDIOLEX.....	22	EXEL COMFORT POINT
<i>epinephrine</i>	103	PEN NEEDLE.....
EPITOL.....	24	55
<i>eplerenone</i>	65	<i>exemestane</i>
EPRONTIA.....	32	36
ERAXIS.....	30	EXKIVITY.....
<i>ergotamine-caffeine</i>	31	37
ERIVEDGE.....	37	<i>ezetimibe</i>
ERLEADA.....	33	66
<i>erlotinib hcl</i>	37	<i>ezetimibe-simvastatin</i>
ERRIN.....	87	66
<i>ertapenem sodium</i>	20	F
		FALMINA.....
		84
		<i>famciclovir</i>
		48
		<i>famotidine</i>
		78
		FANAPT.....
		44
		FANAPT TITRATION PACK
		44
		<i>febuxostat</i>
		31
		<i>felbamate</i>
		22
		<i>felodipine er</i>
		61
		<i>fenofibrate</i>
		65
		<i>fenofibrate micronized</i>
		65
		<i>fenofibric acid</i>
		65
		<i>fentanyl</i>
		13
		<i>fentanyl citrate</i>
		13
		FERRIPROX.....
		75
		FERRIPROX TWICE-A-DAY
		75
		<i>fesoterodine fumarate er</i>
		80
		FETZIMA.....
		27
		FETZIMA TITRATION.....
		27
		FIASP.....
		55
		FIASP FLEXTOUCH.....
		55
		FIASP PENFILL.....
		55
		FILSPARI.....
		64
		<i>finasteride</i>
		80
		<i>finngolimod hcl</i>
		69
		FINTEPLA.....
		22
		FIRMAGON.....
		89
		FIRMAGON (240 MG DOSE)
		89
		FIRVANQ.....
		16
		<i>flecainide acetate</i>
		60
		<i>fluconazole</i>
		30
		<i>fluconazole in sodium chloride</i>
		30
		<i>flucytosine</i>
		30
		<i>fludrocortisone acetate</i>
		81
		<i>flunisolide</i>
		102
		<i>fluocinolone acetonide</i>
		71, 101
		<i>fluocinonide</i>
		71
		<i>fluocinonide emulsified base</i>
		71
		<i>fluorometholone</i>
		99
		<i>fluorouracil</i>
		72
		<i>fluoxetine hcl</i>
		27
		<i>fluphenazine decanoate</i>
		43
		<i>fluphenazine hcl</i>
		43
		<i>flurbiprofen</i>
		12
		<i>flurbiprofen sodium</i>
		100
		<i>fluticasone propionate</i>
		71, 102
		<i>fluticasone propionate hfa</i>
		102
		<i>fluticasone-salmeterol</i>
		105
		<i>fluvastatin sodium</i>
		66
		<i>fluvastatin sodium er</i>
		66
		<i>fluvoxamine maleate</i>
		27
		<i>fondaparinux sodium</i>
		57, 58
		<i>fosamprenavir calcium</i>
		50
		<i>fosinopril sodium</i>
		60
		<i>fosinopril sodium-hctz</i>
		64
		FOTIVDA.....
		37
		FRUZAQLA.....
		37
		<i>furosemide</i>
		65
		FUZEON.....
		50
		FYCOMPA.....
		22
		G
		<i>gabapentin</i>
		23, 24
		GALAFOLD.....
		79
		<i>galantamine hydrobromide</i>
		25
		<i>galantamine hydrobromide er</i>
		25
		GARDASIL 9.....
		94
		<i>gatifloxacin</i>
		99
		GATTEX.....
		78
		GAVILYTE-C.....
		78

GAVILYTE-G	78	<i>hydralazine hcl</i>	67	INTROVALE	84
GAVRETO.....	37	<i>hydrochlorothiazide</i>	65	INVEGA HAFYERA	45
<i>gefitinib</i>	37	<i>hydrocodone-acetaminophen</i> 13		INVEGA SUSTENNA	45
<i>gemfibrozil</i>	65	<i>hydrocodone-ibuprofen</i>	13	INVEGA TRINZA	45
<i>generlac</i>	77	<i>hydrocortisone</i>	72, 81, 97	INVOKAMET.....	53
GENGRAF.....	92	<i>hydrocortisone (perianal)</i>	71	INVOKAMET XR	53
<i>gentamicin in saline</i>	15	<i>hydrocortisone ace-pramoxine</i>		INVOKANA.....	53
<i>gentamicin sulfate</i>	15, 99	.....	72	IPOL	95
GENVOYA	48	<i>hydrocortisone valerate</i>	72	<i>ipratropium bromide</i>	103
GILOTRIF.....	37	<i>hydromorphone hcl</i>	13	<i>ipratropium-albuterol</i>	105
GLEOSTINE.....	33	<i>hydroxychloroquine sulfate</i> ..	42	<i>irbesartan</i>	59
<i>glimepiride</i>	53	<i>hydroxyurea</i>	34	<i>irbesartan-hydrochlorothiazide</i>	
<i>glipizide</i>	53	<i>hydroxyzine hcl</i>	51	.....	64
<i>glipizide er</i>	53	<i>hydroxyzine pamoate</i>	51	ISENTRESS	48
<i>glipizide-metformin hcl</i>	53	HYFTOR	72	ISENTRESS HD	48
<i>global alcohol prep ease</i>	72	I		ISIBLOOM.....	84
GLUCAGEN HYPOKIT	55	<i>ibandronate sodium</i>	97	ISOLYTE-P IN D5W	76
<i>glyburide</i>	53	IBRANCE	37	ISOLYTE-S PH 7.4.....	73
<i>glyburide micronized</i>	53	IBU	12	<i>isoniazid</i>	33
<i>glyburide-metformin</i>	53	<i>ibuprofen</i>	12	<i>isosorb dinitrate-hydralazine</i> 64	
<i>glycopyrrolate</i>	77	<i>icatibant acetate</i>	90	<i>isosorbide dinitrate</i>	67
<i>granisetron hcl</i>	29	ICLEVIA	84	<i>isosorbide mononitrate</i>	67
<i>griseofulvin microsize</i>	30	ICLUSIG	37	<i>isosorbide mononitrate er</i>	67
<i>griseofulvin ultramicrosize</i> ...	30	<i>icosapent ethyl</i>	66	<i>isotretinoin</i>	70
<i>guanfacine hcl</i>	59	IDHIFA	34	<i>isradipine</i>	61
<i>guanfacine hcl er</i>	68	ILEVRO	100	ISTURISA	81
H		<i>imatinib mesylate</i>	37	<i>itraconazole</i>	30
<i>halobetasol propionate</i>	71	IMBRUVICA	37	<i>ivermectin</i>	41
HALOETTE	84	<i>imipenem-cilastatin</i>	20	IWILFIN.....	34
<i>haloperidol</i>	44	<i>imipramine hcl</i>	28	IXCHIQ	95
<i>haloperidol decanoate</i>	43	<i>imiquimod</i>	73	IXIARO	95
<i>haloperidol lactate</i>	43	IMOVAX RABIES	95	J	
HAVRIX	95	IMVEXXY MAINTENANCE		JAKAFI	38
HEATHER	87	PACK	83	JANTOVEN	58
<i>heparin sodium (porcine)</i>	58	IMVEXXY STARTER PACK		JANUMET	53
HEPLISAV-B	95	.....	83	JANUMET XR.....	53
HIBERIX.....	95	INBRIJA.....	43	JANUVIA.....	53
HUMIRA (2 PEN)	93	INCASSIA.....	87	JARDIANCE.....	53
HUMIRA (2 SYRINGE).....	93	INCRELEX	82	JASMIEL.....	84
HUMIRA-CD/UC/HS		<i>indapamide</i>	65	JAYPIRCA	38
STARTER	93	<i>indomethacin</i>	12	JOENJA.....	91
HUMIRA-PED<40KG		<i>indomethacin er</i>	12	JUBLIA	30
CROHNS STARTER.....	93	INFANRIX.....	95	JULEBER	84
HUMIRA-PED>/=40KG		INLYTA	37, 38	JULUCA.....	49
CROHNS START	93	INQOVI.....	34	JUNEL 1.5/30.....	84
HUMIRA-PED>/=40KG UC		INREBIC	38	JUNEL 1/20.....	84
STARTER	93	<i>insulin glargine</i>	55	JUNEL FE 1.5/30	84
HUMIRA-PS/UV/ADOL HS		<i>insulin glargine solostar</i>	55	JUNEL FE 1/20	84
STARTER	93	INTELENCE	48	JUXTAPID	66
HUMIRA-PSORIASIS/UEVIT		INTRALIPID.....	76	JYNNEOS	95
STARTER	93	INTRAROSA	84		

K		
KALYDECO.....	103, 104	
KARIVA	84	
KATERZIA.....	61	
<i>kcl in dextrose-nacl</i>	74	
<i>kcl-lactated ringers-d5w</i>	74	
KELNOR 1/35	84	
KELNOR 1/50	84	
KERENDIA	65	
KESIMPTA.....	69	
<i>ketoconazole</i>	30	
<i>ketorolac tromethamine</i> 12, 100		
KINERET.....	93	
KINRIX.....	95	
KISQALI (200 MG DOSE) .	38	
KISQALI (400 MG DOSE) .	38	
KISQALI (600 MG DOSE) .	38	
KISQALI FEMARA (200 MG DOSE)	34	
KISQALI FEMARA (400 MG DOSE)	35	
KISQALI FEMARA (600 MG DOSE)	35	
KLOR-CON	74	
KLOR-CON 10	74	
KLOR-CON M10.....	74	
KLOR-CON M15.....	74	
KLOR-CON M20.....	74	
KLOXXADO	15	
KOSELUGO	38	
KRAZATI	35	
KURVELO.....	84	
L		
<i>labetalol hcl</i>	61	
<i>lacosamide</i>	24	
<i>lactulose</i>	77	
LAGEVRIO	51	
<i>lamivudine</i>	47, 49	
<i>lamivudine-zidovudine</i>	49	
<i>lamotrigine</i>	22	
<i>lamotrigine er</i>	22	
<i>lamotrigine starter kit-blue</i> ..	22	
<i>lamotrigine starter kit-green</i> 22		
<i>lamotrigine starter kit-orange</i>	22	
LAMPIT.....	42	
LANOXIN.....	64	
<i>lansoprazole</i>	78	
LANTUS	55	
LANTUS SOLOSTAR	55	
<i>lapatinib ditosylate</i>	38	
LARIN 1.5/30.....	84	
LARIN 1/20.....	85	
LARIN FE 1.5/30	85	
LARIN FE 1/20	85	
<i>latanoprost</i>	101	
LEENA	85	
<i>leflunomide</i>	91	
<i>lenalidomide</i>	34	
LENVIMA (10 MG DAILY DOSE)	38	
LENVIMA (12 MG DAILY DOSE)	38	
LENVIMA (14 MG DAILY DOSE)	38	
LENVIMA (18 MG DAILY DOSE)	38	
LENVIMA (20 MG DAILY DOSE)	38	
LENVIMA (24 MG DAILY DOSE)	38	
LENVIMA (4 MG DAILY DOSE)	38	
LENVIMA (8 MG DAILY DOSE)	38	
LESSINA.....	85	
<i>letrozole</i>	36	
<i>leucovorin calcium</i>	35	
LEUKERAN	33	
LEUKINE.....	58	
<i>leuprolide acetate</i>	89	
<i>leuprolide acetate (3 month)</i> 89		
LEVEMIR	55	
LEVEMIR FLEXPEN.....	55	
<i>levetiracetam</i>	22	
<i>levetiracetam er</i>	22	
<i>levobunolol hcl</i>	100	
<i>levocarnitine</i>	76	
<i>levocetirizine dihydrochloride</i>	102	
<i>levofloxacin</i>	21	
<i>levofloxacin in d5w</i>	21	
LEVONEST	85	
<i>levonorgest-eth estrad 91-day</i>	85	
<i>levonorgestrel-ethinyl estrad</i> 85		
<i>levonorg-eth estrad triphasic</i> 85		
LEVORA 0.15/30 (28).....	85	
<i>levothyroxine sodium</i>	88	
LEVOXYL	88	
LEXIVA	50	
LIALDA	97	
<i>lidocaine</i>	14	
<i>lidocaine hcl</i>	14	
<i>lidocaine viscous hcl</i>	14	
<i>lidocaine-prilocaine</i>	14	
<i>linezolid</i>	16	
LINZESS	77	
<i>liothyronine sodium</i>	88	
<i>lisinopril</i>	60	
<i>lisinopril-hydrochlorothiazide</i>	64	
<i>lithium</i>	53	
<i>lithium carbonate</i>	52, 53	
<i>lithium carbonate er</i>	52	
LIVMARLI.....	78	
LIVTENCITY	47	
LOKELMA.....	75	
LONSURF	35	
<i>loperamide hcl</i>	77	
<i>lopinavir-ritonavir</i>	50	
<i>lorazepam</i>	52	
LORAZEPAM INTENSOL .	52	
LORBRENA.....	38	
LORYNA	85	
<i>losartan potassium</i>	59	
<i>losartan potassium-hctz</i>	64	
<i>loteprednol etabonate</i>	100	
<i>lovastatin</i>	66	
LOW-OGESTREL	85	
<i>loxapine succinate</i>	44	
<i>lubiprostone</i>	77	
LUMAKRAS.....	35	
LUMIGAN	101	
LUPKYNIS	93	
LUPRON DEPOT (1-MONTH)	89	
LUPRON DEPOT (3-MONTH)	89	
LUPRON DEPOT (4-MONTH)	89	
LUPRON DEPOT (6-MONTH)	89	
LUPRON DEPOT-PED (1-MONTH)	89	
LUPRON DEPOT-PED (3-MONTH)	89	
LUPRON DEPOT-PED (6-MONTH)	89	
<i>lurasidone hcl</i>	45	
LUTERA	85	
LYBALVI.....	45	
LYLEQ.....	87	

LYNPARZA.....	35	<i>methylprednisolone</i>	81	<i>naloxone hcl</i>	15
LYSODREN.....	33	<i>metoclopramide hcl</i>	78	<i>naltrexone hcl</i>	14
LYTGOBI (12 MG DAILY DOSE).....	39	<i>metolazone</i>	65	NAMZARIC.....	25
LYTGOBI (16 MG DAILY DOSE).....	39	<i>metoprolol succinate er</i>	61	<i>naproxen</i>	12
LYTGOBI (20 MG DAILY DOSE).....	39	<i>metoprolol tartrate</i>	61	<i>naproxen sodium</i>	13
LYZA	87	<i>metoprolol-hydrochlorothiazide</i>	64	<i>naratriptan hcl</i>	32
M		<i>metronidazole</i>	16	NATACYN.....	99
<i>magnesium sulfate</i>	74	<i>metryrosine</i>	64	<i>nateglinide</i>	54
<i>malathion</i>	73	<i>mexiletine hcl</i>	60	NAYZILAM.....	24
<i>maraviroc</i>	50	MICROGESTIN 1.5/30.....	85	<i>nebivolol hcl</i>	61
<i>marlissa</i>	85	MICROGESTIN 1/20.....	85	NECON 0.5/35 (28).....	85
MARPLAN	27	MICROGESTIN FE 1.5/30..	85	<i>nefazodone hcl</i>	27
MATULANE	33	MICROGESTIN FE 1/20.....	85	<i>neomycin sulfate</i>	15
MATZIM LA	62	<i>midodrine hcl</i>	59	<i>neomycin-bacitracin zn-polymyx</i>	99
MAVYRET	47	<i>mifepristone</i>	55	<i>neomycin-polymyxin-dexameth</i>	98
MAYZENT	69	<i>miglitol</i>	53	<i>neomycin-polymyxin-gramicidin</i>	98
MAYZENT STARTER PACK	69	<i>miglustat</i>	79	<i>neomycin-polymyxin-hc</i> 98, 101	
<i>meclizine hcl</i>	29	MILI	85	NERLYNX	39
<i>medroxyprogesterone acetate</i>	87, 88	<i>minocycline hcl</i>	21	NEUPRO	42
<i>mefloquine hcl</i>	42	<i>minoxidil</i>	67	<i>nevirapine</i>	48, 49
<i>megestrol acetate</i>	88	<i>mirtazapine</i>	26	<i>nevirapine er</i>	48
MEKINIST.....	39	<i>misoprostol</i>	78	<i>niacin er (antihyperlipidemic)</i>	66
MEKTOVI	39	M-M-R II.....	95	<i>nicardipine hcl</i>	61
<i>meloxicam</i>	12	<i>modafinil</i>	106	NICOTROL.....	15
<i>memantine hcl</i>	25	<i>moexipril hcl</i>	60	<i>nifedipine</i>	62
<i>memantine hcl er</i>	25	<i>molindone hcl</i>	44	<i>nifedipine er</i>	61
MENACTRA	95	<i>mometasone furoate</i>	72, 102	<i>nifedipine er osmotic release</i> 62	
MENEST.....	83	<i>montelukast sodium</i>	102	NIKKI.....	85
MENQUADFI.....	95	<i>morphine sulfate</i>	13, 14	<i>nilutamide</i>	33
MENVEO.....	95	<i>morphine sulfate (concentrate)</i>	13	NINLARO	35
<i>mercaptopurine</i>	34	<i>morphine sulfate er</i>	13	<i>nitazoxanide</i>	42
<i>meropenem</i>	20	MOTPOLY XR	24, 25	<i>nitisinone</i>	79
<i>mesalamine</i>	97	MOUNJARO.....	54	NITRO-BID.....	67
<i>mesalamine er</i>	97	MOVANTIK	77	<i>nitrofurantoin macrocrystal</i> .16	
MESNEX	35	<i>moxifloxacin hcl</i>	21, 99	<i>nitrofurantoin monohyd macro</i>	16
<i>metformin hcl</i>	53	<i>moxifloxacin hcl in nacl</i>	21	<i>nitroglycerin</i>	67
<i>metformin hcl er</i>	53	MULTAQ.....	60	<i>nizatidine</i>	78
<i>methadone hcl</i>	13	<i>multiple electro type 1 ph 5.5</i>	74	NORA-BE	88
<i>methazolamide</i>	101	<i>mupirocin</i>	73	<i>norethin ace-eth estrad-fe</i>	85
<i>methenamine hippurate</i>	16	<i>mupirocin calcium</i>	73	<i>norethindrone</i>	88
<i>methimazole</i>	90	<i>mycophenolate mofetil</i>	93	<i>norethindrone acetate</i>	88
<i>methocarbamol</i>	106	<i>mycophenolate sodium</i>	93	<i>norethindrone acet-ethinyl est</i>	85
<i>methotrexate sodium</i>	93	MYRBETRIQ	80	<i>norethindrone-eth estradiol</i> ..	86
<i>methotrexate sodium (pf)</i>	93	N		<i>norgestimate-eth estradiol</i>	86
<i>methsuximide</i>	23	<i>na sulfate-k sulfate-mg sulf</i> ..	78		
<i>methylphenidate hcl</i>	68	<i>nabumetone</i>	12		
		<i>nadolol</i>	61		
		<i>nafcillin sodium</i>	19		

<i>norgestim-eth estrad triphasic</i>	86
.....	86
NORTREL 0.5/35 (28).....	86
NORTREL 1/35 (21).....	86
NORTREL 1/35 (28).....	86
NORTREL 7/7/7.....	86
<i>nortriptyline hcl</i>	28
NORVIR.....	50
NOVOLIN 70/30.....	56
NOVOLIN 70/30 FLEXPEN	
.....	55
NOVOLIN 70/30 FLEXPEN	
RELION.....	55
NOVOLIN 70/30 RELION..	55
NOVOLIN N.....	56
NOVOLIN N FLEXPEN.....	56
NOVOLIN N FLEXPEN	
RELION.....	56
NOVOLIN N RELION.....	56
NOVOLIN R.....	56
NOVOLIN R FLEXPEN.....	56
NOVOLIN R FLEXPEN	
RELION.....	56
NOVOLIN R RELION.....	56
NOVOLOG.....	56
NOVOLOG 70/30 FLEXPEN	
RELION.....	56
NOVOLOG FLEXPEN.....	56
NOVOLOG FLEXPEN	
RELION.....	56
NOVOLOG MIX 70/30.....	56
NOVOLOG MIX 70/30	
FLEXPEN.....	56
NOVOLOG MIX 70/30	
RELION.....	56
NOVOLOG PENFILL.....	57
NOVOLOG RELION.....	57
NOXAFIL.....	30
NUBEQA.....	33
NUCALA.....	105
NUEDEXTA.....	68
NUPLAZID.....	45
NUTRILIPID.....	76
NYAMYC.....	30
NYLIA 1/35.....	86
NYLIA 7/7/7.....	86
NYMYO.....	86
<i>nystatin</i>	30, 31
<i>nystatin-triamcinolone</i>	73
NYSTOP.....	31

O

OCELLA.....	86
<i>octreotide acetate</i>	89
ODEFSEY.....	49
ODOMZO.....	39
OFEV.....	104
<i>ofloxacin</i>	21, 99, 101
OGSIVEO.....	35
OJJAARA.....	39
<i>olanzapine</i>	45
<i>olanzapine-fluoxetine hcl</i>	26
<i>olmesartan medoxomil</i>	59
<i>olmesartan medoxomil-hctz</i> ..	64
<i>olmesartan-amlodipine-hctz</i> ..	64
<i>omega-3-acid ethyl esters</i>	66
<i>omeprazole</i>	79
OMNITROPE.....	82
<i>ondansetron</i>	29
<i>ondansetron hcl</i>	29
ONUREG.....	34
OPSUMIT.....	104
ORGOVYX.....	35
ORKAMBI.....	104
<i>orphenadrine citrate er</i>	106
ORSERDU.....	34
<i>oseltamivir phosphate</i>	51
OSPHENA.....	86
OTEZLA.....	91
<i>oxacillin sodium</i>	19
<i>oxacillin sodium in dextrose</i> ..	19
<i>oxaprozin</i>	13
<i>oxazepam</i>	51
<i>oxcarbazepine</i>	25
<i>oxybutynin chloride</i>	80
<i>oxybutynin chloride er</i>	80
<i>oxycodone hcl</i>	14
<i>oxycodone hcl er</i>	13
<i>oxycodone-acetaminophen</i> ...	14
OZEMPIC (0.25 OR 0.5	
MG/DOSE).....	54
OZEMPIC (1 MG/DOSE)....	54
OZEMPIC (2 MG/DOSE)....	54
P	
<i>paliperidone er</i>	45
PANRETIN.....	73
<i>pantoprazole sodium</i>	79
PANZYGA.....	90
<i>paricalcitol</i>	97
<i>paroxetine hcl</i>	27, 28
PAXLOVID (150/100).....	51
PAXLOVID (300/100).....	51

<i>pazopanib hcl</i>	39
PEDIARIX.....	95
PEDVAX HIB.....	95
<i>peg 3350-kcl-na bicarb-nacl</i> 78	
<i>peg-3350/electrolytes</i>	78
PEGASYS.....	92
PEMAZYRE.....	39
PENBRAYA.....	95
<i>penicillamine</i>	81
<i>penicillin g pot in dextrose</i> ...	19
<i>penicillin g potassium</i>	19
<i>penicillin g sodium</i>	19
<i>penicillin v potassium</i>	19
PENTACEL.....	95
<i>pentamidine isethionate</i>	42
<i>pentoxifylline er</i>	64
<i>perindopril erbumine</i>	60
PERIOGARD.....	69
<i>permethrin</i>	73
<i>perphenazine</i>	44
<i>phenelzine sulfate</i>	27
<i>phenobarbital</i>	22, 23
<i>phenytoin</i>	25
<i>phenytoin sodium extended</i> ...	25
PIFELTRO.....	49
<i>pilocarpine hcl</i>	69, 101
<i>pimecrolimus</i>	72
<i>pimozide</i>	44
PIMTREA.....	86
<i>pindolol</i>	61
<i>pioglitazone hcl</i>	54
<i>pioglitazone hcl-metformin hcl</i>	
.....	54
<i>piperacillin sod-tazobactam so</i>	
.....	19
PIQRAY (200 MG DAILY	
DOSE).....	39
PIQRAY (250 MG DAILY	
DOSE).....	39
PIQRAY (300 MG DAILY	
DOSE).....	39
<i>pirfenidone</i>	104
<i>piroxicam</i>	13
<i>pitavastatin calcium</i>	66
PLASMA-LYTE A.....	74
<i>podofilox</i>	73
<i>polymyxin b-trimethoprim</i> ...	98
POMALYST.....	34
PORTIA-28.....	86
<i>posaconazole</i>	31
<i>potassium chloride</i>	74

<i>potassium chloride crys er</i> ... 74	PULMOZYME..... 104	<i>rizatriptan benzoate</i> 32
<i>potassium chloride er</i> 74	PURIXAN 34	ROCKLATAN 101
<i>potassium chloride in nacl</i> ... 74	<i>pyrazinamide</i> 33	<i>roflumilast</i> 104
<i>potassium citrate er</i> 75	<i>pyridostigmine bromide</i> 32	<i>ropinirole hcl</i> 43
<i>potassium cl in dextrose 5%</i> . 75	Q	<i>rosuvastatin calcium</i> 66
<i>pramipexole dihydrochloride</i> 42	QINLOCK 39	ROTARIX 96
<i>prasugrel hcl</i> 59	QUADRACEL 96	ROTATEQ 96
<i>pravastatin sodium</i> 66	<i>quetiapine fumarate</i> 46	ROZLYTREK 39
<i>prazosin hcl</i> 59	<i>quetiapine fumarate er</i> 45	RUBRACA..... 39
<i>prednisolone</i> 81	<i>quinapril hcl</i> 60	<i>rufinamide</i> 25
<i>prednisolone acetate</i> 100	<i>quinidine sulfate</i> 60	RUKOBIA..... 50
<i>prednisolone sodium</i>	<i>quinine sulfate</i> 42	RYBELSUS..... 54
<i>phosphate</i> 81, 100	R	RYDAPT 39
<i>prednisone</i> 81, 82	RABAVERT 96	RYTARY..... 43
PREDNISON INTENSOL 81	<i>raloxifene hcl</i> 98	S
<i>preferred plus insulin syringe</i>	<i>ramipril</i> 60	SANTYL 73
..... 57	<i>ranolazine er</i> 64	<i>sapropterin dihydrochloride</i> . 79
<i>pregabalin</i> 68, 69	<i>rasagiline mesylate</i> 43	SAVELLA..... 69
PREHEVBRIO..... 95	RAVICTI..... 79	SAVELLA TITRATION
PREMARIN 83	RECLIPSEN..... 86	PACK 69
PREMASOL 76	RECOMBIVAX HB..... 96	SCEMBLIX..... 39
PREMPHASE 86	RECTIV..... 67	<i>scopolamine</i> 29
PREMPRO 86	REGRANEX 73	SECUADO 46
<i>prenatal</i> 76	RELENZA DISKHALER ... 51	<i>selegiline hcl</i> 43
PREVYMIS..... 47	RELI-ON INSULIN	<i>selenium sulfide</i> 72
PREZCOBIX..... 50	SYRINGE..... 57	SELZENTRY 50
PREZISTA 50, 51	<i>repaglinide</i> 54	SEREVENT DISKUS 103
PRIFTIN..... 33	REPATHA..... 66	<i>sertraline hcl</i> 28
<i>primaquine phosphate</i> 42	REPATHA PUSHTRONEX	SETLAKIN..... 86
<i>primidone</i> 23	SYSTEM 66	<i>sevelamer carbonate</i> 76, 77
PRIORIX..... 95	REPATHA SURECLICK ... 67	SHAROBEL 88
PRIVIGEN 90	RETACRIT 58	SHINGRIX 96
<i>probenecid</i> 31	RETEVMO..... 39	SIGNIFOR..... 89
<i>prochlorperazine</i> 29	REXULTI..... 46	<i>sildenafil citrate</i> 104
<i>prochlorperazine maleate</i> ... 29	REYATAZ 51	<i>silodosin</i> 81
PROCTO-MED HC 72	REZLIDHIA..... 39	<i>silver sulfadiazine</i> 73
PROCTOSOL HC 72	REZUROCK 94	SIMBRINZA 101
PROCTOZONE-HC..... 72	RHOPRESSA..... 101	<i>simvastatin</i> 66
<i>progesterone</i> 88	<i>ribavirin</i> 47	<i>sirolimus</i> 94
PROGRAF 93	<i>rifabutin</i> 33	SIRTURO 33
PROLASTIN-C..... 79	<i>rifampin</i> 33	SKYRIZI 91
PROLIA 98	<i>riluzole</i> 68	SKYRIZI PEN..... 91
PROMACTA..... 58	<i>rimantadine hcl</i> 51	<i>sodium chloride</i> 75
<i>promethazine hcl</i> 29	RINVOQ 91	<i>sodium fluoride</i> 75
<i>propafenone hcl</i> 60	<i>risedronate sodium</i> 98	<i>sodium oxybate</i> 106
<i>propranolol hcl</i> 32, 61	RISPERDAL CONSTA 46	<i>sodium polystyrene sulfonate</i> 75
<i>propranolol hcl er</i> 32, 61	<i>risperidone</i> 46	<i>sofosbuvir-velpatasvir</i> 47
<i>propylthiouracil</i> 90	<i>ritonavir</i> 51	SOHONOS 79
PROQUAD 96	<i>rivastigmine</i> 26	<i>solifenacin succinate</i> 80
PROSOL 76	<i>rivastigmine tartrate</i> 26	SOLIQUA..... 57
<i>protriptyline hcl</i> 28	RIVFLOZA 81	SOLTAMOX..... 34

SOMAVERT.....	89	<i>tamsulosin hcl</i>	81	<i>tolterodine tartrate</i>	80
<i>sorafenib tosylate</i>	40	TARINA FE 1/20 EQ.....	86	<i>tolterodine tartrate er</i>	80
<i>sotalol hcl</i>	60	TASIGNA	40	<i>tolvaptan</i>	75
<i>sotalol hcl (af)</i>	60	TAVNEOS	91	<i>topiramate</i>	32
SPIRIVA RESPIMAT	103	<i>tazarotene</i>	70	<i>topiramate er</i>	32
<i>spironolactone</i>	65	TAZORAC	70	<i>toremifene citrate</i>	34
<i>spironolactone-hctz</i>	64	TAZTIA XT	62	<i>toremide</i>	65
SPRINTEC 28.....	86	TAZVERIK	40	TOUJEO MAX SOLOSTAR	
SPRITAM	23	TDVAX.....	96	.....	57
SPRYCEL	40	TEFLARO	18	TOUJEO SOLOSTAR	57
SPS	75	TEGSEDI	79	TPN ELECTROLYTES	76
SRONYX	86	<i>telmisartan</i>	59	<i>tramadol hcl</i>	14
SSD	73	<i>telmisartan-amlodipine</i>	64	<i>tramadol-acetaminophen</i>	14
STELARA.....	91	<i>telmisartan-hctz</i>	64	<i>trandolapril</i>	60
STIVARGA.....	40	<i>temazepam</i>	106	<i>trandolapril-verapamil hcl er</i>	
STRIBILD.....	48	TENIVAC	96	.....	64
SUBOXONE.....	15	<i>tenofovir disoproxil fumarate</i>		<i>tranexamic acid</i>	58
<i>sucralfate</i>	78	.....	49	<i>tranylcypramine sulfate</i>	27
<i>sulfacetamide sodium</i>	99	TEPMETKO.....	40	TRAVASOL.....	76
<i>sulfacetamide sodium (acne)</i> 21		<i>terazosin hcl</i>	59	<i>travoprost (bak free)</i>	101
<i>sulfacetamide-prednisolone</i> .99		<i>terbinafine hcl</i>	31	<i>trazodone hcl</i>	28
<i>sulfadiazine</i>	21	<i>terbutaline sulfate</i>	103	TRECTOR	33
<i>sulfamethoxazole-trimethoprim</i>		<i>terconazole</i>	31	TRELEGY ELLIPTA.....	105
.....	21	<i>teriparatide (recombinant)</i> ..	98	TRELSTAR MIXJECT	89
<i>sulfasalazine</i>	97	<i>testosterone</i>	82	TRESIBA	57
<i>sulindac</i>	13	<i>testosterone cypionate</i>	82	TRESIBA FLEXTOUCH.....	57
<i>sumatriptan</i>	32	<i>testosterone enanthate</i>	82	<i>tretinoin</i>	41, 70
<i>sumatriptan succinate</i>	32	<i>tetrabenazine</i>	68	TREXALL.....	94
<i>sumatriptan succinate refill</i> ..	32	<i>tetracycline hcl</i>	21	<i>triamcinolone acetonide</i> .69, 72	
<i>sunitinib malate</i>	40	THALOMID.....	34	<i>triamterene-hctz</i>	64
SUNLENCA.....	50	<i>theophylline er</i>	104	<i>trientine hcl</i>	75
SUTAB.....	78	<i>thioridazine hcl</i>	44	TRI-ESTARYLLA	86
SYEDA	86	<i>thiothixene</i>	44	<i>trifluoperazine hcl</i>	44
SYMDEKO	104	TIADYLT ER.....	62	<i>trifluridine</i>	48
SYMLINPEN 120.....	54	<i>tiagabine hcl</i>	24	<i>trihexyphenidyl hcl</i>	42
SYMLINPEN 60.....	54	TIBSOVO.....	40	TRIKAFTA	104
SYMPAZAN.....	24	TICOVAC	96	<i>trimethoprim</i>	17
SYMTUZA	48	<i>tigecycline</i>	16	TRI-MILI.....	87
SYNAREL	89	<i>timolol maleate</i>	61, 100	<i>trimipramine maleate</i>	29
SYNJARDY	54	<i>timolol maleate (once-daily)</i>		TRINTELLIX.....	28
SYNJARDY XR	54	.....	100	TRI-NYMYO	87
SYNTHROID.....	88	<i>tinidazole</i>	17	TRI-SPRINTEC	87
T		<i>tiotropium bromide</i>		TRIUMEQ.....	50
TABLOID	34	<i>monohydrate</i>	103	TRIUMEQ PD.....	50
TABRECTA.....	40	TIVICAY.....	48	TRIVORA (28).....	87
<i>tacrolimus</i>	72, 94	TIVICAY PD	48	TRI-VYLIBRA.....	87
TAFINLAR	40	<i>tizanidine hcl</i>	47	TRIZIVIR	49
TAGRISSE	40	TOBI PODHALER	104	TROPHAMINE.....	76
TAKHZYRO.....	90	<i>tobramycin</i>	99, 104	<i>tropium chloride</i>	80
TALZENNA.....	40	<i>tobramycin sulfate</i>	15	<i>tropium chloride er</i>	80
<i>tamoxifen citrate</i>	34	<i>tobramycin-dexamethasone</i> ..	99	TRULICITY	54

TRUMENBA	96	VERZENIO	40	XPOVIO (40 MG ONCE	
TRUQAP.....	40	VESTURA.....	87	WEEKLY).....	35
TUKYSA.....	40	VICTOZA	54	XPOVIO (40 MG TWICE	
TURALIO	40	VIENVA.....	87	WEEKLY).....	35
TURQOZ.....	87	<i>vigabatrin</i>	24	XPOVIO (60 MG ONCE	
TWINRIX.....	96	VIGADRONE	24	WEEKLY).....	35
TYBOST	50	VIGPODER.....	24	XPOVIO (60 MG TWICE	
TYMLOS	98	VIJOICE.....	79	WEEKLY).....	35
TYPHIM VI	96	<i>vilazodone hcl</i>	28	XPOVIO (80 MG ONCE	
U		VIRACEPT	51	WEEKLY).....	35
UBRELVY	32	VIREAD.....	49	XPOVIO (80 MG TWICE	
UNITHROID.....	88	VITRAKVI.....	40, 41	WEEKLY).....	35
<i>ursodiol</i>	78	VIVITROL	14	XTANDI.....	33, 34
V		VIZIMPRO.....	41	XULTOPHY.....	54
<i>valacyclovir hcl</i>	48	VONJO.....	41	XURIDEN	79
VALCHLOR.....	33	<i>voriconazole</i>	31	Y	
<i>valganciclovir hcl</i>	47	VOSEVI	47	YF-VAX	97
<i>valproic acid</i>	23	VRAYLAR.....	46	YONSA	34
<i>valsartan</i>	59	VYFEMLA.....	87	Z	
<i>valsartan-hydrochlorothiazide</i>		VYLIBRA	87	<i>zafirlukast</i>	102
.....	64	VYNDAMAX	79	<i>zaleplon</i>	106
VALTOCO 10 MG DOSE... 24		VYZULTA	101	ZARXIO.....	58
VALTOCO 15 MG DOSE... 24		W		ZEJULA	41
VALTOCO 20 MG DOSE... 24		<i>warfarin sodium</i>	58	ZELBORAF	41
VALTOCO 5 MG DOSE.... 24		WELIREG.....	35	ZEMDRI.....	15
<i>vancomycin hcl</i>	17	X		ZENPEP	80
VANFLYTA	40	XALKORI	41	<i>zidovudine</i>	49
VAQTA.....	96	XARELTO	58	ZIEXTENZO.....	58
<i>varenicline tartrate</i>	15	XARELTO STARTER PACK		ZILBRYSQ.....	91
<i>varenicline tartrate (starter)</i> 15		.....	58	ZIMHI.....	15
VARIVAX	97	XATMEP.....	35	<i>ziprasidone hcl</i>	46
VARUBI (180 MG DOSE).. 29		XCOPRI	23	<i>ziprasidone mesylate</i>	46
VASCEPA.....	67	XCOPRI (250 MG DAILY		ZIRGAN	47
VELIVET	87	DOSE)	23	ZOKINVY	80
VELPHORO.....	77	XCOPRI (350 MG DAILY		ZOLINZA.....	35
VEMLIDY	47	DOSE)	23	<i>zolmitriptan</i>	32
VENCLEXTA.....	40	XDEMVY	99	<i>zolpidem tartrate</i>	106
VENCLEXTA STARTING		XERMELO.....	77	ZONISADE	23
PACK	40	XGEVA	98	<i>zonisamide</i>	23
<i>venlafaxine besylate er</i>	28	XIFAXAN	17	ZOVIA 1/35 (28).....	87
<i>venlafaxine hcl</i>	28	XOFLUZA (40 MG DOSE). 51		ZTALMY	23
<i>venlafaxine hcl er</i>	28	XOFLUZA (80 MG DOSE). 51		ZURZUVAE.....	26
VENTOLIN HFA.....	103	XOLAIR.....	91	ZYDELIG.....	41
<i>verapamil hcl</i>	63	XOSPATA.....	41	ZYKADIA.....	41
<i>verapamil hcl er</i>	63	XPOVIO (100 MG ONCE		ZYPREXA RELPREVV	46
VERQUVO	65	WEEKLY).....	35		
VERSACLOZ	47				

This formulary was updated on 04/18/2024. For more recent information or other questions, please contact Alterwood Advantage Member Service 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

Quality Care. Better Health.

This formulary was updated on 04/18/2024. For more recent information or other questions, please contact Alterwood Advantage Member Services, 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 is an HMO and HMO-SNP with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in Alterwood Advantage depends on contract renewal.

The Formulary may change at any time. You will receive notice when necessary.

Benefits, formulary, pharmacy network, provider network, premium and/or copay/coinsurance may change on January 1 of each year. Member premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

This information is available for free in other languages. Please call our Member Services number at 1-866-267-3144 or (TTY users should call 711), 24 hours a day, 7 days a week. Member Services also has free language interpreter services available for non-English speakers.

You must generally use network pharmacies to use your prescription drug benefit.