



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

HPMS Approved Formulary File Submission ID: 00025487

This formulary was updated on 05/27/2025. For more recent information or other questions, please contact Alterwood Advantage at 1-866-267-3144 (TTY users should call 711), 24 hours a day, 7 days a week, or visit www.AlterwoodAdvantage.com.

Alterwood Advantage Dual Secure (HMO DSNP) & Alterwood Advantage Dual Value (HMO DSNP) 2025 Formulary (List of Covered Drugs)

Alterwood Advantage Dual Secure and
Alterwood Advantage Dual Value
2025 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 00025487

This formulary was updated on 05/27/2025. 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, Inc. When it refers to “plan” or “our plan,” it means Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value.

This document includes Drug List (formulary) for our plan which is current as of 05/27/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value formulary?

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

June 2025
H9306_25_DRS_001_003_OE_C

prescription therapies believed to be a necessary part of a quality treatment program. Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value 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 Dual Secure and Alterwood Advantage Dual Value 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 Dual Secure and Alterwood Advantage Dual Value, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

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

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of 05/27/2025. To get updated information about the drugs covered by Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value 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 13. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR AGENTS. If you know what your drug is used for, look for the category name in the list that begins on page 11. 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 157. 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 Dual Secure and Alterwood Advantage Dual Value covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value before you fill your prescriptions. If you don’t get approval, Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value may not cover the drug.
- **Quantity Limits:** For certain drugs, Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value limits the amount of the drug that Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value will cover. For example, Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value provides 90 tablets per prescription for *valsartan tablet 80mg*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value 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 Dual Secure and Alterwood Advantage Dual Value may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value 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 13. 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 Dual Secure and Alterwood Advantage Dual Value to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Alterwood Advantage

Dual Secure and Alterwood Advantage Dual Value’s formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value 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 Dual Secure and Alterwood Advantage Dual Value. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value.
- You can ask Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value 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 Dual Secure and Alterwood Advantage Dual Value’s Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value 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 Dual Secure and Alterwood Advantage Dual Value will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 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 Dual Secure and Alterwood Advantage Dual Value 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 Dual Secure and Alterwood Advantage Dual Value prescription drug coverage, please review your Evidence of Coverage and other plan materials.

June 2025

H9306_25_DRS_001_003_OE_C

If you have questions about Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, 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 Dual Secure and Alterwood Advantage Dual Value Formulary

The formulary provides coverage information about the drugs covered by Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value . If you have trouble finding your drug in the list, turn to the Index that begins on page 157.

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

The information in the Requirements/Limits column tells you if Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value 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 10.

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 \$12.15 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Your 2025 Part D copay varies depending on the “extra help” you receive and the type of drug (i.e., generic drugs or all other drugs). Also, the allowed drug days supply varies depending on where you get your drug(s) – see table below.

For generic drugs (including brand drugs treated as a generic):	
<i>Copays*</i>	<i>Drug Days Supply**</i>
\$0, \$1.60, or \$4.90	Retail and Mail Order: Up to 90 days Long Term Care (LTC): Up to 31 days Out-of-Network (OON): Up to 10 days
For all other drugs:	
<i>Copays*</i>	<i>Drug Days Supply**</i>
\$0, \$4.80, or \$12.15	Retail and Mail Order: Up to 90 days LTC: Up to 31 days OON: Up to 10 days
*Copay varies based on the “extra help” you receive. You will pay the lower of the cost of your prescription or your copay described above. Once you reach the Catastrophic Coverage stage, you will pay \$0. **LTC drugs greater than a 31-day supply and OON drugs greater than a 10-day supply are not covered.	

The following abbreviations can be found in the Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value formulary:

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

2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value Formulary

(List of Covered Drugs)

List of Drugs by Medical Condition

ANALGESICS	13
ANESTHETICS	15
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	15
ANTIANXIETY AGENTS	16
ANTIBACTERIALS	17
ANTICANCER AGENTS	23
ANTICONVULSANTS	36
ANTIDEMENTIA AGENTS	40
ANTIDEPRESSANTS	40
ANTIDIABETIC AGENTS	43
ANTIFUNGALS	47
ANTIGOUT AGENTS	49
ANTI HISTAMINES	49
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)	49
ANTIMIGRAINE AGENTS	49
ANTIMYCOBACTERIALS	50
ANTINAUSEA AGENTS	51
ANTIPARASITE AGENTS	51
ANTIPARKINSONIAN AGENTS	52
ANTIPSYCHOTIC AGENTS	53
ANTIVIRALS (SYSTEMIC)	59
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	63
CALORIC AGENTS	65
CARDIOVASCULAR AGENTS	66
CENTRAL NERVOUS SYSTEM AGENTS	73
CONTRACEPTIVES	76
DENTAL AND ORAL AGENTS	81
DERMATOLOGICAL AGENTS	82

DEVICES	85
ENZYME COFACTORS/CHAPERONES	127
ENZYME REPLACEMENT/MODIFIERS	127
EYE, EAR, NOSE, THROAT AGENTS.....	127
GASTROINTESTINAL AGENTS.....	130
GENITOURINARY AGENTS.....	132
HEAVY METAL ANTAGONISTS.....	133
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING	133
IMMUNOLOGICAL AGENTS.....	137
INFLAMMATORY BOWEL DISEASE AGENTS.....	146
METABOLIC BONE DISEASE AGENTS	147
MISCELLANEOUS THERAPEUTIC AGENTS	147
OPHTHALMIC AGENTS	148
REPLACEMENT PREPARATIONS	149
RESPIRATORY TRACT AGENTS	150
SKELETAL MUSCLE RELAXANTS.....	154
SLEEP DISORDER AGENTS.....	154
VASODILATING AGENTS	154
VITAMINS AND MINERALS	155

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	1	NDS; QL (90 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML	1	NDS; QL (700 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML	1	NDS; QL (300 per 30 days)
MORPHINE SULFATE ORAL TABLET 15 MG	1	NDS; QL (180 per 30 days)
MORPHINE SULFATE ORAL TABLET 30 MG	1	NDS; QL (120 per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	1	NDS; QL (180 per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	1	NDS; QL (180 per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg</i>	1	NDS; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	NDS; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	NDS; QL (240 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	NDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	NDS; QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL (60 per 30 days)
<i>diclofenac epolamine external patch 1.3 %</i>	1	PA; NDS; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium external gel 1 %</i>	1	NDS; QL (1000 per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	1	NDS; QL (300 per 30 days)
<i>diclofenac sodium external solution 2 %</i>	1	PA; NDS; QL (224 per 28 days)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	QL (60 per 30 days)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>ec-naproxen tablet delayed release 375 mg oral</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
FLURBIPROFEN ORAL TABLET 50 MG	1	
<i>ibu oral tablet 400 mg</i>	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral tablet 400 mg</i>	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	NDS; QL (20 per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
ANESTHETICS		
Local Anesthetics		
<i>glydo external prefilled syringe 2 %</i>	1	NDS; QL (30 per 30 days)
<i>lidocaine external ointment 5 %</i>	1	PA; NDS; QL (240 per 30 days)
<i>lidocaine external patch 5 %</i>	1	PA; NDS; QL (90 per 30 days)
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	1	NDS; QL (30 per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	NDS
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	PA; NDS; QL (30 per 30 days)
<i>lidocan external patch 5 %</i>	1	PA; NDS; QL (90 per 30 days)
ZTLIDO EXTERNAL PATCH 1.8 %	1	PA; NDS; QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
APO-VARENICLINE TABLET 1 MG ORAL	1	NDS; QL (336 per 365 days)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	NDS; QL (90 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	NDS; QL (60 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	NDS; QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	NDS; QL (90 per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	NDS
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML	1	NDS; QL (4 per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	NDS
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	NDS
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	NDS
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	NDS; QL (4 per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>	1	NDS
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	NDS; QL (240 per 180 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	NDS
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg (56 pack)</i>	1	NDS; QL (336 per 365 days)
VARENICLINE TARTRATE ORAL TABLET 1 MG	1	NDS; QL (336 per 365 days)
ANTIANXIETY AGENTS		
<i>Benzodiazepines</i>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	NDS; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	NDS; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	NDS; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	NDS; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	NDS; QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	NDS; QL (90 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet dispersible 2 mg</i>	1	NDS; QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	NDS; QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	NDS; QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	NDS; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	NDS; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	NDS; QL (120 per 30 days)
<i>diazepam solution 5 mg/ml injection</i>	1	NDS
<i>lorazepam concentrate 2 mg/ml oral</i>	1	NDS; QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	NDS; QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	NDS; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	NDS; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	NDS; QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	1	NDS; QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	1	NDS; QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	1	NDS; QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	1	NDS; QL (60 per 30 days)
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	NDS
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA; NDS; QL (235.2 per 28 days)
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	NDS
<i>neomycin sulfate oral tablet 500 mg</i>	1	NDS
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	NDS
TOBI PODHALER INHALATION CAPSULE 28 MG	1	QL (224 per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	PA BvD
<i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i>	1	PA BvD; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	NDS
Antibacterials, Miscellaneous		

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	NDS
<i>cefdinir oral capsule 300 mg</i>	1	NDS
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	NDS
<i>cefepime hcl injection solution reconstituted 1 gm</i>	1	NDS
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	NDS
<i>cefixime oral capsule 400 mg</i>	1	NDS
<i>cefloxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	NDS
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	NDS
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	NDS
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	NDS
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	1	NDS
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	NDS
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	NDS
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	NDS
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	1	NDS
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	NDS
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	NDS
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	NDS
<i>tazicef injection solution reconstituted 1 gm</i>	1	NDS
<i>tazicef intravenous solution reconstituted 2 gm</i>	1	NDS
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	1	NDS
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	NDS
Macrolides		

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	NDS
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	NDS
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	NDS
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	NDS
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	NDS
DIFICID ORAL TABLET 200 MG	1	NDS; QL (20 per 10 days)
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	NDS
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	NDS
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	1	NDS
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA; NDS
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	NDS
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	NDS
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	NDS
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	NDS
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	NDS
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	NDS
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	NDS
<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>	1	NDS
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	NDS
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin oral capsule 500 mg</i>	1	NDS
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	NDS
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	NDS
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	NDS
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	NDS
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	NDS
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	NDS
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	1	NDS
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	1	
<i>naftillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	NDS
<i>naftillin sodium intravenous solution reconstituted 10 gm</i>	1	NDS
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	NDS
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	NDS
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	NDS
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	NDS
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	NDS
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	1	NDS
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	1	NDS
<i>levofloxacin oral solution 25 mg/ml</i>	1	NDS
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	NDS
MOXIFLOXACIN HCL IN NACL INTRAVENOUS SOLUTION 400 MG/250ML	1	NDS
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	NDS
MOXIFLOXACIN HCL SOLUTION 400 MG/250ML INTRAVENOUS	1	NDS
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	1	NDS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	NDS
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	NDS
Tetracyclines		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	NDS
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	1	NDS
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	1	NDS
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	NDS
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	NDS
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	NDS
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	NDS; QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	NDS
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	NDS
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide oral tablet 50 mg</i>	1	NDS
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML	1	PA NSO; NDS; QL (75 per 28 days)
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	1	NDS
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg</i>	1	PA NSO; NDS
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML	1	PA NSO; NDS
BOSULIF ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL TABLET 100 MG	1	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA NSO; NDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA NSO; NDS; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA NSO; NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	1	PA NSO; NDS; QL (63 per 28 days)
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	PA BvD; NDS
<i>cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml</i>	1	PA BvD; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	1	PA BvD; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	1	PA BvD; ST; NDS
<i>cyclophosphamide oral capsule 50 mg</i>	1	PA BvD; ST; NDS
<i>cyclophosphamide oral tablet 25 mg</i>	1	PA BvD; ST; NDS
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	PA BvD; ST; NDS
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	1	PA NSO; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA NSO; NDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	1	PA NSO; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i>	1	PA NSO; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	PA NSO; NDS
DAURISMO ORAL TABLET 100 MG	1	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous solution reconstituted 50 mg</i>	1	NDS
<i>doxorubicin hcl liposomal intravenous suspension 2 mg/ml</i>	1	PA BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML	1	PA NSO; NDS
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML	1	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 76 MG/1.9ML	1	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	1	NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	1	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	1	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	1	PA NSO; NDS; QL (28 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
ERLEADA ORAL TABLET 240 MG	1	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 25 mg</i>	1	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib hcl oral tablet 150 mg</i>	1	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	NDS
<i>etoposide intravenous solution 100 mg/5ml</i>	1	NDS
EULEXIN ORAL CAPSULE 125 MG	1	NDS
<i>everolimus oral tablet 10 mg</i>	1	PA NSO; NDS; QL (56 per 28 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	1	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i>	1	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	1	PA BvD; NDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA BvD; NDS
<i>floxuridine injection solution reconstituted 0.5 gm</i>	1	PA BvD; NDS
<i>fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml</i>	1	PA BvD; NDS
FLUTAMIDE ORAL CAPSULE 125 MG	1	NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA NSO; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	1	NDS
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	1	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	1	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	NDS
GOMEKLI ORAL CAPSULE 1 MG	1	PA NSO; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA NSO; NDS; QL (112 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI ORAL TABLET SOLUBLE 1 MG	1	PA NSO; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	1	PA NSO; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i>	1	NDS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	1	NDS
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	1	NDS
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA NSO; NDS; QL (180 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA NSO; NDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA NSO; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	1	PA NSO; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	1	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	1	PA NSO; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA NSO; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	1	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	1	PA NSO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	1	PA NSO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	1	PA NSO; QL (240 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	1	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA BvD; ST; NDS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	1	PA NSO; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	1	PA NSO; NDS; QL (2 per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; NDS; QL (21 per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; NDS; QL (42 per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; NDS; QL (63 per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; NDS; QL (91 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	1	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA NSO; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA NSO; NDS; QL (180 per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	1	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA NSO; NDS; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA NSO; NDS; QL (28 per 28 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA NSO; NDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA NSO; NDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA NSO; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA NSO; NDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA NSO; NDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA NSO; NDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA NSO; NDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	1	NDS
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA NSO; NDS
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA NSO; NDS
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	1	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	1	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	1	PA NSO; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	1	PA NSO; NDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	1	PA NSO; NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	1	PA NSO; NDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA NSO; NDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA NSO; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; NDS; QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
LYSODREN ORAL TABLET 500 MG	1	NDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; NDS; QL (140 per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; NDS; QL (140 per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	1	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	1	NDS
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	NDS
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	1	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; NDS; QL (180 per 30 days)
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	1	NDS
<i>mercaptopurine oral tablet 50 mg</i>	1	NDS
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	NDS
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML	1	NDS
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	NDS
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	PA BvD; ST; NDS
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml</i>	1	NDS
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	1	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	1	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	1	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	1	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	1	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA NSO; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	1	PA NSO; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML	1	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	1	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	1	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA NSO; NDS; QL (90 per 30 days)
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	1	PA BvD; NDS
<i>pazopanib hcl oral tablet 200 mg</i>	1	PA NSO; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; NDS; QL (30 per 30 days)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML, 850 MG/34ML	1	NDS
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	1	NDS
<i>pemetrexed ditromethamine intravenous solution reconstituted 100 mg, 500 mg</i>	1	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; NDS; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA NSO; NDS; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA NSO; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	1	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA NSO; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	1	PA NSO; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	1	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA NSO; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA NSO; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA NSO; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA NSO; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA NSO; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	1	PA NSO; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA NSO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PACKET 50 MG	1	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA NSO; NDS
RYBREVA INTRAVENOUS SOLUTION 350 MG/7ML	1	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; NDS; QL (224 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>toremifene citrate oral tablet 60 mg</i>	1	
<i>torpenz oral tablet 10 mg</i>	1	PA NSO; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA NSO; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO; NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA NSO; NDS
<i>tretinoin oral capsule 10 mg</i>	1	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA NSO; NDS; QL (64 per 28 days)
TRUQAP TABLET THERAPY PACK 160 MG ORAL	1	PA NSO; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	1	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	1	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA NSO; NDS
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; NDS; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA NSO; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NDS; QL (56 per 28 days)
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	1	NDS
VITRAKVI ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS SOLUTION 100 MG/4ML	1	PA NSO; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	1	PA NSO; NDS
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 300 MG	1	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	1	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	1	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	1	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	1	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA BvD; ST; NDS
XOSPATA ORAL TABLET 40 MG	1	PA NSO; NDS; QL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA NSO; NDS; QL (8 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	1	PA NSO; NDS; QL (16 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; NDS; QL (4 per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; NDS; QL (8 per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA NSO; NDS; QL (4 per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA NSO; NDS; QL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; NDS; QL (8 per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	1	PA NSO; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
YONSA ORAL TABLET 125 MG	1	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	1	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	PA NSO; NDS
ZOLINZA ORAL CAPSULE 100 MG	1	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	1	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML	1	PA NSO; NDS; QL (20 per 28 days)
ANTICONVULSANTS		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	1	ST; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	ST; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	1	NDS; QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	1	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	QL (60 per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	QL (480 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	1	PA NSO; QL (180 per 30 days)
DIACOMIT ORAL PACKET 250 MG	1	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL PACKET 500 MG	1	PA NSO; QL (180 per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	NDS
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA NSO
<i>epitol oral tablet 200 mg</i>	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	1	ST
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA NSO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>	1	NDS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 8 MG	1	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	ST; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20ml</i>	1	NDS; QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i>	1	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	1	NDS
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i>	1	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	1	NDS; QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i>	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	1	NDS; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenytek oral capsule 200 mg, 300 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>phenytoin sodium injection solution 50 mg/ml</i>	1	NDS
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	ST
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	PA BvD; NDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	1	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	PA NSO; QL (60 per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 100 mg/ml</i>	1	NDS
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	1	NDS; QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	1	NDS; QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	1	NDS; QL (10 per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	NDS; QL (10 per 30 days)
<i>vigabatrin oral packet 500 mg</i>	1	PA NSO; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	1	PA NSO; QL (180 per 30 days)
<i>vigadrone oral packet 500 mg</i>	1	PA NSO; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i>	1	PA NSO; QL (180 per 30 days)
<i>vigpoder oral packet 500 mg</i>	1	PA NSO; QL (180 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	1	QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET 150 MG, 200 MG	1	QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	1	NDS
ZONISADE ORAL SUSPENSION 100 MG/5ML	1	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA NSO; QL (1080 per 30 days)
ANTIDEMENTIA AGENTS		
Antidementia Agents		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	QL (30 per 30 days)
donepezil hcl oral tablet dispersible 10 mg	1	
donepezil hcl oral tablet dispersible 5 mg	1	QL (30 per 30 days)
ergoloid mesylates oral tablet 1 mg	1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	QL (30 per 30 days)
galantamine hydrobromide oral solution 4 mg/ml	1	QL (200 per 30 days)
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	QL (60 per 30 days)
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	1	ST; QL (30 per 30 days)
memantine hcl oral solution 2 mg/ml	1	QL (300 per 30 days)
memantine hcl oral tablet 10 mg, 5 mg	1	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1	QL (30 per 30 days)
ANTIDEPRESSANTS		
Antidepressants		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	1	ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	QL (30 per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	1	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	1	ST; QL (30 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	ST; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	ST; NDS
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
NEFAZODONE HCL ORAL TABLET 100 MG	1	
<i>nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nefazodone hcl tablet 100 mg oral</i>	1	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	
RALDESY ORAL SOLUTION 10 MG/ML	1	PA NSO; QL (1200 per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	1	PA NSO
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	1	PA NSO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	1	QL (90 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA NSO; NDS; QL (14 per 14 days)
ANTIDIABETIC AGENTS		
<i>Antidiabetic Agents, Miscellaneous</i>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
FARXIGA ORAL TABLET 10 MG, 5 MG	1	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	1	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	1	QL (30 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral solution 500 mg/5ml</i>	1	QL (765 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin hcl oral tablet 750 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days)
<i>mifepristone oral tablet 300 mg</i>	1	PA; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	1	PA; NDS; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML	1	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	1	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	1	PA; QL (3 per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	1	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	1	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	1	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	1	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	1	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	1	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)
FIASP INJECTION SOLUTION 100 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	1	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	1	max \$35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	1	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max \$35 copay per month supply
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	max \$35 copay per month supply
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN 70/30 RELION SUSPENSION (70- 30) 100 UNIT/ML SUBCUTANEOUS	1	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS	1	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION	1	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	max \$35 copay per month supply
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)
SOLQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	max \$35 copay per month supply

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	max \$35 copay per month supply
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	max \$35 copay per month supply
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	max \$35 copay per month supply
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	PA BvD; NDS
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	PA BvD; NDS
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	1	PA BvD; NDS
<i>ciclopirox external solution 8 %</i>	1	NDS; QL (19.8 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine external cream 0.77 %</i>	1	NDS; QL (180 per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	1	NDS; QL (180 per 30 days)
<i>clotrimazole external cream 1 %</i>	1	NDS
<i>clotrimazole external solution 1 %</i>	1	NDS
<i>clotrimazole mouth/throat troche 10 mg</i>	1	NDS
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	NDS; QL (90 per 30 days)
<i>econazole nitrate external cream 1 %</i>	1	NDS; QL (170 per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	NDS
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	NDS
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	NDS
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	NDS
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	NDS
<i>griseofulvin microsize oral tablet 500 mg</i>	1	NDS
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	NDS
GRISEOFULVIN ULTRAMICROSIZE ORAL TABLET 165 MG	1	NDS
<i>itraconazole oral capsule 100 mg</i>	1	NDS
<i>ketoconazole external cream 2 %</i>	1	NDS; QL (180 per 30 days)
<i>ketoconazole external shampoo 2 %</i>	1	NDS; QL (360 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	1	NDS
<i>miconazole sodium intravenous solution reconstituted 100 mg, 50 mg</i>	1	NDS
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG	1	NDS
<i>nyamyc external powder 100000 unit/gm</i>	1	NDS; QL (60 per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	1	NDS; QL (60 per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	1	NDS; QL (60 per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	1	NDS; QL (60 per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	1	PA; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	1	PA; QL (1.5 per 30 days)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	ST; NDS; QL (8 per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; QL (2 per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	NDS; QL (9 per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	1	PA; NDS; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; QL (30 per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	NDS; QL (18 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	NDS; QL (18 per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	NDS; QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	NDS; QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	NDS; QL (18 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	1	NDS; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	NDS; QL (5 per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	NDS; QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; NDS; QL (16 per 30 days)
ANTIMYCOBACTERIALS		
<i>Antimycobacterials</i>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	NDS
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	1	NDS
<i>pyrazinamide oral tablet 500 mg</i>	1	NDS
<i>rifabutin oral capsule 150 mg</i>	1	NDS
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	NDS
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	NDS
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; NDS
TRECTOR ORAL TABLET 250 MG	1	NDS
ANTINAUSEA AGENTS		
<i>Antinausea Agents</i>		
<i>aprepitant oral capsule 125 mg</i>	1	PA BvD; NDS; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	PA BvD; NDS; QL (1 per 28 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	PA BvD; NDS
<i>aprepitant oral capsule 80 mg</i>	1	PA BvD; NDS; QL (4 per 28 days)
<i>compro rectal suppository 25 mg</i>	1	NDS
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA; NDS; QL (60 per 30 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	NDS
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	PA BvD; NDS
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	PA BvD; NDS
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	1	NDS
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	NDS
<i>promethazine hcl injection solution 25 mg/ml</i>	1	NDS
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	NDS
<i>promethazine hcl rectal suppository 25 mg</i>	1	NDS
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	1	NDS
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	NDS; QL (10 per 30 days)
ANTIPARASITE AGENTS		
<i>Antiparasite Agents</i>		
<i>albendazole oral tablet 200 mg</i>	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone oral suspension 750 mg/5ml</i>	1	NDS
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	NDS
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	1	NDS
<i>hydroxychloroquine sulfate oral tablet 100 mg</i>	1	QL (180 per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	QL (90 per 30 days)
<i>hydroxychloroquine sulfate oral tablet 300 mg, 400 mg</i>	1	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i>	1	NDS
<i>ivermectin oral tablet 6 mg</i>	1	
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	NDS; QL (60 per 30 days)
<i>paromomycin sulfate oral capsule 250 mg</i>	1	NDS
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	PA BvD; NDS
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	1	NDS
<i>praziquantel oral tablet 600 mg</i>	1	NDS
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	1	NDS
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i>	1	PA; NDS
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	NDS
ANTIPARKINSONIAN AGENTS		
<i>Antiparkinsonian Agents</i>		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; NDS; QL (150 per 30 days)
KYNMOBI TITRATION KIT SUBLINGUAL KIT 10&15&20&25&30 MG	1	PA; NDS
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	1	PA; NDS; QL (30 per 30 days)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	1	PA; QL (560 per 28 days)
ANTIPSYCHOTIC AGENTS		
<i>Antipsychotic Agents</i>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	1	NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	1	NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	QL (1 per 26 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	1	QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST; NDS
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	NDS
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	NDS
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	1	NDS
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	NDS
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	1	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	1	NDS; QL (5 per 166 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	NDS; QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	1	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	1	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	1	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	1	NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30 per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	1	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA NSO; QL (30 per 30 days)
<i>molindone hcl oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>molindone hcl oral tablet 25 mg</i>	1	QL (270 per 30 days)
<i>molindone hcl oral tablet 5 mg</i>	1	QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; QL (30 per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	NDS; QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	1	ST
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>prochlorperazine edisylate solution 10 mg/2ml injection</i>	1	NDS
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	QL (30 per 30 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	1	QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	ST; QL (30 per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	1	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	1	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	1	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	1	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	1	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	1	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	1	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	ST; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST; NDS
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	NDS; QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	1	NDS; QL (2 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	1	NDS; QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)		
Antiretrovirals		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	
<i>abacavir sulfate oral tablet 300 mg</i>	1	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	1	NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	1	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	1	NDS
CIMDUO ORAL TABLET 300-300 MG	1	
COMPLERA ORAL TABLET 200-25-300 MG	1	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	1	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	
DOVATO ORAL TABLET 50-300 MG	1	
EDURANT ORAL TABLET 25 MG	1	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabine-tenofovir df oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	1	
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	
INTELENCE ORAL TABLET 25 MG	1	
ISENTRESS HD ORAL TABLET 600 MG	1	
ISENTRESS ORAL PACKET 100 MG	1	
ISENTRESS ORAL TABLET 400 MG	1	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	1	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	QL (90 per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	1	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG	1	
NORVIR ORAL SOLUTION 80 MG/ML	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	
PIFELTRO ORAL TABLET 100 MG	1	
PREZCOBIX ORAL TABLET 800-150 MG	1	
PREZISTA ORAL SUSPENSION 100 MG/ML	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 150 MG, 75 MG	1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	NDS
REYATAZ ORAL PACKET 50 MG	1	
<i>ritonavir oral tablet 100 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	
SUNLENCA ORAL TABLET 300 MG	1	NDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	1	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	1	PA BvD
SYMITUZA ORAL TABLET 800-150-200-10 MG	1	
TEMIXYS ORAL TABLET 300-300 MG	1	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	1	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	1	QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	1	
TRIZIVIR ORAL TABLET 300-150-300 MG	1	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	1	
VEMLIDY ORAL TABLET 25 MG	1	ST; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	
VIREAD ORAL POWDER 40 MG/GM	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	
VOCABRIA ORAL TABLET 30 MG	1	
<i>zidovudine oral capsule 100 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral syrup 50 mg/5ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	1	PA
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	NDS; QL (84 per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	1	NDS; QL (48 per 180 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	1	NDS; QL (42 per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	NDS; QL (540 per 180 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	1	NDS; QL (20 per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	NDS; QL (30 per 5 days)
PAXLOVID ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	1	NDS; QL (11 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; QL (28 per 28 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	1	NDS; QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PACKET 150-37.5 MG	1	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PACKET 200-50 MG	1	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	1	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PACKET 33.75-150 MG	1	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PACKET 45-200 MG	1	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	1	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; NDS; QL (28 per 28 days)
Interferons		
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA; NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	NDS
<i>acyclovir oral suspension 200 mg/5ml</i>	1	NDS
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	NDS
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD; NDS
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	NDS
<i>ribavirin oral tablet 200 mg</i>	1	NDS
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	NDS
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	1	QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	1	NDS
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (74 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	1	NDS; QL (60 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	1	NDS; QL (48 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	1	NDS; QL (18 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	1	NDS; QL (24 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	1	NDS; QL (36 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	1	NDS; QL (24 per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	NDS; QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	1	NDS; QL (12 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	1	NDS; QL (18 per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	NDS
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	1	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	NDS
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	1	PA; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	1	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	1	PA; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	1	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	1	PA; NDS
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA; NDS
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL PACKET 12.5 MG	1	PA; QL (90 per 30 days)
PROMACTA ORAL PACKET 25 MG	1	PA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	1	PA; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	1	PA; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	1	PA; NDS; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	1	PA; NDS; QL (4 per 28 days)
Hematologic Agents, Miscellaneous		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	NDS
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 50 mg, 75 mg</i>	1	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
CALORIC AGENTS		
Caloric Agents		
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	1	PA BvD; NDS
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	1	PA BvD; NDS
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	1	PA BvD; NDS
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	1	PA BvD; NDS
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	1	PA BvD; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose intravenous solution 5 %</i>	1	NDS
PROCALAMINE INTRAVENOUS SOLUTION 3 %	1	PA BvD; NDS
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agents		
<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>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA; NDS; QL (180 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>	1	NDS
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	1	QL (240 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<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>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 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	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	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	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 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	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
Antiarrhythmic Agents		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<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, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5ML	1	QL (600 per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	NDS; QL (4 per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	NDS; QL (4 per 30 days)
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	1	PA; NDS; QL (18 per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; NDS; QL (18 per 30 days)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	1	QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i>	1	NDS
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>	1	QL (60 per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>	1	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA; QL (30 per 30 days)
Dihydropyridines		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
Diuretics		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	NDS
<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>furosemide solution 10 mg/ml injection</i>	1	
<i>furosemide solution 10 mg/ml injection</i>	1	NDS
<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	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (30 per 30 days)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 per 30 days)
<i>cholestyramine light oral packet 4 gm</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine oral packet 4 gm</i>	1	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 per 30 days)
<i>fenofibrate capsule 134 mg oral</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	1	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	1	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	QL (60 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gm</i>	1	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	1	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
NEXLETOL ORAL TABLET 180 MG	1	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	1	ST; QL (30 per 30 days)
NIACIN (ANTHYPERLIPIDEMIC) ORAL TABLET 500 MG	1	NDS
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG	1	NDS
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 80 mg</i>	1	
<i>pravastatin sodium oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral packet 4 gm</i>	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	ST; QL (7 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
REPATHA SUBCUTANEOUS SOLUTION REFILLED SYRINGE 140 MG/ML	1	ST; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	ST; QL (6 per 28 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	1	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 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>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<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	
CENTRAL NERVOUS SYSTEM AGENTS		
Central Nervous System Agents		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	1	QL (60 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	1	PA; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG	1	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	1	PA; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	1	PA; QL (210 per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG	1	PA; NDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	1	PA; QL (1 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	1	PA; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; QL (15 per 30 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	PA; QL (60 per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	1	PA; NDS
<i>fingolimod hcl oral capsule 0.5 mg</i>	1	PA; QL (30 per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	1	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	1	PA; NDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	1	PA; QL (1.2 per 28 days)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	
LITHIUM CARBONATE ORAL CAPSULE 600 MG	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA; NDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA; NDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA; NDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA; NDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA; NDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA; NDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	1	PA; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	1	PA; NDS
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	1	PA; NDS; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	1	PA; QL (23 per 180 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	1	PA; NDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	1	PA; NDS
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	1	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	1	PA; QL (1 per 28 days)
<i>riluzole oral tablet 50 mg</i>	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	NDS
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA; QL (112 per 28 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	1	PA; QL (120 per 30 days)
CONTRACEPTIVES		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>amethyst oral tablet 90-20 mcg</i>	1	
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	QL (1 per 28 days)
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	
<i>feirza 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>feirza 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	1	
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	1	
<i>introvale oral tablet 0.15-0.03 mg</i>	1	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	QL (91 per 84 days)
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	1	NDS
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	1	QL (91 per 84 days)
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	1	NDS
<i>lillow oral tablet 0.15-30 mg-mcg</i>	1	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	
<i>lutura oral tablet 0.1-20 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	1	NDS
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	1	NDS
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	QL (3 per 28 days)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone oral tablet 0.35 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	
<i>valtya 1/50 oral tablet 1-50 mg-mcg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>violele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>xarah fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	QL (3 per 28 days)
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1	
DENTAL AND ORAL AGENTS		
<i>Dental And Oral Agents</i>		
<i>cevimeline hcl oral capsule 30 mg</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>periogard mouth/throat solution 0.12 %</i>	1	NDS
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
SODIUM FLUORIDE 5000 SENSITIVE DENTAL GEL 1.1-5 %	1	NDS
<i>sodium fluoride mouth/throat solution 0.2 %</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	NDS
DERMATOLOGICAL AGENTS		
<i>Dermatological Agents, Other</i>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	NDS
<i>acyclovir external ointment 5 %</i>	1	NDS; QL (30 per 30 days)
<i>ammonium lactate external cream 12 %</i>	1	NDS
<i>ammonium lactate external lotion 12 %</i>	1	NDS
<i>calcipotriene external cream 0.005 %</i>	1	NDS; QL (120 per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	1	NDS; QL (120 per 30 days)
<i>calcipotriene external solution 0.005 %</i>	1	NDS; QL (120 per 30 days)
<i>fluorouracil external cream 5 %</i>	1	NDS
<i>fluorouracil external solution 2 %, 5 %</i>	1	NDS
<i>imiquimod external cream 5 %</i>	1	NDS; QL (24 per 30 days)
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	1	NDS; QL (5 per 5 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	1	NDS
PANRETIN EXTERNAL GEL 0.1 %	1	NDS; QL (60 per 28 days)
<i>podofilox external solution 0.5 %</i>	1	NDS
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	NDS; QL (180 per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	1	PA NSO; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	NDS
<i>Dermatological Antibacterials</i>		
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate external solution 1 %</i>	1	NDS; QL (180 per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	1	NDS
<i>erythromycin external solution 2 %</i>	1	NDS
<i>gentamicin sulfate external cream 0.1 %</i>	1	NDS; QL (90 per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	NDS; QL (120 per 30 days)
<i>metronidazole external cream 0.75 %</i>	1	NDS
<i>metronidazole external gel 0.75 %, 1 %</i>	1	NDS
<i>mupirocin external ointment 2 %</i>	1	NDS; QL (220 per 30 days)
<i>neuac external gel 1.2-5 %</i>	1	NDS
<i>rosadan external cream 0.75 %</i>	1	NDS
<i>selenium sulfide external lotion 2.5 %</i>	1	NDS
<i>silver sulfadiazine external cream 1 %</i>	1	NDS
<i>ssd external cream 1 %</i>	1	NDS
<i>Dermatological Anti-Inflammatory Agents</i>		
<i>ala-cort external cream 1 %</i>	1	NDS
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	NDS
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	NDS
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	NDS
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	NDS
<i>betamethasone dipropionate external cream 0.05 %</i>	1	NDS
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	NDS
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	NDS
<i>betamethasone valerate external cream 0.1 %</i>	1	NDS
<i>betamethasone valerate external lotion 0.1 %</i>	1	NDS
<i>betamethasone valerate external ointment 0.1 %</i>	1	NDS
<i>clobetasol propionate e external cream 0.05 %</i>	1	NDS
<i>clobetasol propionate emulsion external foam 0.05 %</i>	1	NDS
<i>clobetasol propionate external cream 0.05 %</i>	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate external gel 0.05 %</i>	1	NDS
<i>clobetasol propionate external lotion 0.05 %</i>	1	NDS
<i>clobetasol propionate external ointment 0.05 %</i>	1	NDS
<i>clobetasol propionate external shampoo 0.05 %</i>	1	NDS
<i>clobetasol propionate external solution 0.05 %</i>	1	NDS
EUCRISA EXTERNAL OINTMENT 2 %	1	NDS
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	NDS
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	NDS
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	1	NDS
<i>fluocinonide external gel 0.05 %</i>	1	NDS
<i>fluocinonide external ointment 0.05 %</i>	1	NDS
<i>fluocinonide external solution 0.05 %</i>	1	NDS
<i>fluticasone propionate external cream 0.05 %</i>	1	NDS
<i>halobetasol propionate external cream 0.05 %</i>	1	NDS
<i>halobetasol propionate external ointment 0.05 %</i>	1	NDS
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	NDS
<i>hydrocortisone cream 2.5 % external</i>	1	NDS
<i>hydrocortisone external cream 1 %</i>	1	NDS
<i>hydrocortisone external lotion 2.5 %</i>	1	NDS
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	NDS
<i>hydrocortisone valerate external cream 0.2 %</i>	1	NDS
<i>mometasone furoate external cream 0.1 %</i>	1	NDS
<i>mometasone furoate external ointment 0.1 %</i>	1	NDS
<i>mometasone furoate external solution 0.1 %</i>	1	NDS
<i>pimecrolimus external cream 1 %</i>	1	NDS; QL (100 per 30 days)
<i>procto-med hc external cream 2.5 %</i>	1	NDS
<i>procto-pak external cream 1 %</i>	1	NDS
<i>proctosol hc external cream 2.5 %</i>	1	NDS
<i>proctozone-hc external cream 2.5 %</i>	1	NDS
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	NDS; QL (100 per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	NDS
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide external ointment 0.025 % , 0.05 % , 0.1 % , 0.5 %</i>	1	NDS
<i>Dermatological Retinoids</i>		
<i>adapalene external cream 0.1 %</i>	1	NDS
ALTRENO EXTERNAL LOTION 0.05 %	1	PA; NDS
<i>tazarotene external cream 0.1 %</i>	1	NDS
<i>tretinoin external cream 0.025 % , 0.05 % , 0.1 %</i>	1	PA; NDS
<i>Scabicides And Pediculicides</i>		
<i>malathion external lotion 0.5 %</i>	1	NDS
<i>permethrin external cream 5 %</i>	1	NDS; QL (60 per 30 days)
DEVICES		
<i>Devices</i>		
ABOUTTIME PEN NEEDLE 30G X 8 MM	1	PA; ST; NDS
ABOUTTIME PEN NEEDLE 31G X 5 MM	1	PA; ST; NDS
ABOUTTIME PEN NEEDLE 31G X 8 MM	1	PA; ST; NDS
ABOUTTIME PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	1	PA; ST; NDS
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
ALCOHOL PREP PAD	1	PA; ST; NDS
ALCOHOL PREP PAD 70 %	1	PA; ST; NDS
ALCOHOL PREP PADS PAD 70 %	1	PA; ST; NDS
ALCOHOL SWABS PAD	1	PA; ST; NDS
ALCOHOL SWABS PAD 70 %	1	PA; ST; NDS
AQ INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
AQINJECT PEN NEEDLE 31G X 5 MM	1	PA; ST; NDS
AQINJECT PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (OTC)	1	PA; ST; NDS
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	PA; ST; NDS
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML	1	PA; ST; NDS
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML	1	PA; ST; NDS
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	1	PA; ST; NDS
AUM ALCOHOL PREP PADS PAD 70 %	1	PA; ST; NDS
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	1	PA; ST; NDS
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM	1	PA; ST; NDS
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	1	PA; ST; NDS
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	1	PA; ST; NDS
BD PEN NEEDLE NANO U/F 32G X 4 MM	1	PA; ST; NDS
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	1	PA; ST; NDS
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	1	PA; ST; NDS
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	1	PA; ST; NDS
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST; NDS
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	PA; ST; NDS
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	PA; ST; NDS
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	1	PA; ST; NDS
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML	1	PA; ST; NDS
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
BD SWAB SINGLE USE REGULAR PAD	1	PA; ST; NDS
BD SWABS SINGLE USE BUTTERFLY PAD	1	PA; ST; NDS
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	1	PA; ST; NDS
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	1	PA; ST; NDS
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	1	PA; ST; NDS
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	1	PA; ST; NDS
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	1	PA; ST; NDS
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	1	PA; ST; NDS
CAREFINE PEN NEEDLES 29G X 12MM	1	PA; ST; NDS
CAREFINE PEN NEEDLES 30G X 8 MM	1	PA; ST; NDS
CAREFINE PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
CAREFINE PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
CAREFINE PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
CAREFINE PEN NEEDLES 32G X 5 MM	1	PA; ST; NDS
CAREFINE PEN NEEDLES 32G X 6 MM	1	PA; ST; NDS
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST; NDS
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST; NDS
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST; NDS
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
CARETOUCH ALCOHOL PREP PAD 70 %	1	PA; ST; NDS
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML	1	PA; ST; NDS
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	1	PA; ST; NDS
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 31G X 1/4" 0.3 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 31G X 1/4" 0.5 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 31G X 1/4" 1 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
DROPLET MICRON 34G X 3.5 MM	1	PA; ST; NDS
DROPLET PEN NEEDLES 29G X 10MM	1	PA; ST; NDS
DROPLET PEN NEEDLES 29G X 12MM	1	PA; ST; NDS
DROPLET PEN NEEDLES 30G X 8 MM	1	PA; ST; NDS
DROPLET PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
DROPLET PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
DROPLET PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
DROPLET PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
DROPLET PEN NEEDLES 32G X 5 MM	1	PA; ST; NDS
DROPLET PEN NEEDLES 32G X 6 MM	1	PA; ST; NDS
DROPLET PEN NEEDLES 32G X 8 MM	1	PA; ST; NDS
DROPSAFE ALCOHOL PREP PAD 70 %	1	PA; ST; NDS
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML	1	PA; ST; NDS
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML	1	PA; ST; NDS
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML	1	PA; ST; NDS
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML	1	PA; ST; NDS
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML	1	PA; ST; NDS
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 0.3 ML	1	PA; ST; NDS
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 1 ML	1	PA; ST; NDS
DRUG MART ULTRA COMFORT SYR 30G X 5/16" 0.5 ML	1	PA; ST; NDS
DRUG MART ULTRA COMFORT SYR 30G X 5/16" 1 ML	1	PA; ST; NDS
DRUG MART UNIFINE PENTIPS 31G X 5 MM	1	PA; ST; NDS
EASY COMFORT ALCOHOL PADS PAD	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 0.5 ML	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT PEN NEEDLES 29G X 4MM	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 29G X 5MM	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 33G X 4 MM	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 33G X 5 MM	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 33G X 6 MM	1	PA; ST; NDS
EASY GLIDE PEN NEEDLES 33G X 4 MM	1	PA; ST; NDS
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	1	PA; ST; NDS
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	1	PA; ST; NDS
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	1	PA; ST; NDS
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML	1	PA; ST; NDS
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML	1	PA; ST; NDS
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML	1	PA; ST; NDS
EASY TOUCH INSULIN BARRELS U-100 1 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
EASY TOUCH PEN NEEDLES 29G X 12MM	1	PA; ST; NDS
EASY TOUCH PEN NEEDLES 30G X 5 MM	1	PA; ST; NDS
EASY TOUCH PEN NEEDLES 30G X 6 MM	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLES 30G X 8 MM	1	PA; ST; NDS
EASY TOUCH PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
EASY TOUCH PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
EASY TOUCH PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
EASY TOUCH PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
EASY TOUCH PEN NEEDLES 32G X 5 MM	1	PA; ST; NDS
EASY TOUCH PEN NEEDLES 32G X 6 MM	1	PA; ST; NDS
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM	1	PA; ST; NDS
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM	1	PA; ST; NDS
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	1	PA; ST; NDS
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	1	PA; ST; NDS
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
EMBECTA AUTOSHIELD DUO 30G X 5 MM	1	PA; ST; NDS
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	1	PA; ST; NDS
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML	1	PA; ST; NDS
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML	1	PA; ST; NDS
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML	1	PA; ST; NDS
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML	1	PA; ST; NDS
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST; NDS
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML	1	PA; ST; NDS
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML	1	PA; ST; NDS
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	1	PA; ST; NDS
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM	1	PA; ST; NDS
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM	1	PA; ST; NDS
EMBRACE PEN NEEDLES 29G X 12MM	1	PA; ST; NDS
EMBRACE PEN NEEDLES 30G X 5 MM	1	PA; ST; NDS
EMBRACE PEN NEEDLES 30G X 8 MM	1	PA; ST; NDS
EMBRACE PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
EMBRACE PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
EMBRACE PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
EMBRACE PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
EQL ALCOHOL SWABS PAD 70 %	1	PA; ST; NDS
EQL GAUZE PAD 2"X2"	1	PA; ST; NDS
EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST; NDS
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
EQL INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	PA; ST; NDS
FIFTY50 PEN NEEDLES 32G X 6 MM	1	PA; ST; NDS
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML	1	PA; ST; NDS
FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML	1	PA; ST; NDS
FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML	1	PA; ST; NDS
FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML	1	PA; ST; NDS
GAUZE PADS PAD 2"X2"	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
GAUZE TYPE VII MEDI-PAK PAD 2"X2"	1	PA; ST; NDS
GLOBAL ALCOHOL PREP EASE PAD 70 %	1	PA; ST; NDS
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM	1	PA; ST; NDS
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML	1	PA; ST; NDS
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML	1	PA; ST; NDS
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML	1	PA; ST; NDS
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML	1	PA; ST; NDS
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML	1	PA; ST; NDS
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML	1	PA; ST; NDS
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML	1	PA; ST; NDS
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML	1	PA; ST; NDS
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML	1	PA; ST; NDS
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST; NDS
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST; NDS
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST; NDS
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML	1	PA; ST; NDS
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML	1	PA; ST; NDS
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (OTC)	1	PA; ST; NDS
INSUPEN PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
INSUPEN PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
INSUPEN PEN NEEDLES 33G X 4 MM	1	PA; ST; NDS
INSUPEN SENSITIVE 32G X 6 MM	1	PA; ST; NDS
INSUPEN SENSITIVE 32G X 8 MM	1	PA; ST; NDS
INSUPEN ULTRAFIN 29G X 12MM	1	PA; ST; NDS
INSUPEN ULTRAFIN 30G X 8 MM	1	PA; ST; NDS
INSUPEN ULTRAFIN 31G X 6 MM	1	PA; ST; NDS
INSUPEN ULTRAFIN 31G X 8 MM	1	PA; ST; NDS
J & J GAUZE PAD 2"X2"	1	PA; ST; NDS
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	1	PA; ST; NDS
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	1	PA; ST; NDS
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
KMART VALU INSULIN SYRINGE 29G U-100 1 ML	1	PA; ST; NDS
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML	1	PA; ST; NDS
KMART VALU INSULIN SYRINGE 30G U-100 1 ML	1	PA; ST; NDS
KROGER PEN NEEDLES 29G X 12MM	1	PA; ST; NDS
KROGER PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
LEADER UNIFINE PENTIPS 31G X 5 MM	1	PA; ST; NDS
LEADER UNIFINE PENTIPS 32G X 4 MM	1	PA; ST; NDS
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM	1	PA; ST; NDS
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	1	PA; ST; NDS
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	1	PA; ST; NDS
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST; NDS
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST; NDS
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM	1	PA; ST; NDS
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM	1	PA; ST; NDS
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML	1	PA; ST; NDS
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML	1	PA; ST; NDS
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST; NDS
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	1	PA; ST; NDS
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
MEDPURA ALCOHOL PADS 70 % EXTERNAL	1	PA; ST; NDS
MEIJER ALCOHOL SWABS PAD 70 %	1	PA; ST; NDS
MEIJER PEN NEEDLES 29G X 12MM	1	PA; ST; NDS
MEIJER PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
MEIJER PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
MICRODOT PEN NEEDLE 31G X 6 MM	1	PA; ST; NDS
MICRODOT PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS
MICRODOT PEN NEEDLE 33G X 4 MM	1	PA; ST; NDS
MIRASORB SPONGES 2"X2"	1	PA; ST; NDS
MM PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
PRO COMFORT PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
PRO COMFORT PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
PRO COMFORT PEN NEEDLES 32G X 5 MM	1	PA; ST; NDS
PRO COMFORT PEN NEEDLES 32G X 6 MM	1	PA; ST; NDS
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST; NDS
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
PURE COMFORT ALCOHOL PREP PAD	1	PA; ST; NDS
PURE COMFORT PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS
PURE COMFORT PEN NEEDLE 32G X 5 MM	1	PA; ST; NDS
PURE COMFORT PEN NEEDLE 32G X 6 MM	1	PA; ST; NDS
PURE COMFORT PEN NEEDLE 32G X 8 MM	1	PA; ST; NDS
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM	1	PA; ST; NDS
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM	1	PA; ST; NDS
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
QC ALCOHOL EXTERNAL 70 %	1	PA; ST; NDS
QC ALCOHOL SWABS PAD 70 %	1	PA; ST; NDS
QC BORDER ISLAND GAUZE PAD 2"X2"	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM	1	PA; ST; NDS
RA ALCOHOL SWABS PAD 70 %	1	PA; ST; NDS
RA INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
RA INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
<i>ra isopropyl alcohol wipes external 70 %</i>	1	PA; ST; NDS
RA PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
RA PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
RA STERILE PAD 2"X2"	1	PA; ST; NDS
RAYA SURE PEN NEEDLE 29G X 12MM	1	PA; ST; NDS
RAYA SURE PEN NEEDLE 31G X 4 MM	1	PA; ST; NDS
RAYA SURE PEN NEEDLE 31G X 5 MM	1	PA; ST; NDS
RAYA SURE PEN NEEDLE 31G X 6 MM	1	PA; ST; NDS
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST; NDS
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST; NDS
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
REALITY SWABS PAD	1	PA; ST; NDS
RELION ALCOHOL SWABS PAD	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	PA; ST; NDS
RELI-ON INSULIN SYRINGE 29G 0.5 ML	1	PA; ST; NDS
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	PA; ST; NDS
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	PA; ST; NDS
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	1	PA; ST; NDS
RELION MINI PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
RELION PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
RELION PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
RESTORE CONTACT LAYER PAD 2"X2"	1	PA; ST; NDS
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML	1	PA; ST; NDS
SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML	1	PA; ST; NDS
SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML	1	PA; ST; NDS
SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML	1	PA; ST; NDS
SAFETY PEN NEEDLES 30G X 5 MM	1	PA; ST; NDS
SAFETY PEN NEEDLES 30G X 8 MM	1	PA; ST; NDS
SB ALCOHOL PREP PAD 70 %	1	PA; ST; NDS
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
SB INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
SB INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
SB INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
SM ALCOHOL PREP PAD	1	PA; ST; NDS
SM ALCOHOL PREP PAD 6-70 % EXTERNAL	1	PA; ST; NDS
SM ALCOHOL PREP PAD 70 %	1	PA; ST; NDS
SM GAUZE PAD 2"X2"	1	PA; ST; NDS
STERILE GAUZE PAD 2"X2"	1	PA; ST; NDS
STERILE PAD 2"X2"	1	PA; ST; NDS
SURE COMFORT ALCOHOL PREP PAD 70 %	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
SURE COMFORT PEN NEEDLES 29G X 12.7MM	1	PA; ST; NDS
SURE COMFORT PEN NEEDLES 30G X 8 MM	1	PA; ST; NDS
SURE COMFORT PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
SURE COMFORT PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
SURE COMFORT PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC)	1	PA; ST; NDS
SURE COMFORT PEN NEEDLES 32G X 4 MM (RX)	1	PA; ST; NDS
SURE COMFORT PEN NEEDLES 32G X 6 MM	1	PA; ST; NDS
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
SURE-PREP ALCOHOL PREP PAD 70 %	1	PA; ST; NDS
SURGICAL GAUZE SPONGE PAD 2"X2"	1	PA; ST; NDS
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
TERUMO INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST; NDS
THERAGAUZE PAD 2"X2"	1	PA; ST; NDS
TODAYS HEALTH PEN NEEDLES 29G X 12MM	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM	1	PA; ST; NDS
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML	1	PA; ST; NDS
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %	1	PA; ST; NDS
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST; NDS
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST; NDS
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	1	PA; ST; NDS
TRUE COMFORT PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
TRUE COMFORT PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
TRUE COMFORT PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO PEN NEEDLES 32G X 5 MM	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 32G X 6 MM	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 33G X 6 MM	1	PA; ST; NDS
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	1	PA; ST; NDS
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM	1	PA; ST; NDS
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM	1	PA; ST; NDS
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM	1	PA; ST; NDS
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM	1	PA; ST; NDS
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML	1	PA; ST; NDS
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML	1	PA; ST; NDS
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML	1	PA; ST; NDS
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML	1	PA; ST; NDS
ULTILET ALCOHOL SWABS PAD	1	PA; ST; NDS
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE 31G X 1/4" 0.3 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE 31G X 1/4" 1 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (OTC)	1	PA; ST; NDS
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (RX)	1	PA; ST; NDS
ULTILET INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 1 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.5 ML	1	PA; ST; NDS
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 1 ML	1	PA; ST; NDS
ULTILET PEN NEEDLE 29G X 12.7MM	1	PA; ST; NDS
ULTILET PEN NEEDLE 31G X 5 MM	1	PA; ST; NDS
ULTILET PEN NEEDLE 31G X 8 MM	1	PA; ST; NDS
ULTILET PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM	1	PA; ST; NDS
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM	1	PA; ST; NDS
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML	1	PA; ST; NDS
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST; NDS
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST; NDS
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST; NDS
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST; NDS
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
ULTRA THIN PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST; NDS
ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
ULTRACARE PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
ULTRACARE PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
ULTRACARE PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
ULTRACARE PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
ULTRACARE PEN NEEDLES 32G X 5 MM	1	PA; ST; NDS
ULTRACARE PEN NEEDLES 32G X 6 MM	1	PA; ST; NDS
ULTRACARE PEN NEEDLES 33G X 4 MM	1	PA; ST; NDS
ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML	1	PA; ST; NDS
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML	1	PA; ST; NDS
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML	1	PA; ST; NDS
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	1	PA; ST; NDS
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	1	PA; ST; NDS
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	1	PA; ST; NDS
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM	1	PA; ST; NDS
UNIFINE OTC PEN NEEDLES 31G X 5 MM	1	PA; ST; NDS
UNIFINE OTC PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
UNIFINE PEN NEEDLES 32G X 4 MM	1	PA; ST; NDS
UNIFINE PENTIPS 29G X 12MM	1	PA; ST; NDS
UNIFINE PENTIPS 31G X 6 MM	1	PA; ST; NDS
UNIFINE PENTIPS 31G X 8 MM	1	PA; ST; NDS
UNIFINE PENTIPS PLUS 29G X 12MM	1	PA; ST; NDS
UNIFINE PENTIPS PLUS 31G X 6 MM	1	PA; ST; NDS
UNIFINE PENTIPS PLUS 32G X 4 MM	1	PA; ST; NDS
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM	1	PA; ST; NDS
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM	1	PA; ST; NDS
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM	1	PA; ST; NDS
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM	1	PA; ST; NDS
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM	1	PA; ST; NDS
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM	1	PA; ST; NDS
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM	1	PA; ST; NDS
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM	1	PA; ST; NDS
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM	1	PA; ST; NDS
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM	1	PA; ST; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML	1	PA; ST; NDS
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML	1	PA; ST; NDS
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML	1	PA; ST; NDS
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	1	PA; ST; NDS
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	1	PA; ST; NDS
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM	1	PA; ST; NDS
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST; NDS
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST; NDS
VERIFINE PLUS PEN NEEDLE 31G X 5 MM	1	PA; ST; NDS
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	1	PA; ST; NDS
VERIFINE PLUS PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS
V-GO 20 KIT 20 UNIT/24HR	1	NDS; QL (30 per 30 days)
V-GO 30 KIT 30 UNIT/24HR	1	NDS; QL (30 per 30 days)
V-GO 40 KIT 40 UNIT/24HR	1	NDS; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST; NDS
WEBCOL ALCOHOL PREP LARGE PAD 70 %	1	PA; ST; NDS
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM	1	PA; ST; NDS
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %	1	PA; ST; NDS
ENZYME COFACTORS/CHAPERONES		
<i>Enzyme Cofactors/Chaperones</i>		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	1	PA; QL (90 per 30 days)
ENZYME REPLACEMENT/MODIFIERS		
<i>Enzyme Replacement/Modifiers</i>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	1	
<i>javygtor oral tablet 100 mg</i>	1	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	1	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	1	PA BvD
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	1	PA
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	1	
EYE, EAR, NOSE, THROAT AGENTS		
<i>Eye, Ear, Nose, Throat Agents, Miscellaneous</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl nasal solution 0.1 %</i>	1	NDS; QL (60 per 30 days)
<i>azelastine hcl nasal solution 0.15 %</i>	1	NDS; QL (30 per 25 days)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	NDS
<i>azelastine hcl solution 137 mcg/spray nasal</i>	1	NDS; QL (60 per 30 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	NDS
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	NDS
<i>ipratropium bromide nasal solution 0.03 %</i>	1	QL (30 per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1	QL (15 per 10 days)
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	1	NDS; QL (12 per 28 days)
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	1	NDS
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic solution 2 %</i>	1	NDS
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	NDS
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	NDS
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	NDS
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	NDS
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	NDS; QL (7.5 per 7 days)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	NDS; QL (3.5 per 4 days)
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	NDS
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	NDS
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	NDS
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	NDS
NATACYN OPHTHALMIC SUSPENSION 5 %	1	NDS
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	NDS
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	NDS
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	NDS
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	NDS
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	NDS
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1	NDS
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	1	NDS
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	NDS
<i>ofloxacin otic solution 0.3 %</i>	1	NDS
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	1	NDS
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	NDS
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	NDS
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	NDS
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	NDS
<i>tobramycin ophthalmic solution 0.3 %</i>	1	NDS
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	NDS
<i>trifluridine ophthalmic solution 1 %</i>	1	NDS
XDEMVY OPHTHALMIC SOLUTION 0.25 %	1	PA; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 %	1	NDS
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	1	NDS
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>alrex ophthalmic suspension 0.2 %</i>	1	ST; NDS
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	NDS
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	1	NDS
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	NDS
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	NDS
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	NDS
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	1	NDS; QL (8.3 per 14 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	NDS; QL (50 per 25 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	NDS
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	NDS
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	NDS
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	NDS; QL (16 per 30 days)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	1	NDS
INVELTYS OPHTHALMIC SUSPENSION 1 %	1	NDS; QL (5.6 per 14 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	1	NDS; QL (10 per 25 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	1	NDS; QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC GEL 0.38 %	1	NDS; QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	1	NDS; QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	1	ST; NDS
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	NDS; QL (15 per 19 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	NDS; QL (34 per 30 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	NDS
XIIDRA OPHTHALMIC SOLUTION 5 %	1	QL (60 per 30 days)
GASTROINTESTINAL AGENTS		
Antiulcer Agents And Acid Suppressants		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	1	NDS
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	1	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	QL (60 per 30 days)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg</i>	1	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral packet 40 mg</i>	1	ST; QL (60 per 30 days)
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule delayed release 15 mg</i>	1	QL (30 per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	1	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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</i>	1	QL (30 per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	QL (60 per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	1	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gm</i>	1	
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet soluble 200 mg</i>	1	PA
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	NDS
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	NDS
<i>dicyclomine hcl oral tablet 20 mg</i>	1	NDS
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	NDS
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	NDS
<i>kionex combination suspension 15 gm/60ml</i>	1	NDS
<i>lactulose oral solution 10 gm/15ml</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 per 30 days)
LOKELMA ORAL PACKET 10 GM, 5 GM	1	
<i>loperamide hcl oral capsule 2 mg</i>	1	NDS
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	NDS
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	NDS
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	NDS; QL (30 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	1	NDS
<i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>	1	NDS
URSODIOL ORAL CAPSULE 200 MG, 400 MG	1	
<i>ursodiol oral capsule 300 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	1	
XERMELO ORAL TABLET 250 MG	1	PA; QL (84 per 28 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML	1	NDS
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	NDS
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	NDS
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	1	NDS
<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>	1	NDS
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	NDS
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	NDS
SUTAB ORAL TABLET 1479-225-188 MG	1	NDS
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	NDS
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	1	
<i>flavoxate hcl oral tablet 100 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1	
<i>tropium chloride oral tablet 20 mg</i>	1	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
HEAVY METAL ANTAGONISTS		
Heavy Metal Antagonists		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA; NDS
<i>trientine hcl oral capsule 250 mg</i>	1	PA; NDS; QL (240 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	NDS
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA; QL (5 per 28 days)
<i>testosterone gel 1.62 % transdermal</i>	1	PA; QL (150 per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	1	PA; QL (150 per 30 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	1	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
DUAVEE ORAL TABLET 0.45-20 MG	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (4 per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	
PREMARIN VAGINAL CREAM 0.625 MG/GM	1	
PREMPHASE ORAL TABLET 0.625-5 MG	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
<i>raloxifene hcl oral tablet 60 mg</i>	1	
<i>yuvaferm vaginal tablet 10 mcg</i>	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	NDS
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 4 mg/ml</i>	1	NDS
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	NDS
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	1	NDS
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	NDS
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	NDS
<i>prednisolone oral solution 15 mg/5ml</i>	1	PA BvD; NDS
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	1	PA BvD; NDS
<i>prednisolone sodium phosphate solution 15 mg/5ml oral</i>	1	PA BvD; NDS
<i>prednisone oral solution 5 mg/5ml</i>	1	PA BvD; NDS
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; NDS
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	NDS
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	NDS
Pituitary		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML	1	PA; QL (15 per 30 days)
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 80 UNIT/ML	1	PA; QL (30 per 30 days)
ACTHAR INJECTION GEL 80 UNIT/ML	1	PA; QL (35 per 28 days)
CORTROPHIN INJECTION GEL 80 UNIT/ML	1	PA; QL (35 per 28 days)
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate spray solution 0.01 % nasal</i>	1	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	1	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	1	PA NSO; NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	1	PA NSO; NDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	1	PA; NDS
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA; NDS
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA NSO
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	1	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
ORGOVYX ORAL TABLET 120 MG	1	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	1	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	1	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML	1	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	1	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	1	NDS; QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	NDS; QL (1 per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	NDS; QL (1 per 84 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	NDS
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	
Thyroid And Antithyroid Agents		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
IMMUNOLOGICAL AGENTS		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	1	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	1	PA; NDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	1	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	1	PA BvD
<i>azathioprine oral tablet 50 mg</i>	1	PA BvD
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	1	PA BvD; NDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA; QL (8 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	1	PA NSO; QL (2 per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	1	PA; NDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	1	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	1	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	PA BvD
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	1	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	1	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	1	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	1	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	1	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	1	PA BvD
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; Only NDCs starting with 00074
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	1	PA; Only NDCs starting with 00074

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; Only NDCs starting with 00074
<i>infliximab intravenous solution reconstituted 100 mg</i>	1	PA; NDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>mycophenolate mofetil hcl intravenous solution reconstituted 500 mg</i>	1	PA BvD; NDS
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	PA BvD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	PA BvD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML	1	PA NSO; NDS
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	PA BvD; NDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	1	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	1	PA
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	1	PA; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	1	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	PA BvD; NDS
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	PA BvD
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	1	ST
REZUROCK ORAL TABLET 200 MG	1	PA NSO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	1	PA
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; NDS
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA
<i>sirolimus oral solution 1 mg/ml</i>	1	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA BvD
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	1	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	1	PA; NDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	1	PA; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	1	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	1	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	1	PA; NDS
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	1	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	1	PA
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	1	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	1	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA
Vaccines		
ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	1	NDS; \$0 copay
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	NDS
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	NDS; \$0 copay
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	NDS; \$0 copay
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	1	NDS; \$0 copay
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	NDS; \$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	NDS; \$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5- 18.5 LF-MCG/0.5	1	NDS; \$0 copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	NDS
DENG VAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	NDS; QL (3 per 365 days)
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	1	NDS
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	PA BvD; NDS; \$0 copay
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	PA BvD; NDS; \$0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	NDS; \$0 copay

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	NDS; \$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	1	NDS; \$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	1	NDS
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	1	NDS
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	PA BvD; NDS; \$0 copay
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	NDS
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	PA BvD; NDS; \$0 copay
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	NDS
IPOLE INJECTION INJECTABLE	1	NDS; \$0 copay
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1	NDS; \$0 copay
IXIARO INTRAMUSCULAR SUSPENSION	1	NDS; \$0 copay
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	NDS; \$0 copay
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	NDS
MENACTRA INTRAMUSCULAR SOLUTION	1	NDS; \$0 copay
MENQUADFI INTRAMUSCULAR SOLUTION	1	NDS; \$0 copay
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	NDS; \$0 copay
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	NDS; \$0 copay
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	NDS; \$0 copay
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	NDS
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	NDS; \$0 copay
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	NDS
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	PA BvD; NDS; \$0 copay
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	NDS; \$0 copay
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	NDS
QUADRACEL INTRAMUSCULAR SUSPENSION	1	NDS
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	NDS
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	PA BvD; NDS; \$0 copay
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	PA BvD; NDS; \$0 copay
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	PA BvD; NDS; \$0 copay
ROTARIX ORAL SUSPENSION	1	NDS
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	NDS
ROTATEQ ORAL SOLUTION	1	NDS
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	NDS; \$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	NDS; \$0 copay
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	NDS; \$0 copay
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	1	NDS
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1	NDS; \$0 copay

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	NDS; \$0 copay
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	NDS; \$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	NDS; \$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1	NDS; \$0 copay
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	1	NDS
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	1	NDS; \$0 copay
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	1	NDS; \$0 copay
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	\$0 copay
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	1	NDS; \$0 copay
VIVOTIF ORAL CAPSULE DELAYED RELEASE	1	NDS; \$0 copay
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	1	NDS; \$0 copay
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>Inflammatory Bowel Disease Agents</i>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	
<i>balsalazide disodium oral capsule 750 mg</i>	1	NDS
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	NDS
<i>budesonide rectal foam 2 mg</i>	1	NDS
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	NDS
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	
<i>mesalamine er oral capsule extended release 500 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	QL (120 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
METABOLIC BONE DISEASE AGENTS		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium oral solution 70 mg/75ml</i>	1	QL (300 per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	1	QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	1	QL (120 per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	1	PA; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	NDS; QL (1 per 180 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	1	QL (60 per 30 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	1	PA; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA; NDS
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>Miscellaneous Therapeutic Agents</i>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	1	PA
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	1	NDS
<i>betaine oral powder</i>	1	PA

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	NDS
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	1	PA
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	1	NDS
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	1	NDS
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	1	NDS
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	NDS
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	NDS
<i>l-glutamine oral packet 5 gm</i>	1	PA; NDS; QL (180 per 30 days)
<i>mesna oral tablet 400 mg</i>	1	NDS
<i>nitroglycerin rectal ointment 0.4 %</i>	1	NDS; QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	1	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	1	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	1	PA; NDS; QL (12 per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	1	NDS
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	1	NDS
OPHTHALMIC AGENTS		
<i>Antiglaucoma Agents</i>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	QL (2.5 per 25 days)
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>latanoprost ophthalmic solution 0.005 %</i>	1	QL (2.5 per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	1	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	1	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	1	QL (30 per 30 days)
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	1	QL (5 per 30 days)
REPLACEMENT PREPARATIONS		
<i>Replacement Preparations</i>		
<i>dextrose-nacl intravenous solution 5-0.9 %</i>	1	NDS
<i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m15 oral tablet extended release 15 meq</i>	1	
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	NDS
<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>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	PA BvD; NDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	NDS
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	1	NDS

RESPIRATORY TRACT AGENTS

Anti-Inflammatories, Inhaled

Corticosteroids

ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	QL (12 per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	1	NDS; QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	QL (30 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	1	QL (60 per 30 days)
<i>breyndra inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	QL (30.9 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	PA BvD; QL (120 per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	QL (30.6 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	1	QL (12 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	1	QL (24 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	1	QL (21.2 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days)
<i>wixela inhnb inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
Bronchodilators		
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION	1	NDS; QL (32.1 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	QL (17 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	1	QL (36 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	PA BvD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	1	QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	1	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	1	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA BvD
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	1	QL (4 per 28 days)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	1	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	PA BvD; NDS
ALYFTREK ORAL TABLET 10-50-125 MG	1	PA; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	1	PA; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE 40 MG	1	QL (560 per 28 days)
BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION	1	QL (560 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	1	PA
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	PA BvD
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	1	PA; QL (1 per 28 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; QL (56 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	1	PA; QL (0.4 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	1	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	1	PA; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg</i>	1	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i>	1	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	1	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA; NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA; NDS
SKELETAL MUSCLE RELAXANTS		
<i>Skeletal Muscle Relaxants</i>		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	NDS
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	NDS
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	NDS
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	NDS
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	NDS
SLEEP DISORDER AGENTS		
<i>Sleep Disorder Agents</i>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	NDS; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	NDS; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	1	PA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	NDS; QL (30 per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	NDS; QL (30 per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	NDS; QL (30 per 30 days)
VASODILATING AGENTS		
<i>Vasodilating Agents</i>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	1	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; QL (30 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA
UPTRA VI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	1	PA; NDS; QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	1	PA; QL (240 per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	1	PA; NDS
VITAMINS AND MINERALS		
<i>Vitamins And Minerals</i>		
C-NATE DHA CAPSULE 28-1-200 MG ORAL	1	NDS
COMPLETENATE TABLET CHEWABLE 29-1 MG ORAL	1	NDS
FOLIVANE-OB CAPSULE 85-1 MG ORAL	1	NDS
KOSHER PRENATAL PLUS IRON TABLET 30-1 MG ORAL	1	NDS
M-NATAL PLUS TABLET 27-1 MG ORAL	1	NDS
NIVA-PLUS TABLET 27-1 MG ORAL	1	NDS
OBSTETRIX DHA 29-1 & 350 MG ORAL	1	NDS
PNV PRENATAL PLUS MULTIVITAMIN TABLET 27-1 MG ORAL (RX)	1	NDS
PNV TABS 29-1 TABLET 29-1 MG ORAL	1	NDS
PNV-DHA+DOCUSATE CAPSULE 27-1.25-300 MG ORAL	1	NDS
PNV-OMEGA CAPSULE 28-0.6-0.4-340 MG ORAL	1	NDS
PRENA 1 TRUE 30-1.4 & 300 MG ORAL	1	NDS
PRENAISSANCE CAPSULE 29-1.25-325 MG ORAL	1	NDS
PRENAISSANCE PLUS CAPSULE 28-1-250 MG ORAL	1	NDS
PRENATABS FA TABLET 29-1 MG ORAL	1	NDS
PRENATAL 19 TABLET CHEWABLE 29-1 MG ORAL	1	NDS
PRENATAL ORAL TABLET 27-1 MG	1	NDS
PRENATAL PLUS IRON TABLET 29-1 MG ORAL	1	NDS
PRENATAL-U CAPSULE 106.5-1 MG ORAL	1	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

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

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.
2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Index of Drugs/Alphabetical Listing

A

<i>abacavir sulfate</i>	59
<i>abacavir sulfate-lamivudine</i> ...	59
ABELCET	47
ABILIFY ASIMTUFII	53
ABILIFY MAINTENA	53
<i>abiraterone acetate</i>	23
<i>abirtega</i>	23
ABOUTTIME PEN NEEDLE	85
ABRYSVO	143
<i>acamprosate calcium</i>	15
<i>acarbose</i>	43
<i>acebutolol hcl</i>	68
<i>acetaminophen-codeine</i>	13
<i>acetazolamide</i>	148
<i>acetazolamide er</i>	148
<i>acetazolamide sodium</i>	148
<i>acetic acid</i>	128
<i>acetylcysteine</i>	152
<i>acitretin</i>	82
ACTEMRA	137
ACTEMRA ACTPEN	137
ACTHAR	135
ACTHAR GEL	135
ACTHIB	143
ACTIMMUNE	147
<i>acyclovir</i>	63, 82
<i>acyclovir sodium</i>	63
ADACEL	143
<i>adapalene</i>	85
<i>adefovir dipivoxil</i>	63
ADEMPAS	154
ADVAIR HFA	150
ADVOCATE INSULIN PEN NEEDLE	85
ADVOCATE INSULIN PEN NEEDLES	85

ADVOCATE INSULIN

SYRINGE	85, 86
<i>afirmelle</i>	76
AIMOVIG	50
AIRSUPRA	150, 151
AJOVY	50
AKEEGA	23
<i>ala-cort</i>	83
<i>albendazole</i>	51
<i>albuterol sulfate</i>	151
<i>albuterol sulfate hfa</i>	151
ALCOHOL PREP	86
ALCOHOL PREP PADS	86
ALCOHOL SWABS	86
ALECENSA	23
<i>alendronate sodium</i>	147
<i>alfuzosin hcl er</i>	133
<i>aliskiren fumarate</i>	73
<i>allopurinol</i>	49
<i>alosetron hcl</i>	146
<i>alprazolam</i>	16
<i>alex</i>	129
<i>altavera</i>	76
ALTRENO	85
ALUNBRIG	23
ALVAIZ	64
<i>alyacen 1/35</i>	76
<i>alyacen 7/7/7</i>	76
ALYFTREK	152
<i>alyq</i>	154
<i>amantadine hcl</i>	52
<i>amethyst</i>	76
<i>amikacin sulfate</i>	17
<i>amiloride hcl</i>	71
<i>amiloride-hydrochlorothiazide</i>	71
<i>amiodarone hcl</i>	68
<i>amitriptyline hcl</i>	40

<i>amlodipine besy-benazepril hcl</i>	70
<i>amlodipine besylate</i>	70
<i>amlodipine besylate-valsartan</i>	70
<i>amlodipine-atorvastatin</i>	71
<i>amlodipine-olmesartan</i>	70
<i>amlodipine-valsartan-hctz</i>	70
<i>ammonium lactate</i>	82
<i>amoxapine</i>	40
<i>amoxicill-clarithro-lansopraz</i>	130
<i>amoxicillin</i>	20
<i>amoxicillin-pot clavulanate</i>	20
<i>amphetamine-dextroamphet er</i>	73
<i>amphetamine-</i> <i>dextroamphetamine</i>	73
<i>amphotericin b</i>	47
<i>amphotericin b liposome</i>	47
<i>ampicillin</i>	21
<i>ampicillin sodium</i>	21
<i>ampicillin-sulbactam sodium</i> ..	21
<i>anagrelide hcl</i>	65
<i>anastrozole</i>	23
ANKTIVA	23
ANORO ELLIPTA	151
APO-VARENICLINE	15
<i>aprepitant</i>	51
APRETUDE	59
<i>apri</i>	76
APTIOM	36
APTIVUS	59
AQ INSULIN SYRINGE	86
AQINJECT PEN NEEDLE ...	86
ARCALYST	137
AREXVY	143
ARIKAYCE	17
<i>aripiprazole</i>	54

ARISTADA.....	54	AUSTEDO XR PATIENT		BD PEN NEEDLE MINI U/F	88
ARISTADA INITIO	54	TITRATION.....	74	BD PEN NEEDLE MINI	
<i>armodafinil</i>	154	AUVELITY	40	ULTRAFINE	89
ARNUITY ELLIPTA.....	150	<i>aviane</i>	77	BD PEN NEEDLE NANO 2ND	
<i>asenapine maleate</i>	54	AVONEX PEN	74	GEN.....	89
<i>aspirin-dipyridamole er</i>	65	AVONEX PREFILLED	74	BD PEN NEEDLE NANO U/F	
ASSURE ID DUO PRO PEN		AXTLE	23	.....	89
NEEDLES	86	<i>ayuna</i>	77	BD PEN NEEDLE NANO	
ASSURE ID INSULIN		AYVAKIT	23	ULTRAFINE	89
SAFETY SYR.....	86	<i>azacitidine</i>	23	BD PEN NEEDLE ORIG	
ASSURE ID PRO PEN		<i>azathioprine</i>	137	ULTRAFINE	89
NEEDLES	86	<i>azathioprine sodium</i>	137	BD PEN NEEDLE SHORT	
ASTAGRAF XL	137	<i>azelastine hcl</i>	128	ULTRAFINE	89
<i>atazanavir sulfate</i>	59	<i>azithromycin</i>	20	BD SAFETYGLIDE INSULIN	
<i>atenolol</i>	68	<i>aztreonam</i>	20	SYRINGE	89
<i>atenolol-chlorthalidone</i>	68	<i>azurette</i>	77	BD SAFETYGLIDE	
<i>atomoxetine hcl</i>	74	B		SYRINGE/NEEDLE	89
<i>atorvastatin calcium</i>	71	<i>bacitracin</i>	128	BD SAFETY-LOK INSULIN	
<i>atovaquone</i>	52	<i>bacitracin-polymyxin b</i>	128	SYRINGE.....	89
<i>atovaquone-proguanil hcl</i>	52	<i>bacitra-neomycin-polymyxin-hc</i>		BD SWAB SINGLE USE	
<i>atropine sulfate</i>	127	.....	128	REGULAR	89
ATROVENT HFA	152	<i>baclofen</i>	154	BD SWABS SINGLE USE	
<i>aubra eq</i>	76	<i>balsalazide disodium</i>	146	BUTTERFLY	89
AUGTYRO	23	BALVERSA	23	BD VEO INSULIN SYR U/F	
AUM ALCOHOL PREP PADS		BAQSIMI ONE PACK	147	1/2UNIT	89
.....	86	BCG VACCINE	143	BD VEO INSULIN SYR	
AUM INSULIN SAFETY PEN		BD AUTOSHIELD	87	ULTRAFINE	89, 90
NEEDLE	86	BD AUTOSHIELD DUO	87	BD VEO INSULIN SYRINGE	
AUM MINI INSULIN PEN		BD ECLIPSE SYRINGE	87	U/F	90
NEEDLE	86, 87	BD INSULIN SYR		BELSOMRA	154
AUM PEN NEEDLE	87	ULTRAFINE II	87	<i>benazepril hcl</i>	67
AUM READYGARD DUO		BD INSULIN SYRINGE .87, 88		<i>benazepril-hydrochlorothiazide</i>	
PEN NEEDLE.....	87	BD INSULIN SYRINGE		.....	67
AUM SAFETY PEN NEEDLE		HALF-UNIT.....	88	<i>bendamustine hcl</i>	23
.....	87	BD INSULIN SYRINGE		BENDAMUSTINE HCL.....	23
<i>aurovela 1.5/30</i>	77	MICROFINE	88	BENDEKA	23
<i>aurovela 1/20</i>	77	BD INSULIN SYRINGE U-500		BENLYSTA	137, 138
<i>aurovela 24 fe</i>	77	.....	88	<i>benztropine mesylate</i>	52
<i>aurovela fe 1.5/30</i>	77	BD INSULIN SYRINGE		BESREMI.....	138
<i>aurovela fe 1/20</i>	77	ULTRAFINE	88	<i>betaine</i>	147
AUSTEDO	74	BD PEN NEEDLE MICRO		<i>betamethasone dipropionate</i> ..	83
AUSTEDO XR.....	74	ULTRAFINE.....	88		

<i>betamethasone dipropionate aug</i>.....83	<i>budesonide</i>.....146, 151	CARETOUCH INSULIN
<i>betamethasone valerate</i>.....83	<i>budesonide-formoterol fumarate</i>.....151	SYRINGE.....90, 91
BETASERON .....74	<i>bumetanide</i> .....71	CARETOUCH PEN NEEDLES
<i>betaxolol hcl</i> .....149	<i>buprenorphine</i> .....13	91
<i>bethanechol chloride</i> .....132	<i>buprenorphine hcl</i> .....15	<i>carglumic acid</i>.....131
<i>bexarotene</i> .....23	<i>buprenorphine hcl-naloxone hcl</i>.....16	<i>carteolol hcl</i>.....149
BEXSERO.....143	<i>bupropion hcl</i> .....41	<i>cartia xt</i>.....69
<i>bicalutamide</i> .....24	<i>bupropion hcl er (smoking det)</i> .....16	<i>carvedilol</i>.....68
BICILLIN L-A .....21	<i>bupropion hcl er (sr)</i> .....41	CAYSTON .....20
BIKTARVY .....59	<i>bupropion hcl er (xl)</i>.....41	<i>cefaclor</i> .....18
<i>bimatoprost</i>.....149	<i>buspirone hcl</i> .....148	<i>cefadroxil</i>.....18
<i>bisoprolol fumarate</i> .....68	<i>butalbital-apap-caff-cod</i>.....13	<i>cefazolin sodium</i> .....19
<i>bisoprolol-hydrochlorothiazide</i>.....68	<i>butalbital-apap-caffeine</i> .....13	<i>cefdinir</i>.....19
BIZENGRI (750 MG DOSE).24	C	<i>cefepime hcl</i> .....19
<i>bleomycin sulfate</i>.....24	CABENUVA.....59	<i>cefixime</i>.....19
<i>blisovi 24 fe</i> .....77	<i>cabergoline</i>.....52	<i>cefoxitin sodium</i>.....19
<i>blisovi fe 1.5/30</i> .....77	CABOMETYX.....24	<i>cefpodoxime proxetil</i> .....19
<i>blisovi fe 1/20</i> .....77	<i>calcipotriene</i>.....82	<i>cefpodoxime proxetil</i> .....19
BOOSTRIX.....143	<i>calcitonin (salmon)</i>.....147	<i>cefprozil</i> .....19
<i>bortezomib</i>.....24	<i>calcitriol</i> .....147	<i>ceftazidime</i>.....19
BORUZU .....24	<i>calcium acetate</i>.....132	<i>ceftriaxone sodium</i>.....19
<i>bosentan</i> .....154	<i>calcium acetate (phos binder)</i> .....132	<i>cefuroxime axetil</i> .....19
BOSULIF .....24	CALQUENCE.....24	<i>cefuroxime sodium</i>.....19
BRAFTOVI.....24	<i>camila</i> .....77	<i>celecoxib</i> .....14
BREO ELLIPTA .....150	<i>candesartan cilexetil</i>.....66	<i>cephalexin</i>.....19
<i>breyna</i>.....150	<i>candesartan cilexetil-hctz</i>.....66	<i>cevimeline hcl</i> .....81
BREZTRI AEROSPHERE ..152	CAPLYTA.....54	<i>chateal eq</i>.....77
BRILINTA .....65	CAPRELSA.....24	<i>chlordiazepoxide hcl</i>.....16
<i>brimonidine tartrate</i> .....149	<i>captopril</i> .....67	<i>chlorhexidine gluconate</i> .....81
<i>brimonidine tartrate-timolol</i> 149	<i>carbamazepine</i>.....36	<i>chloroquine phosphate</i> .....52
<i>brinzolamide</i>.....149	<i>carbamazepine er</i> .....36	<i>chlorpromazine hcl</i>.....54
BRIVIACT .....36	<i>carbidopa-levodopa</i>.....53	<i>chlorthalidone</i>.....71
<i>bromfenac sodium</i> .....129	<i>carbidopa-levodopa er</i> .....53	<i>cholestyramine</i>.....72
<i>bromfenac sodium (once-daily)</i> .....129	CAREFINE PEN NEEDLES .90	<i>cholestyramine light</i> .....71
<i>bromocriptine mesylate</i> .....52	CAREONE INSULIN	<i>ciclopirox</i>.....47
BRONCHITOL .....152	SYRINGE.....90	<i>ciclopirox olamine</i> .....48
BRONCHITOL TOLERANCE	CARETOUCH ALCOHOL	<i>cilostazol</i>.....65
TEST .....152	PREP .....90	CIMDUO .....59
BRUKINSA .....24		<i>cimetidine hcl</i>.....130

ciprofloxacin hcl.....21, 128
ciprofloxacin in d5w.....22
ciprofloxacin-dexamethasone
.....128
citalopram hydrobromide.....41
clarithromycin20
CLENPIQ132
CLEVER CHOICE COMFORT
EZ91
CLICKFINE PEN NEEDLES 91
clindamycin hcl18
clindamycin phos-benzoyl perox
.....82
clindamycin phosphate18, 49,
83
CLINIMIX E/DEXTROSE
(8/10)65
CLINIMIX E/DEXTROSE
(8/14)65
CLINIMIX/DEXTROSE (6/5)
.....65
CLINIMIX/DEXTROSE (8/10)
.....65
CLINIMIX/DEXTROSE (8/14)
.....65
clobazam.....36, 37
clobetasol propionate83, 84
clobetasol propionate e83
clobetasol propionate emulsion
.....83
clomipramine hcl.....41
clonazepam.....16, 17
clonidine66
clonidine hcl66
clopidogrel bisulfate.....65
clorazepate dipotassium.....17
clotrimazole48
clotrimazole-betamethasone...48
clozapine.....54
C-NATE DHA.....155
COARTEM52
COBENFY54

COBENFY STARTER PACK
.....54
colchicine.....49
colchicine-probenecid49
colesevelam hcl.....72
colestipol hcl.....72
colistimethate sodium (cba) ...18
COMBIVENT RESPIMAT .152
COMETRIQ (100 MG DAILY
DOSE)24
COMETRIQ (140 MG DAILY
DOSE)24
COMETRIQ (60 MG DAILY
DOSE)24
COMFORT ASSIST INSULIN
SYRINGE.....91
COMFORT EZ INSULIN
SYRINGE.....91, 92
COMFORT EZ PEN NEEDLES
.....92
COMFORT EZ PRO PEN
NEEDLES92, 93
COMFORT TOUCH INSULIN
PEN NEED93
COMPLERA59
COMPLETENATE155
compro.....51
constulose131
COPIKTRA24
CORLANOR70
CORTROPHIN135
COSENTYX.....138, 148
COSENTYX (300 MG DOSE)
.....138
COSENTYX SENSOREADY
(300 MG).....138
COSENTYX UNOREADY .138
COTELLIC.....24
CREON127
cromolyn sodium ..128, 131, 153
cryselle-2877
CURITY ALCOHOL PREPS 93

CURITY ALL PURPOSE
SPONGES93
CURITY GAUZE.....93
CURITY GAUZE SPONGE ..93
CURITY SPONGES93
CVS GAUZE.....93
CVS GAUZE STERILE.....93
cyclafem 1/35.....77
cyclafem 7/7/7.....77
cyclobenzaprine hcl154
cyclophosphamide24, 25
CYCLOPHOSPHAMIDE25
cyclosporine.....129, 138
cyclosporine modified.....138
CYLTEZO (2 PEN).....138
CYLTEZO (2 SYRINGE)....138
CYLTEZO-CD/UC/HS
STARTER138
CYLTEZO-PSORIASIS/UV
STARTER138
cyred eq77
D
dabigatran etexilate mesylate.63
dalfampridine er74
danazol133
dantrolene sodium154
DANYELZA25
DANZITEN.....25
dapsone.....50
DAPTACEL143
daptomycin18
DAPTOMYCIN18
darunavir59
dasatinib25
dasetta 1/35 (28).....77
dasetta 7/7/777
DATROWAY25
DAURISMO.....25
deblitane77
decitabine25
deferasirox.....133
deferasirox granules.....133

DELSTRIGO.....	59	DIFICID	20	DROPSAFE SAFETY	
delyla	77	difluprednate	129	SYRINGE/NEEDLE	95, 96
demeclocycline hcl	22	digoxin	70	droxidopa.....	66
DENG VAXIA.....	143	dihydroergotamine mesylate ..	50	DRUG MART ULTRA	
denta 5000 plus	82	diltiazem hcl	69	COMFORT SYR.....	96
dentagel	82	diltiazem hcl er	69	DRUG MART UNIFINE	
DEPO-SUBQ PROVERA 104		diltiazem hcl er beads.....	69	PENTIPS	96
.....	136	diltiazem hcl er coated beads .	69	DUAVEE.....	134
DERMACEA GAUZE		dilt-xr	69	duloxetine hcl.....	41
SPONGE	93	dimethyl fumarate.....	74	DUPIXENT	138, 139
DERMACEA IV DRAIN		dimethyl fumarate starter pack		dutasteride	133
SPONGES	93	.....	74	E	
DERMACEA NON-WOVEN		diphenoxylate-atropine.....	131	EASY COMFORT ALCOHOL	
SPONGES	93	DIPHThERIA-TETANUS		PADS.....	96
DERMACEA TYPE VII		TOXOIDS DT	143	EASY COMFORT INSULIN	
GAUZE	93	dipyridamole.....	65	SYRINGE.....	96
DESCOVY	59	disulfiram.....	16	EASY COMFORT PEN	
desipramine hcl	41	divalproex sodium	37	NEEDLES	97
desmopressin ace spray refrig		divalproex sodium er	37	EASY GLIDE PEN NEEDLES	
.....	135	dofetilide.....	68	.....	97
desmopressin acetate.....	135	dolishale	77	EASY TOUCH ALCOHOL	
desmopressin acetate spray..	135	donepezil hcl.....	40	PREP MEDIUM.....	97
desogestrel-ethinyl estradiol ..	77	dorzolamide hcl	149	EASY TOUCH FLIPLOCK	
desvenlafaxine succinate er....	41	dorzolamide hcl-timolol mal	149	INSULIN SY	97
dexamethasone	134, 135	DOVATO	59	EASY TOUCH FLIPLOCK	
dexamethasone sodium		doxazosin mesylate	66	SAFETY SYR	97
phosphate	129, 135	doxepin hcl	41	EASY TOUCH INSULIN	
dextrose	66	doxorubicin hcl liposomal	25	BARRELS	97
dextrose-nacl	149	doxy 100	22	EASY TOUCH INSULIN	
dextrose-sodium chloride	149	doxycycline hyclate.....	22	SAFETY SYR	97, 98
DIACOMIT	37	doxycycline monohydrate	22	EASY TOUCH INSULIN	
DIATHRIVE PEN NEEDLE .	93	DRIZALMA SPRINKLE.....	41	SYRINGE.....	98
diazepam.....	17, 37	dronabinol	51	EASY TOUCH PEN NEEDLES	
diazepam intensol	17	DROPLET INSULIN		.....	98, 99
diazoxide.....	148	SYRINGE.....	94, 95	EASY TOUCH SAFETY PEN	
diclofenac epolamine.....	14	DROPLET MICRON	95	NEEDLES	99
diclofenac potassium	14	DROPLET PEN NEEDLES...	95	EASY TOUCH	
diclofenac sodium.....	14, 129	DROPSAFE ALCOHOL PREP		SHEATHLOCK SYRINGE	
diclofenac sodium er	14	.....	95	.....	99
diclofenac-misoprostol	14	DROPSAFE SAFETY PEN		ec-naproxen	14
dicloxacillin sodium	21	NEEDLES	95	econazole nitrate	48
dicyclomine hcl.....	131			EDURANT	59

<i>efavirenz</i>	59	<i>endocet</i>	13	<i>etodolac</i>	15
<i>efavirenz-emtricitab-tenofo df</i> 59		ENGERIX-B	143	<i>etonogestrel-ethinyl estradiol</i> .78	
<i>efavirenz-lamivudine-tenofovir</i>		<i>enilloring</i>	77	ETOPOPHOS	26
.....	59	<i>enoxaparin sodium</i>	63	<i>etoposide</i>	26
ELAHERE.....	25	<i>enpresse-28</i>	77	<i>etravirine</i>	60
ELIGARD	25	<i>enskyce</i>	77	EUCRISA.....	84
<i>elinest</i>	77	<i>entacapone</i>	53	EULEXIN	26
ELIQUIS	63	<i>entecavir</i>	63	<i>everolimus</i>	26, 139
ELIQUIS DVT/PE STARTER		ENTRESTO.....	66	EVOTAZ	60
PACK	63	<i>enulose</i>	131	EXEL COMFORT POINT PEN	
ELREXFIO.....	25	EPCLUSA	62	NEEDLE.....	100
<i>eluryng</i>	77	EPIDIOLEX	37	<i>exemestane</i>	26
EMBECTA AUTOSHIELD		<i>epinastine hcl</i>	128	EXTENCILLINE	21
DUO	99	<i>epinephrine</i>	70	EYSUVIS	129
EMBECTA INS SYR U/F 1/2		<i>epitol</i>	37	<i>ezetimibe</i>	72
UNIT	99	EPIVIR HBV.....	60	<i>ezetimibe-simvastatin</i>	72
EMBECTA INSULIN SYR		EPKINLY	25	F	
ULTRAFINE.....	99	<i>eplerenone</i>	73	<i>falmina</i>	78
EMBECTA INSULIN		EPRONTIA	37	<i>famciclovir</i>	63
SYRINGE.....	100	EQL ALCOHOL SWABS ...	100	<i>famotidine</i>	130
EMBECTA INSULIN		EQL GAUZE.....	100	FANAPT.....	55
SYRINGE U-100	100	EQL INSULIN SYRINGE...100		FANAPT TITRATION PACK	
EMBECTA PEN NEEDLE		ERBITUX.....	25	.....	55
NANO 2 GEN	100	<i>ergoloid mesylates</i>	40	FARXIGA	43
EMBECTA PEN NEEDLE		ERIVEDGE	25	FASENRA.....	153
ULTRAFINE.....	100	ERLEADA	26	FASENRA PEN	153
EMBRACE PEN NEEDLES100		<i>erlotinib hcl</i>	26	<i>febuxostat</i>	49
EMCYT	25	<i>errin</i>	77	<i>feirza 1.5/30</i>	78
EMGALITY	50	<i>ertapenem sodium</i>	20	<i>feirza 1/20</i>	78
EMGALITY (300 MG DOSE)		<i>erythromycin</i>	83, 128	<i>felbamate</i>	37
.....	50	<i>erythromycin base</i>	20	<i>felodipine er</i>	71
<i>emoquette</i>	77	<i>erythromycin ethylsuccinate</i> ...20		<i>femynor</i>	78
EMSAM	41	ERZOFRI	55	<i>fenofibrate</i>	72
<i>emtricitabine</i>	59	<i>escitalopram oxalate</i>	41	<i>fenofibrate micronized</i>	72
<i>emtricitabine-tenofovir df</i>	59	<i>esomeprazole magnesium</i>.....130		<i>fentanyl</i>	13
EMTRIVA.....	60	<i>estarylla</i>	77	<i>fentanyl citrate</i>	13
<i>emzahn</i>	77	<i>estradiol</i>	134	<i>fesoterodine fumarate er</i>.....132	
<i>enalapril maleate</i>	67	<i>estradiol-norethindrone acet</i> 134		FETZIMA.....	41
<i>enalapril-hydrochlorothiazide</i> 67		<i>eszopiclone</i>	154	FETZIMA TITRATION	41
ENBREL	139	<i>ethambutol hcl</i>	51	FIASP	45
ENBREL MINI	139	<i>ethosuximide</i>	37	FIASP FLEXTOUCH	45
ENBREL SURECLICK	139	<i>ethynodiol diac-eth estradiol</i> ..77		FIASP PENFILL	45

FIFTY50 PEN NEEDLES ...	100	FRUZAQLA.....	26	GLOBAL INJECT EASE	
<i>finasteride</i>	133	<i>fulvestrant</i>	26	INSULIN SYR	101
<i> fingolimod hcl</i>	74	<i>furosemide</i>	71	GLUCOPRO INSULIN	
FINTEPLA	37	FUZEON	60	SYRINGE	101, 102
FIRMAGON.....	26	FYARRO.....	26	<i>glyburide</i>	47
FIRMAGON (240 MG DOSE)		FYCOMPA.....	37	<i>glyburide micronized</i>	47
.....	26	G		<i>glyburide-metformin</i>	47
<i>flavoxate hcl</i>	132	<i>gabapentin</i>	37	<i>glycopyrrolate</i>	131
<i>flecainide acetate</i>	68	<i>galantamine hydrobromide</i>	40	<i>glydo</i>	15
<i>floxuridine</i>	26	<i>galantamine hydrobromide er</i>	40	GLYXAMBI.....	43
<i>fluconazole</i>	48	<i>gallifrey</i>	136	GNP ALCOHOL SWABS ...	102
<i>fluconazole in sodium chloride</i>		GAMUNEX-C.....	139	GNP INSULIN SYRINGE...	102
.....	48	GARDASIL 9.....	143, 144	GNP INSULIN SYRINGES.	102
<i>flucytosine</i>	48	GAUZE PADS	100	GNP INSULIN SYRINGES	
<i>fludrocortisone acetate</i>	135	GAUZE TYPE VII MEDI-PAK		29GX1/2	102
<i>flunisolide</i>	130	.....	101	GNP INSULIN SYRINGES	
<i>fluocinolone acetonide</i> ...	84, 130	GAVILYTE-C.....	132	30GX5/16	102
<i>fluocinonide</i>	84	<i>gavilyte-g</i>	132	GNP INSULIN SYRINGES	
<i>fluorometholone</i>	130	<i>gavilyte-n with flavor pack</i> ...	132	31GX5/16	102
<i>fluorouracil</i>	26, 82	GAVRETO	26	GNP STERILE GAUZE.....	102
<i>fluoxetine hcl</i>	41, 42	<i>gefitinib</i>	26	GNP ULTRA COM INSULIN	
<i>fluphenazine decanoate</i>	55	<i>gemfibrozil</i>	72	SYRINGE.....	102
<i>fluphenazine hcl</i>	55	<i>generlac</i>	131	GOMEKLI.....	26, 27
<i>flurbiprofen</i>	15	<i>gengraf</i>	139	GOODSENSE ALCOHOL	
FLURBIPROFEN	15	GENTAK.....	128	SWABS	102
<i>flurbiprofen sodium</i>	130	<i>gentamicin sulfate</i>	17, 83, 128	<i>griseofulvin microsize</i>	48
FLUTAMIDE	26	GENVOYA	60	<i>griseofulvin ultramicrosize</i>	48
<i>fluticasone propionate</i>	84, 130	GILOTRIF	26	GRISEOFULVIN	
<i>fluticasone propionate hfa</i>	151	<i>glatiramer acetate</i>	74	ULTRAMICROSIZE	48
<i>fluticasone-salmeterol</i>	151	<i>glatopa</i>	75	<i>guanfacine hcl</i>	66
<i>fluvastatin sodium</i>	72	GLEOSTINE	26	<i>guanfacine hcl er</i>	75
<i>fluvastatin sodium er</i>	72	<i>glimepiride</i>	47	GVOKE HYPOPEN 2-PACK	
<i>fluvoxamine maleate</i>	42	<i>glipizide</i>	47	.....	148
FOLIVANE-OB	155	<i>glipizide er</i>	47	GVOKE KIT	148
<i>fondaparinux sodium</i>	64	<i>glipizide-metformin hcl</i>	47	GVOKE PFS	148
<i>fosamprenavir calcium</i>	60	GLOBAL ALCOHOL PREP		H	
<i>fosinopril sodium</i>	67	EASE	101	HAEGARDA.....	64
<i>fosinopril sodium-hctz</i>	67	GLOBAL EASE INJECT PEN		<i>hailey 24 fe</i>	78
<i>fosphenytoin sodium</i>	37	NEEDLES	101	<i>hailey fe 1.5/30</i>	78
FOTIVDA	26	GLOBAL EASY GLIDE		<i>hailey fe 1/20</i>	78
FREESTYLE PRECISION INS		INSULIN SYR	101	<i>halobetasol propionate</i>	84
SYR	100			<i>haloette</i>	78

<i>haloperidol</i>	55	HUMULIN R U-500		<i>indapamide</i>	71
<i>haloperidol decanoate</i>	55	(CONCENTRATED)	45	<i>indomethacin</i>	15
<i>haloperidol lactate</i>	55	HUMULIN R U-500		INFANRIX	144
HARVONI	62	KWIKPEN	45	<i>infliximab</i>	140
HAVRIX	144	<i>hydralazine hcl</i>	70	INGREZZA	75
HEALTHWISE INSULIN		<i>hydrochlorothiazide</i>	71	INLYTA	27
SYR/NEEDLE	102, 103	<i>hydrocodone-acetaminophen</i> ..	13	INPEN 100-BLUE-LILLY-	
HEALTHWISE MICRON PEN		<i>hydrocortisone</i>	84, 135, 146	HUMALOG	104
NEEDLES	103	<i>hydrocortisone (perianal)</i>	84	INPEN 100-BLUE-	
HEALTHWISE SHORT PEN		<i>hydrocortisone valerate</i>	84	NOVOLOG-FIASP	104
NEEDLES	103	<i>hydrocortisone-acetic acid</i> ...	128	INQOVI	27
HEALTHY ACCENTS		<i>hydromorphone hcl</i>	13	INREBIC	27
UNIFINE PENTIP	103	<i>hydroxychloroquine sulfate</i>	52	<i>insulin asp prot & asp flexpen</i>	45
<i>heather</i>	78	<i>hydroxyurea</i>	27	INSULIN ASPART	45
H-E-B INCONTROL		<i>hydroxyzine hcl</i>	49	INSULIN ASPART FLEXPEN	
ALCOHOL	103	<i>hydroxyzine pamoate</i>	148	.....	45
H-E-B INCONTROL PEN		I		INSULIN ASPART PENFILL	
NEEDLES	103	<i>ibandronate sodium</i>	147	.....	46
<i>heparin sodium (porcine)</i>	64	IBRANCE	27	<i>insulin aspart prot & aspart</i> ...	46
HEPLISAV-B	144	<i>ibu</i>	15	INSULIN SYRINGE	104
HERCEPTIN HYLECTA	27	<i>ibuprofen</i>	15	INSULIN SYRINGE/NEEDLE	
HERZUMA	27	<i>icatibant acetate</i>	70	.....	104
HIBERIX	144	<i>iclevia</i>	78	INSULIN SYRINGE-NEEDLE	
HM STERILE PADS	103	ICLUSIG	27	U-100	104, 105
HM ULTICARE INSULIN		<i>icosapent ethyl</i>	72	INSUPEN PEN NEEDLES ..	105
SYRINGE	103, 104	IDHIFA	27	INSUPEN SENSITIVE	105
HM ULTICARE SHORT PEN		<i>ifosfamide</i>	27	INSUPEN ULTRAFIN	105
NEEDLES	104	ILEVRO	130	INTELENCE	60
HUMIRA (2 PEN)	139	<i>imatinib mesylate</i>	27	INTRON A	62
HUMIRA (2 SYRINGE)	139	IMBRUVICA	27	<i>introvale</i>	78
HUMIRA-CD/UC/HS		IMDELLTRA	27	INVEGA HAFYERA	55
STARTER	139	<i>imipenem-cilastatin</i>	20	INVEGA SUSTENNA	56
HUMIRA-PED<40KG		<i>imipramine hcl</i>	42	INVEGA TRINZA	56
CROHNS STARTER	139	<i>imiquimod</i>	82	INVELTYS	130
HUMIRA-PED>/=40KG		IMJUDO	27	IPOL	144
CROHNS START	139	IMKELDI	27	<i>ipratropium bromide</i>	128, 152
HUMIRA-PED>/=40KG UC		IMOVAX RABIES	144	<i>ipratropium-albuterol</i>	152
STARTER	140	IMPAVIDO	52	<i>irbesartan</i>	66
HUMIRA-PS/UV/ADOL HS		<i>incassia</i>	78	<i>irbesartan-hydrochlorothiazide</i>	
STARTER	140	INCONTROL ULTICARE PEN		.....	66
HUMIRA-PSORIASIS/UEVIT		NEEDLES	104	ISENTRESS	60
STARTER	140	INCRELEX	135	ISENTRESS HD	60

<i>isibloom</i>	78
<i>isoniazid</i>	51
<i>isosorbide dinitrate</i>	73
<i>isosorbide mononitrate</i>	73
<i>isosorbide mononitrate er</i>	73
ITOVEBI	27
<i>itraconazole</i>	48
<i>ivabradine hcl</i>	70
<i>ivermectin</i>	52
IWILFIN	27
IXCHIQ	144
IXIARO	144

J

J & J GAUZE	105
JAKAFI	28
<i>jantoven</i>	64
JANUMET	43
JANUMET XR	43
JANUVIA	43
JARDIANCE	43
<i>javygtor</i>	127
JAYPIRCA	28
JEMPERLI	28
<i>jencycla</i>	78
JENTADUETO	43
JENTADUETO XR	43
<i>jolessa</i>	78
<i>juleber</i>	78
JULUCA	60
<i>junel 1.5/30</i>	78
<i>junel 1/20</i>	78
<i>junel fe 1.5/30</i>	78
<i>junel fe 1/20</i>	78
<i>junel fe 24</i>	78
JYLAMVO	28
JYNNEOS	144

K

KALYDECO	153
<i>kariva</i>	78
<i>kelnor 1/35</i>	78
<i>kelnor 1/50</i>	78

KENDALL HYDROPHILIC FOAM DRESS	105
KENDALL HYDROPHILIC FOAM PLUS	105
KERENDIA	73
KESIMPTA	75
<i>ketoconazole</i>	48
<i>ketorolac tromethamine</i> ..	15, 130
KEYTRUDA	28
KIMMTRAK	28
KINERET	140
KINRAY INSULIN SYRINGE	105
KINRIX	144
<i>kionex</i>	131
KISQALI (200 MG DOSE) ...	28
KISQALI (400 MG DOSE) ...	28
KISQALI (600 MG DOSE) ...	28
KISQALI FEMARA (200 MG DOSE)	28
KISQALI FEMARA (400 MG DOSE)	28
KISQALI FEMARA (600 MG DOSE)	28
KLISYRI (250 MG)	82
<i>klor-con m10</i>	150
<i>klor-con m15</i>	150
<i>klor-con m20</i>	150
KLOXXADO	16
KMART VALU INSULIN SYRINGE 29G	105
KMART VALU INSULIN SYRINGE 30G	105
KOSELUGO	28
KOSHER PRENATAL PLUS IRON	155
KRAZATI	28
KROGER PEN NEEDLES ..	105
<i>kurvelo</i>	78
KYLEENA	78
KYNMOBI	53

KYNMOBI TITRATION KIT	53
--------------------------------	----

L

<i>labetalol hcl</i>	68
<i>lacosamide</i>	37
<i>lactulose</i>	131
<i>lamivudine</i>	60
<i>lamivudine-zidovudine</i>	60
<i>lamotrigine</i>	38
LANREOTIDE ACETATE ..	136
<i>lansoprazole</i>	130
LANTUS	46
LANTUS SOLOSTAR	46
<i>lapatinib ditosylate</i>	28
<i>larin 1.5/30</i>	78
<i>larin 1/20</i>	78
<i>larin 24 fe</i>	78
<i>larin fe 1.5/30</i>	78
<i>larin fe 1/20</i>	78
<i>larissia</i>	78
<i>latanoprost</i>	149
LAZCLUZE	28
LEADER UNIFINE PENTIPS	105
LEADER UNIFINE PENTIPS PLUS	105
<i>leflunomide</i>	140
<i>lenalidomide</i>	28
LENTOCILIN	21
LENVIMA (10 MG DAILY DOSE)	28
LENVIMA (12 MG DAILY DOSE)	28
LENVIMA (14 MG DAILY DOSE)	28
LENVIMA (18 MG DAILY DOSE)	29
LENVIMA (20 MG DAILY DOSE)	29
LENVIMA (24 MG DAILY DOSE)	29

LENVIMA (4 MG DAILY DOSE)	29	LITETOUCH PEN NEEDLES	106	LYBALVI.....	56
LENVIMA (8 MG DAILY DOSE)	29	<i>lithium</i>	75	<i>lyleq</i>	79
<i>lessina</i>	79	<i>lithium carbonate</i>	75	LYNPARZA.....	29
<i>letrozole</i>	29	LITHIUM CARBONATE.....	75	LYSODREN.....	30
<i>leucovorin calcium</i>	148	<i>lithium carbonate er</i>	75	LYTGOBI (12 MG DAILY DOSE)	30
LEUKERAN	29	LIVTENCITY	62	LYTGOBI (16 MG DAILY DOSE)	30
<i>leuprolide acetate</i>	29	LOKELMA	131	LYTGOBI (20 MG DAILY DOSE)	30
LEUPROLIDE ACETATE (3 MONTH).....	29	LONSURF.....	29	<i>lyza</i>	79
<i>levetiracetam</i>	38	<i>loperamide hcl</i>	131	M	
<i>levetiracetam er</i>	38	<i>lopinavir-ritonavir</i>	60	MAGELLAN INSULIN SAFETY SYR	106, 107
<i>levobunolol hcl</i>	149	LOQTORZI	29	<i>magnesium sulfate</i>	150
<i>levocetirizine dihydrochloride</i> ..	49	<i>lorazepam</i>	17	<i>malathion</i>	85
<i>levofloxacin</i>	22	<i>lorazepam intensol</i>	17	<i>maraviroc</i>	60
<i>levofloxacin in d5w</i>	22	LORBRENA	29	MARGENZA	30
<i>levonest</i>	79	<i>losartan potassium</i>	66	<i>marlissa</i>	79
<i>levonorgest-eth estrad 91-day</i> ..	79	<i>losartan potassium-hctz</i>	66	MARPLAN.....	42
<i>levonorgest-eth estradiol-iron</i> ..	79	LOTEMAX	130	MATULANE.....	30
<i>levonorgestrel-ethinyl estrad.</i> ..	79	LOTEMAX SM.....	130	MAVENCLAD (10 TABS)....	75
<i>levonorg-eth estrad triphasic</i> ..	79	<i>loteprednol etabonate</i>	130	MAVENCLAD (4 TABS).....	75
<i>levora 0.15/30 (28)</i>	79	<i>lovastatin</i>	72	MAVENCLAD (5 TABS).....	75
<i>levothyroxine sodium</i>	137	<i>low-ogestrel</i>	79	MAVENCLAD (6 TABS).....	75
LEXIVA	60	<i>loxapine succinate</i>	56	MAVENCLAD (7 TABS).....	75
<i>l-glutamine</i>	148	<i>lubiprostone</i>	131	MAVENCLAD (8 TABS).....	75
LIBERVANT	38	LUMAKRAS.....	29	MAVENCLAD (9 TABS).....	75
<i>lidocaine</i>	15	LUMIGAN	149	MAXICOMFORT II PEN NEEDLE.....	107
<i>lidocaine hcl urethral/mucosal</i>	15	LUNSUMIO	29	MAXI-COMFORT INSULIN SYRINGE.....	107
<i>lidocaine viscous hcl</i>	15	LUPRON DEPOT (1-MONTH)	29, 136	MAXI-COMFORT SAFETY PEN NEEDLE	107
<i>lidocaine-prilocaine</i>	15	LUPRON DEPOT (3-MONTH)	29, 136	MAXICOMFORT SYR 27G X 1/2	107
<i>lidocan</i>	15	LUPRON DEPOT (4-MONTH)	29	MAYZENT.....	75
LILETTA (52 MG)	79	LUPRON DEPOT (6-MONTH)	29	MAYZENT STARTER PACK	76
<i>lillow</i>	79	LUPRON DEPOT-PED (3-MONTH)	136	<i>meclizine hcl</i>	51
<i>linezolid</i>	18	LUPRON DEPOT-PED (6-MONTH)	136	MEDIC INSULIN SYRINGE	107
LINZESS	131	<i>lurasidone hcl</i>	56		
<i>liothyronine sodium</i>	137	<i>lutera</i>	79		
<i>lisinopril</i>	67	LUTRATE DEPOT	136		
<i>lisinopril-hydrochlorothiazide</i> ..	67				
LITETOUCH INSULIN SYRINGE.....	106				

MEDICINE SHOPPE PEN NEEDLES	107	<i>metoprolol succinate er</i>	68	<i>morphine sulfate (concentrate)</i>	13
MEDPURA ALCOHOL PADS	107	<i>metoprolol tartrate</i>	69	<i>morphine sulfate er</i>	13, 14
<i>medroxyprogesterone acetate</i>	137	<i>metronidazole</i>	18, 49, 83	MOUNJARO	44
<i>mefloquine hcl</i>	52	<i>metyrosine</i>	70	MOVANTIK	131
<i>megestrol acetate</i>	30, 137	<i>micafungin sodium</i>	48	<i>moxifloxacin hcl</i>	22, 128
MEIJER ALCOHOL SWABS	107	MICONAZOLE 3.....	48	MOXIFLOXACIN HCL	22
MEIJER PEN NEEDLES.....	107	MICRODOT PEN NEEDLE	107	MOXIFLOXACIN HCL IN NACL	22
MEKINIST	30	<i>microgestin 1.5/30</i>	79	MRESVIA	144
MEKTOVI	30	<i>microgestin 1/20</i>	79	MULTAQ	68
<i>meloxicam</i>	15	<i>microgestin 24 fe</i>	79	<i>mupirocin</i>	83
<i>memantine hcl</i>	40	<i>microgestin fe 1.5/30</i>	79	MVASI	30
<i>memantine hcl er</i>	40	<i>microgestin fe 1/20</i>	79	<i>mycophenolate mofetil</i>	140
MENACTRA	144	<i>midodrine hcl</i>	66	<i>mycophenolate mofetil hcl</i> ...	140
MENQUADFI.....	144	MIEBO	128	<i>mycophenolate sodium</i>	140
MENVEO.....	144	<i>mifepristone</i>	44	MYRBETRIQ.....	133
<i>mercaptopurine</i>	30	<i>mili</i>	79	N	
<i>meropenem</i>	20	<i>mimvey</i>	134	<i>na sulfate-k sulfate-mg sulf</i> ...	132
<i>mesalamine</i>	147	<i>minitran</i>	73	<i>nabumetone</i>	15
<i>mesalamine er</i>	146	<i>minocycline hcl</i>	22	<i>nafcillin sodium</i>	21
<i>mesna</i>	148	<i>minoxidil</i>	73	<i>naloxone hcl</i>	16
<i>metformin hcl</i>	44	MIPLYFFA	127	<i>naltrexone hcl</i>	16
<i>metformin hcl er</i>	43, 44	MIRASORB SPONGES	107	<i>naproxen</i>	15
<i>methadone hcl</i>	13	MIRENA (52 MG)	79	<i>naratriptan hcl</i>	50
<i>methazolamide</i>	149	<i>mirtazapine</i>	42	NATACYN.....	128
<i>methenamine hippurate</i>	18	<i>misoprostol</i>	130	<i>nateglinide</i>	44
<i>methimazole</i>	137	<i>mitoxantrone hcl</i>	30	NATPARA	147
<i>methocarbamol</i>	154	MM PEN NEEDLES.....	107	NAYZILAM.....	38
<i>methotrexate sodium</i>	30	M-M-R II.....	144	<i>nebivolol hcl</i>	69
METHOTREXATE SODIUM	30	M-NATAL PLUS.....	155	<i>nefazodone hcl</i>	42
<i>methotrexate sodium (pf)</i>	30	<i>modafinil</i>	154	NEFAZODONE HCL	42
<i>methoxsalen rapid</i>	82	<i>moexipril hcl</i>	67	<i>neomycin sulfate</i>	17
<i>methsuximide</i>	38	<i>molindone hcl</i>	56	<i>neomycin-bacitracin zn-polymyx</i>	128
<i>methylphenidate hcl</i>	76	<i>mometasone furoate</i>	84, 130	<i>neomycin-polymyxin-dexameth</i>	128
<i>methylprednisolone</i>	135	MONOJECT INSULIN SYRINGE.....	107, 108	<i>neomycin-polymyxin-gramicidin</i>	128
<i>methylprednisolone acetate</i> ..	135	MONOJECT ULTRA COMFORT SYRINGE ...	108, 109	<i>neomycin-polymyxin-hc</i>	129
<i>metoclopramide hcl</i>	131	<i>mono-linyah</i>	79	<i>neo-polycin</i>	129
<i>metolazone</i>	71	<i>montelukast sodium</i>	151	<i>neo-polycin hc</i>	129
		MORPHINE SULFATE.....	14		

NERLYNX.....	30	NOVOFINE AUTOCOVER	109	<i>olmesartan medoxomil</i>	66
<i>neuac</i>	83	NOVOFINE PEN NEEDLE	109	<i>olmesartan medoxomil-hctz</i>	66
NEULASTA ONPRO	64	NOVOFINE PLUS PEN		<i>olmesartan-amlodipine-hctz</i> ...	67
<i>nevirapine</i>	60	NEEDLE	109	<i>olopatadine hcl</i>	128
<i>nevirapine er</i>	60	NOVOLIN 70/30.....	46	<i>omega-3-acid ethyl esters</i>	72
NEXLETOL	72	NOVOLIN 70/30 FLEXPEN .	46	<i>omeprazole</i>	131
NEXLIZET.....	72	NOVOLIN 70/30 RELION ...	46	OMNIPOD 5 DEXG7G6	
NEXPLANON	79	NOVOLIN N	46	INTRO GEN 5.....	109
NIACIN		NOVOLIN N FLEXPEN	46	OMNIPOD 5 DEXG7G6 PODS	
(ANTHYPERLIPIDEMIC)		NOVOLIN N RELION	46	GEN 5.....	109
.....	72	NOVOLIN R	46	OMNIPOD 5 G7 INTRO (GEN	
<i>niacin er (antihyperlipidemic)</i>	72	NOVOLIN R FLEXPEN.....	46	5).....	109
NIACOR.....	72	NOVOLIN R RELION	46	OMNIPOD 5 G7 PODS (GEN	
NICOTROL NS.....	16	NOVOTWIST PEN NEEDLE		5).....	109
<i>nifedipine er</i>	71	.....	109	OMNIPOD 5 LIBRE2 PLUS	
<i>nifedipine er osmotic release.</i>	71	NUBEQA	30	G6	109
NIKTIMVO.....	140	NUCALA	153	OMNIPOD 5 LIBRE2 PLUS	
<i>nilutamide</i>	30	NULOJIX	140	G6 PODS	109
NINLARO.....	30	NUPLAZID	57	OMNIPOD CLASSIC PDM	
<i>nitazoxanide</i>	52	NURTEC	50	(GEN 3)	109
<i>nitisinone</i>	127	<i>nyamyc</i>	48	OMNIPOD CLASSIC PODS	
<i>nitrofurantoin macrocrystal</i> ...	18	<i>nylia 1/35</i>	80	(GEN 3)	109
<i>nitrofurantoin monohyd macro</i>		<i>nylia 7/7/7</i>	80	OMNIPOD DASH INTRO	
.....	18	<i>nymyo</i>	80	(GEN 4)	109
<i>nitroglycerin</i>	73, 148	<i>nystatin</i>	48, 49	OMNIPOD DASH PDM (GEN	
NIVA-PLUS.....	155	<i>nystatin-triamcinolone</i>	49	4).....	109
NIVESTYM	64	<i>nystop</i>	49	OMNIPOD DASH PODS (GEN	
NORDITROPIN FLEXPRO	136	NYVEPRIA.....	64	4).....	109
<i>norelgestromin-eth estradiol</i> ..	79	O		ONAPGO	53
<i>norethin ace-eth estrad-fe</i>	79	OBSTETRIX DHA	155	<i>ondansetron</i>	51
<i>norethindrone</i>	79	OCREVUS	76	<i>ondansetron hcl</i>	51
<i>norethindrone acetate</i>	137	OCREVUS ZUNOVO	76	ONTRUZANT.....	31
<i>norethindron-ethinyl estrad-fe</i>	80	<i>octreotide acetate</i>	136	ONUREG	31
<i>norgestimate-eth estradiol</i>	80	ODEFSEY	60	OPDIVO	31
<i>norgestim-eth estrad triphasic</i>	80	ODOMZO	30	OPDIVO QVANTIG.....	31
<i>norlyda</i>	80	OFEV.....	153	OPDUALAG	31
<i>norlyroc</i>	80	<i>ofloxacin</i>	129	OPIPZA	57
<i>nortrel 1/35 (21)</i>	80	OGIVRI	31	OPSUMIT.....	154
<i>nortrel 1/35 (28)</i>	80	OGSIVEO	31	ORENCIA	140
<i>nortrel 7/7/7</i>	80	OJEMDA.....	31	ORENCIA CLICKJECT	140
<i>nortriptyline hcl</i>	42	OJJAARA.....	31	ORFADIN	127
NORVIR.....	60	<i>olanzapine</i>	57	ORGOVYX	136

ORILISSA.....	136	PEN NEEDLE/5-BEVEL TIP		PIQRAY (250 MG DAILY	
ORKAMBI.....	153	.....	109	DOSE).....	32
ORSERDU.....	31	PEN NEEDLES.....	109	PIQRAY (300 MG DAILY	
oseltamivir phosphate.....	62	PENBRAYA.....	145	DOSE).....	32
OTEZLA.....	140, 141	penicillamine.....	133	pirfenidone.....	153
oxandrolone.....	133	penicillin g potassium.....	21	pirmella 1/35.....	80
oxcarbazepine.....	38	penicillin g procaine.....	21	pirmella 7/7/7.....	80
oxybutynin chloride.....	133	penicillin v potassium.....	21	pitavastatin calcium.....	72
oxybutynin chloride er.....	133	PENTACEL.....	145	PLEGRIDY.....	76
oxycodone hcl.....	14	pentamidine isethionate.....	52	PLEGRIDY STARTER PACK	
oxycodone-acetaminophen.....	14	PENTIPS.....	109	.....	76
OZEMPIC (0.25 OR 0.5		PENTIPS GENERIC PEN		PNV PRENATAL PLUS	
MG/DOSE).....	44	NEEDLES.....	109	MULTIVITAMIN.....	155
OZEMPIC (1 MG/DOSE).....	44	pentoxifylline er.....	65	PNV TABS 29-1.....	155
OZEMPIC (2 MG/DOSE).....	44	perindopril erbumine.....	67	PNV-DHA+DOCUSATE	155
P		periogard.....	82	PNV-OMEGA.....	155
pacerone.....	68	permethrin.....	85	podofilox.....	82
PACLITAXEL PROTEIN-		perphenazine.....	57	polycin.....	129
BOUND PART.....	31	perphenazine-amitriptyline	42	polymyxin b-trimethoprim	129
paliperidone er.....	57	PERSERIS.....	57	POMALYST.....	32
PANRETIN.....	82	phenelzine sulfate.....	42	portia-28.....	80
pantoprazole sodium.....	131	phenobarbital.....	38	posaconazole.....	49
paricalcitol.....	147	phenytek.....	38	potassium chloride.....	150
paromomycin sulfate.....	52	phenytoin.....	38	potassium chloride crys er....	150
paroxetine hcl.....	42	phenytoin sodium.....	38	potassium chloride er.....	150
paroxetine hcl er.....	42	phenytoin sodium extended	38	potassium citrate er.....	150
PAXLOVID.....	62	PIFELTRO.....	60	pramipexole dihydrochloride .53	
PAXLOVID (150/100).....	62	pilocarpine hcl.....	82, 149	prasugrel hcl.....	65
PAXLOVID (300/100).....	62	pimecrolimus.....	84	pravastatin sodium.....	72
pazopanib hcl.....	31	pimozide.....	57	praziquantel.....	52
PC UNIFINE PENTIPS.....	109	pimtrea.....	80	prazosin hcl.....	66
PEDIARIX.....	144	pioglitazone hcl.....	44	PRECISION SUREDOSE	
PEDVAX HIB.....	145	pioglitazone hcl-metformin hcl		PLUS SYR.....	110
peg 3350-kcl-na bicarb-nacl	132	.....	44	PRECISION SURE-DOSE	
peg-3350/electrolytes.....	132	PIP PEN NEEDLES 31G X		SYRINGE.....	110
PEGASYS.....	62, 63	5MM.....	109	prednisolone.....	135
PEMAZYRE.....	31	PIP PEN NEEDLES 32G X		prednisolone acetate.....	130
pemetrexed disodium.....	31	4MM.....	110	prednisolone sodium phosphate	
PEMETREXED DISODIUM	31	piperacillin sod-tazobactam so		.....	135
pemetrexed ditromethamine ...	31	.....	21	prednisone.....	135
PEMRYDI RTU.....	31	PIQRAY (200 MG DAILY		PREFERRED PLUS INSULIN	
		DOSE).....	32	SYRINGE.....	110

PREFERRED PLUS UNIFINE PENTIPS 110	<i>prochlorperazine maleate</i>.....51	QUICK TOUCH INSULIN PEN NEEDLE .....111, 112
<i>pregabalin</i> .....38	<i>procto-med hc</i>.....84	<i>quinapril hcl</i> .....67
PREHEVBRIO .....145	<i>procto-pak</i> .....84	<i>quinapril-hydrochlorothiazide</i> 68
PREMARIN .....134	<i>proctosol hc</i> .....84	<i>quinidine sulfate</i> .....68
PREMPHASE .....134	<i>proctozone-hc</i> .....84	<i>quinine sulfate</i> .....52
PREMPRO .....134	PRODIGY INSULIN SYRINGE..... 111	QULIPTA .....50
PRENA 1 TRUE .....155	<i>progesterone</i>.....137	R
PRENAISSANCE .....155	PROGRAF .....141	RA ALCOHOL SWABS.....112
PRENAISSANCE PLUS .....155	PROLIA.....147	RA INSULIN SYRINGE .....112
PRENATABS FA .....155	PROMACTA.....65	<i>ra isopropyl alcohol wipes</i> ...112
PRENATAL .....155	<i>promethazine hcl</i> .....51	RA PEN NEEDLES .....112
PRENATAL 19.....155	<i>promethegan</i>.....51	RA STERILE.....112
PRENATAL PLUS IRON ...155	<i>propafenone hcl</i>.....68	RABAVERT.....145
PRENATAL-U .....155	<i>propafenone hcl er</i>.....68	<i>rabeprazole sodium</i> .....131
PREPLUS.....156	<i>propranolol hcl</i>.....69	RALDESY .....42
PRETAB.....156	<i>propranolol hcl er</i> .....69	<i>raloxifene hcl</i> .....134
<i>prevalite</i>.....72	<i>propylthiouracil</i>.....137	<i>ramipril</i>.....68
PREVENT DROPSAFE PEN NEEDLES .....110	PROQUAD.....145	<i>ranolazine er</i>.....70
PREVENT SAFETY PEN NEEDLES .....110	<i>protriptyline hcl</i>.....42	<i>rasagiline mesylate</i> .....53
<i>previfem</i>.....80	PULMOZYME.....127	RASUVO.....141
PREVYMIS.....62	PURE COMFORT ALCOHOL PREP .....111	RAYA SURE PEN NEEDLE.....112
PREZCOBIX.....60	PURE COMFORT PEN NEEDLE .....111	RAYALDEE.....147
PREZISTA .....60, 61	PURE COMFORT SAFETY PEN NEEDLE .....111	REALITY INSULIN SYRINGE.....112
PRIFTIN.....51	PX SHORTLENGTH PEN NEEDLES .....111	REALITY SWABS .....112
PRIMAQUINE PHOSPHATE.....52	<i>pyrazinamide</i> .....51	<i>reclipsen</i> .....80
<i>primidone</i> .....38	<i>pyridostigmine bromide</i>.....148	RECOMBIVAX HB.....145
PRIORIX.....145	<i>pyrimethamine</i> .....52	RELENZA DISKHALER .....62
PRO COMFORT ALCOHOL.....110	Q	RELION ALCOHOL SWABS.....112
PRO COMFORT INSULIN SYRINGE..... 110, 111	QC ALCOHOL .....111	RELION INSULIN SYRINGE.....113
PRO COMFORT PEN NEEDLES .....111	QC ALCOHOL SWABS ....111	RELI-ON INSULIN SYRINGE.....113
<i>probenecid</i>.....49	QC BORDER ISLAND GAUZE .....111	RELION MINI PEN NEEDLES.....113
PROCALAMINE .....66	QINLOCK.....32	RELION PEN NEEDLES ....113
<i>prochlorperazine</i> .....51	QUADRACEL .....145	<i>repaglinide</i>.....44
<i>prochlorperazine edisylate</i> ....51, 57	<i>quetiapine fumarate</i>.....57	REPATHA.....73
	<i>quetiapine fumarate er</i> .....57	

REPATHA PUSHTRONEX SYSTEM.....	72	RYBELSUS.....	44	SIGNIFOR.....	136
REPATHA SURECLICK	73	RYBELSUS (FORMULATION R2).....	44	<i>sildenafil citrate</i>	154
RESTORE CONTACT LAYER	113	RYBREVANT	32	<i>silver sulfadiazine</i>	83
RETACRIT	65	RYDAPT	32	SIMBRINZA	149
RETEVMO.....	32	RYKINDO.....	58	<i>simliya</i>	80
RETROVIR.....	61	RYTELO	33	<i>simvastatin</i>	73
REVUFORJ.....	32	S		<i>sirolimus</i>	141
REXULTI.....	57	SAFETY INSULIN SYRINGES	113	SIRTURO	51
REYATAZ	61	SAFETY PEN NEEDLES....	113	SKYLA.....	80
REZLIDHIA.....	32	SANTYL	82	SKYRIZI	141
REZUROCK	141	<i>sapropterin dihydrochloride</i> ..	127	SKYRIZI (150 MG DOSE)..	141
RHOPRESSA.....	149	SAVELLA.....	76	SKYRIZI PEN.....	141
RIABNI	32	SAVELLA TITRATION PACK	76	SM ALCOHOL PREP.....	114
<i>ribavirin</i>	63	SB ALCOHOL PREP	113	SM GAUZE.....	114
<i>rifabutin</i>	51	SB INSULIN SYRINGE.....	113	<i>sodium chloride</i>	150
<i>rifampin</i>	51	SCSEMBLIX.....	33	<i>sodium fluoride</i>	82
<i>riluzole</i>	76	<i>scopolamine</i>	51	SODIUM FLUORIDE 5000 SENSITIVE.....	82
RINVOQ	141	SECUADO	58	<i>sodium oxybate</i>	154
RINVOQ LQ.....	141	SECURESAFE INSULIN SYRINGE.....	113	<i>sodium polystyrene sulfonate</i> ..	131
<i>risperidone</i>	57	SECURESAFE SAFETY PEN NEEDLES	113	<i>solifenacin succinate</i>	133
<i>risperidone microspheres er</i> ...	57	SELARSDI.....	141	SOLQUA.....	46
<i>ritonavir</i>	61	SELECT-OB	156	SOLTAMOX.....	33
RITUXAN HYCELA.....	32	<i>selegiline hcl</i>	53	SOMATULINE DEPOT	136
<i>rivastigmine</i>	40	<i>selenium sulfide</i>	83	SOMAVERT	136
<i>rivastigmine tartrate</i>	40	SELZENTRY	61	<i>sorafenib tosylate</i>	33
<i>rizatriptan benzoate</i>	50	SEMGLEE (YFGN).....	46	<i>sorine</i>	69
ROCKLATAN	149	SE-NATAL 19	156	<i>sotalol hcl</i>	69
<i>roflumilast</i>	153	SEREVENT DISKUS	152	<i>sotalol hcl (af)</i>	69
ROMVIMZA.....	32	SEROSTIM	136	SPIRIVA RESPIMAT.....	152
<i>ropinirole hcl</i>	53	<i>sertraline hcl</i>	42	<i>spironolactone</i>	71
<i>ropinirole hcl er</i>	53	<i>setlakin</i>	80	<i>spironolactone-hctz</i>	71
<i>rosadan</i>	83	<i>sevelamer carbonate</i>	132	SPRAVATO (56 MG DOSE) ..	42
<i>rosuvastatin calcium</i>	73	<i>sevelamer hcl</i>	132	SPRAVATO (84 MG DOSE) ..	42
ROTARIX	145	SEZABY	39	<i>sprintec 28</i>	80
ROTATEQ	145	<i>sf 5000 plus</i>	82	SPRITAM.....	39
ROZLYTREK	32	<i>sharobel</i>	80	<i>sps (sodium polystyrene sulf)</i> ..	131
RUBRACA.....	32	SHINGRIX	145	<i>sronyx</i>	80
<i>rufinamide</i>	38			<i>ssd</i>	83
RUKOBIA.....	61			STELARA	141, 142
RUXIENCE.....	32			STERILE	114
				STERILE GAUZE.....	114

STIOLTO RESPIMAT	152	<i>tadalafil</i>	154	<i>tetrabenazine</i>	76
STIVARGA.....	33	TAFINLAR	33	<i>tetracycline hcl</i>	23
STRENSIQ.....	127	<i>tafluprost (pf)</i>	149	TEVIMBRA	33
<i>streptomycin sulfate</i>	17	TAGRISO	33	THALOMID.....	148
STRIBILD.....	61	TALVEY	33	<i>theophylline</i>	152
STRIVERDI RESPIMAT	152	TALZENNA.....	33	<i>theophylline er</i>	152
<i>subvenite</i>	39	<i>tamoxifen citrate</i>	33	THERAGAUZE	115
<i>sucrafate</i>	131	<i>tamsulosin hcl</i>	133	<i>thioridazine hcl</i>	58
<i>sulfacetamide sodium</i>	129	<i>tarina 24 fe</i>	80	<i>thiothixene</i>	58
<i>sulfacetamide-prednisolone</i> .	129	<i>tarina fe 1/20 eq</i>	80	<i>tiadylt er</i>	69
<i>sulfadiazine</i>	22	TARON-C DHA.....	156	<i>tiagabine hcl</i>	39
<i>sulfamethoxazole-trimethoprim</i>		TARON-PREX.....	156	TIBSOVO.....	33
.....	22	TASIGNA	33	TICE BCG.....	33
<i>sulfasalazine</i>	147	TAVNEOS	142	TICOVAC	145
<i>sulindac</i>	15	<i>tazarotene</i>	85	TIGECYCLINE.....	23
<i>sumatriptan</i>	50	<i>tazicef</i>	19	<i>tilia fe</i>	80
<i>sumatriptan succinate</i>	50	TAZICEF.....	19	<i>timolol hemihydrate</i>	149
<i>sumatriptan succinate refill</i>	50	<i>taztia xt</i>	69	<i>timolol maleate</i>	69, 149
<i>sunitinib malate</i>	33	TAZVERIK.....	33	<i>tinidazole</i>	52
SUNLENCA.....	61	TDVAX	145	<i>tiotropium bromide</i>	
SURE COMFORT ALCOHOL		TECHLITE INSULIN		<i>monohydrate</i>	152
PREP	114	SYRINGE.....	115	TIVDAK.....	33
SURE COMFORT INSULIN		TECHLITE PLUS PEN		TIVICAY.....	61
SYRINGE.....	114, 115	NEEDLES	115	TIVICAY PD.....	61
SURE COMFORT PEN		TECVAYLI.....	33	<i>tizanidine hcl</i>	154
NEEDLES	115	TEFLARO	19	TOBI PODHALER	17
SURE-JECT INSULIN		<i>telmisartan</i>	67	<i>tobramycin</i>	17, 129
SYRINGE.....	115	<i>telmisartan-hctz</i>	67	<i>tobramycin pak</i>	17
SURE-PREP ALCOHOL PREP		<i>temazepam</i>	17	<i>tobramycin sulfate</i>	17
.....	115	TEMIXYS	61	<i>tobramycin-dexamethasone</i> ..	129
SURGICAL GAUZE SPONGE		TENIVAC	145	TODAYS HEALTH PEN	
.....	115	<i>tenofovir disoproxil fumarate</i> ..	61	NEEDLES	115
SUTAB.....	132	TEPMETKO.....	33	TODAYS HEALTH SHORT	
SYMPAZAN.....	39	<i>terazosin hcl</i>	133	PEN NEEDLE	116
SYMTUZA.....	61	<i>terbinafine hcl</i>	49	<i>tolterodine tartrate</i>	133
SYNJARDY	44	<i>terconazole</i>	49	<i>tolterodine tartrate er</i>	133
SYNJARDY XR	44, 45	TERIPARATIDE	147	TOPCARE CLICKFINE PEN	
SYNRIBO	33	TERUMO INSULIN SYRINGE		NEEDLES	116
T		.....	115	TOPCARE ULTRA	
TABLOID	33	<i>testosterone</i>	134	COMFORT INS SYR.....	116
TABRECTA.....	33	<i>testosterone cypionate</i>	134	<i>topiramate</i>	39
<i>tacrolimus</i>	84, 142	<i>testosterone enanthate</i>	134	<i>toposar</i>	33

<i>toremifene citrate</i>	34	<i>tri-mili</i>	81	TYBOST.....	148
<i>torpenz</i>	34	<i>trimipramine maleate</i>	43	TYENNE	142
<i>torsemide</i>	71	TRINTELLIX.....	43	TYMLOS.....	147
TOUJEO MAX SOLOSTAR.....	46	<i>tri-nymyo</i>	81	TYPHIM VI.....	146
TOUJEO SOLOSTAR	47	<i>tri-previfem</i>	81	U	
TRADJENTA.....	45	<i>tri-sprintec</i>	81	UBRELVY	50
<i>tramadol hcl</i>	14	TRIUMEQ.....	61	ULTICARE INSULIN	
<i>tramadol-acetaminophen</i>	14	TRIUMEQ PD.....	61	SAFETY SYR	119
<i>trandolapril</i>	68	TRIVEEN-DUO DHA	156	ULTICARE INSULIN	
<i>trandolapril-verapamil hcl er</i>	68	<i>trivora (28)</i>	81	SYRINGE.....	119, 120
<i>tranexamic acid</i>	65	<i>tri-vylibra</i>	81	ULTICARE MICRO PEN	
<i>tranylcypromine sulfate</i>	42	<i>tri-vylibra lo</i>	81	NEEDLES	120
<i>travoprost (bak free)</i>	149	TRIZIVIR.....	61	ULTICARE MINI PEN	
TRAZIMERA.....	34	TROGARZO	61	NEEDLES	120
<i>trazodone hcl</i>	42	<i>tropium chloride</i>	133	ULTICARE PEN NEEDLES	
TRECTOR.....	51	<i>tropium chloride er</i>	133	.....	120
TRELEGY ELLIPTA	152	TRUE COMFORT ALCOHOL		ULTICARE SHORT PEN	
TRELSTAR MIXJECT.....	34	PREP PADS	116	NEEDLES	120
TREMFYA.....	142	TRUE COMFORT INSULIN		ULTIGUARD SAFEPAK	
TREMFYA ONE-PRESS	142	SYRINGE.....	116, 117	PEN NEEDLE	120, 121
TREMFYA PEN	142	TRUE COMFORT PEN		ULTIGUARD SAFEPAK	
TRESIBA	47	NEEDLES	117	SYR/NEEDLE.....	121
TRESIBA FLEXTOUCH	47	TRUE COMFORT PRO		ULTILET ALCOHOL SWABS	
<i>tretinoin</i>	34, 85	ALCOHOL PREP	117	.....	121
<i>tri femynor</i>	80	TRUE COMFORT PRO		ULTILET INSULIN SYRINGE	
<i>triamcinolone acetonide</i> ..82, 84,		INSULIN SYR	117	.....	121, 122
85, 135		TRUE COMFORT PRO PEN		ULTILET INSULIN SYRINGE	
<i>triamterene-hctz</i>	71	NEEDLES	117, 118	SHORT	122
<i>triazolam</i>	17	TRUEPLUS 5-BEVEL PEN		ULTILET PEN NEEDLE.....	122
<i>trientine hcl</i>	133	NEEDLES	118	ULTRA COMFORT INSULIN	
<i>tri-estarylla</i>	80	TRUEPLUS INSULIN		SYRINGE.....	122
<i>trifluoperazine hcl</i>	58	SYRINGE.....	118, 119	ULTRA FLO INSULIN PEN	
<i>trifluridine</i>	129	TRUEPLUS PEN NEEDLES		NEEDLES	122, 123
<i>trihexyphenidyl hcl</i>	53	.....	119	ULTRA FLO INSULIN SYR	
TRIJARDY XR.....	45	TRULICITY	45	1/2 UNIT	123
<i>tri-legest fe</i>	80	TRUMENBA.....	146	ULTRA FLO INSULIN	
<i>tri-lynyah</i>	81	TRUQAP	34	SYRINGE.....	123
<i>tri-lo-estarylla</i>	81	TRUXIMA	34	ULTRA THIN PEN NEEDLES	
<i>tri-lo-marzia</i>	81	TUKYSA.....	34	.....	123
<i>tri-lo-mili</i>	81	TURALIO	34	ULTRACARE INSULIN	
<i>tri-lo-sprintec</i>	81	<i>turqoz</i>	81	SYRINGE.....	123, 124
<i>trimethoprim</i>	18	TWINRIX.....	146		

ULTRACARE PEN NEEDLES 124	VALTOCO 5 MG DOSE .....39	<i>vigpoder</i> .....39
ULTRA-COMFORT INSULIN SYRINGE..... 124	<i>valtya 1/50</i> .....81	<i>vilazodone hcl</i> .....43
ULTRA-THIN II INS SYR SHORT..... 124	VALUE HEALTH INSULIN SYRINGE..... 126	VIMKUNYA.....146
ULTRA-THIN II INSULIN SYRINGE..... 124	<i>vancomycin hcl</i> 18	<i>vinorelbine tartrate</i> .....34
ULTRA-THIN II MINI PEN NEEDLE 125	VANCOMYCIN HCL .....18	<i>viorele</i> .....81
ULTRA-THIN II PEN NEEDLE SHORT 125	VANFLYTA .....34	VIRACEPT.....61
ULTRA-THIN II PEN NEEDLES 125	VANISHPOINT INSULIN SYRINGE..... 126	VIREAD .....61
UNIFINE OTC PEN NEEDLES 125	VAQTA 146	VIRT-C DHA .....156
UNIFINE PEN NEEDLES... 125	<i>varenicline tartrate</i> 16	VIRT-NATE DHA .....156
UNIFINE PENTIPS 125	VARENICLINE TARTRATE16	VIRT-PN DHA.....156
UNIFINE PENTIPS PLUS .. 125	<i>varenicline tartrate (starter)</i> ..16	VIRT-PN PLUS.....156
UNIFINE PROTECT PEN NEEDLE 125	VARIVAX..... 146	VITAFOL GUMMIES .....156
UNIFINE SAFECONTROL PEN NEEDLE..... 125	VAXCHORA 146	VITAFOL-NANO .....156
UNIFINE ULTRA PEN NEEDLE 125, 126	VEGZELMA .....34	VITAFOL-OB+DHA .....156
UPTRAVI..... 154, 155	VELTASSA..... 132	VITRAKVI.....34
UPTRAVI TITRATION 155	VEMLIDY.....61	VIVIMUSTA.....34
<i>ursodiol</i> 131, 132	VENCLEXTA .....34	VIVOTIF .....146
URSODIOL..... 131	VENCLEXTA STARTING PACK .....34	VIZIMPRO.....35
UZEDY 58	<i>venlafaxine hcl</i>.....43	VOCABRIA .....61
V	<i>venlafaxine hcl er</i> .....43	<i>volnea</i> .....81
<i>valacyclovir hcl</i> .....63	VEOZAH..... 148	VONJO .....35
VALCHLOR .....82	<i>verapamil hcl</i> .....70	VORANIGO.....35
<i>valganciclovir hcl</i> .....63	<i>verapamil hcl er</i>.....69, 70	<i>voriconazole</i> .....49
<i>valproate sodium</i> .....39	VERAPAMIL HCL ER.....69	VOSEVI .....62
<i>valproic acid</i>.....39	VERIFINE INSULIN PEN NEEDLE 126	VOWST .....148
<i>valsartan</i>.....67	VERIFINE INSULIN SYRINGE..... 126	VP INSULIN SYRINGE.....127
<i>valsartan-hydrochlorothiazide</i>.....67	VERIFINE PLUS PEN NEEDLE 126	VP-PNV-DHA.....156
VALTOCO 10 MG DOSE .....39	VERQUVO .....70	VRAYLAR.....58
VALTOCO 15 MG DOSE .....39	VERSACLOZ .....58	VUMERITY .....76
VALTOCO 20 MG DOSE .....39	VERZENIO .....34	VYALEV .....53
	V-GO 20 126	<i>vylibra</i> .....81
	V-GO 30 126	VYLOY .....35
	V-GO 40 126	VYZULTA .....149
	<i>vienna</i>.....81	W
	<i>vigabatrin</i> .....39	<i>warfarin sodium</i>.....64
	<i>vigadrone</i>.....39	WEBCOL ALCOHOL PREP LARGE .....127
		WEGMANS UNIFINE PENTIPS PLUS.....127
		WELIREG .....35
		WINREVAIR .....153
		<i>wixela inhub</i>.....151

X		
XALKORI.....	35	
<i>xarah fe</i>	81	
XARELTO	64	
XARELTO STARTER PACK	64	
XATMEP	35	
XCOPRI	39, 40	
XCOPRI (250 MG DAILY DOSE).....	39	
XCOPRI (350 MG DAILY DOSE).....	39	
XDEMVY	129	
XELJANZ	142	
XELJANZ XR.....	142	
XERMELO.....	132	
XGEVA.....	147	
XIFAXAN.....	18	
XIGDUO XR.....	45	
XIIDRA.....	130	
XOLAIR.....	153, 154	
XOSPATA	35	
XPOVIO (100 MG ONCE WEEKLY).....	35	
XPOVIO (40 MG ONCE WEEKLY).....	35	
XPOVIO (40 MG TWICE WEEKLY).....	35	
XPOVIO (60 MG ONCE WEEKLY).....	35	
XPOVIO (60 MG TWICE WEEKLY).....	35	
XPOVIO (80 MG ONCE WEEKLY).....	35	
XPOVIO (80 MG TWICE WEEKLY).....	35	
XTANDI.....	35	
<i>xulane</i>	81	
XULTOPHY	47	
XYOSTED	134	
Y		
YERVOY	35	
YESINTEK	142	
YF-VAX.....	146	
YONSA	36	
YUFLYMA (1 PEN).....	142	
YUFLYMA (2 SYRINGE) ..	142	
YUFLYMA-CD/UC/HS STARTER	143	
<i>yuvaferm</i>	134	
Z		
<i>zafemy</i>	81	
<i>zafirlukast</i>	151	
<i>zaleplon</i>	154	
ZATEAN-PN DHA.....	156	
ZATEAN-PN PLUS.....	156	
ZEGALOGUE.....	148	
ZEJULA	36	
ZELBORAF	36	
<i>zenatane</i>	82	
ZENPEP	127	
ZEVRX STERILE ALCOHOL PREP PAD.....	127	
<i>zidovudine</i>	61, 62	
ZIIHERA	36	
<i>ziprasidone hcl</i>	58	
<i>ziprasidone mesylate</i>	58	
ZIRABEV	36	
ZIRGAN	129	
ZOLADEX	36	
ZOLINZA.....	36	
<i>zolpidem tartrate</i>	154	
<i>zolpidem tartrate er</i>	154	
ZONISADE	40	
<i>zonisamide</i>	40	
<i>zovia 1/35 (28)</i>	81	
<i>zovia 1/35e (28)</i>	81	
ZTALMY	40	
ZTLIDO.....	15	
ZURZUVAE.....	43	
ZYDELIG	36	
ZYKADIA.....	36	
ZYLET	129	
ZYNLONTA	36	
ZYNYZ.....	36	
ZYPREXA RELPREVV ..	58, 59	

This formulary was updated on 05/27/2025. 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



This formulary was updated on 05/27/2025. 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.