



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 07/22/2025 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)

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ABOUT THE DRUGS WE COVER IN THIS PLAN**

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

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

This document includes Drug List (formulary) for our plan which is current as of 07/22/2025. 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

August 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 07/22/2025. 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 158. 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.

August 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 158.

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	41
ANTIDIABETIC AGENTS.....	43
ANTIFUNGALS.....	48
ANTIGOUT AGENTS.....	49
ANTIHISTAMINES	49
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE).....	49
ANTIMIGRAINE AGENTS	50
ANTIMYCOBACTERIALS	51
ANTINAUSEA AGENTS	51
ANTIPARASITE AGENTS	52
ANTIPARKINSONIAN AGENTS	52
ANTIPSYCHOTIC AGENTS.....	53
ANTIVIRALS (SYSTEMIC)	59
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS.....	63
CALORIC AGENTS.....	66
CARDIOVASCULAR AGENTS	66
CENTRAL NERVOUS SYSTEM AGENTS.....	74
CONTRACEPTIVES.....	77
DENTAL AND ORAL AGENTS.....	82

DERMATOLOGICAL AGENTS.....	82
DEVICES	85
ENZYME COFACTORS/CHAPERONES	127
ENZYME REPLACEMENT/MODIFIERS.....	128
EYE, EAR, NOSE, THROAT AGENTS.....	128
GASTROINTESTINAL AGENTS.....	131
GENITOURINARY AGENTS.....	133
HEAVY METAL ANTAGONISTS.....	134
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING	134
IMMUNOLOGICAL AGENTS.....	138
INFLAMMATORY BOWEL DISEASE AGENTS.....	147
METABOLIC BONE DISEASE AGENTS	147
MISCELLANEOUS THERAPEUTIC AGENTS	148
OPHTHALMIC AGENTS	149
REPLACEMENT PREPARATIONS	150
RESPIRATORY TRACT AGENTS	151
SKELETAL MUSCLE RELAXANTS.....	154
SLEEP DISORDER AGENTS.....	155
VASODILATING AGENTS	155
VITAMINS AND MINERALS	155

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>Analgesics, Miscellaneous</i>		
<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 10-300 mg/15ml, 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>etodolac oral capsule 200 mg, 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>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	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	NDS; QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 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>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, 1 mg (56 pack)</i>	1	NDS; QL (336 per 365 days)
ANTI-ANXIETY 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)
<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)

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>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		
<i>Aminoglycosides</i>		
<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
<i>Antibacterials, Miscellaneous</i>		
<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

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>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
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	NDS
<i>cefdinir oral capsule 300 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>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>cefoxitin 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		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	NDS
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 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>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
<i>ampicillin oral capsule 500 mg</i>	1	NDS
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 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 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
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</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>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
<i>tetracycline hcl oral capsule 250 mg, 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
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	NDS
ANTICANCER AGENTS		
<i>Anticancer Agents</i>		
<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)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	1	PA NSO; NDS; QL (66 per 28 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

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>bexarotene oral capsule 75 mg</i>	1	PA NSO; NDS
<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
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 20 MG	1	PA NSO; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	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
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)
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)

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
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)
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)

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
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)
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)

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 (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
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

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
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)
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
NERLYNX ORAL TABLET 40 MG	1	PA NSO; NDS; QL (180 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>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
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

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>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
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)

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
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	1	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; NDS; QL (224 per 28 days)
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)
TAGRISSE 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)

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
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
<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
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)

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
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
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)

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
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
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
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		
<i>Anticonvulsants</i>		
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	

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>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)
<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	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	1	ST; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG	1	ST; QL (60 per 30 days)
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>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	1	ST; QL (30 per 30 days)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	1	ST; QL (60 per 30 days)
<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)

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
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)
<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>perampanel oral tablet 10 mg, 12 mg, 2 mg, 8 mg</i>	1	ST; QL (30 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	1	ST; QL (60 per 30 days)
<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	

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>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
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)

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

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>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	
<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	

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2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<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	
<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)

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
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)
<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)

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>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)
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)
<i>Insulins</i>		
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)

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
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)
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)

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
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
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	

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
ANTIFUNGALS		
<i>Antifungals</i>		
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)
<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)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	1	PA; NDS
<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, 165 mg, 250 mg</i>	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

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>micafungin 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
<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>ra clotrimazole external cream 1 %</i>	1	NDS
<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		
<i>Antigout Agents, Other</i>		
<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		
<i>Antihistamines</i>		
<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)		

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
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		
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)

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>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	
<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
TRECATOR 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

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>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
<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		

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
Antiparkinsonian Agents		
<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
<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		
Antipsychotic 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
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 (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	QL (2 per 28 days)
<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

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>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
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	

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>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)
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	

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>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)
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)

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2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<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	
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)

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
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)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	1	NDS; QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)		
<i>Antiretrovirals</i>		
<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	

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
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	1	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitab-tenofo 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	
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>	1	
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	
KALETRA ORAL SOLUTION 400-100 MG/5ML	1	QL (480 per 30 days)
<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)

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2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<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	
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	
<i>stavudine oral capsule 30 mg, 40 mg</i>	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	

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
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	
<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 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	1	NDS; QL (11 per 28 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	NDS; QL (30 per 5 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)

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>Hcv Antivirals</i>		
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)
<i>Interferons</i>		
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA; NDS
<i>Nucleosides And Nucleotides</i>		
<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		
<i>Anticoagulants</i>		

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2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<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)
<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

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
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
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		
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	
tranexamic acid oral tablet 650 mg	1	NDS
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel bisulfate oral tablet 75 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>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		
<i>Caloric Agents</i>		
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
<i>dextrose intravenous solution 5 %</i>	1	NDS
PROCALAMINE INTRAVENOUS SOLUTION 3 %	1	PA BvD; NDS
CARDIOVASCULAR AGENTS		
<i>Alpha-Adrenergic Agents</i>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	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	
<i>Angiotensin II Receptor Antagonists</i>		
<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	

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
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	
<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	

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>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	
<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		

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>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	
<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	

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>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	
<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		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; QL (30 per 30 days)
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)

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
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA; QL (30 per 30 days)
<i>Dihydropyridines</i>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	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	
<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	
<i>Diuretics</i>		
<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	

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
JYNARQUE ORAL TABLET 15 MG, 30 MG	1	PA; NDS; QL (120 per 30 days)
<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>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	1	PA; NDS; QL (56 per 28 days)
<i>toremide 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	
<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)

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>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 (ANTIHYPERLIPIDEMIC) 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)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED 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	

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>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		
<i>Central Nervous System Agents</i>		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>amphetamine-dextroamphetamine 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)
<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)

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
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)
<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	

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
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)
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	

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
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		
<i>Contraceptives</i>		
<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	
<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	

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2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<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>elinest 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	
<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	

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>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	
<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>meleya oral tablet 0.35 mg</i>	1	
<i>microgestin 1.5/30 oral tablet 1.5-30 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>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	
<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>pimtrea 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	

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2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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>viorele 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
<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 acetone 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

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>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
<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

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>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
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %	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
<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

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>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>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
<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

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 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
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

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
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
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

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 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
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 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

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 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 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
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

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 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
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

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 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
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 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

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 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
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

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 30G X 8 MM	1	PA; ST; NDS
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM	1	PA; ST; NDS
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

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
DIATHRIVE PEN NEEDLE 31G X 8 MM	1	PA; ST; NDS
DIATHRIVE PEN NEEDLE 32G X 4 MM	1	PA; ST; NDS
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

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 15/64" 1 ML	1	PA; ST; NDS
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

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" 0.5 ML	1	PA; ST; NDS
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

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 INSULIN SYRINGE 32G X 5/16" 1 ML	1	PA; ST; NDS
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

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 1/2" 1 ML	1	PA; ST; NDS
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

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 5 MM	1	PA; ST; NDS
EASY TOUCH PEN NEEDLES 30G X 6 MM	1	PA; ST; NDS
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

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 SYR ULTRAFINE 31G X 5/16" 1 ML	1	PA; ST; NDS
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 INSULIN SYRINGE U-500 31G X 6MM 0.5 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 29G X 1/2" 0.5 ML	1	PA; ST; NDS
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	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

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 PADS PAD 2"X2"	1	PA; ST; NDS
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 30G X 1/2" 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
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

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
GNP ALCOHOL SWABS PAD	1	PA; ST; NDS
GNP CLICKFINE PEN NEEDLES 31G X 6 MM	1	PA; ST; NDS
GNP CLICKFINE PEN NEEDLES 31G X 8 MM	1	PA; ST; NDS
GNP INSULIN SYRINGE 28G X 1/2" 1 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" 0.3 ML	1	PA; ST; NDS
GNP INSULIN SYRINGE 30G X 5/16" 0.5 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" 0.5 ML	1	PA; ST; NDS
GNP ULTRA COM INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST; NDS
GOODSENSE ALCOHOL SWABS PAD 70 %	1	PA; ST; NDS
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM	1	PA; ST; NDS
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM	1	PA; ST; NDS
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM	1	PA; ST; NDS
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM	1	PA; ST; NDS
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM	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

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 30G X 5/16" 1 ML	1	PA; ST; NDS
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 ALCOHOL PREP PAD	1	PA; ST; NDS
HM STERILE 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
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST; NDS
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" 0.3 ML	1	PA; ST; 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 (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

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" 0.3 ML	1	PA; ST; NDS
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 31G X 8 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
INSUPEN32G EXTR3ME 32G X 6 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 INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST; NDS
KROGER PEN NEEDLES 29G X 12MM	1	PA; ST; NDS
KROGER PEN NEEDLES 31G 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
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST; NDS
LEADER INSULIN SYRINGE 28G X 1/2" 1 ML	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
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

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 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
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

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
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 31G X 6 MM	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
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

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 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
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	1	PA; ST; NDS
MS INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST; NDS
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
MS INSULIN SYRINGE 31G X 5/16" 1 ML	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

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
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 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
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 INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST; NDS
PREFERRED PLUS 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
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 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
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

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
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
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

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
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
RELI-ON INSULIN SYRINGE 29G 0.3 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 29G X 12MM	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

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
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
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

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 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
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

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 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 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
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

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
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
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

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 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
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

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 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
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

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 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
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

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 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 SAFEPACK PEN NEEDLE 29G X 12.7MM	1	PA; ST; NDS
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

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 SAFEPAK SYR/NEEDLE 30G X 1/2" 1 ML	1	PA; ST; NDS
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.3 ML	1	PA; ST; NDS
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.5 ML	1	PA; ST; NDS
ULTIGUARD SAFEPAK 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
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

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 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
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

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 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
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

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 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
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

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 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
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

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
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)
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
ZEVX 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)

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
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	
<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

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
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
<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

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>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)
<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)

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
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		
<i>Antiulcer Agents And Acid Suppressants</i>		
<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	
<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	
<i>Gastrointestinal Agents, Other</i>		
<i>carglumic acid oral tablet soluble 200 mg</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>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	
<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

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>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	
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	

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>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
<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		

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
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>yuvafem vaginal tablet 10 mcg</i>	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	NDS
<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

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>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
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; 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
NORDITROPIN FLEXPOR 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	
<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		

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>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		
<i>Immunological Agents</i>		
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)
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

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
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 intravenous solution 50 mg/ml</i>	1	PA BvD; NDS
<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
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

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
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
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

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
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
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)

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
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
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 CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA
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

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
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
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA
<i>Vaccines</i>		
ABRYSVO 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

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
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 0.5 ML	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
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	NDS; QL (3 per 365 days)
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	1	NDS
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	1	PA BvD; NDS; \$0 copay
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	PA BvD; NDS; \$0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	1	NDS; \$0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	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

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
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 0.5 ML	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
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

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
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
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	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

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
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	
<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	

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>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 SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	1	PA; QL (2.48 per 28 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
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL	1	NDS
<i>betaine oral powder</i>	1	PA
<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

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
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
<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	

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>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
<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	

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2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
<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		
<i>Anti-Inflammatories, Inhaled</i>		
<i>Corticosteroids</i>		
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)
ARNUTY 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)
<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)

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>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 inhub 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)
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)

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
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)
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)

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
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
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

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>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
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	1	PA; NDS; QL (60 per 30 days)
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

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2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Drug Name	Drug Tier	Requirements/Limits
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 27-CA/FE/FA TABLET 60-1 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
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

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
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-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

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2025 Alterwood Advantage Dual Secure and Alterwood Advantage Dual Value, Formulary ID 00025487.

Index of Drugs/Alphabetical Listing

A

<i>abacavir sulfate</i>	59	ADVOCATE INSULIN		<i>amitriptyline hcl</i>	41
<i>abacavir sulfate-lamivudine</i> ...	59	SYRINGE.....	86	<i>amlodipine besy-benazepril hcl</i>	
ABELCET.....	48	<i>afirmelle</i>	77	.....	71
ABILIFY ASIMTUFII.....	54	AIMOVIG.....	50	<i>amlodipine besylate</i>	71
ABILIFY MAINTENA.....	54	AIRSUPRA.....	151, 152	<i>amlodipine besylate-valsartan</i>	71
<i>abiraterone acetate</i>	23	AJOVY.....	50	<i>amlodipine-atorvastatin</i>	72
<i>abirtega</i>	23	AKEEGA.....	23	<i>amlodipine-olmesartan</i>	71
ABOUTTIME PEN NEEDLE	85	<i>ala-cort</i>	83	<i>amlodipine-valsartan-hctz</i>	71
ABRYSVO.....	143	<i>albendazole</i>	52	<i>ammonium lactate</i>	82
<i>acamprosate calcium</i>	15	<i>albuterol sulfate</i>	152	<i>amoxapine</i>	41
<i>acarbose</i>	43	<i>albuterol sulfate hfa</i>	152	<i>amoxicill-clarithro-lansopraz</i>	
<i>acebutolol hcl</i>	69	ALCOHOL PREP.....	86	.....	131
<i>acetaminophen-codeine</i>	13	ALCOHOL PREP PADS.....	86	<i>amoxicillin</i>	20
<i>acetazolamide</i>	149	ALCOHOL SWABS.....	86	<i>amoxicillin-pot clavulanate</i>	20
<i>acetazolamide er</i>	149	ALECENSA.....	23	<i>amphetamine-dextroamphet er</i>	
<i>acetazolamide sodium</i>	149	<i>alendronate sodium</i>	147	.....	74
<i>acetic acid</i>	129	<i>alfuzosin hcl er</i>	134	<i>amphetamine-</i>	
<i>acetylcysteine</i>	153	<i>aliskiren fumarate</i>	73	<i>dextroamphetamine</i>	74
<i>acitretin</i>	82	<i>allopurinol</i>	49	<i>amphotericin b</i>	48
ACTEMRA.....	138	<i>alosetron hcl</i>	147	<i>amphotericin b liposome</i>	48
ACTEMRA ACTPEN.....	138	<i>alprazolam</i>	16	<i>ampicillin</i>	20
ACTHAR.....	136	<i>alrex</i>	130	<i>ampicillin sodium</i>	20, 21
ACTHAR GEL.....	136	<i>altavera</i>	77	<i>ampicillin-sulbactam sodium</i> ..	21
ACTHIB.....	143	ALTRENO.....	85	<i>anagrelide hcl</i>	65
ACTIMMUNE.....	148	ALUNBRIG.....	23	<i>anastrozole</i>	23
<i>acyclovir</i>	63, 82	ALVAIZ.....	65	ANKTIVA.....	23
<i>acyclovir sodium</i>	63	<i>alyacen 1/35</i>	77	ANORO ELLIPTA.....	152
ADACEL.....	143	<i>alyacen 7/7/7</i>	77	<i>aprepitant</i>	51
<i>adapalene</i>	85	ALYFTREK.....	153	APRETUDE.....	59
<i>adefovir dipivoxil</i>	63	<i>alyq</i>	155	<i>apri</i>	77
ADEMPAS.....	155	<i>amantadine hcl</i>	53	APTIVUS.....	59
ADVAIR HFA.....	151	<i>amethyst</i>	77	AQ INSULIN SYRINGE.....	86
ADVOCATE INSULIN PEN		<i>amikacin sulfate</i>	17	AQINJECT PEN NEEDLE....	86
NEEDLE.....	85	<i>amiloride hcl</i>	71	ARCALYST.....	138
ADVOCATE INSULIN PEN		<i>amiloride-hydrochlorothiazide</i>		AREXVY.....	144
NEEDLES.....	85, 86	.....	71	ARIKAYCE.....	17
		<i>amiodarone hcl</i>	68	<i>aripiprazole</i>	54

August 2025

H9306_24_DRS_001_003_OE_C

ARISTADA.....	54	AUSTEDO XR PATIENT		BD PEN NEEDLE MICRO	
ARISTADA INITIO	54	TITRATION.....	74	ULTRAFINE.....	89
<i>armodafinil</i>	155	AUVELITY.....	41	BD PEN NEEDLE MINI U/F	89
ARNUITY ELLIPTA.....	151	<i>aviane</i>	77	BD PEN NEEDLE MINI	
<i>asenapine maleate</i>	54	AVMAPKI FAKZYNJA CO-		ULTRAFINE.....	89
<i>aspirin-dipyridamole er</i>	65	PACK	23	BD PEN NEEDLE NANO 2ND	
ASSURE ID DUO PRO PEN		AVONEX PEN	74	GEN.....	89
NEEDLES	86	AVONEX PREFILLED	75	BD PEN NEEDLE NANO U/F	
ASSURE ID INSULIN		AXTLE.....	23	.....	89
SAFETY SYR.....	86, 87	<i>ayuna</i>	77	BD PEN NEEDLE NANO	
ASSURE ID PRO PEN		AYVAKIT	23	ULTRAFINE.....	89
NEEDLES	87	<i>azacitidine</i>	23	BD PEN NEEDLE ORIG	
ASTAGRAF XL	138	<i>azathioprine</i>	138	ULTRAFINE.....	89
<i>atazanavir sulfate</i>	59	<i>azathioprine sodium</i>	138	BD PEN NEEDLE SHORT	
<i>atenolol</i>	69	<i>azelastine hcl</i>	128	ULTRAFINE.....	89
<i>atenolol-chlorthalidone</i>	69	<i>azithromycin</i>	19, 20	BD SAFETYGLIDE INSULIN	
<i>atomoxetine hcl</i>	74	<i>aztreonam</i>	20	SYRINGE.....	89
<i>atorvastatin calcium</i>	72	<i>azurette</i>	77	BD SAFETYGLIDE	
<i>atovaquone</i>	52	B		SYRINGE/NEEDLE	89
<i>atovaquone-proguanil hcl</i>	52	<i>bacitracin</i>	129	BD SAFETY-LOK INSULIN	
<i>atropine sulfate</i>	128	<i>bacitracin-polymyxin b</i>	129	SYRINGE.....	89
ATROVENT HFA	152	<i>bacitra-neomycin-polymyxin-hc</i>		BD SWAB SINGLE USE	
<i>aubra eq</i>	77	.....	129	REGULAR	89
AUGTYRO	23	<i>baclofen</i>	154	BD SWABS SINGLE USE	
AUM ALCOHOL PREP PADS		<i>balsalazide disodium</i>	147	BUTTERFLY	90
.....	87	BALVERSA	23	BD VEO INSULIN SYR U/F	
AUM INSULIN SAFETY PEN		BAQSIMI ONE PACK	148	1/2UNIT	90
NEEDLE	87	BAQSIMI TWO PACK	148	BD VEO INSULIN SYR	
AUM MINI INSULIN PEN		BCG VACCINE	144	ULTRAFINE.....	90
NEEDLE	87	BD AUTOSHIELD	87	BD VEO INSULIN SYRINGE	
AUM PEN NEEDLE	87	BD AUTOSHIELD DUO	88	U/F	90
AUM READYGARD DUO		BD ECLIPSE SYRINGE	88	BELSOMRA	155
PEN NEEDLE.....	87	BD INSULIN SYR		<i>benazepril hcl</i>	67
AUM SAFETY PEN NEEDLE		ULTRAFINE II	88	<i>benazepril-hydrochlorothiazide</i>	
.....	87	BD INSULIN SYRINGE	88	.....	67
<i>aurovela 1.5/30</i>	77	BD INSULIN SYRINGE		<i>bendamustine hcl</i>	23
<i>aurovela 1/20</i>	77	HALF-UNIT.....	88	BENDAMUSTINE HCL.....	23
<i>aurovela 24 fe</i>	77	BD INSULIN SYRINGE		BENDEKA	23
<i>aurovela fe 1.5/30</i>	77	MICROFINE.....	88	BENLYSTA	138
<i>aurovela fe 1/20</i>	77	BD INSULIN SYRINGE		<i>benztropine mesylate</i>	53
AUSTEDO	74	ULTRAFINE.....	88, 89	BESREMI.....	138
AUSTEDO XR.....	74			<i>betaine</i>	148

<i>betamethasone dipropionate</i> ..	84
<i>betamethasone dipropionate aug</i>	83, 84
<i>betamethasone valerate</i>	84
BETAMETHASONE VALERATE	84
BETASERON	75
<i>betaxolol hcl</i>	149
<i>bethanechol chloride</i>	133
<i>bexarotene</i>	23, 24
BEXSERO	144
<i>bicalutamide</i>	24
BICILLIN L-A	21
BIKTARVY	59
<i>bimatoprost</i>	149
<i>bisoprolol fumarate</i>	69
<i>bisoprolol-hydrochlorothiazide</i>	69
BIZENGRI (750 MG DOSE) ..	24
<i>bleomycin sulfate</i>	24
<i>blisovi 24 fe</i>	77
<i>blisovi fe 1.5/30</i>	77
<i>blisovi fe 1/20</i>	77
BOOSTRIX	144
<i>bortezomib</i>	24
BORUZU	24
<i>bosentan</i>	155
BOSULIF	24
BRAFTOVI	24
BREO ELLIPTA	151
<i>brey-na</i>	151
BREZTRI AEROSPHERE ..	152
BRILINTA	65
<i>brimonidine tartrate</i>	149
<i>brimonidine tartrate-timolol</i>	149
<i>brinzolamide</i>	149
BRIVIACT	36
<i>bromfenac sodium</i>	130
<i>bromfenac sodium (once-daily)</i>	130
<i>bromocriptine mesylate</i>	53
BRONCHITOL	153

BRONCHITOL TOLERANCE TEST	153
BRUKINSA	24
<i>budesonide</i>	147, 151
<i>budesonide-formoterol fumarate</i>	151
<i>bumetanide</i>	71
<i>buprenorphine</i>	13
<i>buprenorphine hcl</i>	15
<i>buprenorphine hcl-naloxone hcl</i>	15, 16
<i>bupropion hcl</i>	41
<i>bupropion hcl er (smoking det)</i>	16
<i>bupropion hcl er (sr)</i>	41
<i>bupropion hcl er (xl)</i>	41
<i>buspirone hcl</i>	148
<i>butalbital-apap-caff-cod</i>	13
<i>butalbital-apap-caffeine</i>	13
C	
CABENUVA	59
<i>cabergoline</i>	53
CABOMETYX	24
<i>calcipotriene</i>	82
<i>calcitonin (salmon)</i>	147
<i>calcitriol</i>	147
<i>calcium acetate</i>	133
<i>calcium acetate (phos binder)</i>	133
CALQUENCE	24
<i>camila</i>	77
CAMZYOS	70
<i>candesartan cilexetil</i>	66
<i>candesartan cilexetil-hctz</i>	66
CAPLYTA	54
CAPRELSA	24
<i>captopril</i>	67
<i>carbamazepine</i>	36, 37
<i>carbamazepine er</i>	36
<i>carbidopa-levodopa</i>	53
<i>carbidopa-levodopa er</i>	53
CAREFINE PEN NEEDLES ..	90

CAREONE INSULIN SYRINGE	90
CARETOUCH ALCOHOL PREP	90
CARETOUCH INSULIN SYRINGE	90, 91
CARETOUCH PEN NEEDLES	91
<i>carglumic acid</i>	131
<i>carteolol hcl</i>	149
<i>cartia xt</i>	69
<i>carvedilol</i>	69
CAYSTON	20
<i>cefaclor</i>	18
<i>cefadroxil</i>	18
<i>cefazolin sodium</i>	18
<i>cefdinir</i>	18, 19
<i>cefepime hcl</i>	19
<i>cefixime</i>	19
<i>cefoxitin sodium</i>	19
<i>cefpodoxime proxetil</i>	19
<i>cefprozil</i>	19
<i>ceftazidime</i>	19
<i>ceftriaxone sodium</i>	19
<i>cefuroxime axetil</i>	19
<i>cefuroxime sodium</i>	19
<i>celecoxib</i>	14
<i>cephalexin</i>	19
<i>cevimeline hcl</i>	82
<i>chateal eq</i>	77
<i>chlordiazepoxide hcl</i>	16
<i>chlorhexidine gluconate</i>	82
<i>chloroquine phosphate</i>	52
<i>chlorpromazine hcl</i>	54
<i>chlorthalidone</i>	71
<i>cholestyramine</i>	72
<i>cholestyramine light</i>	72
<i>ciclopirox</i>	48
<i>ciclopirox olamine</i>	48
<i>cilostazol</i>	65
CIMDUO	59
<i>cimetidine hcl</i>	131

CIMZIA.....	138	<i>clozapine</i>	54, 55	CREON.....	128
CIMZIA (2 SYRINGE).....	138	C-NATE DHA.....	155	CRESEMBA.....	48
<i>cinacalcet hcl</i>	148	COARTEM	52	<i>cromolyn sodium</i> ..	128, 132, 153
CINQAIR	153	COBENFY	55	<i>cryselle-28</i>	77
<i>ciprofloxacin hcl</i>	21, 129	COBENFY STARTER PACK	55	CURITY ALCOHOL PREPS	93
<i>ciprofloxacin in d5w</i>	21	.....	55	CURITY ALL PURPOSE	
<i>ciprofloxacin-dexamethasone</i>	129	<i>colchicine</i>	49	SPONGES	93
<i>citalopram hydrobromide</i>	41	<i>colchicine-probenecid</i>	49	CURITY GAUZE.....	93
<i>clarithromycin</i>	20	<i>colesevelam hcl</i>	72	CURITY GAUZE SPONGE ..	93
CLENPIQ.....	132	<i>colestipol hcl</i>	72	CURITY SPONGES	93
CLEVER CHOICE COMFORT		<i>colistimethate sodium (cba)</i> ...	18	CVS GAUZE.....	93
EZ.....	91	COMBIVENT RESPIMAT .	152	CVS GAUZE STERILE.....	93
CLICKFINE PEN NEEDLES	91	COMETRIQ (100 MG DAILY		<i>cyclafem 1/35</i>	77
<i>clindamycin hcl</i>	17	DOSE)	24	<i>cyclafem 7/7/7</i>	77
<i>clindamycin phos-benzoyl perox</i>	83	COMETRIQ (140 MG DAILY		<i>cyclobenzaprine hcl</i>	154
<i>clindamycin phosphate</i>	17, 50, 83	DOSE)	24	<i>cyclophosphamide</i>	24, 25
CLINIMIX E/DEXTROSE		COMETRIQ (60 MG DAILY		CYCLOPHOSPHAMIDE	25
(8/10)	66	DOSE)	24	<i>cyclosporine</i>	130, 139
CLINIMIX E/DEXTROSE		COMFORT ASSIST INSULIN		<i>cyclosporine modified</i>	139
(8/14)	66	SYRINGE.....	91	CYLTEZO (2 PEN).....	139
CLINIMIX/DEXTROSE (6/5)		COMFORT EZ INSULIN		CYLTEZO (2 SYRINGE)....	139
.....	66	SYRINGE.....	91, 92	CYLTEZO-CD/UC/HS	
CLINIMIX/DEXTROSE (8/10)		COMFORT EZ PEN NEEDLES		STARTER	139
.....	66	.....	92	CYLTEZO-PSORIASIS/UV	
CLINIMIX/DEXTROSE (8/14)		COMFORT EZ PRO PEN		STARTER	139
.....	66	NEEDLES	93	<i>cyred eq</i>	77
<i>clobazam</i>	37	COMFORT TOUCH INSULIN		D	
<i>clobetasol propionate</i>	84	PEN NEED.....	93	<i>dabigatran etexilate mesylate</i> ..	64
<i>clobetasol propionate e</i>	84	COMPLERA	59	<i>dalfampridine er</i>	75
<i>clobetasol propionate emulsion</i>	84	COMPLETENATE	156	<i>danazol</i>	134
<i>clomipramine hcl</i>	41	<i>compro</i>	51	<i>dantrolene sodium</i>	154
<i>clonazepam</i>	16	<i>constulose</i>	132	DANYELZA	25
<i>clonidine</i>	66	COPIKTRA.....	24	DANZITEN.....	25
<i>clonidine hcl</i>	66	CORLANOR.....	70	<i>dapsone</i>	51
<i>clopidogrel bisulfate</i>	65	CORTROPHIN	136	DAPTACEL	144
<i>clorazepate dipotassium</i>	16	COSENTYX.....	139, 148	<i>daptomycin</i>	18
<i>clotrimazole</i>	48	COSENTYX (300 MG DOSE)		DAPTOMYCIN	18
<i>clotrimazole-betamethasone</i> ...	48	.....	138	<i>darunavir</i>	59
		COSENTYX SENSOREADY		<i>dasatinib</i>	25
		(300 MG).....	139	<i>dasetta 1/35 (28)</i>	77
		COSENTYX UNOREADY .	139	<i>dasetta 7/7/7</i>	77
		COTELLIC.....	24	DATROWAY.....	25

DAURISMO.....	25	<i>diclofenac potassium</i>	14	DROPLET PEN NEEDLES...95	
<i>deblitane</i>	78	<i>diclofenac sodium</i>	14, 130	DROPSAFE ALCOHOL PREP	
<i>decitabine</i>	25	<i>diclofenac sodium er</i>	14	95	
<i>deferasirox</i>	134	<i>diclofenac-misoprostol</i>	14	DROPSAFE SAFETY PEN	
<i>deferasirox granules</i>	134	<i>dicloxacillin sodium</i>	21	NEEDLES	95
DELSTRIGO.....	59	<i>dicyclomine hcl</i>	132	DROPSAFE SAFETY	
<i>delyla</i>	78	DIFICID	20	SYRINGE/NEEDLE	95, 96
<i>demeclocycline hcl</i>	22	<i>difluprednate</i>	130	<i>droxidopa</i>	66
DENG VAXIA	144	<i>digoxin</i>	70	DRUG MART ULTRA	
<i>denta 5000 plus</i>	82	<i>dihydroergotamine mesylate</i> ..	50	COMFORT SYR.....	96
<i>dentagel</i>	82	<i>diltiazem hcl</i>	70	DRUG MART UNIFINE	
DEPO-SUBQ PROVERA 104		<i>diltiazem hcl er</i>	69	PENTIPS	96
.....	137	<i>diltiazem hcl er beads</i>	69	DUAVEE.....	135
DERMACEA GAUZE		<i>diltiazem hcl er coated beads</i> ..	69	<i>duloxetine hcl</i>	42
SPONGE	93	<i>dilt-xr</i>	70	DUPIXENT	139
DERMACEA IV DRAIN		<i>dimethyl fumarate</i>	75	<i>dutasteride</i>	134
SPONGES	93	<i>dimethyl fumarate starter pack</i>		E	
DERMACEA NON-WOVEN		.....	75	EASY COMFORT ALCOHOL	
SPONGES	93	<i>diphenoxylate-atropine</i>	132	PADS.....	96
DERMACEA TYPE VII		DIPHThERIA-TETANUS		EASY COMFORT INSULIN	
GAUZE	93	TOXOIDS DT	144	SYRINGE.....	96, 97
DESCOVY	59	<i>dipyridamole</i>	66	EASY COMFORT PEN	
<i>desipramine hcl</i>	41	<i>disulfiram</i>	16	NEEDLES	97
<i>desmopressin ace spray refrig</i>		<i>divalproex sodium</i>	37	EASY GLIDE PEN NEEDLES	
.....	136	<i>divalproex sodium er</i>	37	.....	97
<i>desmopressin acetate</i>	136	<i>dofetilide</i>	68	EASY TOUCH ALCOHOL	
<i>desmopressin acetate spray</i> ..	136	<i>dolishale</i>	78	PREP MEDIUM.....	97
<i>desogestrel-ethinyl estradiol</i> ..	78	<i>donepezil hcl</i>	40	EASY TOUCH FLIPLOCK	
<i>desvenlafaxine succinate er</i>	41	<i>dorzolamide hcl</i>	150	INSULIN SY	97
<i>dexamethasone</i>	135	<i>dorzolamide hcl-timolol mal</i>	150	EASY TOUCH FLIPLOCK	
<i>dexamethasone sodium</i>		DOVATO	59	SAFETY SYR	97
<i>phosphate</i>	130, 135	<i>doxazosin mesylate</i>	66	EASY TOUCH INSULIN	
<i>dextrose</i>	66	<i>doxepin hcl</i>	41	BARRELS	97
<i>dextrose-nacl</i>	150	<i>doxorubicin hcl liposomal</i>	25	EASY TOUCH INSULIN	
<i>dextrose-sodium chloride</i>	150	<i>doxy 100</i>	22	SAFETY SYR	97, 98
DIACOMIT	37	<i>doxycycline hyclate</i>	22	EASY TOUCH INSULIN	
DIATHRIVE PEN NEEDLE 93,		<i>doxycycline monohydrate</i>	22	SYRINGE.....	98
94		DRIZALMA SPRINKLE.....	41	EASY TOUCH PEN NEEDLES	
<i>diazepam</i>	16, 17, 37	<i>dronabinol</i>	51	.....	98, 99
<i>diazepam intensol</i>	17	DROPLET INSULIN		EASY TOUCH SAFETY PEN	
<i>diazoxide</i>	148	SYRINGE.....	94, 95	NEEDLES	99
<i>diclofenac epolamine</i>	14	DROPLET MICRON	95		

EASY TOUCH	EMSAM	erythromycin ethylsuccinate ...
SHEATHLOCK SYRINGE	<i>emtricitabine</i>	ERZOFRI
.....	<i>emtricitabine-tenofovir df</i>	<i>escitalopram oxalate</i>
<i>econazole nitrate</i>	<i>emtricitab-rilpivir-tenofov df</i> ..	<i>eslicarbazepine acetate</i>
EDURANT.....	EMTRIVA.....	<i>esomeprazole magnesium</i>
EDURANT PED	<i>emzahh</i>	<i>estarylla</i>
<i>efavirenz</i>	<i>enalapril maleate</i>	<i>estradiol</i>
<i>efavirenz-emtricitab-tenofo df</i>	<i>enalapril-hydrochlorothiazide</i>	<i>estradiol-norethindrone acet</i>
<i>efavirenz-lamivudine-tenofovir</i>	ENBREL	<i>eszopiclone</i>
.....	ENBREL MINI	<i>ethambutol hcl</i>
ELAHERE.....	ENBREL SURECLICK	<i>ethosuximide</i>
ELEPSIA XR	<i>endocet</i>	<i>ethynodiol diac-eth estradiol</i> ..
ELIGARD	ENGERIX-B	<i>etodolac</i>
<i>elinest</i>	<i>enilloring</i>	<i>etonogestrel-ethinyl estradiol</i> ..
ELIQUIS	<i>enoxaparin sodium</i>	ETOPOPHOS
ELIQUIS DVT/PE STARTER	<i>enpresse-28</i>	<i>etoposide</i>
PACK	<i>enskyce</i>	<i>etravirine</i>
ELREXFIO.....	<i>entacapone</i>	EUCRISA.....
<i>eluryng</i>	<i>entecavir</i>	EULEXIN.....
EMBECTA AUTOSHIELD	ENTRESTO.....	<i>everolimus</i>
DUO	<i>enulose</i>	EVOTAZ
EMBECTA INS SYR U/F 1/2	EPCLUSA	EXEL COMFORT POINT PEN
UNIT	EPIDIOLEX.....	NEEDLE.....
EMBECTA INSULIN SYR	<i>epinastine hcl</i>	<i>exemestane</i>
ULTRAFINE.....	<i>epinephrine</i>	EXTENCILLINE
EMBECTA INSULIN	<i>epitol</i>	EYSUVIS
SYRINGE.....	EPIVIR HBV	<i>ezetimibe</i>
EMBECTA INSULIN	EPKINLY	<i>ezetimibe-simvastatin</i>
SYRINGE U-100	<i>eplerenone</i>	F
EMBECTA INSULIN	EPRONTIA	<i>falmina</i>
SYRINGE U-500	EQL ALCOHOL SWABS ...	<i>famciclovir</i>
EMBECTA PEN NEEDLE	EQL GAUZE.....	<i>famotidine</i>
NANO 2 GEN	EQL INSULIN SYRINGE...	FANAPT.....
EMBECTA PEN NEEDLE	ERBITUX.....	FANAPT TITRATION PACK
ULTRAFINE.....	<i>ergoloid mesylates</i> .....	.....
EMBRACE PEN NEEDLES	ERIVEDGE	FARXIGA
EMCYT	ERLEADA	FASENRA.....
EMGALITY	<i>erlotinib hcl</i>	FASENRA PEN
EMGALITY (300 MG DOSE)	<i>errin</i>	<i>febuxostat</i>
.....	<i>ertapenem sodium</i>	<i>feirza 1.5/30</i>
<i>emoquette</i>	<i>erythromycin</i>	<i>feirza 1/20</i>
EMRELIS.....	<i>erythromycin base</i>	<i>felbamate</i>

<i>felodipine er</i>	71	<i>fluvastatin sodium</i>	72	GLEOSTINE	27
<i>femynor</i>	78	<i>fluvastatin sodium er</i>	72	<i>glimepiride</i>	47
<i>fenofibrate</i>	72	<i>fluvoxamine maleate</i>	42	<i>glipizide</i>	47
<i>fenofibrate micronized</i>	72	FOLIVANE-OB	156	<i>glipizide er</i>	47
<i>fentanyl</i>	13	<i>fondaparinux sodium</i>	64	<i>glipizide-metformin hcl</i>	47
<i>fentanyl citrate</i>	13	<i>fosamprenavir calcium</i>	60	GLOBAL ALCOHOL PREP	
<i>fesoterodine fumarate er</i>	133	<i>fosinopril sodium</i>	68	EASE	101
FETZIMA.....	42	<i>fosinopril sodium-hctz</i>	68	GLOBAL EASE INJECT PEN	
FETZIMA TITRATION	42	<i>fosphenytoin sodium</i>	37	NEEDLES	101
FIASP	45	FOTIVDA	26	GLOBAL EASY GLIDE	
FIASP FLEXTOUCH	45	FREESTYLE PRECISION INS		INSULIN SYR	101
FIASP PENFILL	45	SYR	100	GLOBAL INJECT EASE	
<i>finasteride</i>	134	FRUZAQLA.....	26	INSULIN SYR	101
<i> fingolimod hcl</i>	75	<i>fulvestrant</i>	26	GLUCOPRO INSULIN	
FINTEPLA	37	<i>furosemide</i>	71	SYRINGE.....	101
FIRMAGON.....	26	FUZEON	60	<i>glyburide</i>	47
FIRMAGON (240 MG DOSE)		FYARRO.....	26	<i>glyburide micronized</i>	47
.....	26	FYCOMPA.....	37, 38	<i>glyburide-metformin</i>	47
<i>flavoxate hcl</i>	133	G		<i>glycopyrrolate</i>	132
<i>flecainide acetate</i>	68	<i>gabapentin</i>	38	<i>glydo</i>	15
<i>floxuridine</i>	26	<i>galantamine hydrobromide</i>	40	GLYXAMBI.....	43
<i>fluconazole</i>	48	<i>galantamine hydrobromide er</i>	40	GNP ALCOHOL SWABS ...	102
<i>fluconazole in sodium chloride</i>		<i>gallifrey</i>	137	GNP CLICKFINE PEN	
.....	48	GAMUNEX-C.....	140	NEEDLES	102
<i>flucytosine</i>	48	GARDASIL 9.....	144	GNP INSULIN SYRINGE...102	
<i>fludrocortisone acetate</i>	135	GAUZE PADS	101	GNP INSULIN SYRINGES.102	
<i>flunisolide</i>	130	GAUZE TYPE VII MEDI-PAK		GNP INSULIN SYRINGES	
<i>fluocinolone acetonide</i> ...	84, 130	.....	101	29GX1/2	102
<i>fluocinonide</i>	84	GAVILYTE-C.....	132	GNP INSULIN SYRINGES	
<i>fluorometholone</i>	130	<i>gavilyte-g</i>	132	30GX5/16	102
<i>fluorouracil</i>	26, 82, 83	<i>gavilyte-n with flavor pack</i> ...	133	GNP INSULIN SYRINGES	
<i>fluoxetine hcl</i>	42	GAVRETO	26	31GX5/16	102
<i>fluphenazine decanoate</i>	55	<i>gefitinib</i>	26	GNP STERILE GAUZE.....	102
<i>fluphenazine hcl</i>	55	<i>gemfibrozil</i>	72	GNP ULTRA COM INSULIN	
<i>flurbiprofen</i>	15	<i>generlac</i>	132	SYRINGE.....	102
FLURBIPROFEN	15	<i>gengraf</i>	140	GOMEKLI.....	27
<i>flurbiprofen sodium</i>	130	GENTAK.....	129	GOODSENSE ALCOHOL	
FLUTAMIDE.....	26	<i>gentamicin sulfate</i>	17, 83, 129	SWABS	102
<i>fluticasone propionate</i>	84, 130	GENVOYA	60	GOODSENSE CLICKFINE	
<i>fluticasone propionate hfa</i> ...	151, 152	GILOTRIF	26	PEN NEEDLE	102
<i>fluticasone-salmeterol</i>	152	<i>glatiramer acetate</i>	75	GOODSENSE PEN NEEDLE	
		<i>glatopa</i>	75	PENFINE.....	102

<i>griseofulvin microsize</i>	48
<i>griseofulvin ultramicrosize</i>	48
<i>guanfacine hcl</i>	66
<i>guanfacine hcl er</i>	75
GVOKE HYPOPEN 2-PACK	148
GVOKE KIT	149
GVOKE PFS	149
H	
HAEGARDA	65
<i>hailey 24 fe</i>	78
<i>hailey fe 1.5/30</i>	78
<i>hailey fe 1/20</i>	78
<i>halobetasol propionate</i>	84
<i>haloette</i>	78
<i>haloperidol</i>	56
<i>haloperidol decanoate</i>	55
<i>haloperidol lactate</i>	55
HARVONI	63
HAVRIX	144
HEALTHWISE INSULIN	
SYR/NEEDLE	102, 103
HEALTHWISE MICRON PEN	
NEEDLES	103
HEALTHWISE SHORT PEN	
NEEDLES	103
HEALTHY ACCENTS	
UNIFINE PENTIP	103
<i>heather</i>	78
H-E-B INCONTROL	
ALCOHOL	103
H-E-B INCONTROL PEN	
NEEDLES	103
<i>heparin sodium (porcine)</i>	64
HEPLISAV-B.....	144
HERCEPTIN HYLECTA	27
HERZUMA	27
HIBERIX.....	144
HM STERILE ALCOHOL	
PREP	103
HM STERILE PADS	103

HM ULTICARE INSULIN	
SYRINGE.....	104
HM ULTICARE SHORT PEN	
NEEDLES	104
HUMIRA (2 PEN).....	140
HUMIRA (2 SYRINGE).....	140
HUMIRA-CD/UC/HS	
STARTER	140
HUMIRA-PED<40KG	
CROHNS STARTER.....	140
HUMIRA-PED>/=40KG	
CROHNS START	140
HUMIRA-PED>/=40KG UC	
STARTER	140
HUMIRA-PS/UV/ADOL HS	
STARTER	140
HUMIRA-PSORIASIS/UEIT	
STARTER	140
HUMULIN R U-500	
(CONCENTRATED)	45
HUMULIN R U-500	
KWIKPEN.....	46
<i>hydralazine hcl</i>	70
<i>hydrochlorothiazide</i>	71
<i>hydrocodone-acetaminophen</i> .	13
<i>hydrocortisone</i> ..	84, 85, 135, 147
<i>hydrocortisone (perianal)</i>	84
<i>hydrocortisone valerate</i>	85
<i>hydrocortisone-acetic acid</i> ...	129
<i>hydromorphone hcl</i>	13
<i>hydroxychloroquine sulfate</i>	52
<i>hydroxyurea</i>	27
<i>hydroxyzine hcl</i>	49
<i>hydroxyzine pamoate</i>	149
I	
<i>ibandronate sodium</i>	148
IBRANCE	27
<i>ibu</i>	15
<i>ibuprofen</i>	15
<i>icatibant acetate</i>	70
<i>iclevia</i>	78
ICLUSIG	27

<i>icosapent ethyl</i>	72, 73
IDHIFA.....	27
<i>ifosfamide</i>	27
ILEVRO	130
<i>imatinib mesylate</i>	27
IMBRUVICA	27
IMDELLTRA	27
<i>imipenem-cilastatin</i>	20
<i>imipramine hcl</i>	42
<i>imiquimod</i>	83
IMJUDO	27
IMKELDI	27
IMOVAX RABIES	145
IMPAVIDO	52
<i>incassia</i>	78
INCONTROL ULTICARE PEN	
NEEDLES	104
INCRELEX	136
<i>indapamide</i>	71
<i>indomethacin</i>	15
INFANRIX	145
<i>infliximab</i>	140
INGREZZA	75
INLYTA	27
INPEN 100-BLUE-LILLY-	
HUMALOG.....	104
INPEN 100-BLUE-	
NOVOLOG-FIASP	104
INQOVI.....	27
INREBIC	28
<i>insulin asp prot & asp flexpen</i>	46
INSULIN ASPART	46
INSULIN ASPART FLEXPEN	
.....	46
INSULIN ASPART PENFILL	
.....	46
<i>insulin aspart prot & aspart</i> ...	46
INSULIN SYRINGE.....	104
INSULIN SYRINGE/NEEDLE	
.....	104
INSULIN SYRINGE-NEEDLE	
U-100.....	104, 105

INSUPEN PEN NEEDLES..	105	<i>jencycla</i>	78	KISQALI FEMARA (600 MG	
INSUPEN SENSITIVE.....	105	JENTADUETO	44	DOSE)	28
INSUPEN ULTRAFIN	105	JENTADUETO XR.....	44	KLISYRI (250 MG)	83
INSUPEN32G EXTR3ME... 105		<i>jolessa</i>	78	<i>klor-con m10</i>	150
INTELENCE.....	60	<i>juleber</i>	78	<i>klor-con m15</i>	150
INTRON A.....	63	JULUCA.....	60	<i>klor-con m20</i>	150
<i>introvale</i>	78	<i>junel 1.5/30</i>	78	KLOXXADO	16
INVEGA HAFYERA.....	56	<i>junel 1/20</i>	78	KMART VALU INSULIN	
INVEGA SUSTENNA.....	56	<i>junel fe 1.5/30</i>	79	SYRINGE 29G.....	105
INVEGA TRINZA.....	56	<i>junel fe 1/20</i>	79	KMART VALU INSULIN	
INVELTYS	130	<i>junel fe 24</i>	79	SYRINGE 30G.....	105
IPOL	145	JYLAMVO.....	28	KOSELUGO.....	28
<i>ipratropium bromide</i>	128, 152	JYNARQUE.....	72	KOSHER PRENATAL PLUS	
<i>ipratropium-albuterol</i>	152	JYNNEOS	145	IRON	156
<i>irbesartan</i>	67	K		KRAZATI.....	28
<i>irbesartan-hydrochlorothiazide</i>		KALETRA	60	KROGER INSULIN SYRINGE	
.....	67	KALYDECO	154	.....	105
ISENTRESS	60	<i>kariva</i>	79	KROGER PEN NEEDLES ..	105
ISENTRESS HD	60	<i>kelnor 1/35</i>	79	<i>kurvelo</i>	79
<i>isibloom</i>	78	<i>kelnor 1/50</i>	79	KYLEENA	79
<i>isoniazid</i>	51	KENDALL HYDROPHILIC		KYNMOBI.....	53
<i>isosorbide dinitrate</i>	73	FOAM DRESS.....	105	KYNMOBI TITRATION KIT	
<i>isosorbide mononitrate</i>	73	KENDALL HYDROPHILIC		.....	53
<i>isosorbide mononitrate er</i>	73	FOAM PLUS.....	105	L	
ITOVEBI.....	28	KERENDIA.....	73	<i>labetalol hcl</i>	69
<i>itraconazole</i>	48	KESIMPTA.....	75	<i>lacosamide</i>	38
<i>ivabradine hcl</i>	70	<i>ketoconazole</i>	48	<i>lactulose</i>	132
<i>ivermectin</i>	52	<i>ketorolac tromethamine..</i>	15, 130	<i>lamivudine</i>	60
IWILFIN.....	28	KEYTRUDA.....	28	<i>lamivudine-zidovudine</i>	60
IXCHIQ.....	145	KIMMTRAK.....	28	<i>lamotrigine</i>	38
IXIARO.....	145	KINERET.....	141	LANREOTIDE ACETATE..	136
J		KINRAY INSULIN SYRINGE		<i>lansoprazole</i>	131
J & J GAUZE	105	.....	105	LANTUS	46
JAKAFI	28	KINRIX.....	145	LANTUS SOLOSTAR.....	46
<i>jantoven</i>	64	<i>kionex</i>	132	<i>lapatinib ditosylate</i>	28
JANUMET	43	KISQALI (200 MG DOSE) ...	28	<i>larin 1.5/30</i>	79
JANUMET XR.....	43	KISQALI (400 MG DOSE) ...	28	<i>larin 1/20</i>	79
JANUVIA.....	44	KISQALI (600 MG DOSE) ...	28	<i>larin 24 fe</i>	79
JARDIANCE.....	44	KISQALI FEMARA (200 MG		<i>larin fe 1.5/30</i>	79
<i>javygtor</i>	128	DOSE)	28	<i>larin fe 1/20</i>	79
JAYPIRCA.....	28	KISQALI FEMARA (400 MG		<i>larissia</i>	79
JEMPERLI	28	DOSE)	28	<i>latanoprost</i>	150

LAZCLUZE	28	<i>levonorgestrel-ethinyl estrad</i> ..	79	<i>lovastatin</i>	73
LEADER INSULIN SYRINGE		<i>levonorg-eth estrad triphasic</i> .	79	<i>low-ogestrel</i>	79
.....	106	<i>levora 0.15/30 (28)</i>	79	<i>loxapine succinate</i>	56
LEADER UNIFINE PENTIPS		<i>levothyroxine sodium</i>	138	<i>lubiprostone</i>	132
.....	106	LEXIVA	60	LUMAKRAS.....	29
LEADER UNIFINE PENTIPS		<i>l-glutamine</i>	149	LUMIGAN	150
PLUS	106	LIBERVANT	38	LUNSUMIO	29
<i>leflunomide</i>	141	<i>lidocaine</i>	15	LUPRON DEPOT (1-MONTH)	
<i>lenalidomide</i>	28	<i>lidocaine hcl urethral/mucosal</i>		.....	29, 136
LENTOCILIN	21	.....	15	LUPRON DEPOT (3-MONTH)	
LENVIMA (10 MG DAILY		<i>lidocaine viscous hcl</i>	15	.....	30, 136
DOSE)	29	<i>lidocaine-prilocaine</i>	15	LUPRON DEPOT (4-MONTH)	
LENVIMA (12 MG DAILY		<i>lidocan</i>	15	.....	30
DOSE)	29	LILETTA (52 MG)	79	LUPRON DEPOT (6-MONTH)	
LENVIMA (14 MG DAILY		<i>lillow</i>	79	.....	30
DOSE)	29	<i>linezolid</i>	18	LUPRON DEPOT-PED (3-	
LENVIMA (18 MG DAILY		LINZESS	132	MONTH)	136
DOSE)	29	<i>liothyronine sodium</i>	138	LUPRON DEPOT-PED (6-	
LENVIMA (20 MG DAILY		<i>lisinopril</i>	68	MONTH)	136
DOSE)	29	<i>lisinopril-hydrochlorothiazide</i>	68	<i>lurasidone hcl</i>	57
LENVIMA (24 MG DAILY		LITETOUCH INSULIN		<i>luter</i> a.....	79
DOSE)	29	SYRINGE.....	106	LUTRATE DEPOT	136
LENVIMA (4 MG DAILY		LITETOUCH PEN NEEDLES		LYBALVI.....	57
DOSE)	29	.....	106	<i>lyleq</i>	79
LENVIMA (8 MG DAILY		<i>lithium</i>	75	LYNPARZA.....	30
DOSE)	29	<i>lithium carbonate</i>	75	LYSODREN.....	30
<i>lessina</i>	79	LITHIUM CARBONATE.....	75	LYTGOBI (12 MG DAILY	
<i>letrozole</i>	29	<i>lithium carbonate er</i>	75	DOSE)	30
<i>leucovorin calcium</i>	149	LIVTENCITY	62	LYTGOBI (16 MG DAILY	
LEUKERAN	29	LOKELMA	132	DOSE)	30
<i>leuprolide acetate</i>	29	LONSURF	29	LYTGOBI (20 MG DAILY	
LEUPROLIDE ACETATE (3		<i>loperamide hcl</i>	132	DOSE)	30
MONTH).....	29	<i>lopinavir-ritonavir</i>	60, 61	<i>lyza</i>	79
<i>levetiracetam</i>	38	LOQTORZI	29	M	
<i>levetiracetam er</i>	38	<i>lorazepam</i>	17	MAGELLAN INSULIN	
<i>levobunolol hcl</i>	150	<i>lorazepam intensol</i>	17	SAFETY SYR	107
<i>levocetirizine dihydrochloride</i>	49	LORBRENA	29	<i>magnesium sulfate</i>	150
<i>levofloxacin</i>	22	<i>losartan potassium</i>	67	<i>malathion</i>	85
<i>levofloxacin in d5w</i>	22	<i>losartan potassium-hctz</i>	67	<i>maraviroc</i>	61
<i>levonest</i>	79	LOTEMAX	130	MARGENZA	30
<i>levonorgest-eth estrad 91-day</i>	79	LOTEMAX SM.....	131	<i>marlissa</i>	79
<i>levonorgest-eth estradiol-iron</i>	79	<i>loteprednol etabonate</i>	131	MARPLAN.....	42

MATULANE	30	<i>mercaptopurine</i>	30	<i>minoxidil</i>	74
MAVENCLAD (10 TABS) ...	76	<i>meropenem</i>	20	MIPLYFFA	127
MAVENCLAD (4 TABS)	76	<i>mesalamine</i>	147	MIRASORB SPONGES	108
MAVENCLAD (5 TABS)	76	<i>mesalamine er</i>	147	MIRENA (52 MG)	80
MAVENCLAD (6 TABS)	76	<i>mesna</i>	149	<i>mirtazapine</i>	42
MAVENCLAD (7 TABS)	76	<i>metformin hcl</i>	44	<i>misoprostol</i>	131
MAVENCLAD (8 TABS)	76	<i>metformin hcl er</i>	44	<i>mitoxantrone hcl</i>	30
MAVENCLAD (9 TABS)	76	<i>methadone hcl</i>	13	MM PEN NEEDLES	108
MAXICOMFORT II PEN		<i>methazolamide</i>	150	M-M-R II	145
NEEDLE	107	<i>methenamine hippurate</i>	18	M-NATAL PLUS	156
MAXI-COMFORT INSULIN		<i>methimazole</i>	138	<i>modafinil</i>	155
SYRINGE	107	<i>methocarbamol</i>	154	<i>moexipril hcl</i>	68
MAXI-COMFORT SAFETY		<i>methotrexate sodium</i>	30	<i>molindone hcl</i>	57
PEN NEEDLE	107	METHOTREXATE SODIUM		<i>mometasone furoate</i>	85, 131
MAXICOMFORT SYR 27G X		.....	30	MONOJECT INSULIN	
1/2	107	<i>methotrexate sodium (pf)</i>	30	SYRINGE	108
MAYZENT	76	<i>methoxsalen rapid</i>	83	MONOJECT ULTRA	
MAYZENT STARTER PACK		<i>methsuximide</i>	38	COMFORT SYRINGE ...	108,
.....	76	<i>methylphenidate hcl</i>	76	109	
<i>meclizine hcl</i>	51	<i>methylprednisolone</i>	135	<i>mono-linyah</i>	80
MEDIC INSULIN SYRINGE		<i>methylprednisolone acetate</i> ..	135	<i>montelukast sodium</i>	152
.....	107	<i>metoclopramide hcl</i>	132	MORPHINE SULFATE	14
MEDICINE SHOPPE PEN		<i>metolazone</i>	72	<i>morphine sulfate (concentrate)</i>	
NEEDLES	107	<i>metoprolol succinate er</i>	69	.....	13
MEDPURA ALCOHOL PADS		<i>metoprolol tartrate</i>	69	<i>morphine sulfate er</i>	13, 14
.....	107	<i>metronidazole</i>	18, 50, 83	MOUNJARO	44
<i>medroxyprogesterone acetate</i>		<i>metyrosine</i>	70	MOVANTIK	132
.....	137	<i>micafungin sodium</i>	49	<i>moxifloxacin hcl</i>	22, 129
<i>mefloquine hcl</i>	52	MICONAZOLE 3	49	MOXIFLOXACIN HCL	22
<i>megestrol acetate</i>	30, 137	MICRODOT PEN NEEDLE	108	MOXIFLOXACIN HCL IN	
MEIJER ALCOHOL SWABS		<i>microgestin 1.5/30</i>	79	NACL	22
.....	107	<i>microgestin 1/20</i>	80	MRESVIA	145
MEIJER PEN NEEDLES	108	<i>microgestin 24 fe</i>	80	MS INSULIN SYRINGE	109
MEKINIST	30	<i>microgestin fe 1.5/30</i>	80	MULTAQ	68
MEKTOVI	30	<i>microgestin fe 1/20</i>	80	<i>mupirocin</i>	83
<i>meleya</i>	79	<i>midodrine hcl</i>	66	MVASI	30
<i>meloxicam</i>	15	MIEBO	128	<i>mycophenolate mofetil</i>	141
<i>memantine hcl</i>	40	<i>mifepristone</i>	44	<i>mycophenolate mofetil hcl</i> ...	141
<i>memantine hcl er</i>	40	<i>mili</i>	80	<i>mycophenolate sodium</i>	141
MENACTRA	145	<i>mimvey</i>	135	MYRBETRIQ	133
MENQUADFI	145	<i>minitrans</i>	74	N	
MENVEO	145	<i>minocycline hcl</i>	22	<i>na sulfate-k sulfate-mg sulf</i> ..	133

<i>nabumetone</i>	15	<i>nitazoxanide</i>	52	NURTEC	50
<i>nafcillin sodium</i>	21	<i>nitisinone</i>	128	<i>nyamyc</i>	49
<i>naloxone hcl</i>	16	<i>nitrofurantoin macrocrystal</i> ...	18	<i>nylia 1/35</i>	80
<i>naltrexone hcl</i>	16	<i>nitrofurantoin monohyd macro</i>	18	<i>nylia 7/7/7</i>	80
<i>naproxen</i>	15	.....	18	<i>nymyo</i>	80
<i>naratriptan hcl</i>	50	<i>nitroglycerin</i>	74, 149	<i>nystatin</i>	49
NATACYN	129	NIVA-PLUS	156	<i>nystatin-triamcinolone</i>	49
<i>nateglinide</i>	44	NIVESTYM	65	<i>nystop</i>	49
NATPARA	148	NORDITROPIN FLEXPPO 137		NYVEPRIA	65
NAYZILAM.....	38	<i>norelgestromin-eth estradiol</i> ..	80	O	
<i>nebivolol hcl</i>	69	<i>norethin ace-eth estrad-fe</i>	80	OBSTETRIX DHA	156
<i>nefazodone hcl</i>	42	<i>norethindrone</i>	80	OCREVUS	76
NEFAZODONE HCL	42	<i>norethindrone acetate</i>	137	OCREVUS ZUNOVO.....	76
<i>neomycin sulfate</i>	17	<i>norethindron-ethinyl estrad-fe</i> 80		<i>octreotide acetate</i>	137
<i>neomycin-bacitracin zn-polymyx</i>	129	<i>norgestimate-eth estradiol</i>	80	ODEFSEY	61
.....	129	<i>norgestim-eth estrad triphasic</i> 80		ODOMZO.....	31
<i>neomycin-polymyxin-dexameth</i>	129	<i>norlyda</i>	80	OFEV	154
.....	129	<i>norlyroc</i>	80	<i>ofloxacin</i>	129
<i>neomycin-polymyxin-gramicidin</i>	129	<i>nortrel 1/35 (21)</i>	80	OGIVRI	31
.....	129	<i>nortrel 1/35 (28)</i>	80	OGSIVEO.....	31
<i>neomycin-polymyxin-hc</i>	129	<i>nortrel 7/7/7</i>	80	OJEMDA	31
<i>neo-polycin</i>	129	<i>nortriptyline hcl</i>	42	OJJAARA.....	31
<i>neo-polycin hc</i>	129	NORVIR.....	61	<i>olanzapine</i>	57
NERLYNX.....	30	NOVOFINE AUTOCOVER 109		<i>olmesartan medoxomil</i>	67
<i>neuac</i>	83	NOVOFINE PEN NEEDLE 109		<i>olmesartan medoxomil-hctz</i>	67
NEULASTA ONPRO	65	NOVOFINE PLUS PEN		<i>olmesartan-amlodipine-hctz</i> ...	67
<i>nevirapine</i>	61	NEEDLE	109	<i>olopatadine hcl</i>	128
<i>nevirapine er</i>	61	NOVOLIN 70/30.....	46	<i>omega-3-acid ethyl esters</i>	73
NEXLETOL	73	NOVOLIN 70/30 FLEXPEN .	46	<i>omeprazole</i>	131
NEXLIZET.....	73	NOVOLIN 70/30 RELION ...	46	OMNIPOD 5 DEXG7G6	
NEXPLANON	80	NOVOLIN N	46	INTRO GEN 5.....	109
NIACIN		NOVOLIN N FLEXPEN	46	OMNIPOD 5 DEXG7G6 PODS	
(ANTHYPERLIPIDEMIC)		NOVOLIN N RELION	46	GEN 5	109
.....	73	NOVOLIN R	46	OMNIPOD 5 G7 INTRO (GEN	
<i>niacin er (antihyperlipidemic)</i> 73		NOVOLIN R FLEXPEN.....	46	5).....	109
NIACOR.....	73	NOVOLIN R RELION	47	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	31	G6	109
NIKTIMVO.....	141	NUCALA	154	OMNIPOD 5 LIBRE2 PLUS	
<i>nilutamide</i>	31	NULOJIX	141	G6 PODS	109
NINLARO	31	NUPLAZID	57		

OMNIPOD CLASSIC PDM (GEN 3).....	109	PACLITAXEL PROTEIN- BOUND PART	31	<i>permethrin</i>	85
OMNIPOD CLASSIC PODS (GEN 3).....	109	<i>paliperidone er</i>	57	<i>perphenazine</i>	57
OMNIPOD DASH INTRO (GEN 4).....	109	PANRETIN	83	<i>perphenazine-amitriptyline</i>	42
OMNIPOD DASH PDM (GEN 4).....	109	<i>pantoprazole sodium</i>	131	PERSERIS	57
OMNIPOD DASH PODS (GEN 4).....	109	<i>paricalcitol</i>	148	<i>phenelzine sulfate</i>	42
ONAPGO	53	<i>paromomycin sulfate</i>	52	<i>phenobarbital</i>	38
<i>ondansetron</i>	51	<i>paroxetine hcl</i>	42	<i>phenylek</i>	38
<i>ondansetron hcl</i>	51	<i>paroxetine hcl er</i>	42	<i>phenytoin</i>	39
ONTRUZANT	31	PAXLOVID (150/100).....	62	<i>phenytoin sodium</i>	39
ONUREG	31	PAXLOVID (300/100 & 150/100).....	62	<i>phenytoin sodium extended</i>	39
OPDIVO.....	31	PAXLOVID (300/100).....	62	PIFELTRO	61
OPDIVO QVANTIG.....	31	<i>pazopanib hcl</i>	31	<i>pilocarpine hcl</i>	82, 150
OPDUALAG.....	31	PC UNIFINE PENTIPS	109	<i>pimecrolimus</i>	85
OPIPZA	57	PEDIARIX	145	<i>pimozide</i>	57
OPSUMIT	155	PEDVAX HIB.....	145	<i>pimtrea</i>	80
ORENCIA	141	<i>peg 3350-kcl-na bicarb-nacl</i> 133		<i>pioglitazone hcl</i>	44
ORENCIA CLICKJECT	141	<i>peg-3350/electrolytes</i>	133	<i>pioglitazone hcl-metformin hcl</i>	44
ORFADIN	128	PEGASYS	63	PIP PEN NEEDLES 31G X 5MM.....	110
ORGOVYX.....	137	PEMAZYRE	31	PIP PEN NEEDLES 32G X 4MM.....	110
ORILISSA	137	<i>pemetrexed disodium</i>	32	<i>piperacillin sod-tazobactam so</i>	21
ORKAMBI.....	154	PEMETREXED DISODIUM.....	31	PIQRAY (200 MG DAILY DOSE)	32
ORSERDU	31	<i>pemetrexed ditromethamine</i> ...	32	PIQRAY (250 MG DAILY DOSE)	32
<i>oseltamivir phosphate</i>	62	PEMRYDI RTU	32	PIQRAY (300 MG DAILY DOSE)	32
OTEZLA	141	PEN NEEDLE/5-BEVEL TIP	110	<i>pirfenidone</i>	154
<i>oxandrolone</i>	134	PEN NEEDLES.....	110	<i>pirmella 1/35</i>	80
<i>oxcarbazepine</i>	38	PENBRAYA	145	<i>pirmella 7/7/7</i>	80
<i>oxybutynin chloride</i>	133	<i>penicillamine</i>	134	<i>pitavastatin calcium</i>	73
<i>oxybutynin chloride er</i>	133	<i>penicillin g potassium</i>	21	PLEGRIDY	76
<i>oxycodone hcl</i>	14	<i>penicillin g procaine</i>	21	PLEGRIDY STARTER PACK	76
<i>oxycodone-acetaminophen</i>	14	<i>penicillin v potassium</i>	21	PNV 27-CA/FE/FA	156
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	44	PENTACEL.....	145	PNV PRENATAL PLUS MULTIVITAMIN	156
OZEMPIC (1 MG/DOSE).....	44	<i>pentamidine isethionate</i>	52	PNV TABS 29-1.....	156
OZEMPIC (2 MG/DOSE).....	44	PENTIPS	110	PNV-DHA+DOCUSATE	156
P		PENTIPS GENERIC PEN NEEDLES	110		
<i>pacerone</i>	68	<i>pentoxifylline er</i>	66		
		<i>perampanel</i>	38		
		<i>perindopril erbumine</i>	68		
		<i>perio gard</i>	82		

PNV-OMEGA.....	156	PREPLUS.....	156	<i>propranolol hcl er</i>	69
<i>podofilox</i>	83	PRETAB.....	156	<i>propylthiouracil</i>	138
<i>polycin</i>	129	<i>prevalite</i>	73	PROQUAD.....	145
<i>polymyxin b-trimethoprim</i>	129	PREVENT DROPSAFE PEN		<i>protriptyline hcl</i>	43
POMALYST.....	32	NEEDLES.....	111	PULMOZYME.....	128
<i>portia-28</i>	80	PREVENT SAFETY PEN		PURE COMFORT ALCOHOL	
<i>posaconazole</i>	49	NEEDLES.....	111	PREP.....	111
<i>potassium chloride</i>	151	<i>previfem</i>	80	PURE COMFORT PEN	
<i>potassium chloride crys er</i> ...	150	PREVYMIS.....	62	NEEDLE.....	111, 112
<i>potassium chloride er</i>	151	PREZCOBIX.....	61	PURE COMFORT SAFETY	
<i>potassium citrate er</i>	151	PREZISTA.....	61	PEN NEEDLE.....	112
<i>pramipexole dihydrochloride</i> .	53	PRIFTIN.....	51	PX SHORTLENGTH PEN	
<i>prasugrel hcl</i>	66	PRIMAQUINE PHOSPHATE		NEEDLES.....	112
<i>pravastatin sodium</i>	73	.....	52	<i>pyrazinamide</i>	51
<i>praziquantel</i>	52	<i>primidone</i>	39	<i>pyridostigmine bromide</i>	149
<i>prazosin hcl</i>	66	PRIORIX.....	145	<i>pyrimethamine</i>	52
PRECISION SUREDOSE		PRO COMFORT ALCOHOL		Q	
PLUS SYR.....	110	.....	111	QC ALCOHOL.....	112
PRECISION SURE-DOSE		PRO COMFORT INSULIN		QC ALCOHOL SWABS.....	112
SYRINGE.....	110	SYRINGE.....	111	QC BORDER ISLAND	
<i>prednisolone</i>	135	PRO COMFORT PEN		GAUZE.....	112
<i>prednisolone acetate</i>	131	NEEDLES.....	111	QINLOCK.....	32
<i>prednisolone sodium phosphate</i>		<i>probenecid</i>	49	QUADRACEL.....	146
.....	136	PROCALAMINE.....	66	<i>quetiapine fumarate</i>	57
<i>prednisone</i>	136	<i>prochlorperazine</i>	51	<i>quetiapine fumarate er</i>	57
PREFERRED PLUS INSULIN		<i>prochlorperazine edisylate</i>	51,	QUICK TOUCH INSULIN	
SYRINGE.....	110, 111	57		PEN NEEDLE.....	112
PREFERRED PLUS UNIFINE		<i>prochlorperazine maleate</i>	51	<i>quinapril hcl</i>	68
PENTIPS.....	111	<i>procto-med hc</i>	85	<i>quinapril-hydrochlorothiazide</i>	68
<i>pregabalin</i>	39	<i>proctosol hc</i>	85	<i>quinidine sulfate</i>	68
PREHEVBRIO.....	145	<i>proctozone-hc</i>	85	<i>quinine sulfate</i>	52
PREMARIN.....	135	PRODIGY INSULIN		QULIPTA.....	50
PREMPHASE.....	135	SYRINGE.....	111	R	
PREMPRO.....	135	<i>progesterone</i>	137	RA ALCOHOL SWABS.....	112
PRENA 1 TRUE.....	156	PROGRAF.....	141	<i>ra clotrimazole</i>	49
PRENAISSANCE.....	156	PROLIA.....	148	RA INSULIN SYRINGE	112,
PRENAISSANCE PLUS.....	156	PROMACTA.....	65	113	
PRENATABS FA.....	156	<i>promethazine hcl</i>	51, 52	<i>ra isopropyl alcohol wipes</i> ...	113
PRENATAL.....	156	<i>promethegan</i>	52	RA PEN NEEDLES.....	113
PRENATAL 19.....	156	<i>propafenone hcl</i>	68	RA STERILE.....	113
PRENATAL PLUS IRON ...	156	<i>propafenone hcl er</i>	68	RABAVERT.....	146
PRENATAL-U.....	156	<i>propranolol hcl</i>	69	<i>rabeprazole sodium</i>	131

RALDESY	43	<i>rifabutin</i>	51	SB ALCOHOL PREP.....	114
<i>raloxifene hcl</i>	135	<i>rifampin</i>	51	SB INSULIN SYRINGE.....	114
<i>ramipril</i>	68	<i>riluzole</i>	76	SCSEMBLIX.....	33
<i>ranolazine er</i>	70	RINVOQ	142	<i>scopolamine</i>	52
<i>rasagiline mesylate</i>	53	RINVOQ LQ.....	141	SECUADO	58
RASUVO	141	<i>risperidone</i>	58	SECURESAFE INSULIN	
RAYA SURE PEN NEEDLE		<i>risperidone microspheres er</i> ...	58	SYRINGE.....	114
.....	113	<i>ritonavir</i>	61	SECURESAFE SAFETY PEN	
RAYALDEE	148	RITUXAN HYCELA.....	32	NEEDLES	114
REALITY INSULIN SYRINGE		<i>rivastigmine</i>	41	SELARSDI.....	142
.....	113	<i>rivastigmine tartrate</i>	41	SELECT-OB.....	156
REALITY SWABS	113	<i>rizatriptan benzoate</i>	50	<i>selegiline hcl</i>	53
<i>reclipsen</i>	80	ROCKLATAN	150	<i>selenium sulfide</i>	83
RECOMBIVAX HB	146	<i>roflumilast</i>	154	SELZENTRY	61
RELENZA DISKHALER.....	62	ROMVIMZA.....	32	SEMGLEE (YFGN).....	47
RELION ALCOHOL SWABS		<i>ropinirole hcl</i>	53	SE-NATAL 19.....	156
.....	113	<i>ropinirole hcl er</i>	53	SEREVENT DISKUS	153
RELION INSULIN SYRINGE		<i>rosadan</i>	83	SEROSTIM	137
.....	113	<i>rosuvastatin calcium</i>	73	<i>sertraline hcl</i>	43
RELI-ON INSULIN SYRINGE		ROTARIX	146	<i>setlakin</i>	81
.....	113	ROTATEQ	146	<i>sevelamer carbonate</i>	133
RELION MINI PEN NEEDLES		ROZLYTREK	32	<i>sevelamer hcl</i>	133
.....	113	RUBRACA.....	32	SEZABY.....	39
RELION PEN NEEDLES....	113	<i>rufinamide</i>	39	<i>sf 5000 plus</i>	82
<i>repaglinide</i>	45	RUKOBIA.....	61	<i>sharobel</i>	81
REPATHA	73	RUXIENCE.....	33	SHINGRIX.....	146
REPATHA PUSHTRONEX		RYBELSUS.....	45	SIGNIFOR.....	137
SYSTEM	73	RYBELSUS (FORMULATION		<i>sildenafil citrate</i>	155
REPATHA SURECLICK	73	R2).....	45	<i>silver sulfadiazine</i>	83
RESTORE CONTACT LAYER		RYBREVANT	33	SIMBRINZA	150
.....	113	RYDAPT	33	<i>simliya</i>	81
RETACRIT	65	RYKINDO.....	58	<i>simvastatin</i>	73
RETEVMO.....	32	RYTELO	33	<i>sirolimus</i>	142
RETROVIR.....	61	S		SIRTURO	51
REVUFORJ.....	32	SAFETY INSULIN SYRINGES		SKYLA.....	81
REXULTI.....	57	.....	113, 114	SKYRIZI	142
REYATAZ	61	SAFETY PEN NEEDLES....	114	SKYRIZI (150 MG DOSE)..	142
REZLIDHIA.....	32	SANTYL	83	SKYRIZI PEN.....	142
REZUROCK	141	<i>sapropterin dihydrochloride</i>	128	SM ALCOHOL PREP.....	114
RHOPRESSA.....	150	SAVELLA.....	77	SM GAUZE.....	114
RIABNI	32	SAVELLA TITRATION PACK		<i>sodium chloride</i>	151
<i>ribavirin</i>	63	.....	77	<i>sodium fluoride</i>	82

SODIUM FLUORIDE 5000 SENSITIVE.....	82	<i>sumatriptan</i>	50	<i>tazicef</i>	19
<i>sodium oxybate</i>	155	<i>sumatriptan succinate</i>	50, 51	TAZICEF.....	19
<i>sodium polystyrene sulfonate</i>	132	<i>sumatriptan succinate refill</i>	50	<i>taztia xt</i>	70
<i>solifenacin succinate</i>	133	<i>sunitinib malate</i>	33	TAZVERIK	33
SOLQUA	47	SUNLENCA.....	61	TDVAX	146
SOLTAMOX.....	33	SURE COMFORT ALCOHOL PREP	114	TECHLITE INSULIN SYRINGE.....	116
SOMATULINE DEPOT	137	SURE COMFORT INSULIN SYRINGE.....	114, 115	TECHLITE PEN NEEDLES.....	116
SOMAVERT.....	137	SURE COMFORT PEN NEEDLES	115, 116	TECVAYLI	33
<i>sorafenib tosylate</i>	33	SURE-JECT INSULIN SYRINGE.....	116	TEFLARO	19
<i>sorine</i>	69	SURE-PREP ALCOHOL PREP	116	<i>telmisartan</i>	67
<i>sotalol hcl</i>	69	SURGICAL GAUZE SPONGE	116	<i>telmisartan-hctz</i>	67
<i>sotalol hcl (af)</i>	69	SUTAB.....	133	<i>temazepam</i>	17
SPIRIVA RESPIMAT.....	153	SYMPAZAN.....	39	TEMIXYS	61
<i>spironolactone</i>	72	SYMTUZA.....	61	TENIVAC.....	146
<i>spironolactone-hctz</i>	72	SYNJARDY	45	<i>tenofovir disoproxil fumarate</i>	61
SPRAVATO (56 MG DOSE).....	43	SYNJARDY XR.....	45	TEPMETKO.....	33
SPRAVATO (84 MG DOSE).....	43	SYNRIBO	33	<i>terazosin hcl</i>	134
<i>sprintec 28</i>	81	T		<i>terbinafine hcl</i>	49
SPRITAM.....	39	TABLOID	33	<i>terconazole</i>	50
<i>sps (sodium polystyrene sulf)</i>	132	TABRECTA.....	33	TERIPARATIDE	148
<i>sronyx</i>	81	<i>tacrolimus</i>	85, 142	TERUMO INSULIN SYRINGE	116
<i>ssd</i>	83	<i>tadalafil</i>	155	<i>testosterone</i>	134
<i>stavudine</i>	61	TAFINLAR	33	<i>testosterone cypionate</i>	134
STELARA.....	142	<i>tafluprost (pf)</i>	150	<i>testosterone enanthate</i>	134
STERILE.....	114	TAGRISSO	33	<i>tetrabenazine</i>	77
STERILE GAUZE	114	TALVEY	33	<i>tetracycline hcl</i>	22
STIOLTO RESPIMAT	153	TALZENNA.....	33	TEVIMBRA	33
STIVARGA.....	33	<i>tamoxifen citrate</i>	33	THALOMID.....	149
STRENSIQ.....	128	<i>tamsulosin hcl</i>	134	<i>theophylline</i>	153
<i>streptomycin sulfate</i>	17	<i>tarina 24 fe</i>	81	<i>theophylline er</i>	153
STRIBILD.....	61	<i>tarina fe 1/20 eq</i>	81	THERAGAUZE	116
STRIVERDI RESPIMAT	153	TARON-C DHA.....	157	<i>thioridazine hcl</i>	58
<i>subvenite</i>	39	TARON-PREX.....	157	<i>thiothixene</i>	58
<i>sucralfate</i>	131	TASIGNA	33	<i>tiadylt er</i>	70
<i>sulfacetamide sodium</i> ...	129, 130	TAVNEOS	142	<i>tiagabine hcl</i>	39
<i>sulfacetamide-prednisolone</i> .	130	<i>tazarotene</i>	85	TIBSOVO.....	33
<i>sulfadiazine</i>	22			TICE BCG.....	34
<i>sulfamethoxazole-trimethoprim</i>	22			TICOVAC	146
<i>sulfasalazine</i>	147			TIGECYCLINE.....	23
<i>sulindac</i>	15			<i>tilia fe</i>	81

<i>timolol hemihydrate</i>	150	<i>trazodone hcl</i>	43	TRIZIVIR.....	62
<i>timolol maleate</i>	69, 150	TRECTOR.....	51	TROGARZO	62
<i>tinidazole</i>	52	TRELEGY ELLIPTA.....	153	<i>tropium chloride</i>	134
<i>tiotropium bromide</i>		TRELSTAR MIXJECT	34	<i>tropium chloride er</i>	133
<i>monohydrate</i>	153	TREMFYA.....	142, 143	TRUE COMFORT ALCOHOL	
TIVDAK.....	34	TREMFYA CROHNS		PREP PADS	117
TIVICAY	62	INDUCTION.....	142	TRUE COMFORT INSULIN	
TIVICAY PD	62	TREMFYA ONE-PRESS	142	SYRINGE.....	117
<i>tizanidine hcl</i>	155	TREMFYA PEN	142	TRUE COMFORT PEN	
TOBI PODHALER	17	TRESIBA	47	NEEDLES	117
<i>tobramycin</i>	17, 130	TRESIBA FLEXTOUCH.....	47	TRUE COMFORT PRO	
<i>tobramycin pak</i>	17	<i>tretinoin</i>	34, 85	ALCOHOL PREP	117
<i>tobramycin sulfate</i>	17	<i>tri femynor</i>	81	TRUE COMFORT PRO	
<i>tobramycin-dexamethasone</i> ..	130	<i>triamcinolone acetonide</i> ..	82, 85,	INSULIN SYR	117, 118
TODAYS HEALTH PEN		136		TRUE COMFORT PRO PEN	
NEEDLES	116	<i>triamterene-hctz</i>	72	NEEDLES	118
TODAYS HEALTH SHORT		<i>triazolam</i>	17	TRUEPLUS 5-BEVEL PEN	
PEN NEEDLE.....	116	<i>trientine hcl</i>	134	NEEDLES	118, 119
<i>tolterodine tartrate</i>	133	<i>tri-estarylla</i>	81	TRUEPLUS INSULIN	
<i>tolterodine tartrate er</i>	133	<i>trifluoperazine hcl</i>	58	SYRINGE.....	119
<i>tolvaptan</i>	72	<i>trifluridine</i>	130	TRUEPLUS PEN NEEDLES	
TOPCARE CLICKFINE PEN		<i>trihexyphenidyl hcl</i>	53	.....	119
NEEDLES	116	TRIARDY XR.....	45	TRULICITY	45
TOPCARE ULTRA		<i>tri-legest fe</i>	81	TRUMENBA.....	146
COMFORT INS SYR	116,	<i>tri-linyah</i>	81	TRUQAP	34
117		<i>tri-lo-estarylla</i>	81	TRUXIMA	34
<i>topiramate</i>	39	<i>tri-lo-marzia</i>	81	TUKYSA.....	34
<i>toposar</i>	34	<i>tri-lo-mili</i>	81	TURALIO.....	34
<i>toremifene citrate</i>	34	<i>tri-lo-sprintec</i>	81	<i>turqoz</i>	81
<i>torpenz</i>	34	<i>trimethoprim</i>	18	TWINRIX.....	146
<i>torse mide</i>	72	<i>tri-mili</i>	81	TYBOST.....	149
TOUJEO MAX SOLOSTAR.....	47	<i>trimipramine maleate</i>	43	TYENNE	143
TOUJEO SOLOSTAR.....	47	TRINTELLIX.....	43	TYMLOS.....	148
TRADJENTA.....	45	<i>tri-nymyo</i>	81	TYPHIM VI.....	146
<i>tramadol hcl</i>	14	<i>tri-previfem</i>	81	U	
<i>tramadol-acetaminophen</i>	14	<i>tri-sprintec</i>	81	UBRELVY	51
<i>trandolapril</i>	68	TRIUMEQ.....	62	ULTICARE INSULIN	
<i>trandolapril-verapamil hcl er</i>	68	TRIUMEQ PD.....	62	SAFETY SYR	119
<i>tranexamic acid</i>	65	TRIVEEN-DUO DHA	157	ULTICARE INSULIN	
<i>tranlycypromine sulfate</i>	43	<i>trivora (28)</i>	81	SYRINGE.....	120, 121
<i>travoprost (bak free)</i>	150	<i>tri-vylibra</i>	81	ULTICARE MICRO PEN	
TRAZIMERA.....	34	<i>tri-vylibra lo</i>	81	NEEDLES	121

ULTICARE MINI PEN	ULTRA-THIN II PEN	<i>varenicline tartrate (starter)</i> ...16
NEEDLES 121	NEEDLES 125	VARIVAX.....147
ULTICARE PEN NEEDLES	UNIFINE OTC PEN NEEDLES	VAXCHORA .....147
..... 121	 125	VEGZELMA .....34
ULTICARE SHORT PEN	UNIFINE PEN NEEDLES... 125	VELTASSA.....132
NEEDLES 121	UNIFINE PENTIPS 125	VEMLIDY .....62
ULTIGUARD SAFEPAK	UNIFINE PENTIPS PLUS . 125,	VENCLEXTA .....34
PEN NEEDLE..... 121	126	VENCLEXTA STARTING
ULTIGUARD SAFEPAK	UNIFINE PROTECT PEN	PACK .....34
SYR/NEEDLE 121, 122	NEEDLE 126	<i>venlafaxine hcl</i>.....43
ULTILET ALCOHOL SWABS	UNIFINE SAFECONTROL	<i>venlafaxine hcl er</i> .....43
..... 122	PEN NEEDLE..... 126	VEOZAH.....149
ULTILET INSULIN SYRINGE	UNIFINE ULTRA PEN	<i>verapamil hcl</i>.....70
..... 122	NEEDLE 126	<i>verapamil hcl er</i>.....70
ULTILET INSULIN SYRINGE	UPTRAVI.....155	VERAPAMIL HCL ER.....70
SHORT..... 122, 123	UPTRAVI TITRATION .....155	VERIFINE INSULIN PEN
ULTILET PEN NEEDLE 123	<i>ursodiol</i>.....132	NEEDLE.....127
ULTRA COMFORT INSULIN	URSODIOL.....132	VERIFINE INSULIN
SYRINGE..... 123	UZEDY .....58	SYRINGE.....127
ULTRA FLO INSULIN PEN	V	VERIFINE PLUS PEN
NEEDLES 123	<i>valacyclovir hcl</i> .....63	NEEDLE.....127
ULTRA FLO INSULIN SYR	VALCHLOR .....83	VERQUVO.....71
1/2 UNIT 123	<i>valganciclovir hcl</i>.....63	VERSACLOZ.....58
ULTRA FLO INSULIN	<i>valproate sodium</i> .....39	VERZENIO .....34
SYRINGE..... 123, 124	<i>valproic acid</i>.....39	V-GO 20 .....127
ULTRA THIN PEN NEEDLES	<i>valsartan</i>.....67	V-GO 30 .....127
..... 124	<i>valsartan-hydrochlorothiazide</i>	V-GO 40 .....127
ULTRACARE INSULIN	67	<i>vienna</i>.....81
SYRINGE..... 124	VALTOCO 10 MG DOSE ....39	<i>vigabatrin</i> .....40
ULTRACARE PEN NEEDLES	VALTOCO 15 MG DOSE ....39	<i>vigadrone</i>.....40
..... 124, 125	VALTOCO 20 MG DOSE ....39	<i>vigpoder</i>.....40
ULTRA-COMFORT INSULIN	VALTOCO 5 MG DOSE ....40	<i>vilazodone hcl</i>.....43
SYRINGE..... 125	<i>valtya 1/50</i> .....81	VIMKUNYA.....147
ULTRA-THIN II INS SYR	VALUE HEALTH INSULIN	<i>vinorelbine tartrate</i>.....34
SHORT..... 125	SYRINGE..... 126	<i>viorele</i> .....82
ULTRA-THIN II INSULIN	<i>vancomycin hcl</i> .....18	VIRACEPT.....62
SYRINGE..... 125	VANCOMYCIN HCL .....18	VIREAD .....62
ULTRA-THIN II MINI PEN	VANFLYTA .....34	VIRT-C DHA .....157
NEEDLE 125	VANISHPOINT INSULIN	VIRT-NATE DHA .....157
ULTRA-THIN II PEN	SYRINGE..... 126, 127	VIRT-PN DHA.....157
NEEDLE SHORT 125	VAQTA .....146	VIRT-PN PLUS.....157
	<i>varenicline tartrate</i>.....16	VITAFOL GUMMIES .....157

VITAFOL-OB+DHA	157	XCOPRI (350 MG DAILY DOSE)	40	yuvaferm	135
VITRAKVI	34, 35	XDEMVY	130	Z	
VIVIMUSTA	35	XELJANZ	143	zafemy	82
VIVOTIF	147	XELJANZ XR	143	zafirlukast	152
VIZIMPRO	35	XERMELO	132	zaleplon	155
VOCABRIA	62	XGEVA	148	ZATEAN-PN DHA	157
volnea	82	XIFAXAN	18	ZATEAN-PN PLUS	157
VONJO	35	XIGDUO XR	45	ZEGALOGUE	149
VORANIGO	35	XIIDRA	131	ZEJULA	36
voriconazole	49	XOLAIR	154	ZELBORAF	36
VOSEVI	63	XOSPATA	35	zenatane	83
VOWST	149	XPOVIO (100 MG ONCE WEEKLY)	35	ZENPEP	128
VP INSULIN SYRINGE	127	XPOVIO (40 MG ONCE WEEKLY)	35	ZEVRX STERILE ALCOHOL PREP PAD	127
VP-PNV-DHA	157	XPOVIO (40 MG TWICE WEEKLY)	35	zidovudine	62
VRAYLAR	58, 59	XPOVIO (60 MG ONCE WEEKLY)	35	ZIIHERA	36
VUMERITY	77	XPOVIO (60 MG TWICE WEEKLY)	35	ziprasidone hcl	59
VYALEV	53	XPOVIO (80 MG ONCE WEEKLY)	35	ziprasidone mesylate	59
vylibra	82	XPOVIO (80 MG TWICE WEEKLY)	35	ZIRABEV	36
VYLOY	35	XTANDI	35, 36	ZIRGAN	130
VYZULTA	150	xulane	82	ZOLADEX	36
W		XULTOPHY	47	ZOLINZA	36
warfarin sodium	64	XYOSTED	134	zolpidem tartrate	155
WEBCOL ALCOHOL PREP LARGE	127	Y		zolpidem tartrate er	155
WEGMANS UNIFINE PENTIPS PLUS	127	YERVOY	36	ZONISADE	40
WELIREG	35	YESINTEK	143	zonisamide	40
WINREVAIR	154	YF-VAX	147	zovia 1/35 (28)	82
wixela inhub	152	YONSA	36	zovia 1/35e (28)	82
X		YUFLYMA (1 PEN)	143	ZTALMY	40
XALKORI	35	YUFLYMA (2 SYRINGE) ..	143	ZTLIDO	15
xarah fe	82	YUFLYMA-CD/UC/HS STARTER	143	ZURZUVAE	43
XARELTO	64			ZYDELIG	36
XARELTO STARTER PACK	64			ZYKADIA	36
XATMEP	35			ZYLET	130
XCOPRI	40			ZYNLONTA	36
XCOPRI (250 MG DAILY DOSE)	40			ZYNYZ	36
				ZYPREXA RELPREVV	59

This formulary was updated on 07/22/2025. 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



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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.