

Health Options Program

Abridged Gold5 Prescription Drug Formulary for the Medicare Standard Rx Option

(Partial List of Covered Drugs; also called the Drug List)

2026

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

This Abridged Prescription Drug Formulary for the Medicare Standard Rx Option (PDP) was updated on August 5, 2025. This is not a complete list of drugs covered by our plans. For a complete listing or other questions, please call the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET, Monday–Friday, or visit **HOPbenefits.com**.

Important Message About What You Pay for Vaccines:

The **Medicare Standard Rx Option** covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call the HOP Administration Unit for more information.

Important Message About What You Pay for Insulin:

You won't pay more than \$35 for a one-month supply of each insulin product covered by the **Medicare Standard Rx Option**, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

MEMBER SERVICES

For help or information about prescription drugs, call **Optum Rx**.

Phone: 1-888-239-1301 (calls to this number are free)

TTY: 1-800-498-5428 (calls to this number are free)

Hours: 24 hours a day, seven days a week

For help or information about enrollment, billing, or ID cards, call the **HOP Administration Unit**, or go to our plan website at **HOPbenefits.com**.

Phone: 1-800-773-7725 (calls to this number are free)

TTY: 1-800-498-5428 (calls to this number are free)

Fax: 1-877-411-4921

Hours: Monday–Friday, 8:00 a.m. to 8:00 p.m.

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 the Health Options Program, which is sponsored by the Pennsylvania Public School Employees’ Retirement System. When it refers to “plan” or “our plan,” it means the Medicare Standard Rx Option.

This document includes a partial Drug List (formulary) for our plans, which is current as of August 5, 2025. For a complete, 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, 2027, and from time to time during the year.

What is the Medicare Standard Rx Option Abridged 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 the Medicare Standard Rx Option in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The Medicare Standard Rx Option will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an OptumRx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

This document is a partial formulary and includes only some of the drugs covered by the Medicare Standard Rx Option. For a complete listing of all prescription drugs covered by the Medicare Standard Rx Option,

please visit our website at **HOPbenefits.com** or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Please note that this formulary covers the Medicare Standard Rx Option only. If you have coverage through the Medicare Plus Rx Option or a Medicare Advantage plan through the Health Options Program, you will have to contact the HOP Administration Unit or the Medicare Advantage plan directly for a copy of the formulary for your prescription drug plan.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we 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: **HOPbenefits.com**.

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 titled “How do I request an exception to the Medicare Standard Rx Option 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) withdraws it 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 remove a brand-name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product, or move it to a different cost-sharing tier, or both. 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, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. 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 entitled “How do I request an exception to the Medicare Standard Rx Option Formulary?”

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 August 5, 2025. To get updated information about the drugs covered by the Medicare Standard Rx Option, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear formulary changes, a revised Comprehensive Formulary for the Medicare Standard Rx Option will be posted to **HOPbenefits.com**.

How do I use the formulary?

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

- **Medical condition**

The formulary begins on page 1. 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 1. 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 12. The Index provides an alphabetical list of all 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?

The Medicare Standard Rx Option covers both brand-name drugs and generic drugs. A generic drug is approved by the Food and Drug Administration (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 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** The Medicare Standard Rx Option requires you (or your prescriber) to get prior authorization for certain drugs. This means that you will need to get approval from the Medicare Standard Rx Option before you fill your prescriptions. If you don't get approval, the Medicare Standard Rx Option may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the Medicare Standard Rx Option limits the amount of the drug that will be covered. For example, the Medicare Standard Rx Option covers 30 pills per 30 days for Januvia. If your prescription is for more, OptumRx will contact your doctor to determine whether more than one per day will be covered. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the Medicare Standard Rx Option 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, the Medicare Standard Rx Option may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted a document online that explains 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 the Medicare Standard Rx Option 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 Medicare Standard Rx Option Formulary?” below, 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 OptumRx and ask if your drug is covered. This document includes only a partial list of covered drugs, so the Medicare Standard Rx Option may cover your drug. For more information, 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 learn that the Medicare Standard Rx Option does not cover your drug, you have two options:

- You can ask OptumRx for a list of similar drugs that are covered by the Medicare Standard Rx Option. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by the plan.
- You can ask the plan 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 Medicare Standard Rx Option Formulary?

You can ask the Medicare Standard Rx Option 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 your drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the Medicare Standard Rx Option limits the amount of drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level (if this drug is not on the specialty tier). If approved, this would lower the amount you must pay for your drug.

Generally, the Medicare Standard Rx Option 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 restrictions would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can ask for an expedited (fast) decision if you or your doctor believes, 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 of a 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 (unless you have a prescription for fewer days) while you pursue a formulary exception.

Emergency transitions and level-of-care changes

You may have a change in your treatment setting due to the level of care you require. Such transitions may include if you are:

- Admitted to a long-term care facility following an inpatient hospital stay.
- Discharged from a hospital or skilled nursing facility to a home setting.
- Admitted to a hospital or skilled nursing facility from a home setting.
- Transferred from one skilled nursing facility to another and the new facility is serviced by a different pharmacy.
- Discharged from a skilled nursing facility Medicare Part A stay, where payments include all pharmacy charges, and you now need to use your Part D plan benefit.
- Reverted back to standard Medicare Parts A and B coverage after giving up hospice status.

This transition policy applies to drugs that are covered under the Medicare Standard Rx Option and filled at a network pharmacy.

For more information

For more detailed information about the Medicare Standard Rx Option prescription drug coverage, please review your *Evidence of Coverage for the Medicare Standard Rx Option* and other plan materials. If you have questions about the Medicare Standard Rx Option, 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 **medicare.gov**.

Medicare Standard Rx Option Abridged Prescription Drug Formulary

The abridged formulary that begins on page 1 provides coverage information about some of the drugs covered by the Medicare Standard Rx Option.

If you have trouble finding your drug in the list, turn to the Index that begins on page 12.

Remember: This is only a partial listing of drugs covered by the Medicare Standard Rx Option. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., ELIQUIS), and generic drugs are listed in lowercase italics (e.g., *meloxicam*).

The information in the Requirements/Limits column tells you if the Medicare Standard Rx Option has any special requirements for coverage of your drug.

WHAT THE ABBREVIATIONS MEAN

B/D: This prescription drug has a **Part B versus Part D administrative prior authorization requirement**. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

NDS: Non-Extended Day Supply. This prescription drug is **not** available for an extended day's supply under the Medicare Standard Rx Option.

PA: Prior Authorization. You or your physician need to get approval from the Medicare Standard Rx Option before you fill this prescription. If you don't get approval, the Medicare Standard Rx Option may not cover the drug. See page iv for more information.

QL: Quantity Limit. The Medicare Standard Rx Option limits the amount of this drug that will be covered. See page iv for more information.

ST: Step Therapy. The Medicare Standard Rx Option requires you to first try another drug to treat your medical condition before we will cover this one for that condition. See page iv for more information.

2026 Medicare Standard Rx Option

DEDUCTIBLE

- You must pay the annual deductible of \$615 before the Medicare Standard Rx Option pays any portion of your Tier 3, 4, or 5 prescription drug costs.
- Tier 1 and Tier 2 generics are excluded from the deductible.

PREFERRED GENERIC DRUGS (TIER 1)

- In Initial Coverage, you'll pay a maximum of \$6 for up to a 30-day supply (and a maximum of \$18 for a 31- to 90-day supply).
- In Catastrophic Coverage, you will have no cost sharing.

NON-PREFERRED GENERIC DRUGS (TIER 2)

- In Initial Coverage, you'll pay a maximum of \$15 for up to a 30-day supply (and a maximum of \$45 for a 31- to 90-day supply).
- In Catastrophic Coverage, you will have no cost sharing.

PREFERRED BRAND-NAME DRUGS (TIER 3)

- In Initial Coverage, you'll pay 25% of the cost.
- In Catastrophic Coverage, you will have no cost sharing.

NON-PREFERRED DRUGS (TIER 4)

- In Initial Coverage, you'll pay 30% of the cost.
- In Catastrophic Coverage, you will have no cost sharing.

SPECIALTY DRUGS (TIER 5)

- In Initial Coverage, you pay 25% of the cost.
- In Catastrophic Coverage, you will have no cost sharing.
- Specialty drugs are limited to a 30-day supply.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib caps 100mg, 200mg, 400mg, 50mg	2	QL (60 EA per 30 days)
diclofenac sodium dr tbec 25mg, 50mg, 75mg	2	
ibuprofen tabs 400mg, 600mg, 800mg	1	
ibu tabs 400mg, 600mg, 800mg	1	
meloxicam tabs 15mg, 7.5mg	1	
naproxen tabs 250mg, 375mg, 500mg	1	
Opioid Analgesics, Long-acting		
morphine sulfate er tbcr 100mg, 15mg, 200mg, 30mg, 60mg	3	NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine phosphate tabs 300mg; 60mg	2	NDS
acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg	2	NDS
endocet tabs 325mg; 5mg	2	NDS
endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	NDS
hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg	2	NDS
hydrocodone/acetaminophen tabs 325mg; 7.5mg	2	NDS
oxycodone hydrochloride tabs 10mg, 15mg, 5mg	2	NDS
oxycodone hydrochloride tabs 20mg, 30mg	3	NDS
oxycodone/acetaminophen tabs 325mg; 5mg	2	NDS
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	NDS
tramadol hydrochloride tabs 50mg	1	NDS
Anesthetics		
Local Anesthetics		
lidocaine oint 5%	3	QL (150 GM per 30 days) PA
lidocaine ptch 5%	4	PA
premium lidocaine oint 5%	3	QL (150 GM per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
naltrexone hydrochloride tabs 50mg	2	
Antibacterials		
Antibacterials, Other		
clindamycin hcl caps 300mg	2	
clindamycin hydrochloride caps 150mg, 75mg	2	
methenamine hippurate tabs 1gm	4	
metronidazole tabs 250mg, 500mg	1	
nitrofurantoin monohydrate/macrocystals caps 100mg	2	
nitrofurantoin monohydrate caps 100mg	2	
Beta-lactam, Cephalosporins		
cefadroxil caps 500mg	2	
cefdinir caps 300mg	2	
cefpodoxime proxetil tabs 100mg, 200mg	4	
cefuroxime axetil tabs 250mg, 500mg	2	
cephalexin caps 250mg, 500mg	2	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	4	
<i>amoxicillin caps 250mg, 500mg</i>	1	
<i>amoxicillin tabs 500mg, 875mg</i>	1	
Macrolides		
<i>azithromycin tabs 250mg, 500mg, 600mg</i>	1	
Quinolones		
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
Sulfonamides		
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
Tetracyclines		
<i>doxycycline hyclate caps 100mg, 50mg</i>	2	
<i>doxycycline hyclate tabs 100mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs 150mg, 75mg</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
<i>lamotrigine tabs 100mg, 150mg, 200mg, 25mg</i>	1	
<i>levetiracetam tabs 1000mg, 250mg, 500mg, 750mg</i>	2	
<i>roweepra tabs 500mg</i>	2	
<i>subvenite tabs 100mg, 150mg, 200mg, 25mg</i>	1	
<i>topiramate tabs 100mg, 200mg, 25mg, 50mg</i>	1	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>gabapentin caps 400mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin caps 100mg, 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
<i>pregabalin caps 300mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL (90 EA per 30 days)
<i>primidone tabs 125mg, 250mg, 50mg</i>	2	
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	4	
<i>donepezil hydrochloride tabs 10mg, 5mg</i>	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak tabs 0</i>	2	
<i>memantine hydrochloride tabs 10mg, 5mg</i>	2	
Antidepressants		
Antidepressants, Other		
<i>bupropion hydrochloride er (sr) tb12 150mg, 200mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>mirtazapine tabs 15mg, 30mg, 45mg, 7.5mg</i>	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	1	
<i>duloxetine hydrochloride dr cpep 20mg, 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate tabs 10mg, 20mg, 5mg</i>	1	
<i>fluoxetine hydrochloride caps 10mg, 20mg, 40mg</i>	1	
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	
<i>venlafaxine hydrochloride er cp24 150mg, 37.5mg, 75mg</i>	2	
Tricyclics		
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>meclizine hcl tabs 12.5mg, 25mg</i>	4	
<i>Emetogenic Therapy Adjuncts</i>		
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	1	B/D
<i>ondansetron odt tbdp 4mg, 8mg</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
<i>fluconazole tabs 100mg, 150mg, 200mg, 50mg</i>	2	
<i>ketoconazole crea 2%</i>	2	QL (90 GM per 30 days)
<i>ketoconazole sham 2%</i>	2	
<i>klayesta powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nyamyc powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin susp 100000unit/ml</i>	2	
<i>nystop powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>terbinafine hcl tabs 250mg</i>	2	QL (84 EA per 180 days)
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine tabs 0.6mg</i>	3	
Antimigraine Agents		
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>sumatriptan succinate tabs 100mg, 25mg, 50mg</i>	2	QL (9 EA per 30 days)
Antineoplastics		
<i>Antiandrogens</i>		
<i>abiraterone acetate tabs 250mg</i>	4	PA
<i>abiraterone acetate tabs 500mg</i>	5	PA
<i>abirtega tabs 250mg</i>	4	PA
<i>Aromatase Inhibitors, 3rd Generation</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole tabs 1mg</i>	1	
<i>letrozole tabs 2.5mg</i>	2	
Antiparasitics		
<i>Antiprotozoals</i>		
<i>hydroxychloroquine sulfate tabs 100mg, 200mg</i>	2	
Antiparkinson Agents		
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa tabs 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	
Antipsychotics		
<i>2nd Generation/Atypical</i>		
<i>aripiprazole tabs 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tabs 10mg, 20mg</i>	2	
<i>baclofen tabs 5mg</i>	3	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Antivirals		
<i>Antiherpetic Agents</i>		
<i>acyclovir tabs 400mg, 800mg</i>	2	
<i>valacyclovir hydrochloride tabs 1gm, 500mg</i>	3	QL (120 EA per 30 days)
<i>Antiviral, Coronavirus Agents</i>		
<i>PAXLOVID TBPk 150MG; 100MG</i>	3	QL (11 EA per 5 days)
<i>PAXLOVID TBPk 150MG; 100MG</i>	3	QL (20 EA per 5 days)
<i>PAXLOVID TBPk 150MG; 100MG</i>	3	QL (30 EA per 5 days); (300mg-100mg Pak)
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	1	
<i>Benzodiazepines</i>		
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	2	QL (150 EA per 30 days)
<i>diazepam tabs 10mg</i>	2	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	2	QL (240 EA per 30 days)
<i>diazepam tabs 2mg</i>	2	QL (300 EA per 30 days)
<i>lorazepam tabs 2mg</i>	2	QL (150 EA per 30 days)
<i>lorazepam tabs 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide er tb24 10mg, 2.5mg, 5mg</i>	1	
<i>glipizide xl tb24 10mg, 2.5mg, 5mg</i>	1	
<i>glipizide tabs 10mg, 2.5mg, 5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
JANUVIA TABS 100MG, 25MG, 50MG	3	QL (30 EA per 30 days)
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tb24 1000mg, 500mg</i>	2	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL (2 ML per 28 days) PA
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
TRULICITY INJ 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL (2 ML per 28 days) PA
Insulins		
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
HUMALOG INJ 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	3	
<i>insulin lispro inj 100unit/ml</i>	3	
LANTUS SOLOSTAR INJ 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	
Blood Products and Modifiers		
Anticoagulants		
<i>dabigatran etexilate caps 110mg, 150mg, 75mg</i>	4	QL (60 EA per 30 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
<i>jantoven tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
<i>warfarin sodium tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 2.5MG	3	QL (360 EA per 30 days)
XARELTO TABS 15MG	3	QL (60 EA per 30 days)
Platelet Modifying Agents		
<i>clopidogrel tabs 75mg</i>	1	
<i>clopidogrel tabs 300mg</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>midodrine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>losartan potassium tabs 100mg, 25mg, 50mg</i>	1	
<i>olmesartan medoxomil tabs 20mg, 40mg, 5mg</i>	1	
<i>valsartan tabs 160mg, 320mg, 40mg, 80mg</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>lisinopril tabs 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tabs 200mg</i>	1	
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	3	
<i>digoxin tabs 125mcg, 250mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tabs 62.5mcg</i>	4	
<i>digox tabs 125mcg, 250mcg</i>	2	
<i>flecainide acetate tabs 100mg, 150mg, 50mg</i>	2	
PACERONE TABS 200MG	2	
PACERONE TABS 100MG	3	
Beta-adrenergic Blocking Agents		
<i>atenolol tabs 100mg, 25mg, 50mg</i>	1	
<i>bisoprolol fumarate tabs 10mg, 5mg</i>	2	
<i>carvedilol tabs 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	
<i>metoprolol succinate er tb24 100mg, 200mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs 10mg, 2.5mg, 5mg</i>	1	
<i>nifedipine er tb24 30mg, 60mg, 90mg</i>	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>diltiazem hcl cd cp24 360mg</i>	2	
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
Cardiovascular Agents, Other		
ENTRESTO TABS 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	3	QL (60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg, 50mg; 75mg</i>	1	
Diuretics, Loop		
<i>bumetanide tabs 0.5mg, 1mg, 2mg</i>	2	
<i>furosemide tabs 20mg, 40mg, 80mg</i>	1	
<i>torsemide tabs 100mg, 10mg, 20mg, 5mg</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg, 25mg, 50mg</i>	1	
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	1	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	
<i>rosuvastatin calcium tabs 10mg, 20mg, 40mg, 5mg</i>	1	
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	
Dyslipidemics, Other		
<i>ezetimibe tabs 10mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	3	
REPATHA SURECLICK INJ 140MG/ML	3	QL (3 ML per 28 days) PA
Mineralocorticoid Receptor Antagonists		
<i>spironolactone tabs 100mg, 25mg, 50mg</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
<i>dapagliflozin propanediol tabs 10mg, 5mg</i>	3	QL (30 EA per 30 days)
FARXIGA TABS 10MG, 5MG	3	QL (30 EA per 30 days)
JARDIANCE TABS 10MG, 25MG	3	QL (30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide mononitrate er tb24 120mg, 30mg, 60mg</i>	1	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hydrochloride tabs 10mg, 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg</i>	2	
<i>minoxidil tabs 10mg, 2.5mg</i>	2	
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	3	
<i>periogard soln 0.12%</i>	1	
Dermatological Agents		
Acne and Rosacea Agents		
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
Dermatitis and Pruritus Agents		
<i>clobetasol propionate crea 0.05%</i>	2	
<i>clobetasol propionate oint 0.05%</i>	2	
<i>clobetasol propionate soln 0.05%</i>	3	
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>hydrocortisone oint 1%</i>	2	QL (100 GM per 30 days)
<i>tacrolimus oint 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triderm crea 0.5%</i>	2	
Dermatological Agents, Other		
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	2	QL (90 GM per 30 days)
<i>fluorouracil crea 5%</i>	2	QL (40 GM per 30 days)
Topical Anti-infectives		
<i>ciclodan soln 8%</i>	2	PA
<i>ciclopirox nail lacquer soln 8%</i>	2	PA
<i>mupirocin oint 2%</i>	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>klor-con 10 tbc 10meq</i>	2	
<i>klor-con 8 tbc 8meq</i>	2	
<i>klor-con m10 tbc 10meq</i>	2	
<i>klor-con m15 tbc 15meq</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m20 tbc 20meq</i>	2	
<i>potassium chloride er cpcr 10meq, 8meq</i>	2	
<i>potassium chloride er tbc 10meq, 15meq, 20meq, 8meq</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose soln 10gm/15ml</i>	2	
<i>lactulose soln 10gm/15ml</i>	2	
Antispasmodics, Gastrointestinal		
<i>dicyclomine hydrochloride caps 10mg</i>	2	
Gastrointestinal Agents, Other		
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
Histamine2 (H2) Receptor Antagonists		
<i>famotidine tabs 20mg, 40mg</i>	2	
Protectants		
<i>sucralfate tabs 1gm</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole cpdr 15mg, 30mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole dr cpdr 10mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tbc 20mg, 40mg</i>	1	QL (60 EA per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		
<i>GEMTESA TABS 75MG</i>	4	
<i>MYRBETRIQ TB24 25MG, 50MG</i>	3	
<i>oxybutynin chloride er tb24 10mg, 15mg, 5mg</i>	2	
<i>oxybutynin chloride tabs 5mg</i>	2	
<i>solifenacin succinate tabs 10mg, 5mg</i>	2	
<i>trospium chloride tabs 20mg</i>	3	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er tb24 10mg</i>	2	
<i>dutasteride caps 0.5mg</i>	2	
<i>finasteride tabs 5mg</i>	1	
<i>tadalafil tabs 2.5mg, 5mg</i>	3	QL (30 EA per 30 days) PA
<i>tamsulosin hydrochloride caps 0.4mg</i>	1	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>methylprednisolone dose pack tbpk 4mg</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		

Drug Name	Drug Tier	Requirements/Limits
testosterone cypionate inj 100mg/ml, 200mg/ml	2	PA
testosterone pump gel 1.62%	3	PA
testosterone pump gel 1%	4	PA
testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm	3	PA
testosterone gel 25mg/2.5gm, 50mg/5gm	4	PA
Estrogens		
estradiol crea 0.1mg/gm	2	
estradiol tabs 10mcg	4	
yuvafem tabs 10mcg	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
EUTHYROX TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
LEVO-T TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
levothyroxine sodium tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
SYNTHROID TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
UNITHROID TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	2	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tabs 10mg, 5mg	2	
Immunological Agents		
Immunological Agents, Other		
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
Immunosuppressants		
methotrexate sodium tabs 2.5mg	2	
Vaccines		
AREXVY INJ 120MCG/0.5ML	1	QL (1 EA per 999 days)
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
SHINGRIX INJ 50MCG/0.5ML	1	
Inflammatory Bowel Disease Agents		
Glucocorticoids		
hydrocortisone crea 2.5%	2	
procto-med hc crea 2.5%	2	
proctosol hc crea 2.5%	2	
proctozone-hc crea 2.5%	2	

Drug Name	Drug Tier	Requirements/Limits
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium tabs 10mg, 35mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>ibandronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>cyclosporine emul 0.05%</i>	3	
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	2	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1	
RESTASIS MULTIDOSE EMUL 0.05%	3	
RESTASIS EMUL 0.05%	3	
<i>Ophthalmic Anti-Infectives</i>		
<i>erythromycin oint 5mg/gm</i>	2	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
<i>ofloxacin soln 0.3%</i>	2	
<i>Ophthalmic Anti-inflammatories</i>		
<i>ketorolac tromethamine soln 0.5%</i>	2	
<i>ketorolac tromethamine soln 0.4%</i>	3	
<i>prednisolone acetate susp 1%</i>	3	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
BRIMONIDINE TARTRATE SOLN 0.1%	3	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>dorzolamide hydrochloride soln 2%</i>	2	
<i>Ophthalmic Prostaglandin and Prostamide Analogs</i>		
<i>latanoprost soln 0.005%</i>	1	
LUMIGAN SOLN 0.01%	3	QL (2.5 ML per 25 days)
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>Antihistamines</i>		
<i>azelastine hcl soln 0.15%</i>	2	QL (60 ML per 30 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
<i>hydroxyzine hcl tabs 50mg</i>	3	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	3	
<i>levocetirizine dihydrochloride tabs 5mg</i>	2	
<i>Antileukotrienes</i>		
<i>montelukast sodium tabs 10mg</i>	1	
<i>Bronchodilators, Anticholinergic</i>		
<i>ipratropium bromide soln 0.03%, 0.06%</i>	2	
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aers 108mcg/act	2	QL (13.4 GM per 30 days)
albuterol sulfate hfa aers 108mcg/act	2	QL (17 GM per 30 days)
albuterol sulfate hfa aers 108mcg/act	2	QL (48 GM per 30 days)
Respiratory Tract Agents, Other		
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
breyana aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	4	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (23.6 GM per 28 days)
fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days)
fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days)
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL (24 GM per 30 days)
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 32.5MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
wixela inhub aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tabs 10mg, 5mg	3	PA
methocarbamol tabs 500mg, 750mg	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
temazepam caps 15mg, 30mg	3	QL (30 EA per 30 days)
zolpidem tartrate tabs 10mg, 5mg	2	QL (30 EA per 30 days)

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<i>acetaminophen/codeine</i>	1
<i>acetaminophen/codeine phosphate</i>	1
<i>acyclovir</i>	4
<i>albuterol sulfate hfa</i>	11
<i>alendronate sodium</i>	10
<i>alfuzosin hcl er</i>	8
<i>allopurinol</i>	3
<i>alprazolam</i>	4
<i>amiodarone hydrochloride</i>	5
<i>amlodipine besylate</i>	6
<i>amoxicillin</i>	2
<i>amoxicillin/clavulanate potassium</i>	1
<i>anastrozole</i>	4
<i>AREXVY</i>	9
<i>aripiprazole</i>	4
<i>atenolol</i>	6
<i>atorvastatin calcium</i>	6
<i>azelastine hcl</i>	10
<i>azelastine hydrochloride</i>	10
<i>azithromycin</i>	2
<i>baclofen</i>	4
<i>bisoprolol fumarate</i>	6
<i>BOOSTRIX</i>	9
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<i>BREZTRI AEROSPHERE</i>	11
<i>BRIMONIDINE TARTRATE</i>	10
<i>bumetanide</i>	6
<i>bupropion hydrochloride er (sr)</i>	2
<i>bupropion hydrochloride er (xl)</i>	2
<i>buspirone hcl</i>	4
<i>buspirone hydrochloride</i>	4
<i>calcitriol</i>	10
<i>carbidopa/levodopa</i>	4
<i>cartia xt</i>	6
<i>carvedilol</i>	6
<i>cefadroxil</i>	1
<i>cefdinir</i>	1
<i>cefpodoxime proxetil</i>	1
<i>cefuroxime axetil</i>	1
<i>celecoxib</i>	1
<i>cephalexin</i>	1
<i>chlorhexidine gluconate</i>	7
<i>chlorthalidone</i>	6

Drug Name	Page #
<i>ciclodan</i>	7
<i>ciclopirox nail lacquer</i>	7
<i>ciprofloxacin hcl</i>	2
<i>ciprofloxacin hydrochloride</i>	2
<i>citalopram hydrobromide</i>	3
<i>clindamycin hcl</i>	1
<i>clindamycin hydrochloride</i>	1
<i>clobetasol propionate</i>	7
<i>clonazepam</i>	2
<i>clonidine hydrochloride</i>	5
<i>clopidogrel</i>	5
<i>clotrimazole/betamethasone dipropionate</i>	7
<i>colchicine</i>	3
<i>constulose</i>	8
<i>cyclobenzaprine hydrochloride</i>	11
<i>cyclosporine</i>	10
<i>dabigatran etexilate</i>	5
<i>dapagliflozin propanediol</i>	7
<i>dexamethasone</i>	8
<i>diazepam</i>	4
<i>diclofenac sodium dr</i>	1
<i>dicyclomine hydrochloride</i>	8
<i>digox</i>	6
<i>digoxin</i>	5
<i>diltiazem hcl cd</i>	6
<i>diltiazem hydrochloride er</i>	6
<i>donepezil hcl</i>	2
<i>donepezil hydrochloride</i>	2
<i>dorzolamide hcl/timolol maleate</i>	10
<i>dorzolamide hydrochloride</i>	10
<i>doxycycline hyclate</i>	2
<i>doxycycline hyclate</i>	7
<i>doxycycline monohydrate</i>	2
<i>duloxetine hydrochloride dr</i>	3
<i>DUPIXENT</i>	9
<i>dutasteride</i>	8
<i>ELIQUIS</i>	5
<i>endocet</i>	1
<i>ENTRESTO</i>	6
<i>erythromycin</i>	10
<i>escitalopram oxalate</i>	3
<i>esomeprazole magnesium</i>	8
<i>estradiol</i>	9
<i>EUTHYROX</i>	9
<i>ezetimibe</i>	6
<i>famotidine</i>	8
<i>FARXIGA</i>	7
<i>fenofibrate</i>	6
<i>finasteride</i>	8
<i>flecainide acetate</i>	6

Drug Name	Page #
<i>fluconazole</i>	3
<i>fluorouracil</i>	7
<i>fluoxetine hydrochloride</i>	3
<i>fluticasone propionate</i>	10
<i>fluticasone propionate/salmeterol</i>	11
<i>fluticasone propionate/salmeterol diskus</i>	11
<i>furosemide</i>	6
<i>gabapentin</i>	2
<i>gavilyte-c</i>	8
<i>gavilyte-g</i>	8
GEMTESA	8
<i>glimepiride</i>	4
<i>glipizide</i>	4
<i>glipizide er</i>	4
<i>glipizide xl</i>	4
HUMALOG	5
HUMALOG JUNIOR KWIKPEN	5
HUMALOG KWIKPEN	5
HUMULIN R U-500 (CONCENTRATED)	5
<i>hydralazine hydrochloride</i>	7
<i>hydrochlorothiazide</i>	6
<i>hydrocodone bitartrate/acetaminophen</i>	1
<i>hydrocodone/acetaminophen</i>	1
<i>hydrocortisone</i>	7
<i>hydrocortisone</i>	9
<i>hydroxychloroquine sulfate</i>	4
<i>hydroxyzine hcl</i>	10
<i>hydroxyzine hydrochloride</i>	10
<i>ibandronate sodium</i>	10
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>insulin lispro</i>	5
<i>ipratropium bromide</i>	10
<i>isosorbide mononitrate er</i>	7
<i>jantoven</i>	5
JANUVIA	5
JARDIANCE	7
<i>ketoconazole</i>	3
<i>ketorolac tromethamine</i>	10
<i>klayesta</i>	3
<i>klor-con 10</i>	7
<i>klor-con 8</i>	7
<i>klor-con m10</i>	7
<i>klor-con m15</i>	7
<i>klor-con m20</i>	8
<i>lactulose</i>	8
<i>lamotrigine</i>	2
<i>lansoprazole</i>	8
LANTUS SOLOSTAR	5
<i>latanoprost</i>	10

Drug Name	Page #
<i>letrozole</i>	4
<i>levetiracetam</i>	2
<i>levocetirizine dihydrochloride</i>	10
<i>levofloxacin</i>	2
LEVO-T	9
<i>levothyroxine sodium</i>	9
LEVOXYL	9
<i>lidocaine</i>	1
<i>lisinopril</i>	5
<i>lisinopril/hydrochlorothiazide</i>	6
<i>lorazepam</i>	4
<i>losartan potassium</i>	5
<i>losartan potassium/hydrochlorothiazide</i>	6
<i>lovastatin</i>	6
LUMIGAN	10
<i>meclizine hcl</i>	3
<i>meloxicam</i>	1
<i>memantine hcl titration pak</i>	2
<i>memantine hydrochloride</i>	2
<i>metformin hydrochloride</i>	5
<i>metformin hydrochloride er</i>	5
<i>methenamine hippurate</i>	1
<i>methimazole</i>	9
<i>methocarbamol</i>	11
<i>methotrexate sodium</i>	9
<i>methylprednisolone dose pack</i>	8
<i>metoprolol succinate er</i>	6
<i>metoprolol tartrate</i>	6
<i>metronidazole</i>	1
<i>metronidazole</i>	7
<i>midodrine hydrochloride</i>	5
<i>minoxidil</i>	7
<i>mirtazapine</i>	3
<i>montelukast sodium</i>	10
<i>morphine sulfate er</i>	1
MOUNJARO	5
<i>moxifloxacin hydrochloride</i>	10
<i>mupirocin</i>	7
MYRBETRIQ	8
<i>naltrexone hydrochloride</i>	1
<i>naproxen</i>	1
<i>neomycin/polymyxin/dexamethasone</i>	10
<i>nifedipine er</i>	6
<i>nitrofurantoin monohydrate</i>	1
<i>nitrofurantoin monohydrate/macrocystals</i>	1
<i>nitroglycerin</i>	7
<i>nortriptyline hcl</i>	3
<i>nortriptyline hydrochloride</i>	3
<i>nyamyc</i>	3
<i>nystatin</i>	3

Drug Name	Page #
<i>nystop</i>	3
<i>ofloxacin</i>	10
<i>olanzapine</i>	4
<i>olmesartan medoxomil</i>	5
<i>omega-3-acid ethyl esters</i>	7
<i>omeprazole</i>	8
<i>omeprazole dr</i>	8
<i>ondansetron hydrochloride</i>	3
<i>ondansetron odt</i>	3
<i>oxybutynin chloride</i>	8
<i>oxybutynin chloride er</i>	8
<i>oxycodone hydrochloride</i>	1
<i>oxycodone/acetaminophen</i>	1
OZEMPIC	5
PACERONE	6
<i>pantoprazole sodium</i>	8
<i>paroxetine hcl</i>	3
<i>paroxetine hydrochloride</i>	3
PAXLOVID	4
<i>peg-3350/electrolytes</i>	8
<i>periogard</i>	7
<i>pioglitazone hcl</i>	5
<i>pioglitazone hydrochloride</i>	5
<i>polymyxin b sulfate/trimethoprim sulfate</i>	10
<i>potassium chloride er</i>	8
<i>pravastatin sodium</i>	6
<i>prednisolone acetate</i>	10
<i>prednisone</i>	8
<i>pregabalin</i>	2
<i>premium lidocaine</i>	1
<i>primidone</i>	2
<i>procto-med hc</i>	9
<i>proctosol hc</i>	9
<i>proctozone-hc</i>	9
<i>propranolol hcl</i>	6
<i>propranolol hydrochloride</i>	6
<i>quetiapine fumarate</i>	4
REPATHA SURECLICK	7
RESTASIS	10
RESTASIS MULTIDOSE	10
<i>rosuvastatin calcium</i>	6
<i>roweepra</i>	2
<i>sertraline hcl</i>	3
<i>sertraline hydrochloride</i>	3
SHINGRIX	9
<i>simvastatin</i>	6
<i>solifenacin succinate</i>	8
SPIRIVA RESPIMAT	10
<i>spironolactone</i>	7
STIOLTO RESPIMAT	11

Drug Name	Page #
<i>subvenite</i>	2
<i>sucralfate</i>	8
<i>sulfamethoxazole/trimethoprim</i>	2
<i>sulfamethoxazole/trimethoprim ds</i>	2
<i>sumatriptan succinate</i>	3
SYNTHROID	9
<i>tacrolimus</i>	7
<i>tadalafil</i>	8
<i>tamsulosin hydrochloride</i>	8
<i>temazepam</i>	11
<i>terazosin hcl</i>	8
<i>terazosin hydrochloride</i>	8
<i>terbinafine hcl</i>	3
<i>testosterone</i>	9
<i>testosterone cypionate</i>	9
<i>testosterone pump</i>	9
<i>timolol maleate</i>	10
<i>tizanidine hcl</i>	4
<i>tizanidine hydrochloride</i>	4
<i>topiramate</i>	2
<i>torseamide</i>	6
TOUJEO MAX SOLOSTAR	5
TOUJEO SOLOSTAR	5
<i>tramadol hydrochloride</i>	1
<i>trazodone hydrochloride</i>	3
TRELEGY ELLIPTA	11
<i>triamcinolone acetonide</i>	7
<i>triamterene/hydrochlorothiazide</i>	6
<i>triderm</i>	7
<i>trospium chloride</i>	8
TRULICITY	5
UNITHROID	9
<i>valacyclovir hydrochloride</i>	4
<i>valsartan</i>	5
<i>venlafaxine hydrochloride er</i>	3
<i>warfarin sodium</i>	5
<i>wixela inhub</i>	11
XARELTO	5
<i>yuvafem</i>	9
<i>zolpidem tartrate</i>	11

This abridged formulary was updated August 5, 2025. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET, Monday–Friday, or visit **HOPbenefits.com**.

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