

Health Options Program

Abridged Gold5 Prescription Drug Formulary for the Medicare Standard Rx Option

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

2027

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 11, 2026. 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 11, 2026. 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, 2028, 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 Optum Rx 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 cases below, 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 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 11, 2026. 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 13. 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 a 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 based on specific criteria 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. 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 Optum Rx 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 Optum Rx 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 Tier 5, which is specialty drugs). 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, seven 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 13.

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.

2027 Medicare Standard Rx Option

DEDUCTIBLE

- You must pay the annual deductible of \$700 before the Medicare Standard Rx Option pays any portion of your Tier 3, 4, or 5 prescription drug costs.
 - Tier 1 and Tier 2 are excluded from the deductible.
-

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.
-

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.

TIER 3

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

TIER 4

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

TIER 5

- In Initial Coverage, you pay 25% of the cost.
 - In Catastrophic Coverage, you will have no cost sharing.
 - Tier 5 drugs are limited to a 30-day supply.
-

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule 100mg, 200mg, 400mg, 50mg	2	QL (60 EA per 30 days)
diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg	2	
ibuprofen tablet 400mg, 600mg, 800mg	1	
ibu tablet 400mg, 600mg, 800mg	1	
meloxicam tablet 15mg, 7.5mg	1	
naproxen tablet 250mg, 375mg, 500mg	1	
Opioid Analgesics, Long-acting		
morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg	3	NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	2	NDS
endocet tablet 325mg; 5mg	2	NDS
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	NDS
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg	2	NDS
hydrocodone/acetaminophen tablet 325mg; 7.5mg	2	NDS
oxycodone hydrochloride tablet 10mg, 15mg, 5mg	2	NDS
oxycodone hydrochloride tablet 20mg, 30mg	3	NDS
oxycodone/acetaminophen tablet 325mg; 5mg	2	NDS
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	NDS
tramadol hydrochloride tablet 50mg	1	NDS
Anesthetics		
Local Anesthetics		
lidocaine ointment 5%	3	QL (150 GM per 30 days) PA
lidocaine patch 5%	4	QL (90 EA per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
naltrexone hydrochloride tablet 50mg	2	
Antibacterials		
Antibacterials, Other		
clindamycin hcl capsule 300mg	2	
clindamycin hydrochloride capsule 150mg, 75mg	2	
methenamine hippurate tablet 1gm	4	
metronidazole tablet 250mg, 500mg	1	
nitrofurantoin monohydrate/macrocystals capsule 100mg	2	
nitrofurantoin monohydrate capsule 100mg	2	
Beta-lactam, Cephalosporins		
cefadroxil capsule 500mg	2	
cefdinir capsule 300mg	2	
cefprozime proxetil tablet 100mg, 200mg	4	
cefuroxime axetil tablet 250mg, 500mg	2	
cephalexin capsule 250mg, 500mg	2	
Beta-lactam, Penicillins		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule 250mg, 500mg</i>	1	
<i>amoxicillin tablet 500mg, 875mg</i>	1	
Macrolides		
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	1	
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
Sulfonamides		
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	1	
Tetracyclines		
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 150mg, 75mg</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	1	
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	2	
<i>roweepra tablet 500mg</i>	2	
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	1	
<i>topiramate tablet 100mg, 200mg, 25mg, 50mg</i>	1	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>gabapentin capsule 400mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL (180 EA per 30 days)
<i>pregabalin capsule 300mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL (90 EA per 30 days)
<i>primidone tablet 125mg, 250mg, 50mg</i>	2	
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak tablet 0</i>	2	
<i>memantine hydrochloride tablet 10mg, 5mg</i>	2	
Antidepressants		
Antidepressants, Other		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL (90 EA per 30 days)
<i>mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg</i>	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tablet 10mg, 20mg, 40mg</i>	1	QL (30 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 120mg, 80mg, 90mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate tablet 10mg, 20mg, 5mg</i>	1	
<i>fluoxetine hydrochloride capsule 10mg, 20mg, 40mg</i>	1	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg</i>	2	
Tricyclics		
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tablet 12.5mg, 25mg</i>	4	
<i>meclizine hydrochloride tablet 25mg</i>	4	
Emetogenic Therapy Adjuncts		
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	1	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
Antifungals		
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	2	
<i>ketoconazole cream 2%</i>	2	QL (90 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	2	QL (120 ML per 30 days)
<i>klayesta powder 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nyamyc powder 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	QL (60 GM per 30 days)
<i>nystatin powder 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin suspension 100000unit/ml</i>	2	
<i>nystop powder 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>terbinafine hcl tablet 250mg</i>	2	QL (84 EA per 180 days)
Antigout Agents		
Antigout Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	
Antimigraine Agents		
Serotonin (5-HT) Receptor Agonist		
<i>sumatriptan succinate tablet 100mg, 25mg, 50mg</i>	2	QL (9 EA per 30 days)
Antineoplastics		
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	4	PA
<i>abiraterone acetate tablet 500mg</i>	5	PA
<i>abirtega tablet 250mg</i>	4	PA
Antimetabolites		
<i>hydroxyurea capsule 500mg</i>	2	
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet 1mg</i>	1	
<i>letrozole tablet 2.5mg</i>	2	
Antiparasitics		
Antiprotozoals		
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	
Antiparkinson Agents		
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	
Antipsychotics		
2nd Generation/Atypical		
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Antiherpetic Agents		
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	3	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg</i>	1	
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL (150 EA per 30 days)
<i>diazepam tablet 10mg</i>	2	QL (120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL (240 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam tablet 2mg</i>	2	QL (300 EA per 30 days)
<i>lorazepam tablet 2mg</i>	2	QL (150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	1	
<i>glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	1	
<i>glipizide tablet 10mg, 2.5mg, 5mg</i>	1	
JANUVIA TABLET 100MG, 25MG, 50MG	3	QL (30 EA per 30 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg</i>	2	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
MOUNJARO INJECTION 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 INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>Insulins</i>		
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
HUMULIN N INJECTION 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	
HUMULIN R INJECTION 100UNIT/ML	3	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
NOVOLIN N RELION INJECTION 100UNIT/ML	3	
NOVOLIN N INJECTION 100UNIT/ML	3	
NOVOLIN R RELION INJECTION 100UNIT/ML	3	
NOVOLIN R INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate capsule 110mg, 150mg, 75mg</i>	4	QL (60 EA per 30 days)
ELIQUIS TABLET 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL (90 EA per 30 days)
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
<i>rivaroxaban tablet 2.5mg</i>	4	QL (360 EA per 30 days)
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO TABLET 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABLET 15MG	3	QL (60 EA per 30 days)
<i>Platelet Modifying Agents</i>		

Drug Name	Drug Tier	Requirements/Limits
clopidogrel tablet 75mg	1	
clopidogrel tablet 300mg	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hydrochloride tablet 0.05mg, 0.1mg, 0.2mg, 0.3mg	1	
midodrine hydrochloride tablet 10mg, 2.5mg, 5mg	2	
Angiotensin II Receptor Antagonists		
irbesartan tablet 150mg, 300mg, 75mg	1	
losartan potassium tablet 100mg, 25mg, 50mg	1	
olmesartan medoxomil tablet 20mg, 40mg, 5mg	1	
valsartan tablet 160mg, 320mg, 40mg, 80mg	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	1	
Antiarrhythmics		
amiodarone hydrochloride tablet 200mg	1	
amiodarone hydrochloride tablet 100mg, 400mg	3	
digoxin tablet 125mcg, 250mcg	2	
flecainide acetate tablet 100mg, 150mg, 50mg	2	
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG	3	
Beta-adrenergic Blocking Agents		
atenolol tablet 100mg, 25mg, 50mg	1	
bisoprolol fumarate tablet 10mg, 2.5mg, 5mg	2	
carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg	1	
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg	1	
metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	1	
propranolol hcl tablet 40mg	2	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet 10mg, 2.5mg, 5mg	1	
nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg	2	
diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	2	
Cardiovascular Agents, Other		
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	1	
ranolazine er tablet extended release 12 hour 1000mg, 500mg	3	
sacubitril/valsartan tablet 24mg; 26mg	3	QL (180 EA per 30 days)
sacubitril/valsartan tablet 49mg; 51mg, 97mg; 103mg	3	QL (60 EA per 30 days)
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg	1	

Drug Name	Drug Tier	Requirements/Limits
Diuretics, Loop		
bumetanide tablet 0.5mg, 1mg, 2mg	2	
furosemide tablet 20mg, 40mg, 80mg	1	
toremide tablet 100mg, 10mg, 20mg, 5mg	1	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	2	
hydrochlorothiazide capsule 12.5mg	1	
hydrochlorothiazide tablet 12.5mg, 25mg, 50mg	1	
Dyslipidemics, Fibrin Acid Derivatives		
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg	1	
lovastatin tablet 10mg, 20mg, 40mg	1	
pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg	1	
rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg	1	
simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg	1	
Dyslipidemics, Other		
ezetimibe tablet 10mg	2	
icosapent ethyl capsule 0.5gm, 1gm	4	
REPATHA SURECLICK INJECTION 140MG/ML	3	QL (3 ML per 28 days) PA
Mineralocorticoid Receptor Antagonists		
spironolactone tablet 100mg, 25mg, 50mg	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
dapagliflozin tablet 10mg, 5mg	3	QL (30 EA per 30 days)
FARXIGA TABLET 10MG, 5MG	3	QL (30 EA per 30 days) ST
JARDIANCE TABLET 10MG, 25MG	3	QL (30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg	1	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	2	
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	1	
minoxidil tablet 10mg, 2.5mg	2	
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate solution 0.12%	1	
doxycycline hyclate tablet 20mg	3	
periogard solution 0.12%	1	
Dermatological Agents		
Dermatitis and Pruritus Agents		
ala-cort cream 1%	2	
clobetasol propionate cream 0.05%	2	
clobetasol propionate ointment 0.05%	2	QL (120 GM per 30 days)
clobetasol propionate solution 0.05%	3	
hydrocortisone cream 1%, 2.5%	2	
hydrocortisone ointment 2.5%	2	
hydrocortisone ointment 1%	2	QL (100 GM per 30 days)
tacrolimus ointment 0.03%, 0.1%	4	QL (100 GM per 30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide ointment 0.5%</i>	2	
<i>triderm cream 0.5%</i>	2	
Dermatological Agents, Other		
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	QL (90 GM per 30 days)
<i>fluorouracil cream 5%</i>	2	QL (40 GM per 30 days)
Topical Anti-infectives		
<i>ciclodan solution 8%</i>	2	QL (13.2 ML per 30 days) PA
<i>ciclopirox nail lacquer solution 8%</i>	2	QL (13.2 ML per 30 days) PA
<i>mupirocin ointment 2%</i>	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	
<i>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	2	
<i>klor-con m20 tablet extended release 20meq</i>	2	
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
Antispasmodics, Gastrointestinal		
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
Gastrointestinal Agents, Other		
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
Histamine2 (H2) Receptor Antagonists		
<i>famotidine tablet 20mg, 40mg</i>	1	
Protectants		
<i>sucralfate tablet 1gm</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole capsule delayed release 15mg, 30mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg, 40mg</i>	1	QL (60 EA per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		
<i>GEMTESA TABLET 75MG</i>	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL (30 EA per 30 days)
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg	2	
oxybutynin chloride tablet 5mg	2	
solifenacin succinate tablet 10mg, 5mg	2	
tropium chloride tablet 20mg	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tablet extended release 24 hour 10mg	2	QL (30 EA per 30 days)
dutasteride capsule 0.5mg	2	
finasteride tablet 5mg	1	
tadalafil tablet 2.5mg, 5mg	3	QL (30 EA per 30 days) PA
tamsulosin hydrochloride capsule 0.4mg	1	QL (60 EA per 30 days)
terazosin hcl capsule 10mg, 1mg, 5mg	1	
terazosin hydrochloride capsule 2mg	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 26mg	2	
methylprednisolone dose pack tablet therapy pack 4mg	2	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
testosterone cypionate injection 100mg/ml, 200mg/ml	2	QL (10 ML per 28 days) PA
testosterone pump gel 1.62%	3	QL (150 GM per 30 days) PA
testosterone pump gel 1%	4	QL (300 GM per 30 days) PA
testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm	3	QL (150 GM per 30 days) PA
testosterone gel 25mg/2.5gm, 50mg/5gm	4	QL (300 GM per 30 days) PA
Estrogens		
estradiol cream 0.1mg/gm	2	
estradiol tablet 10mcg	4	
yuvafem tablet 10mcg	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
UNITHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	2	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>methimazole tablet 10mg, 5mg</i>	2	
Immunological Agents		
<i>Immunological Agents, Other</i>		
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA
<i>Immunosuppressants</i>		
<i>methotrexate sodium tablet 2.5mg</i>	2	
<i>Vaccines</i>		
ABRYSCO INJECTION 120MCG/0.5ML	1	QL (1 EA per 252 days)
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJECTION 120MCG/0.5ML	1	QL (1 EA per 999 days)
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
<i>shingrix injection 50mcg/0.5ml</i>	1	
Inflammatory Bowel Disease Agents		
<i>Glucocorticoids</i>		
<i>hydrocortisone cream 2.5%</i>	2	QL (300 GM per 30 days)
<i>procto-med hc cream 2.5%</i>	2	QL (300 GM per 30 days)
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium tablet 10mg, 35mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL (4 EA per 28 days)
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>ibandronate sodium tablet 150mg</i>	2	QL (1 EA per 28 days)
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
INSULIN SYRINGES, NEEDLES MISCELLANEOUS	2	QL (200 EA per 30 days)
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>cyclosporine emulsion 0.05%</i>	3	QL (60 EA per 30 days)
<i>dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	2	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	1	
RESTASIS MULTIDOSE EMULSION 0.05%	3	QL (5.5 ML per 25 days)
RESTASIS EMULSION 0.05%	3	QL (60 EA per 30 days)
<i>Ophthalmic Anti-Infectives</i>		
<i>erythromycin ointment 5mg/gm</i>	2	
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	
<i>ofloxacin solution 0.3%</i>	2	
<i>Ophthalmic Anti-inflammatories</i>		
<i>ketorolac tromethamine solution 0.5%</i>	2	
<i>ketorolac tromethamine solution 0.4%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate suspension 1%</i>	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>dorzolamide hydrochloride solution 2%</i>	2	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost solution 0.005%</i>	1	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
<i>fluticasone propionate suspension 50mcg/act</i>	1	QL (16 GM per 30 days)
Antihistamines		
<i>azelastine hydrochloride solution 0.1%</i>	2	QL (60 ML per 30 days)
<i>hydroxyzine hcl tablet 50mg</i>	3	PA
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	PA
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	QL (30 EA per 30 days)
Antileukotrienes		
<i>montelukast sodium tablet 10mg</i>	1	QL (30 EA per 30 days)
Bronchodilators, Anticholinergic		
<i>ipratropium bromide solution 0.03%</i>	2	QL (30 ML per 28 days)
<i>ipratropium bromide solution 0.06%</i>	2	QL (45 ML per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	QL (4 GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (13.4 GM per 30 days); (6.7 GM Pack Size)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (17 GM per 30 days); (8.5 GM Pack Size)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (48 GM per 30 days); (18 GM Pack Size)
Respiratory Tract Agents, Other		
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days)
<i>breyna aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (23.6 GM per 28 days)
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4	QL (10.3 GM per 30 days)
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL (24 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
wixela inhub aerosol powder breath activated 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 tablet 10mg, 5mg	3	QL (90 EA per 30 days) PA
methocarbamol tablet 500mg, 750mg	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
temazepam capsule 15mg, 30mg	3	QL (30 EA per 30 days)
zolpidem tartrate tablet 10mg, 5mg	2	QL (30 EA per 30 days)

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<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

Drug Name	Page #
<i>chlorhexidine gluconate</i>	7
<i>chlorthalidone</i>	7
<i>ciclodan</i>	8
<i>ciclopirox nail lacquer</i>	8
<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>	6
<i>clopidogrel</i>	6
<i>clotrimazole/betamethasone dipropionate</i>	8
<i>colchicine</i>	4
<i>constulose</i>	8
<i>cyclobenzaprine hydrochloride</i>	12
<i>cyclosporine</i>	10
<i>dabigatran etexilate</i>	5
<i>dapagliflozin</i>	7
<i>dexamethasone</i>	9
<i>diazepam</i>	4
<i>diclofenac sodium dr</i>	1
<i>dicyclomine hydrochloride</i>	8
<i>digoxin</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>	11
<i>dorzolamide hydrochloride/timolol maleate</i>	10
<i>pf</i>	
<i>doxycycline hyclate</i>	2
<i>doxycycline hyclate</i>	7
<i>doxycycline monohydrate</i>	2
<i>duloxetine hydrochloride dr</i>	3
DUPIXENT	10
<i>dutasteride</i>	9
ELIQUIS	5
<i>endocet</i>	1
<i>erythromycin</i>	10
<i>escitalopram oxalate</i>	3
<i>esomeprazole magnesium</i>	8
<i>estradiol</i>	9
<i>ezetimibe</i>	7
<i>famotidine</i>	8
FARXIGA	7
<i>fenofibrate</i>	7
<i>finasteride</i>	9
<i>flecainide acetate</i>	6

Drug Name	Page #
<i>fluconazole</i>	3
<i>fluorouracil</i>	8
<i>fluoxetine hydrochloride</i>	3
<i>fluticasone propionate</i>	11
<i>fluticasone propionate/salmeterol</i>	11
<i>fluticasone propionate/salmeterol diskus</i>	11
<i>furosemide</i>	7
<i>gabapentin</i>	2
<i>gavilyte-c</i>	8
<i>gavilyte-g</i>	8
GEMTESA	8
<i>glimepiride</i>	5
<i>glipizide</i>	5
<i>glipizide er</i>	5
HUMALOG JUNIOR KWIKPEN	5
HUMALOG KWIKPEN	5
HUMULIN N	5
HUMULIN R	5
HUMULIN R U-500 (CONCENTRATED)	5
<i>hydralazine hydrochloride</i>	7
<i>hydrochlorothiazide</i>	7
<i>hydrocodone bitartrate/acetaminophen</i>	1
<i>hydrocodone/acetaminophen</i>	1
<i>hydrocortisone</i>	7
<i>hydrocortisone</i>	10
<i>hydroxychloroquine sulfate</i>	4
<i>hydroxyurea</i>	4
<i>hydroxyzine hcl</i>	11
<i>hydroxyzine hydrochloride</i>	11
<i>ibandronate sodium</i>	10
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icosapent ethyl</i>	7
INSULIN SYRINGES, NEEDLES	10
<i>ipratropium bromide</i>	11
<i>irbesartan</i>	6
<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>	8
<i>klor-con 8</i>	8
<i>klor-con m10</i>	8
<i>klor-con m15</i>	8
<i>klor-con m20</i>	8
<i>lactulose</i>	8
<i>lamotrigine</i>	2

Drug Name	Page #
<i>lansoprazole</i>	8
LANTUS SOLOSTAR	5
<i>latanoprost</i>	11
<i>letrozole</i>	4
<i>levetiracetam</i>	2
<i>levocetirizine dihydrochloride</i>	11
<i>levofloxacin</i>	2
<i>levothyroxine sodium</i>	9
LEVOXYL	9
<i>lidocaine</i>	1
<i>lisinopril</i>	6
<i>lisinopril/hydrochlorothiazide</i>	6
<i>lorazepam</i>	5
<i>losartan potassium</i>	6
<i>losartan potassium/hydrochlorothiazide</i>	6
<i>lovastatin</i>	7
<i>meclizine hcl</i>	3
<i>meclizine hydrochloride</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>	10
<i>methocarbamol</i>	12
<i>methotrexate sodium</i>	10
<i>methylprednisolone dose pack</i>	9
<i>metoprolol succinate er</i>	6
<i>metoprolol tartrate</i>	6
<i>metronidazole</i>	1
<i>midodrine hydrochloride</i>	6
<i>minoxidil</i>	7
<i>mirtazapine</i>	3
<i>montelukast sodium</i>	11
<i>morphine sulfate er</i>	1
MOUNJARO	5
<i>moxifloxacin hydrochloride</i>	10
<i>mupirocin</i>	8
MYRBETRIQ	9
<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
NOVOLIN N	5

Drug Name	Page #
NOVOLIN N RELION	5
NOVOLIN R	5
NOVOLIN R RELION	5
NOVOLOG FLEXPEN	5
NOVOLOG FLEXPEN RELION	5
nyamyc	3
nystatin	3
nystop	3
ofloxacin	10
olanzapine	4
olmesartan medoxomil	6
omeprazole	8
omeprazole dr	8
ondansetron hydrochloride	3
ondansetron odt	3
oxybutynin chloride	9
oxybutynin chloride er	9
oxycodone hydrochloride	1
oxycodone/acetaminophen	1
OZEMPIC	5
PACERONE	6
pantoprazole sodium	8
paroxetine hcl	3
paroxetine hydrochloride	3
peg-3350/electrolytes	8
periogard	7
pioglitazone hcl	5
pioglitazone hydrochloride	5
polymyxin b sulfate/trimethoprim sulfate	10
potassium chloride er	8
pravastatin sodium	7
prednisolone acetate	11
prednisone	9
pregabalin	2
primidone	2
procto-med hc	10
propranolol hcl	6
propranolol hydrochloride	6
quetiapine fumarate	4
ranolazine er	6
REPATHA SURECLICK	7
RESTASIS	10
RESTASIS MULTIDOSE	10
rivaroxaban	5
rosuvastatin calcium	7
roweepra	2
sacubitril/valsartan	6
sertraline hcl	3
sertraline hydrochloride	3
shingrix	10

Drug Name	Page #
simvastatin	7
sodium sulfate/potassium sulfate/magnesium sulfate	8
solifenacin succinate	9
SPIRIVA RESPIMAT	11
spironolactone	7
STIOLTO RESPIMAT	11
subvenite	2
sucrafate	8
sulfamethoxazole/trimethoprim	2
sulfamethoxazole/trimethoprim ds	2
sumatriptan succinate	4
SYNTHROID	9
tacrolimus	7
tadalafil	9
tamsulosin hydrochloride	9
temazepam	12
terazosin hcl	9
terazosin hydrochloride	9
terbinafine hcl	3
testosterone	9
testosterone cypionate	9
testosterone pump	9
timolol maleate	11
tizanidine hcl	4
tizanidine hydrochloride	4
topiramate	2
torseamide	7
TOUJEO MAX SOLOSTAR	5
TOUJEO SOLOSTAR	5
tramadol hydrochloride	1
trazodone hydrochloride	3
TRELEGY ELLIPTA	12
triamcinolone acetonide	7
triamterene/hydrochlorothiazide	6
triderm	8
tropium chloride	9
UNITHROID	9
valacyclovir hydrochloride	4
valsartan	6
venlafaxine hydrochloride er	3
warfarin sodium	5
wixela inhub	12
XARELTO	5
yuvafem	9
zolpidem tartrate	12

This abridged formulary was updated August 11, 2026. 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**.

THE MEDICARE STANDARD RX OPTION (PDP) IS A STAND-ALONE PRESCRIPTION DRUG PLAN WITH A MEDICARE CONTRACT. ENROLLMENT IN THE MEDICARE STANDARD RX OPTION (PDP) DEPENDS ON CONTRACT RENEWAL. CMS CONTRACT NUMBER: E3014; FORMULARY ID: 00027220





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