

Health Options Program

Abridged Gold5 Prescription Drug Formulary for the Medicare Standard Rx Option

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

2025

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

This Abridged Prescription Drug Formulary for the Medicare Standard Rx Option (PDP) was updated on July 30, 2024. 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.

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 July 30, 2024. 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, 2026, 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's Formulary?"

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

- **Drugs removed from the market .** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of July 30, 2024. 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 17. 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 online a document 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?" on page iv, 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

to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or 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 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 17.

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.

2025 Medicare Standard Rx Option

DEDUCTIBLE

- You must pay the annual deductible of \$590 before the Medicare Standard Rx Option pays any portion of your brand-name or specialty prescription drug costs.

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		
<i>celecoxib caps 100mg</i>	2	QL (60 EA per 30 days)
<i>celecoxib caps 200mg</i>	2	QL (60 EA per 30 days)
<i>celecoxib caps 400mg</i>	2	QL (60 EA per 30 days)
<i>celecoxib caps 50mg</i>	2	QL (60 EA per 30 days)
<i>diclofenac sodium dr tbec 25mg</i>	2	
<i>diclofenac sodium dr tbec 50mg</i>	2	
<i>diclofenac sodium dr tbec 75mg</i>	2	
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days)
<i>ibuprofen tabs 400mg</i>	1	
<i>ibuprofen tabs 600mg</i>	1	
<i>ibuprofen tabs 800mg</i>	1	
<i>meloxicam tabs 15mg</i>	1	
<i>meloxicam tabs 7.5mg</i>	1	
<i>naproxen tabs 250mg</i>	1	
<i>naproxen tabs 375mg</i>	1	
<i>naproxen tabs 500mg</i>	1	
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	2	NDS
<i>acetaminophen/codeine tabs 300mg; 30mg</i>	2	NDS
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	NDS
<i>oxycodone hydrochloride tabs 10mg</i>	2	NDS
<i>oxycodone hydrochloride tabs 15mg</i>	2	NDS
<i>oxycodone hydrochloride tabs 20mg</i>	3	NDS
<i>oxycodone hydrochloride tabs 30mg</i>	3	NDS
<i>oxycodone hydrochloride tabs 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	3	NDS
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg</i>	3	NDS
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	3	NDS
<i>tramadol hydrochloride tabs 50mg</i>	1	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine ptch 5%</i>	4	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Opioid Reversal Agents		
<i>naloxone hydrochloride liqd 4mg/0.1ml</i>	3	
Antibacterials		
Antibacterials, Other		
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg</i>	2	
<i>clindamycin hydrochloride caps 75mg</i>	2	
<i>metronidazole tabs 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole tabs 500mg</i>	1	
<i>nitrofurantoin monohydrate/macrocystals caps 100mg</i>	2	
Beta-lactam, Cephalosporins		
<i>cefadroxil caps 500mg</i>	2	
<i>cefdinir caps 300mg</i>	2	
<i>cefpodoxime proxetil tabs 100mg</i>	4	
<i>cefpodoxime proxetil tabs 200mg</i>	4	
<i>cefuroxime axetil tabs 250mg</i>	2	
<i>cefuroxime axetil tabs 500mg</i>	2	
<i>cephalexin caps 250mg</i>	2	
<i>cephalexin caps 500mg</i>	2	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	4	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tabs 875mg; 125mg</i>	2	
<i>amoxicillin caps 250mg</i>	1	
<i>amoxicillin caps 500mg</i>	1	
<i>amoxicillin tabs 500mg</i>	1	
<i>amoxicillin tabs 875mg</i>	1	
<i>penicillin v potassium tabs 250mg</i>	2	
<i>penicillin v potassium tabs 500mg</i>	2	
Macrolides		
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 500mg</i>	3	
<i>azithromycin tabs 500mg</i>	3	
<i>azithromycin tabs 600mg</i>	3	
Quinolones		
<i>ciprofloxacin hcl tabs 100mg</i>	3	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 500mg</i>	1	
<i>levofloxacin tabs 250mg</i>	2	
<i>levofloxacin tabs 500mg</i>	2	
<i>levofloxacin tabs 750mg</i>	2	
Sulfonamides		
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
Tetracyclines		
<i>doxycycline hyclate caps 100mg</i>	2	
<i>doxycycline hyclate caps 50mg</i>	2	
<i>doxycycline hyclate tabs 100mg</i>	2	
<i>doxycycline monohydrate caps 100mg</i>	2	
<i>doxycycline monohydrate caps 50mg</i>	2	
<i>doxycycline monohydrate tabs 100mg</i>	2	
<i>doxycycline monohydrate tabs 50mg</i>	2	
Anticonvulsants		

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants, Other		
<i>lamotrigine tabs 100mg</i>	1	
<i>lamotrigine tabs 150mg</i>	1	
<i>lamotrigine tabs 200mg</i>	1	
<i>lamotrigine tabs 25mg</i>	1	
<i>levetiracetam tabs 1000mg</i>	2	
<i>levetiracetam tabs 250mg</i>	2	
<i>levetiracetam tabs 500mg</i>	2	
<i>levetiracetam tabs 750mg</i>	2	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clonazepam tabs 0.5mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam tabs 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>divalproex sodium dr tbec 125mg</i>	2	
<i>divalproex sodium dr tbec 250mg</i>	2	
<i>divalproex sodium dr tbec 500mg</i>	2	
<i>divalproex sodium er tb24 250mg</i>	2	
<i>divalproex sodium er tb24 500mg</i>	2	
<i>gabapentin caps 100mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin caps 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin caps 400mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days)
<i>pregabalin caps 100mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin caps 150mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin caps 200mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin caps 225mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin caps 25mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin caps 300mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin caps 50mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin caps 75mg</i>	2	QL (90 EA per 30 days)
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	4	
<i>donepezil hydrochloride tabs 10mg</i>	1	
<i>donepezil hydrochloride tabs 5mg</i>	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hydrochloride tabs 10mg</i>	2	
<i>memantine hydrochloride tabs 5mg</i>	2	
Antidepressants		
Antidepressants, Other		
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	2	QL (30 EA per 30 days)
<i>mirtazapine tabs 15mg</i>	2	
<i>mirtazapine tabs 30mg</i>	2	
<i>mirtazapine tabs 45mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tabs 7.5mg</i>	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tabs 10mg</i>	1	
<i>citalopram hydrobromide tabs 20mg</i>	1	
<i>citalopram hydrobromide tabs 40mg</i>	1	
<i>duloxetine hydrochloride cpep 20mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 60mg</i>	2	QL (60 EA per 30 days)
<i>escitalopram oxalate tabs 10mg</i>	1	
<i>escitalopram oxalate tabs 20mg</i>	1	
<i>escitalopram oxalate tabs 5mg</i>	1	
<i>fluoxetine hydrochloride caps 10mg</i>	1	
<i>fluoxetine hydrochloride caps 20mg</i>	1	
<i>fluoxetine hydrochloride caps 40mg</i>	1	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>sertraline hydrochloride tabs 25mg</i>	1	
<i>trazodone hydrochloride tabs 100mg</i>	1	
<i>trazodone hydrochloride tabs 150mg</i>	1	
<i>trazodone hydrochloride tabs 50mg</i>	1	
<i>venlafaxine hydrochloride er cp24 150mg</i>	2	
<i>venlafaxine hydrochloride er cp24 37.5mg</i>	2	
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	
Tricyclics		
<i>amitriptyline hcl tabs 100mg</i>	3	
<i>amitriptyline hcl tabs 150mg</i>	3	
<i>amitriptyline hcl tabs 25mg</i>	3	
<i>amitriptyline hcl tabs 75mg</i>	3	
<i>amitriptyline hydrochloride tabs 100mg</i>	3	
<i>amitriptyline hydrochloride tabs 10mg</i>	3	
<i>amitriptyline hydrochloride tabs 50mg</i>	3	
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tabs 12.5mg</i>	4	
<i>meclizine hcl tabs 25mg</i>	4	
<i>scopolamine pt72 1mg/3days</i>	4	
Emetogenic Therapy Adjuncts		
<i>ondansetron hydrochloride tabs 4mg</i>	1	B/D
<i>ondansetron hydrochloride tabs 8mg</i>	1	B/D
<i>ondansetron odt tbdp 4mg</i>	2	B/D
<i>ondansetron odt tbdp 8mg</i>	2	B/D
Antifungals		
Antifungals		
<i>clotrimazole crea 1%</i>	2	QL (90 GM per 30 days)
<i>fluconazole tabs 100mg</i>	2	
<i>fluconazole tabs 150mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tabs 200mg</i>	2	
<i>fluconazole tabs 50mg</i>	2	
<i>ketoconazole crea 2%</i>	2	QL (90 GM per 30 days)
<i>ketoconazole sham 2%</i>	2	
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg</i>	1	
<i>allopurinol tabs 300mg</i>	1	
<i>colchicine tabs 0.6mg</i>	3	
Antineoplastics		
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs 1mg</i>	1	
Antiparasitics		
<i>Antiprotozoals</i>		
<i>hydroxychloroquine sulfate tabs 100mg</i>	2	
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate tabs 0.5mg</i>	2	PA
<i>benztropine mesylate tabs 1mg</i>	2	PA
<i>benztropine mesylate tabs 2mg</i>	2	PA
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa tabs 10mg; 100mg</i>	2	
<i>carbidopa/levodopa tabs 25mg; 100mg</i>	2	
<i>carbidopa/levodopa tabs 25mg; 250mg</i>	2	
Antipsychotics		
<i>2nd Generation/Atypical</i>		
<i>aripiprazole tabs 10mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole tabs 15mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole tabs 20mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole tabs 2mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole tabs 30mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole tabs 5mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs 10mg</i>	2	QL (30 EA per 30 days) PA
<i>olanzapine tabs 15mg</i>	2	QL (30 EA per 30 days) PA
<i>olanzapine tabs 2.5mg</i>	2	QL (30 EA per 30 days) PA
<i>olanzapine tabs 20mg</i>	2	QL (30 EA per 30 days) PA
<i>olanzapine tabs 5mg</i>	2	QL (30 EA per 30 days) PA
<i>olanzapine tabs 7.5mg</i>	2	QL (30 EA per 30 days) PA
<i>quetiapine fumarate tabs 100mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 150mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 200mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 25mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tabs 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 50mg</i>	2	QL (90 EA per 30 days)
<i>risperidone tabs 0.25mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 0.5mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 1mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 2mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 3mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 4mg</i>	1	QL (60 EA per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs 10mg</i>	2	
<i>baclofen tabs 20mg</i>	2	
<i>baclofen tabs 5mg</i>	3	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Antivirals		
Anti-influenza Agents		
<i>oseltamivir phosphate caps 30mg</i>	3	QL (168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	3	QL (84 EA per 365 days)
<i>oseltamivir phosphate caps 75mg</i>	3	QL (110 EA per 365 days)
Antitherpetic Agents		
<i>acyclovir tabs 400mg</i>	2	
<i>acyclovir tabs 800mg</i>	2	
<i>valacyclovir hydrochloride tabs 1gm</i>	3	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tabs 500mg</i>	3	QL (120 EA per 30 days)
Antiviral, Coronavirus Agents		
LAGEVRIO CAPS 200MG	3	QL (40 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL (20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL (30 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 10mg</i>	1	
<i>bupirone hydrochloride tabs 30mg</i>	4	
<i>bupirone hydrochloride tabs 5mg</i>	1	
<i>bupirone hydrochloride tabs 7.5mg</i>	4	
Benzodiazepines		
<i>alprazolam tabs 0.25mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam tabs 0.5mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam tabs 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 2mg</i>	2	QL (300 EA per 30 days)
<i>diazepam tabs 5mg</i>	2	QL (240 EA per 30 days)
<i>lorazepam tabs 0.5mg</i>	2	QL (90 EA per 30 days)
<i>lorazepam tabs 1mg</i>	2	QL (90 EA per 30 days)
<i>lorazepam tabs 2mg</i>	2	QL (150 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>glimepiride tabs 1mg</i>	1	
<i>glimepiride tabs 2mg</i>	1	
<i>glimepiride tabs 4mg</i>	1	
<i>glipizide tabs 10mg</i>	1	
<i>glipizide tabs 2.5mg</i>	1	
<i>glipizide tabs 5mg</i>	1	
JANUVIA TABS 100MG	3	QL (30 EA per 30 days)
JANUVIA TABS 25MG	3	QL (30 EA per 30 days)
JANUVIA TABS 50MG	3	QL (30 EA per 30 days)
<i>metformin hydrochloride er tb24 500mg</i>	1	
<i>metformin hydrochloride er tb24 750mg</i>	1	
<i>metformin hydrochloride tabs 1000mg</i>	1	
<i>metformin hydrochloride tabs 500mg</i>	1	
<i>metformin hydrochloride tabs 850mg</i>	1	
MOUNJARO INJ 10MG/0.5ML	3	QL (2 ML per 28 days) PA
MOUNJARO INJ 12.5MG/0.5ML	3	QL (2 ML per 28 days) PA
MOUNJARO INJ 15MG/0.5ML	3	QL (2 ML per 28 days) PA
MOUNJARO INJ 2.5MG/0.5ML	3	QL (2 ML per 28 days) PA
MOUNJARO INJ 5MG/0.5ML	3	QL (2 ML per 28 days) PA
MOUNJARO INJ 7.5MG/0.5ML	3	QL (2 ML per 28 days) PA
OZEMPIC INJ 2MG/1.5ML	3	QL (1.5 ML per 28 days) PA
OZEMPIC INJ 2MG/3ML	3	QL (3 ML per 28 days) PA
OZEMPIC INJ 4MG/3ML	3	QL (3 ML per 28 days) PA
OZEMPIC INJ 8MG/3ML	3	QL (3 ML per 28 days) PA
TRADJENTA TABS 5MG	3	QL (30 EA per 30 days)
TRULICITY INJ 0.75MG/0.5ML	3	QL (2 ML per 28 days) PA
TRULICITY INJ 1.5MG/0.5ML	3	QL (2 ML per 28 days) PA
TRULICITY INJ 3MG/0.5ML	3	QL (2 ML per 28 days) PA
TRULICITY INJ 4.5MG/0.5ML	3	QL (2 ML per 28 days) PA
<i>Insulins</i>		
HUMALOG KWIKPEN INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 200UNIT/ML	3	
LANTUS SOLOSTAR INJ 100UNIT/ML	3	
LANTUS INJ 100UNIT/ML	3	
NOVOLOG FLEXPEN RELION INJ 100UNIT/ML	3	
NOVOLOG FLEXPEN INJ 100UNIT/ML	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
XARELTO TABS 10MG	3	QL (30 EA per 30 days)
XARELTO TABS 15MG	3	QL (60 EA per 30 days)
XARELTO TABS 2.5MG	3	QL (60 EA per 30 days)
XARELTO TABS 20MG	3	QL (30 EA per 30 days)
<i>Platelet Modifying Agents</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel tabs 300mg</i>	2	
<i>clopidogrel tabs 75mg</i>	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tabs 0.1mg</i>	1	
<i>clonidine hydrochloride tabs 0.2mg</i>	1	
<i>clonidine hydrochloride tabs 0.3mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>irbesartan tabs 150mg</i>	1	
<i>irbesartan tabs 300mg</i>	1	
<i>irbesartan tabs 75mg</i>	1	
<i>losartan potassium tabs 100mg</i>	1	
<i>losartan potassium tabs 25mg</i>	1	
<i>losartan potassium tabs 50mg</i>	1	
<i>olmesartan medoxomil tabs 20mg</i>	1	
<i>olmesartan medoxomil tabs 40mg</i>	1	
<i>olmesartan medoxomil tabs 5mg</i>	1	
<i>valsartan tabs 160mg</i>	1	
<i>valsartan tabs 320mg</i>	1	
<i>valsartan tabs 40mg</i>	1	
<i>valsartan tabs 80mg</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>lisinopril tabs 10mg</i>	1	
<i>lisinopril tabs 2.5mg</i>	1	
<i>lisinopril tabs 20mg</i>	1	
<i>lisinopril tabs 30mg</i>	1	
<i>lisinopril tabs 40mg</i>	1	
<i>lisinopril tabs 5mg</i>	1	
<i>ramipril caps 1.25mg</i>	1	
<i>ramipril caps 10mg</i>	1	
<i>ramipril caps 2.5mg</i>	1	
<i>ramipril caps 5mg</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tabs 100mg</i>	3	
<i>amiodarone hydrochloride tabs 200mg</i>	1	
<i>amiodarone hydrochloride tabs 400mg</i>	3	
Beta-adrenergic Blocking Agents		
<i>atenolol tabs 100mg</i>	1	
<i>atenolol tabs 25mg</i>	1	
<i>atenolol tabs 50mg</i>	1	
<i>carvedilol tabs 12.5mg</i>	1	
<i>carvedilol tabs 25mg</i>	1	
<i>carvedilol tabs 3.125mg</i>	1	
<i>carvedilol tabs 6.25mg</i>	1	
<i>metoprolol succinate er tb24 100mg</i>	1	
<i>metoprolol succinate er tb24 200mg</i>	1	
<i>metoprolol succinate er tb24 25mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate er tb24 50mg</i>	1	
<i>metoprolol tartrate tabs 100mg</i>	1	
<i>metoprolol tartrate tabs 25mg</i>	1	
<i>metoprolol tartrate tabs 37.5mg</i>	1	
<i>metoprolol tartrate tabs 50mg</i>	1	
<i>metoprolol tartrate tabs 75mg</i>	1	
<i>nebivolol hydrochloride tabs 10mg</i>	3	
<i>nebivolol hydrochloride tabs 2.5mg</i>	3	
<i>nebivolol hydrochloride tabs 20mg</i>	3	
<i>nebivolol hydrochloride tabs 5mg</i>	3	
<i>nebivolol tabs 5mg</i>	3	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride tabs 10mg</i>	2	
<i>propranolol hydrochloride tabs 20mg</i>	2	
<i>propranolol hydrochloride tabs 60mg</i>	2	
<i>propranolol hydrochloride tabs 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs 10mg</i>	1	
<i>amlodipine besylate tabs 2.5mg</i>	1	
<i>amlodipine besylate tabs 5mg</i>	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>diltiazem hcl cd cp24 360mg</i>	2	
<i>diltiazem hydrochloride er cp24 120mg</i>	2	
<i>diltiazem hydrochloride er cp24 180mg</i>	2	
<i>diltiazem hydrochloride er cp24 240mg</i>	2	
<i>diltiazem hydrochloride er cp24 300mg</i>	2	
<i>diltiazem hydrochloride er cp24 360mg</i>	2	
<i>diltiazem hydrochloride er cp24 360mg</i>	2	
Cardiovascular Agents, Other		
ENTRESTO TABS 24MG; 26MG	3	QL (60 EA per 30 days)
ENTRESTO TABS 49MG; 51MG	3	QL (60 EA per 30 days)
ENTRESTO TABS 97MG; 103MG	3	QL (60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 25mg; 100mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
Diuretics, Loop		
<i>bumetanide tabs 0.5mg</i>	2	
<i>bumetanide tabs 1mg</i>	2	
<i>bumetanide tabs 2mg</i>	2	
<i>furosemide tabs 20mg</i>	1	
<i>furosemide tabs 40mg</i>	1	
<i>furosemide tabs 80mg</i>	1	
<i>torseamide tabs 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>torsemide tabs 10mg</i>	1	
<i>torsemide tabs 20mg</i>	1	
<i>torsemide tabs 5mg</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg</i>	2	
<i>chlorthalidone tabs 50mg</i>	2	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 25mg</i>	1	
<i>hydrochlorothiazide tabs 50mg</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate tabs 145mg</i>	2	
<i>fenofibrate tabs 160mg</i>	2	
<i>fenofibrate tabs 48mg</i>	2	
<i>fenofibrate tabs 54mg</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs 10mg</i>	1	
<i>atorvastatin calcium tabs 20mg</i>	1	
<i>atorvastatin calcium tabs 40mg</i>	1	
<i>atorvastatin calcium tabs 80mg</i>	1	
<i>pravastatin sodium tabs 10mg</i>	1	
<i>pravastatin sodium tabs 20mg</i>	1	
<i>pravastatin sodium tabs 40mg</i>	1	
<i>pravastatin sodium tabs 80mg</i>	1	
<i>rosuvastatin calcium tabs 10mg</i>	1	
<i>rosuvastatin calcium tabs 20mg</i>	1	
<i>rosuvastatin calcium tabs 40mg</i>	1	
<i>rosuvastatin calcium tabs 5mg</i>	1	
<i>simvastatin tabs 10mg</i>	1	
<i>simvastatin tabs 20mg</i>	1	
<i>simvastatin tabs 40mg</i>	1	
<i>simvastatin tabs 5mg</i>	1	
<i>simvastatin tabs 80mg</i>	1	
Dyslipidemics, Other		
<i>ezetimibe tabs 10mg</i>	2	
<i>icosapent ethyl caps 0.5gm</i>	4	
<i>icosapent ethyl caps 1gm</i>	4	
<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</i>	1	
<i>spironolactone tabs 25mg</i>	1	
<i>spironolactone tabs 50mg</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA TABS 10MG	3	QL (30 EA per 30 days)
FARXIGA TABS 5MG	3	QL (30 EA per 30 days)
JARDIANCE TABS 10MG	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
isosorbide mononitrate er tb24 120mg	1	
isosorbide mononitrate er tb24 30mg	1	
isosorbide mononitrate er tb24 60mg	1	
nitroglycerin subl 0.3mg	2	
nitroglycerin subl 0.4mg	2	
nitroglycerin subl 0.6mg	2	
Vasodilators, Direct-acting Arterial		
hydralazine hcl tabs 10mg	1	
hydralazine hydrochloride tabs 100mg	2	
hydralazine hydrochloride tabs 25mg	1	
hydralazine hydrochloride tabs 50mg	1	
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate soln 0.12%	1	
Dermatological Agents		
Dermatitis and Pruritus Agents		
clobetasol propionate crea 0.05%	2	
clobetasol propionate oint 0.05%	2	
clobetasol propionate soln 0.05%	3	
hydrocortisone crea 1%	2	
hydrocortisone crea 2.5%	2	
mometasone furoate crea 0.1%	2	
triamcinolone acetonide crea 0.025%	2	
triamcinolone acetonide crea 0.1%	2	
triamcinolone acetonide crea 0.5%	2	
triamcinolone acetonide oint 0.025%	2	
triamcinolone acetonide oint 0.1%	2	
triamcinolone acetonide oint 0.5%	2	
Dermatological Agents, Other		
clotrimazole/betamethasone dipropionate crea 0.05%; 1%	2	QL (90 GM per 30 days)
fluorouracil crea 5%	2	QL (40 GM per 30 days)
Topical Anti-infectives		
ciclopirox olamine crea 0.77%	2	
mupirocin oint 2%	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
potassium chloride er cpcr 10meq	2	
potassium chloride er cpcr 8meq	2	
potassium chloride er tbcr 10meq	2	
potassium chloride er tbcr 10meq	2	
potassium chloride er tbcr 15meq	2	
potassium chloride er tbcr 20meq	2	
potassium chloride er tbcr 20meq	2	
potassium chloride er tbcr 8meq	2	
Phosphate Binders		

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate tabs 800mg</i>	4	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>lactulose soln 10gm/15ml</i>	2	
Anti-Diarrheal Agents		
<i>loperamide hcl caps 2mg</i>	2	
Antispasmodics, Gastrointestinal		
<i>dicyclomine hydrochloride caps 10mg</i>	2	
<i>dicyclomine hydrochloride tabs 20mg</i>	2	
Gastrointestinal Agents, Other		
CLENPIQ SOLN 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
CLENPIQ SOLN 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
SUTAB TABS 225MG; 188MG; 1479MG	3	
Histamine2 (H2) Receptor Antagonists		
<i>famotidine tabs 20mg</i>	2	
<i>famotidine tabs 40mg</i>	2	
Protectants		
<i>sucralfate tabs 1gm</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium cpdr 20mg</i>	2	QL (60 EA per 30 days)
<i>esomeprazole magnesium cpdr 40mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole cpdr 15mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole cpdr 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</i>	1	QL (60 EA per 30 days)
<i>omeprazole cpdr 20mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole cpdr 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tbec 20mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA TABS 75MG	4	
MYRBETRIQ TB24 25MG	3	
MYRBETRIQ TB24 50MG	3	
<i>oxybutynin chloride er tb24 10mg</i>	2	PA
<i>oxybutynin chloride er tb24 15mg</i>	2	PA
<i>oxybutynin chloride er tb24 5mg</i>	2	PA
<i>oxybutynin chloride tabs 5mg</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
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</i>	3	QL (30 EA per 30 days) PA
<i>tadalafil tabs 5mg</i>	3	QL (30 EA per 30 days) PA
<i>tamsulosin hydrochloride caps 0.4mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone tabs 0.5mg</i>	2	
<i>dexamethasone tabs 0.75mg</i>	2	
<i>dexamethasone tabs 1.5mg</i>	2	
<i>dexamethasone tabs 1mg</i>	2	
<i>dexamethasone tabs 2mg</i>	2	
<i>dexamethasone tabs 4mg</i>	2	
<i>dexamethasone tabs 6mg</i>	2	
<i>methylprednisolone dose pack tbpk 4mg</i>	2	
<i>prednisone tabs 10mg</i>	1	
<i>prednisone tabs 1mg</i>	1	
<i>prednisone tabs 2.5mg</i>	1	
<i>prednisone tabs 20mg</i>	1	
<i>prednisone tabs 50mg</i>	1	
<i>prednisone tabs 5mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Estrogens		
<i>estradiol crea 0.1mg/gm</i>	2	
PREMARIN CREA 0.625MG/GM	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tabs 100mcg</i>	1	
<i>levothyroxine sodium tabs 112mcg</i>	1	
<i>levothyroxine sodium tabs 125mcg</i>	1	
<i>levothyroxine sodium tabs 137mcg</i>	1	
<i>levothyroxine sodium tabs 150mcg</i>	1	
<i>levothyroxine sodium tabs 175mcg</i>	1	
<i>levothyroxine sodium tabs 200mcg</i>	1	
<i>levothyroxine sodium tabs 25mcg</i>	1	
<i>levothyroxine sodium tabs 300mcg</i>	1	
<i>levothyroxine sodium tabs 50mcg</i>	1	
<i>levothyroxine sodium tabs 75mcg</i>	1	
<i>levothyroxine sodium tabs 88mcg</i>	1	
Immunological Agents		
Immunosuppressants		
<i>methotrexate sodium tabs 2.5mg</i>	2	
Vaccines		
ABRYSVO INJ 120MCG/0.5ML	1	QL (1 EA per 252 days)

Drug Name	Drug Tier	Requirements/Limits
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
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	3	
SHINGRIX INJ 50MCG/0.5ML	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
mesalamine er cpr 500mg	4	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
alendronate sodium tabs 10mg	1	
alendronate sodium tabs 35mg	1	
alendronate sodium tabs 70mg	1	QL (4 EA per 28 days)
ibandronate sodium tabs 150mg	2	QL (1 EA per 28 days)
PROLIA INJ 60MG/ML	4	QL (2 ML per 365 days)
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
cyclosporine emul 0.05%	3	
dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml	2	
neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml	2	
polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%	1	
tobramycin/dexamethasone susp 0.1%; 0.3%	4	
XIIDRA SOLN 5%	4	QL (60 EA per 30 days)
<i>Ophthalmic Anti-allergy Agents</i>		
azelastine hcl soln 0.05%	2	
<i>Ophthalmic Anti-Infectives</i>		
ciprofloxacin hydrochloride soln 0.3%	2	
erythromycin oint 5mg/gm	2	
moxifloxacin hydrochloride soln 0.5%	3	
ofloxacin soln 0.3%	2	
<i>Ophthalmic Anti-inflammatories</i>		
ketorolac tromethamine soln 0.4%	3	
ketorolac tromethamine soln 0.5%	2	
prednisolone acetate susp 1%	3	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
timolol maleate soln 0.25%	1	
timolol maleate soln 0.5%	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
BRIMONIDINE TARTRATE SOLN 0.1%	3	
brimonidine tartrate soln 0.2%	2	
<i>Ophthalmic Prostaglandin and Prostamide Analogs</i>		
latanoprost soln 0.005%	1	

Drug Name	Drug Tier	Requirements/Limits
LUMIGAN SOLN 0.01%	3	QL (2.5 ML per 25 days)
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>mometasone furoate susp 50mcg/act</i>	4	QL (34 GM per 30 days)
Antihistamines		
<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	PA
<i>hydroxyzine hydrochloride tabs 10mg</i>	3	PA
<i>hydroxyzine hydrochloride tabs 25mg</i>	3	PA
<i>hydroxyzine pamoate caps 100mg</i>	4	PA
<i>hydroxyzine pamoate caps 25mg</i>	4	PA
<i>hydroxyzine pamoate caps 50mg</i>	4	PA
<i>levocetirizine dihydrochloride tabs 5mg</i>	2	
Antileukotrienes		
<i>montelukast sodium tabs 10mg</i>	1	
Bronchodilators, Anticholinergic		
<i>ipratropium bromide soln 0.03%</i>	2	
<i>ipratropium bromide soln 0.06%</i>	2	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml</i>	4	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 1.25mg/3ml</i>	4	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D
<i>epinephrine inj 0.15mg/0.15ml</i>	3	
<i>epinephrine inj 0.15mg/0.3ml</i>	3	
<i>epinephrine inj 0.3mg/0.3ml</i>	3	
<i>epinephrine inj 0.3mg/0.3ml</i>	3	
Pulmonary Fibrosis Agents		
<i>pirfenidone caps 267mg</i>	5	PA
<i>pirfenidone tabs 267mg</i>	5	PA
<i>pirfenidone tabs 534mg</i>	5	PA
<i>pirfenidone tabs 801mg</i>	5	PA
Respiratory Tract Agents, Other		
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days)
BREO ELLIPTA AEPB 200MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
BREO ELLIPTA AEPB 50MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol diskus aepb 250mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate/salmeterol diskus aepb 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	2	QL (540 ML per 30 days) B/D
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days)
TRELEGY ELLIPTA AEPB 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs 10mg</i>	3	PA
<i>cyclobenzaprine hydrochloride tabs 5mg</i>	3	PA
<i>methocarbamol tabs 500mg</i>	2	
<i>methocarbamol tabs 750mg</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
<i>zolpidem tartrate tabs 10mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate tabs 5mg</i>	2	QL (30 EA per 30 days)

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This abridged formulary was updated December 2024. 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: 25386



Pennsylvania Public School Employees' Retirement System (PSERS)

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-773-7725. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-773-7725. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-773-7725。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-773-7725。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-773-7725. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-773-7725. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-773-7725 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-773-7725. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-773-7725 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-773-7725. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-773-7725. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-773-7725 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-773-7725. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-773-7725. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-773-7725. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-773-7725. Ta usługa jest bezpłatna.

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