2024 Performance Drug Formulary and Pharmacy Benefits Guidelines

This formulary is in effect beginning **January 1, 2024 and** may be revised from time to time as new drugs and new prescribing information becomes available. This Formulary Guide is not an exhaustive listing of every medication available. Individual employer variations may apply as well. If a medication is prescribed that is not listed, you can contact member services or a network pharmacy to determine the level of coverage. You can also log into the member portal to look up costs for individual medications in real-time at **www.usrxcare.com/member**.

Formulary consultation and administrative support by US-RxCare member services is available at **877-200-5533**. The US-Rx Care Formulary defines the copayment tier status of the medicines most commonly prescribed for members. It may not include all drugs covered by your prescription drug benefit and may change from time to time. For benefit coverage or restrictions at the time of dispensing, please check your benefit plan document(s) or contact member services at **877-200-5533**. This listing is revised from time to time as new drugs and new prescribing information becomes available. The coverage tier for each medication has been indicated. Members pay Tier 1 copay for most generic drugs and selected OTC medicines. Members pay Tier 2 copay for higher cost generic drugs and formulary ("preferred") brand name drugs. Members pay a Tier 3 copay for non-preferred and highest cost brand name drugs and some generics. It is recommended that you have this list of medications available when you are with your Physician and a prescription drug is going to be part of the treatment for a clinical condition.

Key to Notations:
PA: Prior authorization may be required for this medication. Please refer to the boxed section at the end of this document.
ST: A step therapy protocol is in place for this medication. Claims for this medication will be covered based on the enrollee's previous medication history. If prior medication history does not meet clinical guidelines; prior authorization will be required.
QL: Quantity limitations (maximum number of tablets/capsules, etc. per retail prescription) are in place for this medication. Please refer to quantity limits section at the end of this document.

DRUGS FOR INFECTIONS
ANTIBIOTICS
Penicillin
Tier 1 amoxicillin, amoxicillin w/ potassium clavulanate, ampicillin, cloxacillin, dicloxacillin, penicillin
Cephalosporins
Tier 1 cefaclor, cefadroxil, cefprozil, cefuroxime, cephalexin, cefdinir
Macrolides
Tier 1 azithromycin, clarithromycin
Tier 3 clarithromycin ER
Not Covered – erythromycin
Tetracyclines
Tier 1 doxycycline monohydrate, minocycline
Tier 1 doxycycline hyclate
Not Covered - extended-release doxycycline or minocycline
Quinolones
Tier 1 ciprofloxacin, ofloxacin, Levofloxacin, moxifloxacin
Aminoglycosides
Tier 1 neomycin Tablets
Sulfonamides
Tier 1 TMP-SMX, TMP-SMX DS
Drugs for Tuberculosis
Tier 1 ethambutol, isoniazid, rifampin, pyrazinamide
Tier 3 Priftin, Mycobutin, Myambutol
Drugs for Fungal Infections
Tier 1 ketoconazole, nystatin, terbinafine, Nystatin Top Powder, griseofulvin
Tier 3 Gris-Peg, Vfend
Drugs for Viral Infections
Tier 1 acyclovir, amantadine, valacyclovir
Tier 1 rimantadine
Tier 2 oseltamivir
Tier 3 Relenza (QL)
Drugs for Malaria
Tier 1 chloroquine, hydroxychloroquine
Tier 3 mefloquine, quinine
Not Covered: Daraprim, Pyrimethamine
Drugs for Parasites
Tier 1 ivermectin
Tier 3 Stromectol, Emverm

Miscellaneous Anti-infectives
Tier 1 clindamycin, metronidazole oral, Linezolid
Tier 2 metronidazole creams and gels, nitrofurantoin
Tier 3 Lamprene, Mepron, Vancomycin (PA)
HORMONES
GLUCOCORTICOIDS
Tier 1 dexamethasone, methylprednisolone, prednisolone, prednisone
ESTROGENS
Tier 1 estradiol, Yuvafem
Tier 2 estropipate
Tier 3 Estraderm, estradiol-norethindrone acetate, estradiol vaginal cream, Femring, Menest, Premarin, Premarin Vag Cream, Vivelle
ESTROGEN AND ANDROGENS
Tier 3 Estratest, Estratest HS
ESTROGEN AND PROGESTERONES
Tier 3 Climera Pro, Prefest, Premphase, Prempro
PROGESTINS
Tier 1 medroxyprogesterone, megestrol
Tier 1 progesterone (PA Req)
Tier 3 Prometrium ST

CONTRACEPTIVES
ORAL MONO-PHASIC
Tier 0 multiple generic options
Tier 0 Apri, Emoquette, Kelnor, Zivia, Falmina, Marlissa, Portia, Briellyn, Philith, wera, Alyacen, Dasetta, Necon, Junel, Larin, Microgestin, Estarylla, Mono-Linyah, Previfem, Elinest, Pimtrea, Viorele

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ORAL BIPHASIC
Tier 0 multiple generic options
Tier 0 Pimtrea, Viorele, Amethia Lo, Camrese Lo, Amethia, Ashlyna, Necon

ORAL TRI-PHASIC
Tier 0 multiple generic options
Tier 0 Sprintec, Velivet, Levonest, Myzilra, Tri-Previfem, Trinessa, Tri-linyah, Aranelle, Dasetta 777, Tri-Legest FE, Caziant

ORAL QUADRAPHASIC
Tier 0 Fayosim
Tier 0 Levonorgestrel/ethinyl estradiol 0.15-20/0.15-25/0.15-30/0-10mg-mcg

ALL ORAL CONTRACEPTIVES ARE NOT LISTED ABOVE ARE TIER 3

PROGESTIN ONLY
Tier 0 Depo-Provera*
Tier 0 multiple generic options
Tier 0 Deblitane, Heather, Norlyroc, Sharobel

EMERGENCY CONTRACEPTION
Tier 0 Plan B

OTHER CONTRACEPTIVES
Tier 0 Xulane Patches, etonogestrel-ee Vaginal Ring

DRUGS FOR DIABETES

ANTI-DIABETIC AGENTS
Tier 1 glimepiride, glipizide, glipizide XL, glyburide, metformin, metformin XR (only 500mg), glyburide with metformin, glipizide with metformin, acarbose, alogliptin, alogliptin/metformin, alogliptin/pioglitazone
Tier 2 Farxiga, Jardiance, Januvia, Janumet, Ozempic, Rybelsus, Steglatro, Xigduo XR, Synjardy, Segluromet, Qtern, Glyxambi, Trijardy XR,
Tier 3 Victoza (PA), Trulicity (PA), Mounjaro (PA), Symlin (PA), Bydureon, Byetta

INSULINS
Tier 1 insulin lispro, aspart, glargine, Insulin Aspart Protamine & Aspart 70/30,
Tier 2 Levemir, Tresiba, Toujeo, Afrezza, Soliqua, Xultophy, Semglee, Humalog, Humulin
Tier 3 Lyumjev, Humulin-500
Not covered: Ryzodeg

THYROID AND ANTITHYROID AGENTS
Tier 1 levothyroxine tab and cap, Levo-T
Tier 2 methimazole, propylthiouracil, Levoxyl Synthroid

DRUGS FOR OSTEOPOROSIS
Tier 1 alendronate, ibandronate iv, etidronate, risedronate
Tier 3 Actonel, Actonel-D, Boniva, Evista, Forteo*(PA)

MISCELLANEOUS ENDOCRINE
Tier 1 desmopressin spray and tablets

CARDIOVASCULAR DRUGS

CARDIOTONICS
Tier 1 digoxin
Tier 3 Digitek, Lanoxin, Entresto, Repatha (PA)

ANTI-ANGINA
Tier 1 isosorbide dinitrate, isosorbide mononitrate nitroglycerin sublingual tabs and patches

BETA-ADRENERGIC BLOCKERS
Tier 1 atenolol, carvedilol, bisoprolol, metoprolol, metoprolol XL, propranolol, Acebutolol, Nebivolol
Tier 2 carvedilol ER, betaxolol, pindolol,

CALCIUM CHANNEL BLOCKERS
Tier 1 verapamil SR, amlodipine, diltiazem ER, nifedipine ER
Tier 2 felodipine, Cartia XT
Tier 3 All brands

ANTIARRHYTHMICS
Tier 1 amiodarone, disopyramide, flecainide mexiletine, propafenone IR, quinidine, sotalol
Tier 2 propafenone ER
Tier 3 Multaq

ACE INHIBITORS
Tier 1 benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, quinapril, ramipril
Tier 2 captopril

ANGIOTENSIN II ANTAGONISTS
Tier 1 irbesartan, losartan, valsartan, olmesartan
Tier 2 candesartan

ANTI-ADRENERGIC BLOCKERS CENTRAL
Tier 1 clonidine, apraclonidine

ANTI-ADRENERGIC BLOCKERS–PERIPHERAL
Tier 1 doxazosin, prazosin, terazosin

COMBINATION ANTIHYPERTENSIVES
Tier 1 benazepril HCT, candesartan HCT, enalapril HCT, fosinopril HCT, irbesartan HCT, lisinopril
HCT, losartan HCT, valsartan HCT, olmesartan
HCT Tier 2 captopril HCT

DIURETICS
Tier 1 bumetanide, furosemide, HCTZ, HCTZ w/ triamterene, indapamide, spironolactone, torsemide
Tier 2 acetazolamide

ANTILIPEMICS
Tier 1 atorvastatin, cholestyramine, colestipol, fenofibrate, gemfibrozil, lovastatin, pravastatin, simvastatin, rosuvastatin, ezetimibe
Tier 2 fluvastatin, fenofibric acid
Tier 3 Colestid 1Gm, Nexletol
Not Covered: Advicor, Altoprev, Livalo, Zypitamag

MISCELLANEOUS CARDIOVASCULAR DRUGS
Tier 1 sildenafil 20mg

ANDROGENS
Tier 1 testosterone cypionate inj, testosterone enanthate inj, testosterone gel
Tier 3 All brand testosterone

ANTICOAGULANTS/ANTITHROMBOTICS
Tier 1 clopidogrel, dipyridamole, pentoxifylline, warfarin, prasugrel aspirin/dipyridamole, enoxaparin (QL: 1 per 30 days)
Tier 2 Xarelto, Eliquis
Tier 3 Brilinta, Effient

ESTROGENS
Tier 1 All generic estradiol
Tier 2 estropipate, estradiol vag cream
Tier 3 Premarin products

DRUGS FOR ALLERGY

Oral Antihistamines and Combinations
Tier 1 loratadine, cetirizine, montelukast, diphenhydramine, hydroxyzine

NASAL MEDICATIONS
Tier 1 fluticasone propionate, azelastine, budesonide
Tier 2 mometasone

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COUGH AND COLD MEDICATIONS --- Not Covered

DRUGS FOR ASTHMA / COPD

Sympathomimetics

Tier 1 albuterol, levalbuterol Inhaler
Tier 2 levalbuteral Neb (ST), Ventolin HFA
Tier 3 Accuneb, Foradil, Serevent, Arcapta

Combination Drugs and Others

Tier 1 albuterol, ipratropium bromide and ipratropium/albuterol for nebulization, fluticasone/salmeterol Inhaler & diskus, budesonide and formoterol Inhaler
Tier 2 Atrovent inhaler, Anoro Ellipta, Incruse Ellipta
Tier 3 All brand combination Combivent, Spiriva, Dulera, Tilade, Cromolyn, Arnuity Ellipta (PA), Breo Ellipta (PA)

Theophylline

Tier 1 multiple medicines w/ generic alternatives

Corticosteroid

Tier 2 Asmanex, Flovent, QVAR Redihaler, ArmonAir, budesonide neb
Tier 3 Pulmicort

Antileukotrienes

Tier 1 montelukast tab
Tier 2 montelukast granules and chew tab

GASTROINTESTINAL ANTIULCER

Tier 1 dicyclomine, propantheline, sucralfate, cimetidine, famotidine, ranitidine, omeprazole, lansoprazole, pantoprazole, Prilosec OTC
Tier 2 misoprostol, ranitidine syrup
Tier 3 nizatidine

ANTIEMETIC/ANTIVERTIGO

Tier 1 hydroxyzine, meclizine, promethazine, ondansetron (QL), ondansetron orally disintegrating tab (QL),
Tier 2 granisetron (QL), prochlorperazine
Tier 3 Anzemet (PA)(QL), prochlorperazine supp (QL)

DIGESTANTS

Tier 1 generic digestive enzymes
Tier 3 Creon, Zenpep, viokase

OTHER GI PRODUCTS

Tier 1 lactulose, sulfasalazine, balsalazide, mesalamine .375mg
Tier 2 ursodiol, Lubiprostone, mesalamine DR 800mg/1200mg
Tier 3 Dipentum, Pentasa,

GENITO-URINARY INCONTINENCE AGENTS

Tier 1 oxybutynin, trospium, tolterodine tab, Solifenacin
Tier 2 darifenacin, tolterodine ER cap, oxybutynin syrup
Tier 3 Oxytrol Patch, Gelnique (PA), Toviaz, Myrbetriq

VAGINAL PREPARATIONS

Tier 1 terconazole, clotrimazole, metronidazole, clindamycin
Tier 2 Gynazole-1

DRUGS FOR BPH

Tier 1 doxazosin, finasteride, terazosin, tamsulosin, afluzosin, dutasteride, Silodosin

CENTRAL NERVOUS SYSTEM PSYCHOTHERAPEUTIC AGENTS

Antidepressants

Tier 1 amitriptyline, doxepin, imipramine, nortriptyline, protriptyline, trazodone, mirtazapine, nefazodone, fluoxetine capsule, citalopram, paroxetine, escitalopram bupropion, bupropion SR, sertraline, paroxetine, venlafaxine ER capsule, venlafaxine, bupropion XL, duloxetine
Tier 2 venlafaxine ER Tab
Tier 3 All brand antidepressants

Antipsychotic Agents

Tier 1 chlorpromazine, haloperidol, perphenazine and other generics, risperidone, clozapine, olanzapine, olanzapine ODT, quetiapine, aripiprazole, quetiapine ER
Tier 2 ziprasidone, risperidone ODT, paliperidone, Asenapine (PA)
Tier 3 Fanapt, Fazaclo ODT, Serentil, Orap, Zyprexa Zydis, aripiprazole ODT, Vraylar, Rexulti, Nuplazid, Caplyta

ANXIOLYTICS, SEDATIVES, AND HYPNOTICS

Tier 1 alprazolam, buspirone, lorazepam, triazolam, zolpidem, and other generics
Tier 3 Belsomra (PA) and all brands

CEREBRAL STIMULANTS

Tier 1 methylphenidate, amphetamine, amphetamine/dextroamphetamine & ER, (generic Adderall), dexmethylphenidate, dexmethylphenidate ER, armodafinil, atomoxetine
Tier 3 Vyvanse (PA), Daytrana (PA) and all brands

DRUGS FOR ALZHEIMER'S DISEASE

Tier 1 donepezil, memantine, rivastagmine, galantamine & ER,
Tier 2 rivastagmine patch
Tier 3 memantine ER, Namenda XR (PA), Namzaric (PA)

ANALGESICS, NARCOTIC

Tier 1 multiple medicines w/ generics, tramadol, morphine ER, fentanyl patch, methadone
Tier 3 oxycodone ER, Oxycontin, Avinza, Actiq and brands (PA) (QL), Subsys, Exalgo, Belbuca, Zubsolv, Bunavail

ANALGESICS, NON-NARCOTIC

ANALGESICS, NSAIDs

Tier 1 diflunisal, ibuprofen, indomethacin, naproxen, meloxicam and other generics, diclofenac
Tier 2 etodolac, ketoprofen, nabumetone, naproxen
Tier 3 oxaprozin,
Not Covered: Naprelan, naproxen ER, fenoprofen

RHEUMATOID ARTHRITIS AGENTS

Tier 1 leflunomide, methotrexate, azathiprine, hydroxychloroquine, sulfasalazine, minocycline

MIGRAINE AGENTS

Tier 1 almotriptan, eletriptan, sumatriptan, rizatriptan, naratriptan, zolmitriptan (QL)
Tier 2 sumatriptan nasal spray, sumatriptan injection, butalbital combo drugs
Tier 3 Imitrex injection kits*, Imitrex nasal spray, Zomig nasal spray (QL) All brands, Emgality (PA), Ubrelvy (PA), Qulipta (PA), Tosymra (PA), Reyvow (PA), Ajovy (PA)

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ANTICONVULSANTS
Tier 1 carbamazepine, carbamazepine ER, clonazepam, lacosamide phenytoin, primidone, valproic acid, levetiracetam, lamotrigine, oxcarbazepine, ethosuximide, gabapentin, divalproex DR, divalproex sprinkles, phenytoin, levetiracetam, topiramate, zonisamide, Phenytek, felbamate
Tier 2 diazepam rectal gel
Tier 3 Aptiom, Banzel, Lyrica, Gabitril, Onfi, Sabril, Diastat, Briviact, Trileptal, Fycompa, all brands (PA), Vimpat (PA), Valtoco, Spritam

DRUGS FOR PARKINSONS DISEASE
Tier 1 amantadine, carbidopa/levodopa, benztropine, bromocriptine, selegiline, pramipexole, ropinirole, trihexyphenidyl, entacapone and other generic options
Tier 2 rasagiline, carbidopa/levodopa/entacapone, pramipexole ER
Tier 3 COMTan, Stalevo, Neupro, Xadago, tolcapone, all brands (PA), Emsam

SKELETAL MUSCLE RELAXANTS
Tier 1 baclofen, cyclobenzaprine, tizanidine TAB, methocarbamol
Tier 2 All carisoprodol products
Tier 3 metaxalone, tizanidine CAP

OPHTHALMIC

ANTI-ALLERGIC AGENTS
Tier 1 OTC Zaditor, azelastine, epinastine, olopatadine
Tier 2 Lastacaft, Bepreve, Zerviate, Emadine, all brands

ANTI-GLAUCOMA AGENTS
Tier 1 brimonidine .2%, betaxolol, carteolol levobunolol, metipranolol, timolol, latanoprost, dorzolamide, travoprost, dorzolamide/timolol,
Tier 3 Alphagan P (PA), Azopt, Betimol, Betoptic-S, Lumigan, Timoptic XE, Rhopressa, Rocklatan, Simbrinza brimonidine .15% (PA), Combigan

ANTI-INFECTIVE AGENTS
Tier 1 ciprofloxacin, erythromycin, gentamicin, ofloxacin, tobramycin (PA Req)
Tier 2 moxifloxacin, gatifloxacin
Tier 3 Quixin, Zymar, Bleph-10, Blephamide

ANTI-INFLAMMATORY AGENTS
Tier 1 dexamethasone, fluorometholone, prednisolone
Tier 3 Alrex, Lotemax

ANTI-INFECTIVE AND ANTIINFLAMMATORY COMBINATIONS
Tier 1 none
Tier 2 generic Neo-Polycin, generic Maxitrol, prednisolone/gentamicin, tobramycin/dexamethasone. Sulfacetamide/Prednisolone Susp,
Tier 3 Blephamide oint, Pred-G, Zylet

NSAIDS
Tier 1 flurbiprofen, diclofenac, ketorolac, bromfenac
Tier 3 Nevanac, Ilevro

OTIC ANTI-INFECTIVE AND ANTI-INFLAMMATORY & COMBINATIONS
Tier 1 ofloxacin, ciprofloxacin
Tier 2 fluocinolone
Tier 3 Cipro HC, Ciprodex, acetic acid, acetic acid HC, Cetraxal, Otiprio, Otovel, Coly-Mycin S

DERMATOLOGICALS ACNE
Tier 1 benzoyl peroxide 2.5%, 5%, 10%, 6% cleanser, Panoxyl, clindamycin (pledgets, lotion, solution, gel), tretinoin cap/topical, isotretinoin cap, adapalene cream, adapalene gel, Amnesteen, Claravis, Myorisan, Zenatane
Tier 2 adapalene/benzoyl-peroxide, clindamycin/ benzoyl-peroxide, erythromycin/benzoyl-peroxide, erythromycin (pledgets, solution, gel)
Tier 3 Aczone (PA), Benzoyl peroxide foam 5.2% and 9.8%, clindamycin foam, clindamycin /tretinoin, tretinoin micro, BenzaClin, Benzamycin, Retin-A Micro, Vanoxide HC,
Not Covered: Absorica, Benzepro, Benzodox, Benzoyl Peroxide 5.3%

ANTIBIOTICS
Tier 1 erythromycin, clindamycin, metronidazole .75%, mupirocin ointment
Tier 3 MetroLotion, mupirocin cream, clindamycin foam

ANTIVIRALS
Tier 1 Abreva, acyclovir ointment
Tier 2 acyclovir cream,
Tier 3 Denavir (PA)

FUNGICIDES
Tier 1 ciclopirox, clotrimazole/betamethasone, clotrimazole, ketoconazole, nystatin, terbinafine, Nystatin Powder
Tier 2 nystatin/triamcinolone, NAFTIFINE
Tier 3 Loprox Gel/Shampoo/Lotion

TOPICAL ANTI-INFLAMMATORY AGENTS

Low - Intermediate Potency
Tier 1 hydrocortisone, fluticasone, fluocinolone, mometasone, triamcinolone
Tier 2 alclometasone, fluocinonide, amcinonide
Tier 3 desoximetasone (PA), desonide (PA), clocortolone (PA),

Highest Potency
Tier 1 betamethasone dp, aug betamethasone dp, diflorasone (PA),
Tier 2 clobetasol, halobetasol, triamcinolone
Not Covered: hydrocortisone butyrate

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OTHER/ MISCELLANEOUS

Tier 1 calcipotriene, fluorouracil 5%, mycophenolate, cyclosporin, methotrexate, acitretin, Epinephrine (generic – QL 2 per 6 months)
Tier 2 calciptriene/betamethasone oint, Tier 3 Efudex (PA), Fluoroplex (PA), fluorouracil 0.5%(PA), fluorouracil 2%, Elidel (PA), Aldara (PA), Epipen (PA), Epipen Jr (PA), Cellcept (PA), Renagel (PA)

SELF-ADMINISTERED INJECTABLE DRUGS

Coverage for self-administered injectables medications include Depo-Provera and Imitrex. Please check your pharmacy benefit information or contact benefit services to determine if any quantity limits apply.

MISCELANEOUS DIABETES

Glucose Test Strips
Tier 1 TrueTest (QL 150/30 days) and one meter per yr
Tier 2 Freestyle Libre
Tier 3 OneTouch (QL 100/30 days) and meters, Dexcom G6 Receiver, Dexcom G6 Transmitter, Dexcom G^ Sensor (PA), Omnipod DASH Pods (Gen 4), Omnipod Classic Pods (Gen 3), Omnipod 5 G6 Pod (Gen 5), Omnipod Classic PDM (Gen 3), Omnipod 5 G6 Intro (Gen 5) (PA), V-Go require prior authorization and Tier 3 copay. Please refer to your plan documents or contact a US-Rx Care member services representative for additional coverage information.
(PA) PRIOR AUTHORIZATION OR (ST) STEP THERAPY
Your plan may require authorization or documentation of previous therapy with other similar medications before some medications receive coverage.
(QL) QUANTITY LIMITS
Your plan may apply limits on the amount of medicine that a pharmacy can dispense for the following medications: ACTIQ, ANZEMET, AMERGE, AVODART, AXERT, EMEND, FROVA, IMITREX, KYTRIL, MAXALT, MUSE, RELPAX, ZOFRAN ZOMIG, AND OTHER MEDICATIONS NOT LISTED.

HIV/AIDS, HEPATITIS C AND SPECIALTY MEDICATIONS ARE NOT COVERED UNDER THE PLAN. MEMBER SERVICES 877-200-5533

To look up costs for any medication or to locate a network pharmacy, log into the member portal at www.usrxcare.com/member. Individual member medication histories are also available through the member portal on-line.