

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 Pimtreea, Viorele, Amethia Lo, Camrese Lo, Amethia, Ashlyna, Necon

ORAL TRI-PHASIC

Tier 0 multiple generic options
Tier 0 Sprintec, Velivet, Levonest, Myzitra, 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 (PA), Januvia(PA), Janumet(PA), Ozempic(PA), Rybelsus(PA), 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, Altprev, 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 levalbuterol 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, Fazacllo 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), dexamethylphenidate, dexamethylphenidate 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, azathioprine, 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), Ubrelyvy (PA), Qulipta (PA), Tosymra (PA), Reyvow (PA), Ajovy (PA)

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ANTICONSULSANTS

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, Amnesteem, 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

calcipotriene/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.

MISCELLANEOUS 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 online.