

2023 Preferred Access Formulary and Pharmacy Benefits Guidelines

This formulary is in effect beginning **January 1, 2023** 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-Rx Care member services is available at **877-200-5533**. The US-Rx Care Formulary defines the copayment tier status of the medicines most 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

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 Lamprone, Mepron, Vancomycin (PA)

HORMONES

GLUCOCORTICOIDS

Tier 1 dexamethasone, methylprednisolone, prednisolone, prednisone

ESTROGENS

Tier 1 estradiol,
Tier 3 Estraderm, estradiol-norethindrone acetate, Yuvaferm 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 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, Violele

ORAL BIPHASIC

Tier 0 multiple generic options
Tier 0 Pimtrea, Violele, Amethia Lo, Camrese Lo, Amethia, Ashlyna, Necon

ORAL TRI-PHASIC

Tier 0 multiple generic options
Tier 0 Tri-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

PROGESTIN ONLY

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

EMERGENCY

CONTRACEPTION

Tier 0 Plan B

2023 Preferred Access Formulary and Pharmacy Benefits Guidelines

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 &
cap, Levo-T, methimazole,
propylthiouracil,

Tier 2 Synthroid, Levoxyl

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, Digitek, Lanoxin

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, carvedilol ER,
betaxolol, Nebivolol

CALCIUM CHANNEL BLOCKERS

Tier 1 verapamil SR, amlodipine,
diltiazem ER, nifedipine ER,

felodipine Tier 2 Cartia XT

Tier 3 All brands

ANTIARRHYTHMICS

Tier 1 amiodarone,
disopyramide, flecainide
mexiletine, propafenone IR,
quinidine, sotalol

Tier 3 Multaq

ACE INHIBITORS

Tier 1 benazepril, captopril,
enalapril, fosinopril,
lisinopril, moexipril, quinapril,
ramipril

ANGIOTENSIN II

ANTAGONISTS

Tier 1 irbesartan, Losartan,
valsartan, Olmesartan,
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

DIURETICS

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

ANTILIPEMICS

Tier 1 atorvastatin,
cholestyramine,
colestipol, fenofibrate,
gemfibrozil, lovastatin,
pravastatin, simvastatin,
rosuvastatin, ezetimibe
Tier 3 Colestid 1Gm, Nexletol &
Nexlizet (PA).

**Not Covered: Livalo, Advicor,
Altoprev, 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/ANTITHR OMBOTICS

Tier 1 clopidogrel, dipyridamole,
pentoxifylline, warfarin,
prasugrel

Tier 2 aspirin/dipyridamole,
Xarelto, Eliquis

Tier 3 Brilinta

ESTROGENS

Tier 1 All generic estradiol,

estropipate

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

COUGH AND COLD

MEDICATIONS --- Not Covered

DRUGS FOR ASTHMA / COPD

Sympathomimetics

Tier 1 Albuterol, Ventolin HFA,
Levalbuterol Inhaler

Tier 3 Accuneb,

Serevent, Arcapta

Combination Drugs and Others

Tier 1 albuterol, ipratropium
bromide and
ipratropium/albuterol
for nebulization,
fluticasone/salmeterol Inhaler and
diskus, budesonide and
formoterol Inhaler

Tier 2 Atrovent inhaler, Anoro

Ellipta, Breo Ellipta, Incruse

Ellipta, Arnuity Ellipta

Tier 3 All brand combination

Combivent, Spiriva, Dulera,

Tilade, Cromolyn

Theophylline

Tier 1 multiple medicines w/
generic alternatives

Corticosteroid

Tier 2 Asmanex, Flovent, QVAR

Redihaler, budesonide neb

Tier 3 Pulmicort

Antileukotrienes

Tier 1 montelukast tab

GASTROINTESTINAL

ANTIULCER

Tier 1 dicyclomine,
propantheline, sucralfate,
cimetidine, famotidine, ranitidine,
omeprazole, lansoprazole,
pantoprazole, Prilosec OTC

Tier 2 Bentyl Syrup, misoprostol,
ranitidine syrup

Tier 3 nizatidine

ANTIEMETIC/ANTIVERTIGO

Tier 1 hydroxyzine, meclizine,
promethazine, ondansetron (QL),
ondansetron orally disintegrating
tab (QL)

Tier 3 Anzemet (PA)(QL)

DIGESTANTS

Tier 1 generic digestive enzymes

Tier 3 Creon, Zenpep, viokase

OTHER GI PRODUCTS

Tier 1 lactulose, sulfasalazine,
balsalazide, mesalamine .375mg,
Lubiprostone, mesalamine DR

800mg/1200mg

Tier 3 Dipentum, Pentasa

2023 Preferred Access Formulary and Pharmacy Benefits Guidelines

GENITO-URINARY INCONTINENCE

AGENTS

Tier 1 oxybutynin, trospium,
tolterodine tab, Solifenacin,
Darifenacin,

Tier 3 Oxytrol Patch, Toviaz,
Gelnique (PA), Myrbetriq (PA)

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 3 All brand antidepressants

Antipsychotic Agents

Tier 1 chlorpromazine,
haloperidol, perphenazine and
other generics, risperidone,
clozapine, olanzapine,
olanzapine ODT, quetiapine,
aripiprazole, quetiapine ER,
Asenapine (PA)

Tier 2 ziprasidone, risperidone
ODT, paliperidone,

Tier 3 Fanapt, Fazaclo

ODT, Serentil, Orap,
Zyprexa Zydis, aripiprazole
ODT, Vraylar, Rexulti,
Nuplazid, Caplyta. (ALL PA)

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,
(Adderall),
dexamethylphenidate,
dexamethylphenidate ER,
armodafinil, atomoxetine
Tier 2 Vyvanse

DRUGS FOR ALZHEIMER'S DISEASE

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

ANALGESICS, NARCOTIC

Tier 1 multiple medicines w/
generics, Tramadol, Morphine
ER, Fentanyl patch, Methadone

Tier 2 Fenoprofen (PA)

Tier 3 Oxycontin, Avinza, Actiq,
Subsys, Exalgo, Belbuca,
Zubsolv, Bunavail (PA) (QL)

ANALGESICS, NON- NARCOTIC

ANALGESICS, NSAIDs

Tier 1 diflunisal, ibuprofen,
indomethacin, naproxen,
meloxicam and other generics,
diclofenac

Not Covered: fenoprofen,
Naprelan, naproxen ER

RHEUMATOID ARTHRITIS AGENTS

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

MIGRAINE AGENTS

Tier 1 almotriptan, eletriptan,
sumatriptan, rizatriptan,
naratriptan, zolmitriptan (QL)
Tier 3 Imitrex injection kits*,
Imitrex nasal spray, Zomig nasal
spray, Tosymra, Reyvow, Ajovy,
Emgality, Qulipta, Ubrelyv (QL)

All brands

ANTICONVULSANTS

Tier 1 carbamazepine,
carbamazepine ER,
clonazepam, phenytoin,
primidone, valproic acid,
levetiracetam, lamotrigine,
oxcarbazepine,
ethosuximide, gabapentin,
divalproex DR, divalproex
sprinkles, phenytoin,
levetiracetam, topiramate,
zonisamide, Phenytek,
felbamate, lacosamide.

Tier 2 Peganone, Dilantin

Tier 3 Aptiom, Banzel, Lyrica,
Gabitril, Onfi, Sabril, Diastat,
Briviact, Trileptal, Fycompa,
Spritam, Valtoco all brands
(PA).

DRUGS FOR PARKINSONS DISEASE

Tier 1 amantadine,
carbidopa/levodopa,
bentropine,
bromocriptine, selegiline,
pramipexole, ropinirole,
trihexyphenidyl, entacapone and
other generic options
Tier 3 COMTan, Stalevo,

Neupro, Xadago,
tolcapone, Emsam, Rytary. all
brands (PA)

SKELTAL MUSCLE RELAXANTS

Tier 1 baclofen,
cyclobenzaprine, tizanidine
TAB, methocarbamol

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, Combigan,
Rhopressa, Rocklatan, Simbrinza

ANTI-INFECTIVE AGENTS

Tier 1 ciprofloxacin,
erythromycin, ofloxacin,
gentamicin, tobramycin
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 generic Neo-Polycin,
generic Maxitrol,
prednisolone/gentamicin,
tobramycin/dexamethasone.
Sulfacetamide/Prednisolone Susp,
Tier 3 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
3 Cipro HC, Ciprodex, acetic acid,
acetic acid
HC, Cetraxal, Otiprio, Otovel,
Coly-Mycin S

**2023 Preferred Access
Formulary and Pharmacy
Benefits Guidelines
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 3 Aczone (PA), Benzoyl peroxide foam 5.2% and 9.8%, clindamycin foam, 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

ANTIVIRALS

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

FUNGICIDES

Tier 1 ciclopirox, clotrimazole/betamethasone, clotrimazole, ketoconazole, nystatin, terbinafine, Nystatin Powder Tier 3 Loprox Gel/Shampoo/Lotion **TOPICAL**

**ANTI- INFLAMMATORY
AGENTS**

Low - Intermediate Potency

Tier 1 hydrocortisone, fluticasone, fluocinolone, mometasone, triamcinolone

Highest Potency

Tier 1 betamethasone dp, aug betamethasone dp, diflorasone (PA),

Not Covered: hydrocortisone butyrate,

OTHER/ MISCELLANEOUS

Tier 1 calcipotriene, fluorouracil 5%, mycophenolate, cyclosporin, methotrexate, acitretin, epinephrine pen
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 True Test (QL 150/30 days) and one meter per year

Tier 3 Dexcom G6 Receiver, Dexcom G6 Transmitter, Dexcom G6 Sensor, 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), V-go. OneTouch Test Strips (QL 100/30 days), Meters once per year.

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.