

## 2025 Preferred Access Formulary and Pharmacy Benefits Guidelines

This formulary is in effect beginning **January 1, 2025** 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](http://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 Prifitin, 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,

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

ACA multiple generic options

ACA Apri, Emoquette, Kelnor,

Zivia, Falmina, Marlissa, Portia,

Briellyn, Philith, wera, Alyacen,

Dasetta, Necon, Junel, Larin,

Microgestin, Estarylla, Mono-

Linyah, Previfem, Elinest,

Pimtrea, Viorele

#### ORAL BIPHASIC

ACA multiple generic options

ACA Pimtrea, Viorele, Amethia

Lo, Camrese Lo, Amethia,

Ashlyna, Necon

#### ORAL TRI-PHASIC

ACA multiple generic options

ACA Sprintec, Velivet,

Levonest, Myzilra, Tri-Previfem,

Trinessa, Tri-linyah, Aranelle,

Dasetta 777, Tri-Legest FE,

Caziant

#### ORAL QUADRAPHASIC

ACA Fayosim

ACA Levonorgestrel/ethinyl

estradiol 0.15-20/0.15-25/0.15-

30/0-10mg-mcg

#### PROGESTIN ONLY

ACA Depo-Provera\*

ACA multiple generic options

ACA Deblitane, Heather,

Norlyroc, Sharobel

#### EMERGENCY

#### CONTRACEPTION

ACA Plan B

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CONTRACEPTIVES**

ACA 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,  
Insulin Glargine Max SoloStar,  
Insulin Degludec  
FlexTouch

Tier 2 Levemir, Soliqua,  
Xultophy, Humalog, Humulin  
Tier 3

Humulin-500, Toujeo, Tresiba  
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,  
estropiate

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,

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balsalazide, mesalamine  
.375mg, Lubiprostone,  
mesalamine DR 800mg/1200mg  
Tier 3 Dipentum, Pentasa

**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 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, Ubrelyvy (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,

Sprititam, Valtoco all brands

(PA).

**DRUGS FOR PARKINSONS  
DISEASE**

Tier 1 amantadine,  
carbidopa/levodopa,  
bentztropine,

bromocriptine, selegiline,  
pramipexole, ropinirole,  
trihexyphenidyl, entacapone and  
other generic options

Tier 3 COMTan, Stalevo,

Neupro, Xadago,

tolcapone, Emsam, Rytary. all

brands (PA)

**SKELETAL 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

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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, Amnestein, 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

**ANTI- INFLAMMATORY**

**AGENTS**

**Low - Intermediate Potency**

Tier 1 hydrocortisone, fluticasone, flucinolone, 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](http://www.usrxcare.com/member).

Individual member medication histories are also available through the member portal online.