

## 2021 Performance Drug Formulary and Pharmacy Benefits Guidelines

This formulary is in effect beginning **January 1, 2021** and may be revised from time to time as new drugs and new prescribing information becomes available. 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 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

#### Penicillins

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

Tier 1 moxifloxacin

#### Aminoglycosides

Tier 1 neomycin Tablets

#### Sulfonamides

Tier 1 TMP-SMX, TMP-SMX DS

#### Drugs for Tuberculosis

Tier 1 ethambutol, isoniazide, rifampin

Tier 1 pyrazinamide

Tier 3 Priftin, Mycobutin, Myambutol

#### Drugs for Fungal Infections

Tier 1 ketoconazole, nystatin, terbinafine

Tier 1 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**

#### 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, Yuvaferm

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 2 progesterone

Tier 3 Prometrium ST

**2021 Performance Drug  
Formulary and Pharmacy  
Benefits Guidelines**

**CONTRACEPTIVES**

**ORAL MONO-PHASIC**

Tier 0 multiple generic options  
Tier 0 Apri, Emoquette, Kelnor,  
Zivia, Falmina, Marliisa, Portia,  
Briellyn, Philith, wera, Alyacen,  
Dasetta, Necon, Junel, Larin,  
Microgestin, Estarylla, Mono-  
Linyah, Previfem, Elnest,  
Pimtrea, Viorele

**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 Tri-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 Januvia, Janumet,  
Ozempic(PA)  
Tier 3 Invokana, Invokamet,  
Jentadueto, Glyxambi (PA),  
Synjardy (PA),  
Qtern(PA), Kombiglyze (PA),  
Onglyza (PA), Prandin,

Tradjenta (PA), Farxiga (PA),  
Jardiance (PA)  
Victoza (PA), Adlyxin, Bydureon,  
Byetta, GLP-1 (PA)

**INSULINS**

Tier 1 Humulin Vial, Relion  
Tier 2 Levemir, Tresiba, Lantus,  
Toujeo,  
Apidra, Afrezza, Soliqua,  
Xultophy, Novolin  
Tier 3 Humulin Pen

Not covered: Ryzodeg

**THYROID AND ANTITHYROID  
AGENTS**

Tier 1 levothyroxine, Levo-T  
Tier 2 methimazole,  
propylthiouracil, Levoxyl  
Tier 3 Tiroshint, 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

**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  
Tier 2 carvedilol ER, betaxolol,  
pindolol  
Tier 3 Bystolic, Coreg CR

**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

**Not Covered: Livalo, Advicor,  
Altoprev**

**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 Pradaxa, 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  
Tier 3 Rhinocort

**COUGH AND COLD**

**MEDICATIONS --- Not Covered**

**DRUGS FOR ASTHMA / COPD**

**Sympathomimetics**

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

**Combination Drugs and Others**

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

**Theophylline**

Tier 1 multiple medicines w/ generic alternatives

**Corticosteroid**

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

**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 (currently non-available)

Tier 3 All Brand digestive enzymes

**OTHER GI PRODUCTS**

Tier 1 lactulose, sulfasalazine, balsalazide

Tier 2 ursodiol

Tier 3 Apriso, Dipentum,

Pentasa, Rowasa,

mesalamine DR 800mg/1200mg (PA),

Amitiza (PA),

**GENITO-URINARY**

**INCONTINENCE AGENTS**

Tier 1 oxybutynin, trospium, tolterodine tab

Tier 2 darifenacin, tolterodine ER cap, oxybutynin syrup

Tier 3 Enablex, Oxytrol Patch, Vesicare,

Gelnique (PA)

**VAGINAL PREPARATIONS**

Tier 1 terconazole, clotrimazole, metronidazole, clindamycin

Tier 2 Gynazole-1

**DRUGS FOR BPH**

Tier 1 doxazosin, finasteride, terazosin,

tamsulosin, afluzosin,

dutasteride

Tier 3 Myrbetriq, Rapaflo

**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 fluoxetine TAB,

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,

Tier 3 Fanapt, Fazaclor ODT,

Serentil, Orap, Zyprexa

Zydis, aripiprazole ODT,

Saphris, Vraylar, Rexulti,

Nuplazid, Latuda (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, (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)

**ANALGESICS, NON-NARCOTIC**

**ANALGESICS, NSAIDs**

Tier 1 diflunisal, ibuprofen, indomethacin, naproxen, meloxicam and other generics, diclofenac  
 Tier 2 etodolac, ketoprofen, nabumetone, naproxen NA  
 Tier 3 oxaprozin, naproxen ER (PA)

Not Covered: fenoprofen, Naprelan

**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

**ANTICONSULTANTS**

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

Tier 2 diazepam rectal gel  
 Tier 3 Aptiom, Banzel, Lyrica, Gabitril, Onfi, Sabril, Diastat, Briviact, Vimpat, Trileptal, Fycompa, all brands (PA)

**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)

**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, dorzolamide/timolol,  
 Tier 3 Alphagan P (PA), Azopt, Betimol, Betoptic-S, Lumigan, Travatan, Timoptic XE, brimonidine .15% (PA), Combigan

**ANTI-INFECTIVE AGENTS**

Tier 1 ciprofloxacin, erythromycin, gentamicin, ofloxacin, tobramycin  
 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, Illevro

**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  
 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, Amnesteem, Claravis, Myorisan, Zenatane

Not Covered: Absorica, Benzepro, Benzodox, Benzoyl Peroxide 5.3%

**ANTIBIOTICS**

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

**ANTIVIRALS**

Tier 1 Abreva  
 Tier 2 acyclovir ointment

## **2020 Drug Formulary and Pharmacy Benefits Guidelines**

Tier 3 acyclovir cream, Zovirax cream & Ointment, Denavir (ALL 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, fluocinonide, 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

### **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 True Test and Prodigy (QL 150/30 days) and one meter per

Tier 3 All Other Test Strips (QL 100/30 days)

and meters 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 copayments and coverage eligibility for any medication or to locate a network pharmacy, log into the member services area at

**us-rxcare.com.**

Individual member copayment/ medication histories are also available through the member services area on-line.

**This Formulary Guide is not an exhaustive listing of every medication available. If a medication is prescribed that is not listed, you can contact member services or a network pharmacy to determine level of coverage. You can also log into the member services area at to look up coverage eligibility and copayments for any medication as well.**

**[www.us-rxcare.com](http://www.us-rxcare.com)**