



**Health Management Program
BREATHE-Asthma**

Long-term Control Medications for Asthma

<i>Brand Name</i>	<i>Chemical Name</i>	<i>Copayment Level*</i>
Accolate tablets	Zafirlukast	Tier 2
Advair Diskus	Fluticasone propionate and Salmeterol	Tier 2
Aerobid/M Inhaler	Flunisolide	Tier 3
Asmanex Twisthaler	Mometasone	Tier 3
Azmacort Inhaler	Triamcinolone	Tier 3
Flovent Diskus	Fluticasone	Tier 2
Intal Inhaler	Cromolyn Sodium	Tier 2
Pulmicort Respules	Budesonide suspension	Tier 2
Pulmicort Turbuhaler/Flexhaler	Budesonide	Tier 2
QVAR Inhaler	Beclomethasone	Tier 2
Singulair tablets Prior authorization is required if there are no other asthma medications on your drug history.	Montelukast	0-14 years old : Tier 2 15 years old +: Tier 3
Symbicort	Budesonide and Formoterol	Tier 2
Tilade Inhaler	Nedocromil Sodium	Tier 2

Common Copayment Tier Description*

Tier	Common Copay Amount**	Description
Tier 1 Copayment	\$10	Lowest Copayment Level
Tier 2 Copayment	\$20	Mid-Level Copayment Level
Tier 3 Copayment	\$35	Highest Copayment Level

* Applies to ConnectiCare members with a 3-tier prescription copayment design. For members with other copayment designs, drug choice may or may not affect your out-of-pocket copayment costs, but may assist in helping to control premium costs.

** Most common one-month supply copay amount for ConnectiCare members. Please review your ConnectiCare membership information for your specific copay amounts.