

	Tier 1	Tier 2	Tier 3
<p><b>☺ Best Buy Drug</b>  <b>PA: Pre-Authorization</b>  <b>QL: Quantity Limit</b>  <b>SP: Must be filled at a specialty pharmacy</b>  <b>MB: Medical Benefit</b></p>	<p>Most Tier 1 drugs are generics, and the name listed first below in lower case is the generic name. The branded names in ( ) are provided for reference only. Check your benefit materials to determine cost share if the brand is filled.</p>		
<b>ANESTHETICS</b>			
<b>Topical Anesthetics</b>	lidocaine viscous Lidocaine gel (Anamantle HC) lidocaine/prilocaine (Emla) tetracaine		CETACAINE LIDODERM QUTENZA (PA/QL)
<b>ANTIINFECTIVES</b>			
<b>Oral Antibacterial Drugs</b>	<p>☺ amoxicillin (Amoxil)                      amoxicillin/clavulanate (Augmentin/Augmentin XR/Augmentin ES Susp)                      ampicillin (Principen)                      ☺ azithromycin (Zithromax)                      cefaclor (Ceclor/Ceclor CD)                      cefadroxil (Duricef)                      cefdinir (Omnicef)                      cefpodoxime (Vantin)                      cefprozil tabs and susp (Cefzil)                      cefuroxime (Ceftin)                      ☺ cephalixin (Keflex)                      cephradine (Velosef)                      ☺ ciprofloxacin (Cipro)                      ciprofloxacin ER (Cipro XR)                      clarithromycin (Biaxin)                      clarithromycin ER (Biaxin XL)                      clindamycin (Cleocin)                      cloxacillin (Cloxapen)                      dicloxacillin (Dycill)                      ☺ doxycycline (Vibramycin)                      ☺ erythromycin (Ery-Tab)                      erythromycin/sulfisoxazole (Pediazole)                      minocycline (Dynacin)                      nitrofurantoin (Macrochantin)                      ofloxacin (Floxin)                      ☺ penicillin VK (Beepen VK)                      ☺ sulfamethoxazole/trimethoprim (Bactrim)                      sulfisoxazole (Gantrisin)                      tetracycline (Sumycin)                      trimethoprim (Trimpex)</p>	<p><i>Use Tier 1 anti-infective agent! i.e. azithromycin (Zithromax) for a lower copayment</i></p> <p>AVELOX                      MEPRON (PA)                      VANCOCIN</p>	CEDAX COARTEM (PA) FACTIVE KETEK LEVAQUIN LORABID MOXATAG NOROXIN PCE SUPRAX ZMAX ZYVOX (QL)
<b>Oral Antifungal Drugs</b>	clotrimazole troche (Mycelex Troche) fluconazole (Diflucan) (QL on 150mg) griseofulvin (Gris-PEG) itraconazole (Sporanox) (PA) (QL) ketoconazole (Nizoral) nystatin (Mycostatin)		LAMISIL GRANULES (PA) NOXAFIL (PA/QL) terbinafine (Lamisil) VFEND (QL)
<b>Oral Antiviral Drugs- Antiretrovirals for HIV</b>	didanosine (Videx EC) zidovudine 300mg and 50mg/5ml syrup (Retrovir)	EMTRIVA EPIVIR HIVID ISENTRESS SUSTIVA VIRAMUNE VIREAD ZERIT ZIAGEN	INTELENCE

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<b>ANTIINFECTIVES Continued</b>			
<b>Oral Antiviral Drugs- Protease Inhibitors</b>		AGENERASE CRIXIVAN INVIRASE KALETRA NORVIR REYATAZ VIRACEPT	APTIVUS
<b>Oral Antiviral Drugs- Combinations</b>		COMBIVIR TRIZIVIR	ATRIPLA EPZICOM PREZISTA TRUVADA
<b>CCR5 Antagonist</b>			MARAVIOC
<b>Other Antiviral Drugs</b>	acyclovir (Zovirax Capsules) amantadine (Symmetrel) famciclovir (Famvir) ribavirin (Rebetol) (PA) ribavirin (Copegus) (PA) valacyclovir (Valtrex)	CYTOVENE EPIVIR HBV	BARACLUDGE FUZEON (PA) HEPSERA RELENZA (QL) RIBAPAK (PA) TAMIFLU (QL) VALCYTE (QL)
<b>Other Anti-infective Drugs</b>	chloroquine (Aralen) (PA) ethambutol (Myambutol) hydroxychloroquine (Plaquenil) isoniazid mebendazole (Vermox) mefloquine (Lariam) (PA) metronidazole (Flagyl) neomycin paromomycin (Humatin) pyrazinamide quinine rifampin (Rifadin)	DAPSONE DARAPRIM MYCOBUTIN PRIMAQUINE	ALINIA (QL) COARTEM (PA) FANSIDAR MALARONE (PA) NEBUPENT QUALAQUIN (PA) SEROMYCIN STROMECTOL TINDAMAX (QL) XIFAXAN
<b>Topical Antibacterial Drugs</b>	bacitracin (AK-Tracin) gentamicin (Garamycin) mupirocin ointment (Bactroban) silver sulfadiazine (Silvadene)	BACTROBAN CREAM	ALTABAX
<b>Topical Antifungal Drugs</b>	ciclopirox 0.77% topical (Loprox) clotrimazole/betamethasone (Lotrisone) econazole (Spectazole) ketoconazole (Nozoral) nystatin (Mycostatin) nystatin/triamcinolone (Mycolog) Terbinafine (Lamisil)		CICLOPIROX 8% (Penlac) CNL Nail Kit (PA) ERTACZO EXELDERM EXTINA (ST) LAMISIL GRANULES (PA) LOPROX NAFTIN OXISTAT VUSION (PA)

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<b>Topical Antiviral Drugs</b>			DENAVIR ZOVIRAX
<b>ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>			
<b>Alkylating Agents/Antimetabolites</b>	cyclophosphamide (Cytoxan) Melfhalan (Alkeran) mercaptopurine (Purinethol) methotrexate	CEENU LEUKERAN MYLERAN THIOGUANINE	
<b>Androgens, Estrogens, Progestins and Related Drugs</b>	bicalutamide (Casodex) flutamide (Eulexin) megestrol (Megace) tamoxifen (Nolvadex)	ARIMIDEX AROMASIN FEMARA	HALOTESTIN (PA) MEGACE ES
<b>Immunosuppressant Drugs</b>	azathioprine (Imuran) cyclosporine (Neoral, Sandimmune) mycophenolate mofetil (Cellcept) prednisone (Deltasone) tacrolimus (Prograf)	MYFORTIC RAPAMUNE	
<p><b>Miscellaneous Antineoplastic Drugs</b></p> <p><b>*Dispensing limited to 30 days supply</b></p> <p><b>ConnectiCare has a pharmacy (Medmark) that specializes in these medications. Please call member services to inquire what they can provide you.</b></p>	anagrelide (Agylin) (PA) hydroxyurea (hydrexa) leucovorin	MATULANE TARGRETIN (SP) TEMODAR (PA/SP)*	AFINITOR (PA/SP)* ARZERRA (PA/MB) AVASTIN (PA/MB) FOLOTYN (PA/MB) GLEEVEC (PA/SP)* HYCAMTIN (PA/SP)* IRESSA (PA/SP)* ISTODAX (PA/SP)* NEXAVAR (PA/SP)* OFORTA (PA/SP)* REVLIMID (PA/SP)* SPRYCEL (PA/SP)* SUTENT (PA/QL/SP)* TARCEVA (PA/QL/SP)* TASIGNA (PA/SP)* THALOMID (PA/QL/SP)* TORISEL (PA/SP)* TREANDA (PA/MB) TYKERB (PA/QL/SP)* VECTIBIX (PA/MB) VOTRIENT (PA/SP)* XELODA (PA/SP)* ZOLINZA (PA/SP)*

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<b>CARDIOVASCULAR MEDICATIONS</b>			
<b>Antiarrhythmics</b>	digitek digoxin (Lanoxin)		
<b>Calcium Antagonists</b>	☺ amlodipine (Norvasc) ☺ diltiazem (Cardizem) diltiazem er/sr/xr (Cardizem SR/Dilacor XR/Tiazac) Felodipine/er (Plendil) nifedipine (Procardia) nifedipine er/xl (Procardia XL/Adalat CC) ☺ verapamil (Calan) verapamil sr (Calan SR/Covera HS/Verelan)	<i>Consider Best Buy options first!</i> CARDIZEM LA NIMOTOP (PA)	<i>Consider Best Buy options first!</i> CARDENE SR DYNACIRC CR SULAR
<b>Diuretics</b>	amiloride (Midamore) amiloride/hctz (Moduretic) bumetanide (Bumex) clorthalidone (Hygroten) ☺ furosemide (Lasix) ☺ hydrochlorothiazide indapamide (Lozol) metolazone (Zaroxolyn) spironolactone (Aldactone) spironolactone/hctz (Aldactazide) torsemide (Demadex) ☺ triamterene/hctz (Dyazide)		EDECRIN INSPRA
<b>Beta-Adrenergic Antagonist Drugs</b>	acebutolol (Sectral) ☺ atenolol (Tenormin) atenolol/chlorthalidone (Tenoretic) bisoprolol (Zebeta) Bisoprolol/hctz (Ziac) ☺ metoprolol (Lopressor) metoprolol/hctz (Lopressor HCT) metoprolol succinate (Toprol XL) nadolol (Corgard) pindolol (Visken) propranolol/propranolol ER (Inderal/LA) sotalol (Betapace)	<i>Consider Tier 1 &amp; Best Buy options first!</i>  BYSTOLIC INNOPRAN XL	
<b>Alpha-Beta Antagonists</b>	carvedilol (Coreg) labetalol (Trandate)		COREG CR (PA) <i>Use generic carvedilol</i>
<b>Other Antihypertensive Drugs</b>	clonidine (Catapres/TTS) doxazosin (Cardura) guanabenz (Wytensin) guanfacine (tenex) methyl dopa (Aldomet) hydralazine (Apresoline) prazosin (Minipres) terazosin (Hytrin)		TEKTURNA VALTURNNA

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<b>CARDIOVASCULAR MEDICATIONS continued</b>			
<p><b>Angiotensin Converting Enzyme Inhibitors And Angiotensin II Receptor Antagonists</b></p>	<p>captopril (Capoten)  benazepril (Lotensin)  enalapril (Vasotec)  fosinopril (Monopril)  ☺lisinopril (Prinivil, Zestril)  moexipril (Univasc)  quinapril (Accupril)  Perindopril (Aceon)  ramipril (Altace)  trandolapril (Mavik)</p>	<p><i>Use Tier 1 ACE inhibitors ! i.e. Lisinopril (Zestril) for a lower copayment</i>  AVAPRO  BENICAR  losartan (Cozaar)</p>	<p><i>Use Tier 1 ACE inhibitors ! i.e. Lisinopril (Zestril) for a lower copayment</i>  ALTACE TABLETS (PA)  ATACAND  DIOVAN  MICARDIS  TEVETEN</p>
<p><b>Antihypertensive Combinations</b></p>	<p>☺amlodipine/benazepril (Lotrel)  atenolol/chlorthalidone (Tenoretic)  benazepril/HCTZ (Lotensin HCT)  bisoprolol/hctz (Ziac)  captopril/hctz (Capozide)  enalapril/HCTZ (Vaseretic)  fosinopril/HCTZ (Monopril HCT)  hydralazine/hctz (Apresazide)  ☺lisinopril/hctz (Prinzide, Zestoretic)  methyldopa/hctz (Aldoril)  metoprolol/HCTZ (Lopressor HCT)  moexipril/HCTZ (Uniretic)  propranolol/hctz (Inderide)  quinaretic (Accuretic)</p>	<p><i>Use Tier 1 Combination products, like generic Zestoretic or generic Lotrel for a lower copayment!</i>  AZOR  AVALIDE  BENICAR HCT  losartan HCTZ (Hyzaar)</p>	<p><i>Use Tier 1 Combination products, like generic Zestoretic or generic Lotrel for a lower copayment!</i>  ATACAND HCT  BIDIL  DIOVAN HCT  EXFORGE  EXFORGE HCT  TARKA  TWINSTA</p>
<p><b>Vasodilating Drugs</b></p>	<p>dipyridamole (Persantine)  ethaverine (Ethaquin)  isosorbide dinitrate (Isordil)  isosorbide mononitrate (Ismo)  nitroglycerin (Nitrobid, Nitro-Dur)  papaverine (Pavabid)</p>	<p>RANEXA</p>	
<p><b>Antidysrhythmic Drugs</b></p>	<p>amiodarone (Cordarone)  disopyramide/CR (Norpace/CR)  flecainide (Tambocor)  mexiletine (Mexitil)  procainamide/SR (Procan/SR)  propafenone (Rythmol)  sotalol (Betapace)</p>		<p>MULTAQ  RYTHMOL SR  TIKOSYN</p>
<p><b>Antilipidemic Drugs-HMG-CoA Reductase Inhibitors/Combinations</b></p> <p><b>(ST) Step Therapy= prior use of simvastatin or lovastatin required.</b></p>	<p>☺lovastatin (Mevacor)  ☺pravastatin (Pravachol)  ☺simvastatin (Zocor)</p>	<p><i>Use generic options first !</i>  ADVICOR  CRESTOR (ST/QL)</p>	<p><i>Use generic options first !</i>  ALTOPREV (ST)  CADUET  LESCOL/XL (ST/QL)  LIPITOR (ST/QL)  LIVALO (ST/QL)  VYTORIN (ST/QL)</p>
<p><b>Antilipidemic Drugs-Other</b></p>	<p>cholestyramine (Questran)  colestipol (Colestid)  fenofibrate 160mg or 200mg  ☺gemfibrozil (Lopid)</p>	<p>NIASPAN  SIMCOR  TRICOR  TRILIPIX  WELCHOL (ST)</p>	<p>ANTARA (ST)  FENOGLIDE (ST)  FIBRICOR (ST)  LIPOFEN  LOFIBRA (ST)  LOVAZA (formerly OMACOR) (PA)  TRIGLIDE (ST)  ZETIA (QL)</p>

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<b>Other Cardiovascular Drugs</b>	midodrine (Proamatine) pentoxifylline (Trental)	LETAIRIS (PA/QL/SP)	ADCIRCA (PA/SP) ILARIS (PA/QL/SP) REMODULIN (PA/SP) REVIATIO (PA/QL/SP) TRACLEER (ST/QL/SP)* VENTAVIS (PA/SP)
<b>AUTONOMIC AND CNS MEDICATIONS</b>			
<b>Non-narcotic Analgesics</b>	tramadol (Ultram) tramadol/acetaminophen (Ultracet)		PRIALT ULTRAM ER (PA) <i>Use tramadol first</i>
<b>Class II Narcotics</b>	codeine fentanyl patch (Duragesic) fentanyl lozenge (Actiq) (PA) hydromorphone (Dilaudid) meperidine (Demerol/Mepergan) methadone morphine sulfate oxycodone (Roxicodone) oxycodone/acetaminophen (Percocet/Tylox) oxycodone/aspirin (Percodan) oxycodone/ibuprofen (Combunox) (QL)	MSIR OPANA/ER OXYCONTIN (QL)	AVINZA EMBEDA EXALGO (QL) FENTORA (PA) KADIAN LEVORPHANOL NUCYNТА ONSOLIS (PA/QL) ORAMORPH
<b>Class III Narcotics</b>	acetaminophen/codeine (Tylenol #2/#3/#4) aspirin/codeine (Empirin #2/#3/#4) buprenorphine (Subutex) hydrocodone/apap (Vicodin/Lortab) hydrocodone/aspirin (Lortab ASA) hydrocodone/ibuprofen (Vicoprofen)		SUBOXONE VOPAC (QL)
<b>Class IV Narcotics</b>	pentazocine/apap (Talwin) pentazocine/naloxone (Talwin NX) propoxyphene/apap (Darvocet-N 100) propoxyphene/aspirin/caff (Darvon Cmpd)		
<b>Drugs To Treat and Prevent Headaches</b>	acetaminophen/butalbital (Phrenilin) acetaminophen/caff/butalbital (Fioricet) aspirin/caffeine/butalbital (Fiorinal) butorphanol (Stadol) (QL) ergotamine/caffeine (Cafergot) isometh/dicloral/acetaminophen (Midrin)	sumatriptan (Imitrex) (QL) MIGRANAL (QL) ZOMIG/ZOMIG ZMT (QL)	AMERGE (ST/QL) AXERT (ST/QL) CAMBIA (PA) FROVA (ST/QL) MAXALT/MAXALT MLT (ST/QL) RELPAХ (ST/QL) SUMAVEL DosePro (PA/QL) TREMIMET (ST/QL)
<b>Anxiolytics</b>	alprazolam (Xanax) alprazolam ER (Xanax XR) buspirone (Buspar) chlordiazepoxide (Librium) clonazepam (Klonopin) clonazepam wafer (Klonopin Wafers) (PA) diazepam (Valium) lorazepam (Ativan) meprobamate (Equanil) oxazepam (Serax)		ALPRAZOLAM INTENSOL NIRAVAM (PA)

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<b>Sedative Hypnotic Drugs</b>	<p>chloral hydrate            estazolam (Prosom)            flurazepam (Dalmane)            hydroxyzine (Atarax/Vistaril)            temazepam (Restoril)            triazolam (Halcion)            zalepon (Sonata)            ☺zolpidem (Ambien)</p>	<p>temazepam 7.5mg            (RESTORIL)</p>	<p><i>Use generic Ambien-Tier 1!</i>            AMBIEN CR (PA/QL)            LUNESTA (PA/QL)            ROZEREM (QL)            ZOLPIMIST (PA)</p>
<b>Antimania Drugs</b>	<p>lithium carbonate (Eskalith/Lithobid)</p>		
<b>Anticonvulsant Drugs</b>	<p>carbamazepine (Tegretol)            Carbamazepine Ext Rel (Tegretol XR)            clonazepam (Klonopin)            divalproex sodium (Depakote)            ethosuximide (Zarontin)            gabapentin (Neurontin)            lamotrigine (Lamictal)            levetiracetam (Keppra)            oxcarbazepine (Trileptal)            phenobarbital            phenytoin (Dilantin)            primidone (Mysoline)            topiramate (Topamax)            valproic acid (Depakene)            zonisamide capsules (Zonegran)</p>	<p>CARBATROL            CELONTIN            DIASTAT            FELBATOL            GABITRIL            PHENYTEK</p>	<p>EQUETRO            KEPBRA XR (PA)            LAMICTAL ODT (PA)            LAMICTAL XR (PA)            LYRICA (PA)            SABRIL            STAVZOR (PA)            VIMPAT</p>
<b>Antidepressant Drugs-</b>	<p>amitriptyline (Elavil)            amitriptyline/perphenazine (Triavil)            amoxapine (Ascendin)            clomipramine (Anafranil)            desipramine (Norpramin)            doxepin (Sinequan)            imipramine (Tofranil)            imipramine pamoate (Tofranil PM) (PA)            nortriptyline (Pamelor)            protriptyline (Vivactil)</p>		
<p><b>Antidepressant Drugs-SSRIs</b></p> <p>ST=Prior use of a generic SSRI is required</p>	<p>☺ citalopram (Celexa)            ☺ fluoxetine (Prozac); (40mg=20mgx2)            fluvoxamine (Luvox)            paroxetine (Paxil)            sertraline (Zoloft)</p>	<p><i>Use Tier 1 choice (i.e. generic Celexa) for a lower copayment</i>            LEXAPRO (ST/QL)            paroxetine CR (Paxil CR) (ST)</p>	<p>LUVOX CR (ST)            PEXEVA (ST)            PROZAC WEEKLY (ST)            SARAFEM (ST)</p>
<p><b>Antidepressant Drugs-Other</b></p> <p>ST=Prior use of a generic SSRI is required</p>	<p>bupropion (/)            ☺ bupropion SR/XL (Wellbutrin SR/XL) (PA for smoking cessation)            EFFEXOR XR (ST)            maprotiline (Ludiomil)            mirtazapine (Remeron/Soltab)            nefazodone (Serzone)            trazodone (Desyrel)</p>	<p>PRISTIQ (ST/QL)</p>	<p>APLENZIN (PA)            CYMBALTA (ST/QL)            Venlafaxine Extended Release Tabs (ST)            Venlafaxine Extended Release Caps (ST)</p>
<b>Antidepressant Drugs-MAO Inhibitors</b>		<p>NARDIL            PARNATE</p>	<p>EMSAM</p>

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<p><b>Antivertigo and Antiemetic Drugs</b></p> <p>ST= Prior use of ondansetron is required</p>	<p>meclizine (Antivert)  granisetron (Kytril) (PA/QL)  ☺ondansetron (Zofran) (QL)  prochlorperazine (Compazine)  promethazine (Phenergan)  trimethobenzamide (Tigan)</p>	<p><i>Use ondansetron first-Tier 1!</i>  ANZEMET (ST/QL)</p>	<p><i>Use ondansetron first-Tier 1!</i>  ALOXI Capsules (ST/QL)  CESAMET (PA)  dronabinol (MARINOL) (PA)  EMEND (QL)  SANCUSO (ST/QL)</p>
<p><b>Antiparkinson Drugs</b></p> <p><b>*Dispensing limited to 30 days supply</b></p>	<p>amantadine (Symmetrel)  benzotropine (Cogentin)  bromocriptine (Parlodel)  carbidopa/levodopa (Sinemet/Parcopa)  ropinirole (Requip) (QL)  selegiline (Eldepryl)  trihexyphenidyl (Artane)</p>	<p>COMTAN  MIRAPEX</p>	<p>AZILECT  APOKYN (PA/QL)*  REQUIP XL (ST)  STALEVO  TASMAR  ZELAPAR</p>
<p><b>Misc. Neurologic</b></p>			<p>SAVELLA (PA)  XENAZINE (PA)</p>
<p><b>Conventional (Typical) Antipsychotic Drugs</b></p>	<p>chlorpromazine (Thorazine)  fluphenazine (Prolixin)  haloperidol (Haldol)  loxapine (Loxitane)  perphenazine (Trilafon)  thioridazine (Mellaril)  thiothixene (Navane)  trifluoperazine (Stelazine)</p>		
<p><b>Novel (Atypical) Antipsychotic Drugs</b></p>	<p>clozapine (Clozaril)  risperidone (Riperdal) (QL)</p>	<p>SEROQUEL (QL)  SEROQUEL XR (QL)  ZYPREXA (QL)</p>	<p>ABILIFY (QL on Tablets)  FANAPT (QL)  GEODON (QL)  INVEGA (QL)  INVEGA SUSTENNA  RISPERDAL CONSTA / M-TAB (QL)  SAPHRIS (QL)  ZYPREXA ZYDIS (QL)</p>
<p><b>Antipsychotic/Depression</b></p>			<p>SYMBYAX</p>
<p><b>CNS Stimulants/ADHD Drugs</b></p>	<p>amphetamine salts (Adderall)  dextroamphetamine (Dexadrine)  dexmethylphenidate (Focalin)  methamphetamine (Desoxyn)  methylphenidate/ER (Ritalin/SR)  pemoline (Cylert)</p>	<p>Amphetamine salts ER (Adderall XR)  CONCERTA</p>	<p>DAYTRANA  FOCALIN XR  INTUNIV  METADATE CD  NUVIGIL (PA/QL)  PROVIGIL (PA/QL)  RITALIN LA  STRATTERA (PA)  VYVANSE (ST/QL)</p>
<p><b>Other CNS/Autonomic Drugs</b></p>	<p>bupropion (Zyban) PA  naltrexone (Revia)  Pyridostigmine (Mestinon)</p>	<p>ANTABUSE</p>	<p>CAMPRAL (PA)  CHANTIX (PA after initial 30 days)  GUANIDINE  VIVITROL (PA)  XYREM (PA)</p>

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<b>Alzheimer's Drugs</b>	Galantamine (Razadyne/ER) <i>PA for age &lt;50</i>	ARICEPT (PA for age<50) EXELON (PA for age<50)	COGNEX NAMENDA (PA for age<50)
<b>Drugs to Treat Multiple Sclerosis</b> <b>*Drugs limited to 30 days</b>		*AVONEX (PA/QL/SP) *BETASERON (PA/QL/SP) *COPAXONE (PA/QL/SP)	*AMPYRA (PA/QL) *EXTAVIA (PA/SP) *REBIF (PA/QL/SP) *TYSABRI (PA/SP)
<b>DERMATOLOGICAL MEDICATIONS</b>			
<b>Topical Corticosteroid Drugs-Very High Potency</b>	augmented betamethasone (Diprolene AF) clobetasol (Temovate) clobetasol foam (Olux) (ST/QL) diflorasone acetate (Psorcon) halobetasol (Ultravate)		CLOBEX (ST) (Use clobetasol first) PSORCON-E OLUX E
<b>Topical Corticosteroid Drugs- High Potency</b>	amcinonide (Cyclocort) betamethasone dipropionate (Diprolene) betamethasone valerate (Valisone) desoximetasone (Topicort) diflorasone (Florone) fluocinolone (Synalar) fluocinonide (Lidex)		HALOG/HALOG E LUXIQ (ST)(Use betamethasone first) VANOS
<b>Topical Corticosteroid Drugs-Medium Potency</b>	Flurandrenolide (Cordran lotion) fluticasone (Cutivate) hydrocortisone butyrate (Locoid) hydrocortisone valerate (Westcort) mometasone (Elocon) Prednicarbate (Dermatop E) triamcinolone (Kenalog)		CLODERM CORDRAN Tape (QL) PANDEL
<b>Topical Corticosteroid Drugs- Low Potency</b>	alclometasone dipropionate (Aclovate) desonide (DesOwen) hydrocortisone (Hytone) Note: 0.5% and 1% available without a prescription-OTC		VERDESO (ST) (Use desonide first)
<b>Oral Antipruritic Agents</b>	cyproheptadine (Periactin) hydroxyzine (Atarax/Vistaril)		
<b>Drugs to treat Psoriasis and Eczema</b>  <b>*Dispensing limited to 30 days supply</b>	methotrexate selenium sulfide (Selsun)	DOVONEX (QL) SORIATANE	AMEVIVE (PA/QL/SP)* ATOPICLAIR CARMOL ENBREL (PA/QL/SP)* HUMIRA (PA/QL/SP)* STELARA (PA/QL/SP)* TACLONEX (QL) TAZORAC VECTICAL (QL)
<b>Oral Dermatological Drugs</b>	doxycycline (Adoxa) (PA) isotretinoin (Accutane) minocycline (Dynacin) (PA)	AMNESTEEM CLARAVIS Minocycline ER (Solodyn) (PA) OXSORALEN-ULTRA	DORYX (PA) ORACEA (PA) SOLADYN ER (PA)

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<b>Topical Acne and Rosacea Drugs</b>	<p>clindamycin (Cleocin) erythromycin (Emgel) erythromycin/benzamycin (Benzamycin) metronidazole (Metrocream/Metrogel 0.75%) tretinoin (Retin-A)</p>	<p>DIFFERIN (ST) NORITATE RETIN-A MICRO</p>	<p>ACZONE AZELEX BENZACLIN CLINAC BPO CLINDAGEL (ST) DUAC EPIDUO FINACEA METROGEL/METROLOTION PLEXION ROSAC ZIANA</p>
<b>Topical Dermatological Drugs</b>	<p>aluminum chloride Hydroquinone (Lustra/AF) lindane (Qwell) permethrin (Acticin) podofilox (Condylox) topical solution urea (Carmol, Keralac)</p>	<p>CONDYLOX GEL</p>	<p>ALDARA (QL) CARAC DERMA-CAS DERMA-SMOOTH/FS (QL) ELIDEL (QL) (PA age&lt;2years old) EVOCLIN (ST) OXSORALEN PROTOPIC (QL) (PA age &lt;2 years) REGRANEX (PA) SANTYL SILVER NITRATE SOLARAZE XERAC AC ZYCLARA (QL)</p>
<b>EAR-NOSE-THROAT MEDICATIONS</b>			
<b>Drugs Affecting The Ear</b>	<p>acetic acid acetic acid/hydrocortisone (VoSol HC Otic) antipyrine/benzocaine (Auralgan Otic) neomycin/polymix/hc otic (Cortisporin Otic) ofloxacin otic</p>		<p>CIPRO HC CIPRODEX COLY-MYCIN</p>
<b>Drugs Affecting The Nose</b>	<p>flunisolide (Nasalide) fluticasone (Flonase)</p>	<p>ASTELIN NASONEX VERAMYST</p>	<p>ASTEPRO (PA) BECONASE/AQ (PA) NASACORT/AQ (PA) NASAREL (PA) OMNARIS (PA) PATANASE (ST) RHINOCORT AQUA (PA)</p>
<b>Drugs Affecting The Mouth</b>	<p>triamcinolone (Kenalog in Orabase)</p>	<p>EVOXAC</p>	
<b>ENDOCRINE MEDICATIONS</b>			
<b>Insulin</b>		<p>HUMALOG VIALS/PENS HUMULIN VIALS LANTUS VIALS LEVIMIR VIALS/PENS NOVOLIN VIALS/PENS NOVOLOG VIALS/PENS</p>	<p>APIDRA HUMULIN PENS HUMALOG CARTRIDGE LANTUS SOLOSTAR</p>
<b>Misc. Diabetic Drugs</b>			<p>BYETTA (QL/PA) SYMLIN (QL/PA) VICTOZA (QL/PA)</p>

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<p><b>Oral Diabetic Drugs</b></p> <p><b>ST=Use metformin first</b></p>	<p>acetohexamide (Dymelor) chlorpropamide (Diabenese) glimepiride (Amaryl) ☺glipizide/ER (Glucotrol/XL) glipizide/metformin (Metaglip) glyburide/metformin (Glucovance) ☺gluburide (Diabeta/Micronase) ☺metformin/XR (Glucophage/XR) tolazamide (Tolinase) tolbutamide (Orinase)</p>	<p>ACTOS (QL/ST) ACTOplusMet (QL/ST) DUETACT (QL/ST) JANUVIA JANUMET PRECOSE WELCHOL (ST)</p>	<p>AVANDIA (QL/ST) AVANDAMET (QL/ST) AVANDARYL (QL/ST) FORTAMET ER (ST) GLUMETZA (ST) GLYSET ONGLYZA (ST) PRANDIN PRANDIMET (ST) STARLIX</p>
<p><b>Glucocorticoid and Mineralcorticoid Drugs</b></p>	<p>dexamethasone (Decadron) fludrocortisone acetate (Florinef) hydrocortisone (Hydrocortone) methylprednisolone (Medrol) prednisolone (Orapred/Prelone/Pediapred) prednisone (Deltasone) triamcinolone (Aristocort)</p>		<p>ACTHAR GEL (PA)</p>
<p><b>Osteoporosis Drugs</b></p>	<p>☺alendronate (Fosamax) etidronate disodium tabs (Didronel)</p>	<p><i>Use alendronate 1<sup>st</sup>-Tier 1!</i> ACTONEL (ST) ACTONEL + CALCIUM (ST) MIACALCIN</p>	<p><i>Use alendronate 1<sup>st</sup>-Tier 1!</i> BONIVA tablet/injection (ST) EVISTA FOSAMAX PLUS D 2800/5600 (PA) FOSAMAX Solution FORTEO (PA) PROLIA (PA) RECLAST (PA)</p>
<p><b>Thyroid and Antithyroid Drugs</b></p>	<p>levothyroxine (Synthroid,Levoxyl) methimazole (Tapazole) propylthiouracil (PTU)</p>	<p>CYTOMEL SYNTHROID</p>	
<p><b>Androgen Drugs</b></p>	<p>danazol (Danocrine) fluoxymesterone (PA/QL) Methyltestosterone (Methitest) (PA/QL)</p>	<p>ANDRODERM (PA/QL) ANDROGEL (PA/QL)</p>	<p>STRIANT (PA/QL) TESTIM (PA/QL)</p>
<p><b>Other Endocrine Drugs</b></p>	<p>cabergoline tablets (Dostinex) (PA/QL) desmopressin (DDAVP)</p>		<p>ALDURAZYME (PA) ARCALYST (PA) CEREZYME (PA) FABRAZYME (PA) KUVAN (PA) MYOZYME (PA) NAGLAZYME (PA) SAMSCA (PA) SUCRAID (PA) VPRIV (PA)</p>

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<b>GASTROINTESTINAL MEDICATIONS</b>			
<b>Antidiarrheal Drugs</b>	diphenoxylate/atropine (Lomotil) loperamide (Immodium) paregoric		
<b>Irritable Bowel Drugs</b>			LOTRONEX (QL) (PA for Males) METOZOLV (PA)
<b>Antispasmodics/Drugs Affecting GI Motility</b>	dicyclomine (Bentyl) hyoscyamine (Levsin) metoclopramide (Reglan)		
<b>H2 Antagonists</b> Note: All of the H2 drugs below are also available without a prescription (OTC)	cimetidine (Tagamet) famotidine (Pepcid) nizatidine (Axid) ranitidine (Zantac)		
<b>Proton Pump Inhibitors</b> *PA for age>15; Use Prilosec or Prevacid OTC at generic copay first!	omeprazole (Prilosec) Prevacid OTC Prilosec/omeprazole OTC covered! Zegerid OTC	<b>Use Tier 1 Prevacid or Prilosec OTC first!</b>  DEXILANT (formerly KAPIDEX) (PA/QL)* PROTONIX/pantoprazole (PA)* (QL on 20mg)	<b>Use Tier 1 Prevacid or Prilosec OTC first!</b>  ACIPHEX (PA)* NEXIUM (PA)* (QL on 20mg) Rx-PREVACID/lansoprazole (PA)* (QL on 15mg) ZEGERID (PA)*
<b>Helicobacter Pylori Drugs</b>		PREVPAC	HELIDAC PYLERA
<b>Other Antiulcer Drugs</b>	misoprostal (Cytotec) sucralfate (Carafate)		
<b>Laxatives and Cathartics</b>	electrolyte solution (Golytely, Nulytely)		AMITIZA (QL) RELISTOR (PA)
<b>Other GI Drugs</b>	balsalazide (Colazal) lipram pangestyme sulfasalazine (Azulfidine) ursodiol (Actigall)	ASACOL/HD AZULFIDINE-EN CREON PANCREASE MT PENTASA ULTRASE/ULTRASE MT URSO VIOKASE	DIPENTUM ENTOCORT EC GASTROCROM (PA) LIALDA SANDOSTATIN/LAR (PA/QL)
<b>Blood Modifiers</b> *Dispensing limited to a 30 day supply		ARANESP (PA/QL)* NEUPOGEN (PA/QL)* PROCRIT (QL)*	EPOGEN (QL)* EXJADE (PA)* NEULASTA (QL)* VIDAZA (PA)

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<p><b>Growth Hormones and Related Drugs</b></p> <p>*Dispensing limited to a 30 days supply</p>		<p>NORDITROPIN (PA/SP)*</p> <p><i>Norditropin is ConnectiCare's preferred somatropin product.</i></p>	<p>GENOTROPIN (PA/SP)*            HUMATROPE (PA/SP)*            INCRELEX (PA/SP)*            NUTROPIN/AQ (PA/SP)*            OMNITROPE (PA/SP)*            SAIZEN (PA/SP)*            SEROSTIM (PA/SP)*            TEVTROPIN (PA/SP)*            ZORBTIVE (PA/SP)*</p>
<p><b>Interferons</b></p> <p>*Dispensing limited to a 30 days supply</p>		<p>*ACTIMMUNE (PA/SP)            *INTRON-A (PA/SP)            *ROFERON-A (PA/SP)</p>	<p>*INFERGEN (PA/QL/SP)            *PEGASYS (PA/QL/SP) <b>Preferred</b>            *PEG-INTRON (PA/QL/SP)            *REBETRON (PA/QL/SP)</p>
<p><b>Interleukins</b></p>			<p>PROLEUKIN (PA)</p>
<b>MUSCULOSKELETAL MEDICATIONS</b>			
<p><b>Salicylates and Related Drugs</b></p>	<p>choline mag trisalicylate (Trilisate)            diflunisal (Dolobid)            salsalate (Disalcid)</p>	<p>TRILISATE LIQUID</p>	
<p><b>Non-Steroidal Antiinflammatory Agents (NSAIDS)</b></p>	<p>☺diclofenac/ER (Voltaren/XR)            etodolac/XL (Lodine/XL)            flurbiprofen (Ansaid)            ☺ibuprofen (Motrin) <i>suspension available OTC</i>            indomethacin/SR (Indocin/SR)            ketoprofen (Orudis, Oruvail)            ketorolac (Toradol) (QL)            meclofenamate (Meclomen)            ☺meloxicam (Mobic)            mefenamic acid (Ponstel) (PA)            nabumetone (Relafen)            ☺naproxen/CR (Naprosyn/EC)            naproxen ER (Naprelen)            oxaprozin (Daypro)            piroxican (Feldene)            sulindac (Clinoril)</p>		<p><i>Try a Tier 1 choice first, like naproxyn or ibuprofen</i></p> <p>ARTHROTEC (PA)            CAMBIA (PA)            CELEBREX (PA/QL)            FLECTOR PATCH (PA)            PENNSAID (ST/QL)            PREVACID NAPRAPAC (PA)            VOLTAREN GEL (PA)            ZIPSOR (PA)</p>
<p><b>Other Drugs for Arthritis</b></p> <p>*Dispensing limited to a 30 day supply</p>	<p>hydroxychloroquine (Plaquenil)            leflunamide (Arava)            methotrexate</p>	<p>CUPRIMINE            RIDAURA</p>	<p>ACTEMRA (PA/MB)*            CIMZIA (PA/QL/SP)            ENBREL (PA/QL/SP)*            HUMIRA (PA/QL/SP)*            KINERET (PA/QL)*            ORENCIA (PA/SP/MB)*            REMICADE (PA/MB) <i>Preferred Infusible</i>            RITUXAN RA (PA/SP/MB)*            SIMPONI (PA/SP)*</p>
<p><b>Drugs to Treat and Prevent Gout</b></p>	<p>allopurinol (Zyloprim)            colchicine            probenacid (Benemid)            probenacid &amp; colchicine (Co-Benemid)</p>		<p>COLCRYS (ST)            ULORIC (ST)</p>

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<b>Skeletal Muscle Relaxants</b>	<p>baclofen (Lioresal) (QL)</p> <p>carisoprodal (Soma 350mg)</p> <p>carisoprodal/aspirin (Soma Compound)</p> <p>chlorzoxazone (Parafon Forte)</p> <p>chlorzoxazone/acetaminophen (Flexaphen)</p> <p>cyclobenzaprine (Flexeril)</p> <p>dantrolene (Dantrium)</p> <p>diazepam (Valium)</p> <p>methocarbamol (Robaxin)</p> <p>methocarbamol/aspirin (Robaxisal)</p> <p>orphenadrine (Norflex)</p> <p>tizanide tablets (Zanaflex tabs)</p>		<p>AMRIX (PA/QL)</p> <p>FEXMID (ST)</p> <p>SKELAXIN</p> <p>SOMA 250mg (PA)</p> <p>ZANAFLEX CAPSULES (PA)</p>
<b>NUTRITION, BLOOD MODIFIERS, ELECTROLYTES</b>			
<b>Therapeutic Vitamins and Minerals</b>	<p>calcitriol (Rocaltrol)</p> <p>cyanocobalamin (Vitamin B12)</p> <p>folbic (Foltx)</p> <p>ergocalciferol (Vitamin D)</p> <p>folic acid (Folate)</p> <p>levocarnitine (Carnitor)</p> <p>sodium fluoride (Luride)</p>	PHOSLO	<p>CALCIFEROL</p> <p>HECTOROL</p> <p>NASCOBAL</p> <p>ZEMPLAR</p>
<b>Potassium Supplements</b>	<p>potassium bicarbonate/chloride (K-lyte)</p> <p>potassium chloride (K-Dur)</p> <p>potassium gluconate (Kaon)</p>		
<b>Potassium Removing Resins</b>	<p>sodium polystyrene sulfonate (Kayexalate)</p>		
<b>Calcimimetic Agent</b>			SENSIPAR
<b>Oral Anticoagulants and Vitamin K</b>	<p>warfarin</p>	<p>COUMADIN</p> <p>MEPHYTON</p>	
<b>Injectible Anticoagulants</b> *Dispensing limited to 30 days supply			<p>ARIXTRA (QL)*</p> <p>FRAGMIN (QL)*</p> <p>INNOHEP (QL)*</p> <p>LOVENOX (QL)*</p>
<b>Antiplatelet Drugs</b>	<p>cilostazol (Pletal)</p> <p>dipyridamole (Persantine)</p> <p>ticlopidine (Ticlid)</p>	PLAVIX	<p>AGGRENOX</p> <p>EFFIENT</p>
<b>Platelet Stimulators</b>			<p>NPLATE (PA/SP)</p> <p>PROMACTA (PA/SP)</p>
<b>Blood Detoxicants</b>	<p>lactulose (Cephulac)</p>	<p>RENAGEL (QL)</p> <p>REVELA (QL)</p>	FOSRENOL
<b>Hemophilia Blood Factor Products</b> (zero copay applies)  *30 day max fill			<p>ADVATE (PA/SP)*</p> <p>ALPHANATE (PA/SP)*</p> <p>BENEFIX (PA/SP)*</p> <p>HUMATE-P (PA/SP)*</p> <p>HYATE-C (PA/SP)*</p> <p>KOGENATE (PA/SP)*</p> <p>MONARC-M (PA/SP)*</p> <p>MONOCLATE-P (PA/SP)*</p> <p>NOVOSEVEN (PA/SP)*</p> <p>RECOMBIMATE (PA/SP)*</p> <p>XYNTHA (PA/SP)*</p>

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<b>OBSTETRICAL &amp; GYNECOLOGICAL MEDICATIONS</b>			
<b>Prenatal Vitamins</b>	Vitafol OB Edge OB Prenatal Plus Iron Tablets Select OB Prenatal 19 Prenatal AD Prenatal Rx 1 Prenatabs Rx Vinate GT Vinate M Vinate Ultra Vinate II Cal-Nate Citranatal Rx Ultra Natalcare Natalcare Rx Natalcare Plus Complete-RF Prenatal Prenaplus Renate Duet Stuartnatal		Branded Prenatal Vitamins
<b>Specialized OB/GYN Drugs</b>	isoxsuprine (Vasodilan) leuprolide (Lupron) terbutaline (Brethine)	METHERGINE SYNAREL (PA)	LUPRON DEPOT
<b>OB/GYN Topical Antiinfectives</b>	clindamycin vaginal cream (Cleocin) triple sulfa vaginal MetroGel vaginal		
<b>Infertility</b>	chorionic gonadotropin (PA/SP) clomiphene citrate (Clomid) (PA) NOVAREL (PA/SP)	BRAVELLE (PA/SP) FOLLISTIM (PA/SP) GANIRLEIX (PA/SP) MENOPUR (PA/SP) REPRONEX (PA/SP)	CETROTIDE (PA/SP) GONAL-F (PA/SP) LUVERIS (PA/SP) OVIDREL (PA/SP)
<b>Oral Estrogen Drugs</b>	estradiol (Estrace) estropipate (Ogen)	ESTRATEST/HS ORTHO-EST PREMARIN	CENESTIN ENJUVIA
<b>Topical Estrogen Drugs</b>	estradiol transdermal patch (Alora/Climara/Vivelle DOT/Estraderm)	ESTRACE VAGINAL CREAM PREMARIN VAGINAL CREAM VAGIFEM	DIVIGEL ESTROGEL (2 copayments apply) ESTRASORB MENOSTAR

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<b>OBSTETRICAL &amp; GYNECOLOGICAL MEDICATIONS Continued</b>			
<b>Estrogen/Progestin Combinations</b>		COMBIPATCH FEMHRT PREMPHASE PREMPRO	ACTIVELLA CLIMARA PRO PREFEST
<b>Progestin Drugs</b>	medroxyprogesterone (Provera)		CRINONE (PA) ENDOMETRIN (PA) PROMETRIUM
<b>Contraceptives</b>	aranelle (Tri-Norinyl) apri (Ortho-Cept, Desogen) aviane (Alesse, Levlite) balziva (Ovcon) camila (Nor-QD) cryselle (Lo/Ovral) enpresse (Tri-Levlen, Triphasil) errin (Ortho Micronor) jolessa (Seasonale) jolivette (Ortho Micronor) junel/FE (Loestrin/Fe) kariva (Mircette) kelnor (Demulen) leena (Tri-Norinyl) lessina (Alesse, Levlite) levora (Levlen, Nordette) low-ogestrel (Lo/Ovral) mononessa (Ortho-Cyclen) microgestin/FE (Loestrin/FE) necon (Modicon/Ortho-Novum) nora be (Nor-QD) nortrel (Brevicon/Modicon) ogestrel (Ovral) portia (Levlen, Nordette) Previfem (Ortho-Cyclen) Quasense (Seasonale) reclipson (Ortho Cept/Desogen) solia (Ortho Cept) sprintec (Ortho Cyclen) sronyx (Alesse) tri-nessa (Ortho Tri-Cyclen) trivora (Tri-Levlen, Triphasil) tri-Lo-Sprintec (Ortho Tri-Cyclen Lo) tri-previfem (Ortho Tri-Cyclen) tri-sprintec (Ortho Tri-Cyclen) velivet (Cyclessa) zovia (Demulen)	<i>Ask your doctor to try a Tier 1 choice first!</i> GIANVI (generic Yaz) OCELLA (generic Yasmin) YAZ	<i>Ask your doctor to try a Tier 1 choice first!</i> ESTROSTEP FE IMPLANON (PA) (Medical Benefit) LYBREL LOESTRIN-24 FE LOSEASONQUE LYBREL MIRENA (PA) (Medical Benefit) *MODICON NUVARING *ORTHO-CEPT *ORTHO-CYCLEN ORTHO DIAPHRAGM ORTHO EVRA *ORTHO MICRONOR *ORTHO-NOVUM *ORTHO TRI-CYCLEN *ORTHO TRI-CYCLEN LO *OVCON OVRETTE SEASONALE SEASONIQUE YASMIN  *See Tier 1 equivalent drug!
<b>Emergency Contraception</b>	levonorgestrel (Plan B) OTC if age>17		PLAN B ONE STEP (OTC if age >17)

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<b>OPHTHALMIC MEDICATIONS</b>			
<b>Ophthalmic Topical Antibacterial Drugs</b>	bacitracin (AK-Tracin) chloramphenicol (AK-Chlor) ciprofloxacin (Ciloxan) erythromycin (Ilotycin) gentamicin (Garamycin) neomycin/bacitracin/polymixin (Neosporin) neomycin/gramicidin/polymixin (Neosporin) ofloxacin (Ocuflox) polymixin/trimethoprim (Polytrim) sulfacetamide (Bleph-10) tobramycin (Tobrex)		BESIVANCE QUIXIN VIGAMOX ZYMAR
<b>Ophthalmic Topical Antiviral Drugs</b>	trifluridine (Viroptic)		
<b>Ophthalmic Corticosteroid Drugs</b>	dexamethasone (Decadron) fluorometholone (FML) prednisolone (AK-Pred)	PRED FORTE VEXOL	LOTEMAX
<b>Ophthalmic antiinfective/ corticosteroid Drugs</b>	neomycin/bacitracin/polymixin/hydrocortisone (Cortisporin Ointment) neomycin/dexamethasone (NeoDecadron) neomycin/polymixin/dexamethasone (Maxitrol) neomycin/polymixin/hydrocortisone (Cortisporin Suspension) sulfacetamide/prednisolone (Blephamide)	FML-S PRED-G ZYLET	CETAPRED DUREZOL POLY-PRED TOBRADEX
<b>Oral Antiglaucoma Drugs</b>	acetazolamide (Diamox) methazolamide (Neptazane)		
<b>Topical Antiglaucoma Drugs</b>	Betaxolol brimonidine (Alphagan) carteolol dipivefrin (Propine) dorzolamide (Trusopt) dorzolamide/timolol (Cosopt) levobunolol (Betagan) metipranolol (Optipranolol) pilocarpine (Pilocar) timolol (Timoptic)	ALPHAGAN P COSOPT LUMIGAN (PA < age50) TRUSOPT XALATAN (QL) (PA < age50)	AZOPT BETIMOL BETOPIC S COMBIGAN TIMOPTIC-XE TRAVATAN (PA < age50) TRAVATAN Z (PA < age50)

	Tier 1	Tier 2	Tier 3
<p><b>☺ Best Buy Drug</b></p> <p><b>PA: Pre-Authorization</b></p> <p><b>QL: Quantity Limit</b></p> <p><b>SP: Must be filled at a specialty pharmacy</b></p>	<p>Most Tier 1 drugs are generics, and the name listed first below in lower case is the generic name. The branded names in ( ) are provided for reference only. Check your benefit materials to determine cost share if the brand is filled.</p>		
<b>Other Ophthalmic Drugs</b>	Zaditor OTC Alaway OTC atropine cromolyn (Crolom) (QL) cyclopentolate (Cyclogyl) flurbiprofen (Ocufen) ketotifen fumarate (Zaditor) (QL) naphazoline (AK-Con) phenylephrine (Neo-Synephrine) tropicamide (Mydracil)	ACULAR/PF ALOCIL (QL) ALOMIDE (QL) PATANOL (QL)	ACUVAIL ALAMAST (QL) ALREX (QL) BEPREVE ELESTAT (QL) EMADINE (QL) PATADAY (QL) LUCENTIS (PA) MACUGEN (PA) OPTIVAR (QL) RESTASIS (QL) VOLTAREN XIBROM
<b>RESPIRATORY MEDICATIONS</b>			
<b>Oral Beta-2 Adrenergic Drugs</b>	albuterol (Proventil/Ventolin) albuterol sa (Proventil /Volmax) terbutaline (Brethine)		
<b>Inhaled Beta-2 Adrenergic Drugs</b>	albuterol solution (Accuneb) albuterol CFC (Proventil/Ventolin) metaproterenol (Alupent)	PROAIR HFA SEREVENT	BROVANA (PA) FORADIL MAXAIR/AUTOHALER PROVENTIL HFA VENTOLIN HFA XOPENOX NEB (QL) XOPENOX HFA
<b>Methylxanthine Drugs</b>	aminophylline theophylline (Theodur)		
<b>Other Drugs for Asthma</b>	cromolyn (Crolom)	ADVAIR (QL) COMBIVENT INTAL SYMBICORT	XOLAIR (PA/SP)*
<b>Corticosteroid Inhalers</b>	budesonide neb (Pulmicort Respule) (QL)	FLOVENT HFA PULMICORT (QL) QVAR	AEROBID/M ALVESCO ASMANEX (QL) AZMACORT
<b>Spacer Devices</b>		AEROCHAMBER INSPIREASE	
<b>Leukotriene Modifiers</b>		SINGULAIR	ACCOLATE ZYFLO ZYFLO CR (PA)
<b>Antihistamines</b>  *OTC= over-the-counter	☺Cetirizine OTC (Zyrtec) cyproheptadine (Periactin) hydroxyzine (Atarax/Vistaril) ☺Loratadine OTC (Claritin) promethazine (Phenergan)	ALAVERT (Brand) OTC CLARITIN (Brand) OTC ZYRTEC (Brand) OTC	<b>Try loratadine/cetirizine OTC first Tier 1!</b> ALLERX (PA) CLARINEX (PA/QL) Fexofenadine (Allegra) (PA/QL) XYZAL (PA)
<b>Antihistamine/Decongestant Combinations</b>	all generic antihistamine/decongestant combinations	ALAVERT D (OTC) CLARITIN D (OTC) Loratadine D (OTC) ZYRTEC D (OTC)	Fexofenadine-D (Allegra-D) (PA/QL) CLARINEX-D (PA/QL)

	Tier 1	Tier 2	Tier 3
<p><b>☺ Best Buy Drug</b></p> <p><b>PA: Pre-Authorization</b></p> <p><b>QL: Quantity Limit</b></p> <p><b>SP: Must be filled at a specialty pharmacy</b></p>	<p>Most Tier 1 drugs are generics, and the name listed first below in lower case is the generic name. The branded names in ( ) are provided for reference only. Check your benefit materials to determine cost share if the brand is filled.</p>		
<b>Antitussive and expectorant Drugs</b>	all generic narcotic and non-narcotic containing antitussive and expectorant drugs		TUSSIONEX
<b>Other Respiratory Drugs</b>  * Limited to a 30 day supply	acetylcysteine (Mucomyst) ipratropium nebulizer solution and nasal spray(Atrovent)	ANA-KIT ATROVENT HFA INHALER EPIPEN (QL) PULMOZYME* SPIRIVA (QL) TOBI* TWINJECT (QL)	ANA-GUARD ARALAST (PA) PROLASTIN (PA) ZEMAIRA (PA)
<b>UROLOGICAL MEDICATIONS</b>			
<b>Anticholinergic Antispasmodics</b>  ST=Prior use of oxybutynin is required	flavoxate (Urispas) hyoscamine (Levsin) oxybutynin (Ditropan) oxybutynin XL (Ditropan XL)		DETROL (ST) DETROL LA (ST) ENABLEX (ST) GELNIQUE (ST) OXYTROL (ST) SANCTURA (ST) TOVIAZ (ST) VESICARE (ST)
<b>Other Genitourinary Products</b>	bethanachol (Urecholine) generic Bicitra generic Polycitra phenazopyridine (Pyridum)		ELMIRON RENACIDIN
<b>Drugs for BPH</b>	doxazosin (Cardura) prazosin (Minipres) finasteride (Proscar) tamsulosin (Flomax) (QL) terazosin (Hytrin)	AVODART (QL) (PA <age 55)	CARDURA XL (PA) use doxazosin 1 <sup>st</sup> RAPAFLO (ST) UROXATRAL (ST/QL)
<b>Erectile Dysfunction</b> (if covered by plan)	yohimbine (QL)	CIALIS (QL) LEVITRA (QL)	CAVERJECT (QL) EDEX (QL) MUSE (QL) VIAGRA (QL)
<b>DIAGNOSTIC &amp; MISCELLANEOUS MEDICATIONS</b>			
<b>Miscellaneous Medications</b>	ergoloid mesylates		CHEMET ORFADIN (PA) <b>ALL COMPOUNDED DRUGS (PA)</b> <b>MOST INJECTABLE DRUGS (PA)</b>
<b>Diabetic Test Strips</b>		ACCU-CHEK (QL) FREESTYLE (QL)	<i>Use Tier 2 Meter/Strips First</i> ASCENSIA (PA/QL) ONE TOUCH (PA/QL) PRECISION (QL) SOF-TACT (QL) SURESTEP (QL) TRACER BG (QL)
<b>Misc Diabetic Supplies</b>		GLUCAGON KIT NOVOFINE 30 NEEDLES SYRINGES	

