



	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>	<p>lidocaine viscous  Lidocaine gel (Anamantle HC)  lidocaine/prilocaine (Emla)  tetracaine</p>		<p>CETACAINE  LIDODERM</p>
<b>ANTIINFECTIVES</b>			
<b>Oral Antibacterial Drugs</b>	<p>☺ amoxicillin (Amoxil)  amoxicillin/clavulanate (Augmentin/Augmentin ES Susp)  ampicillin (Principen)  ☺ azithromycin (Zithromax)  cefactor (Ceclor)  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>	<p>AUGMENTIN XR  CEDAX  CECLOR CD  COARTEM (PA)  DISPERMOX  DYNABAC  FACTIVE  KETEK  LEVAQUIN  LORABID  MONUROL  MOXATAG  NOROXIN  PANIXINE  PCE  PENETREX  RANICLOR  SUPRAX  TEQUIN  ZMAX  ZYVOX (QL)</p>
<b>Oral Antifungal Drugs</b>	<p>clotrimazole troche (Mycelex Troche)  fluconazole (Diflucan) (QL on 150mg)  griseofulvin (Gris-PEG)  itraconazole (Sporanox) (PA) (QL)  ketoconazole (Nizoral)  nystatin (Mycostatin)</p>		<p>terbinafine (Lamisil)  LAMISIL GRANULES (PA)  VFEND (QL)  NOXAFIL (PA/QL)</p>
<b>Oral Antiviral Drugs-Antiretrovirals for HIV</b>	<p>didanosine (Videx EC)  zidovudine 300mg and 50mg/5ml syrup (Retrovir)</p>	<p>EMTRIVA  EPIVIR  HIVID  ISENTRESS  RESCRIPTOR  RETROVIR 100mg  SUSTIVA  VIRAMUNE  VIREAD  ZERIT  ZIAGEN</p>	<p>INTELENCE</p>

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<b>ANTIINFECTIVES Continued</b>			
<b>Oral Antiviral Drugs- Protease Inhibitors</b>		AGENERASE CRIXIVAN FORTOVASE INVIRASE KALETRA NORVIR REYATAZ VIRACEPT	APTIVUS
<b>Oral Antiviral Drugs- Combinations</b>		COMBIVIR TRIZIVIR	ATRIPLA EPZICOM PREZISTA TRUVADA
<b>CCR5 Antagonist</b>			MARAVIROC
<b>Other Antiviral Drugs</b>	acyclovir (Zovirax Capsules) amantadine (Symmetrel) Famciclovir (Famvir) ribavirin (Rebetol) (PA) ribavirin (Copegus) (PA) Valacyclovir (Valtrex)	CYTOVENE EPIVIR HBV	BARACLUDE 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 PRIFTIN YODOXIN	ALINIA (QL) COARTEM (PA) FANSIDAR FUROXONE LAMPRENE HALFAN MALARONE (PA) MINTEZOL NEBUPENT QUALAQUIN (PA) RIFATER SEROMYCIN STROMECTOL TINDAMAX (QL) XIFAXAN
<b>Topical Antibacterial Drugs</b>	bacitracin (AK-Tracin) gentamicin (Garamycin) mupirocin ointment (Bactroban) silver sulfadiazine (Silvadene)	BACTROBAN CREAM	SULFAMYLON ALTABAX
<b>Topical Antifungal Drugs</b>	ciclopirox 0.77% topical (Loprox) clotrimazole/betamethasone (Lotrisone) econazole (Spectazole) ketoconazole (Nozoral) nystatin (Mycostatin) nystatin/triamcinolone (Mycolog)		ALOQUIN GEL CICLOPIROX 8% (Penlac) CNL Nail Kit (PA) ERTACZO EXELDERM EXTINA (ST) LAMISIL SOLUTION (otc available) LAMISIL GRANULES (PA) LOPROX NAFTIN OXISTAT VUSION (PA)

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<b>Topical Antiviral Drugs</b>			DENAVIR LIPSOVIR ZOVIRAX
<b>ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>			
<b>Alkylating Agents/Antimetabolites</b>	cyclophosphamide (Cytoxan) mercaptapurine (Purinethol) methotrexate	ALKERAN CEENU LEUKERAN MYLERAN THIOGUANINE	
<b>Androgens, Estrogens, Progestins and Related Drugs</b>	Bicalutamide (Casodex) flutamide (Eulexin) megestrol (Megace) tamoxifen (Nolvadex)	ARIMIDEX AROMASIN FARESTON FEMARA	HALOTESTIN (PA) MEGACE ES STILPHOSTROL
<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>ConnectiCare has a pharmacy (Medmark) that specializes in these medications. Please call member services to inquire what they can provide you.</p>	anagrelide (Agrylin) hydroxyurea (hydrea) leucovorin	AGRYLIN (PA) MATULANE MYLOCEL TARGRETIN (PA/SP) TEMODAR (PA/SP)* VESANOID	AFINITOR (PA/SP)* AVASTIN (PA/MB) ARZERRA (PA/MB) EMCYT ERBITUX (PA) FOLOTYN (PA/MB) GLEEVEC (PA/SP)* HYCANTIN (PA/SP)* IRESSA (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)		LANOXICAPS MULTAQ
<b>Calcium Antagonists</b>	☺ amlodipine (Norvasc) ☺ diltiazem (Cardizem) diltiazem er/sr/xr (Cardizem SR/Dilacor XR) Felodipine/er (Plendil) nicardipine (Cardene) nifedipine (Procardia) nifedipine er/xl (Procardia XL/Adalat CC) ☺ verapamil (Calan) verapamil sr (Calan SR)	<i>Consider Best Buy options first!</i> CARDIZEM LA NIMOTOP (PA)	<i>Consider Best Buy options first!</i> CARDENE SR COVERA HS DYNACIRC CR SULAR TIAZAC VASCOR VERELAN/PM
<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)		EDECIN INSPIRA MYKROX NATURETIN RENESE
<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 TOPROL 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) methyldopa (Aldomet) hydralazine (Apresoline) prazosin (Minipres) terazosin (Hytrin)		TEKTURNA VALTURNA

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<b>CARDIOVASCULAR MEDICATIONS continued</b>			
<b>Angiotensin Converting Enzyme Inhibitors And Angiotensin II Receptor Antagonists</b>	<p>captopril (Capoten) benazepril (Lotensin) enalapril (Vasotec) fosinopril (Monopril) ☺lisinopril (Prinivil, Zestril) moexipril (Univasc) quinapril (Accupril) ramipril (Altace) trandolapril (Mavik)</p>	<p><i>Use Tier 1 ACE inhibitors ! i.e. Lisinopril (Zestril) for a lower copayment</i> AVAPRO BENICAR</p>	<p><i>Use Tier 1 ACE inhibitors ! i.e. Lisinopril (Zestril) for a lower copayment</i> ACEON ALTACE TABLETS (PA) ATACAND COZAAR DIOVAN MICARDIS TEVETEN</p>
<b>Antihypertensive Combinations</b>	<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</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 HYZAAR LEXXEL TARKA TEVETEN</p>
<b>Vasodilating Drugs</b>	<p>dipyridamole (Persantine) ethaverine (Ethaquin) isosorbide dinitrate (Isordil) isosorbide mononitrate (Ismo) nitroglycerin (Nitrobid, Nitro-Dur) papaverine (Pavabid)</p>	RANEXA	
<b>Antidysrhythmic Drugs</b>	<p>amiodarone (Cordarone) disopyramide/CR (Norpace/CR) flecainide (Tambocor) mexiletine (Mexitil) procainamide/SR (Procan/SR) propafenone (Rythmol) sotalol (Betapace)</p>		<p>MULTAQ PROCANBID RYTHMOL SR TIKOSYN TONOCARD</p>
<b>Antilipidemic Drugs-HMG-CoA Reductase Inhibitors/Combinations</b>  <b>(ST) Step Therapy= prior use of simvastatin or lovastatin required.</b>	<p>☺lovastatin (Mevacor) ☺pravastatin (Pravachol) ☺simvastatin (Zocor)</p>	<p><i>Use generic options first !</i> ADVICOR CRESTOR (ST/QL) SIMCOR</p>	<p><i>Use generic options first !</i> ALTOPREV (ST) CADUET LESCOL/XL (ST/QL) LIPITOR (ST/QL) PRAVIGARD (ST) VYTORIN (ST/QL)</p>
<b>Antilipidemic Drugs-Other</b>	<p>cholestyramine (Questran) colestipol (Colestid) Fenofibrate 160mg or 200mg ☺gemfibrozil (Lopid)</p>	<p>NIASPAN SIMCOR TRICOR TRILIPIX WELCHOL (ST)</p>	<p>ANTARA FENOGLIDE LIPOFEN LOVAZA (formerly OMACOR) (PA) TRIGLIDE ZETIA (QL)</p>






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<b>Other Cardiovascular Drugs</b>	<p>midodrine (Proamatine) pentoxifylline (Trental)</p>		<p>ADCIRCA (PA) ILARIS (PA/QL/SP) LETAIRIS (PA/QL/SP) REMODULIN (PA/SP) REVATIO (PA/QL/SP) TRACLEER (PA/QL/SP) VENTAVIS (PA/SP)</p>
<b>AUTONOMIC AND CNS MEDICATIONS</b>			
<b>Non-narcotic Analgesics</b>	<p>tramadol (Ultram) tramadol/acetaminophen (Ultracet)</p>		<p>PRIALT ULTRAM ER (PA) <i>Use tramadol first</i></p>
<b>Class II Narcotics</b>	<p>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)</p>	<p>MSIR OPANA/ER OXYCONTIN (QL)</p>	<p>AVINZA EMBEDA FENTORA (PA) KADIAN LEVORPHANOL NUCYNTA ONSOLIS (PA/QL) ORAMORPH</p>
<b>Class III Narcotics</b>	<p>acetaminophen/codeine (Tylenol #2/#3/#4) aspirin/codeine (Empirin #2/#3/#4) hydrocodone/apap (Vicodin/Lortab) hydrocodone/aspirin (Lortab ASA) hydrocodone/ibuprofen (Vicoprofen)</p>		<p>PANLOR SS SUBOXONE SUBUTEX SYNALGOS-DC VOPAC (QL)</p>
<b>Class IV Narcotics</b>	<p>pentazocine/apap (Talwin) pentazocine/naloxone (Talwin NX) propoxyphene/apap (Darvocet-N 100) propoxyphene/aspirin/caff (Darvon Cmpd)</p>		
<b>Drugs To Treat and Prevent Headaches</b>	<p>acetaminophen/butalbital (Phrenilin) acetaminophen/caff/butalbital (Fioricet) aspirin/cafeine/butalbital (Fiorinal) butorphanol (Stadol) (QL) ergotamine/cafeine (Cafergot) isometh/dicloal/acetaminophen (Midrin)</p>	<p>Sumatriptan (Imitrex) (QL) MIGRANAL (QL) SANSERT ZOMIG/ZOMIG ZMT (QL)</p>	<p>AMERGE (ST/QL) AXERT (ST/QL) CAMBIA FROVA (ST/QL) MAXALT/MAXALT MLT (ST/QL) RELPAK (ST/QL) SUMAVEL DosePro (PA) TREXIMET (ST/QL)</p>
<b>Anxiolytics</b>	<p>alprazolam (Xanax) Alprazolam est-rel (Xanax XR) (PA) buspirone (Buspar) chlordiazepoxide (Librium) clonazepam (Klonopin) clonazepam wafer (Klonopin Wafers) (PA) diazepam (Valium) lorazepam (Ativan) meprobamate (Equanil) oxazepam (Serax)</p>		<p>ALPRAZOLAM INTENSOL NIRAVAM (PA)</p>


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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) (QL)            ☺zolpidem (Ambien)</p>	RESTORIL/temazepam 7.5mg	<i>Use generic Ambien-Tier 1!</i> AMBIEN CR (PA/QL) LUNESTA (PA/QL) ROZEREM (QL) ZOLPIMIST (PA)
<b>Antimania Drugs</b>	lithium carbonate (Eskalith/Lithobid)		EQUETRO
<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>KEPPRA 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)            maprotiline (Ludiomil)            mirtazapine (Remeron/Soltab)            nefazodone (Serzone)            trazodone (Desyrel)</p>	<p>EFFEXOR XR (ST)            PRISTIQ (ST/QL)</p>	<p>APLENZIN/ER (PA)            CYMBALTA (ST/QL)            Venlafaxine Extended Release (ST)</p>
<b>Antidepressant Drugs-MAO Inhibitors</b>		<p>NARDIL            PARNATE</p>	<p>EMSAM            MARPLAN</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)            TORECAN</p>	<p><i>Use ondansetron first-Tier 1!</i>            ALOXI Capsules (ST/QL)            CESAMET (PA)            EMEND (QL)            MARINOL (PA)            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)            ropinirole (Requip) (QL)            selegiline (Eldepryl)            trihexyphenidyl (Artane)</p>	<p>COMTAN            MIRAPEX</p>	<p>AZILECT            APOKYN (PA/QL)*            PARCOPA            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>MOBAN            SERENTIL</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            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)            dexamethylphenidate (Focalin)            methamphetamine (Desoxyn)            methylphenidate/ER (Ritalin/SR)            pemoline (Cylert)</p>	<p>Amphetamine salts ER (Adderall XR)            CONCERTA</p>	<p>DAYTRANA            FOCALIN XR            INTUNIV            LIQUADD            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>naltrexone (Revia)            Bupropion (Zyban) PA</p>	<p>ANTABUSE</p>	<p>CAMPRAL (PA)            CHANTIX (PA after initial 30 days)            GUANIDINE            MESTINON            VIVITROL (PA)            XYREM (PA)</p>


	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 small case is the generic name. The branded names in ( ) are provided for reference. If filled with the brand name, and not the generic, the prescription is treated as a Tier 3 drug.</p>		
<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> *Drugs limited to 30 days		*AVONEX (PA/QL/SP) *BETASERON (PA/QL/SP) *COPAXONE (PA/QL/SP)	*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) diflorasone acetate (Psorcon) halobetasol (Ultravate)		CLOBEX (Use clobetasol first) PSORCON-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) SYNALAR-HP VANOS
<b>Topical Corticosteroid Drugs-Medium Potency</b>	fluticasone (Cutivate) hydrocortisone butyrate (Locoid) hydrocortisone valerate (Westcort) mometasone (Elocon) triamcinolone (Kenalog)		CLODERM CORDRAN (QL) DERMATOP 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 (Use desonide first)
<b>Oral Antipruritic Agents</b>	cyproheptadine (Periactin) hydroxyzine (Atarax/Vistaril)		
<b>Drugs to treat Psoriasis and Eczema</b>  *Dispensing limited to 30 days supply	methotrexate selenium sulfide (Selsun)	CAPITROL DOVONEX (QL) SORIATANE	AMEVIVE (PA/QL)* ATOPICLAIR CARMOL ENBREL (PA/QL/SP)* HUMIRA (PA/QL/SP)* KLARON STELARA (PA/QL/SP)* TACLONEX (QL) TAZORAC VECTICAL (QL)
<b>Oral Dermatological Drugs</b>	doxycycline (Adoxa) (PA) isotretinoin (Accutane) minocycline (Dynacin) (PA)	Minocycline ER (Soladyn) (PA) OXSORALEN-ULTRA	DORYX (PA) ORACEA (PA) SOLADYN ER (PA) TRISORALEN


	Tier 1	Tier 2	Tier 3
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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 NORITATE RETIN-A MICRO</p>	<p>ACZONE AVITA AZELEX BENZACLIN CLINAC BPO CLINDAGEL (ST) DUAC EPIDUO FINACEA FINEVAN METROGEL/METROLOTION PLEXION ROSAC ZIANA</p>
<b>Topical Dermatological Drugs</b>	<p>aluminum chloride 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) IODOFLEX LUSTRA/AF OXSORALEN PROTOPIC (QL) (PA age &lt;2 years) REGRANEX (PA) SANTYL SILVER NITRATE SOLARAZE XERAC AC</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>CERUMENEX CIPRO HC CIPRODEX COLY-MYCIN</p>
<b>Drugs Affecting The Nose</b>	<p>flunisolide (Nasalide) fluticasone (Flonase)</p>	<p>ASTELIN NASONEX VERAMYST</p>	<p>BECONASE/AQ (PA) NASACORT/AQ (PA) NASAREL (PA) OMNARIS (PA) PATANASE RHINOCORT AQUA (PA)</p>
<b>Drugs Affecting The Mouth</b>	<p>triamcinolone (Kenalog in Orabase)</p>	<p>EVOXAC SALAGEN</p>	<p>APTHASOL</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)</p>


	Tier 1	Tier 2	Tier 3
<p> <b>Best Buy Drug</b></p> <p><b>PA:</b> Pre-Authorization <b>QL:</b> Quantity Limit</p> <p><b>SP:</b> Must be filled at a specialty pharmacy</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>		
<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,LevoxyI) methimazole (Tapazole) propylthiouracil (PTU)</p>	<p>CYTOMEL SYNTHROID</p>	
<p><b>Androgen Drugs</b></p>	<p>danazol (Danocrine) fluoxymesterone (PA) (QL) methyltestosterone (PA) (QL)</p>	<p>ANDRODERM (PA/QL) ANDROGEL (PA/QL)</p>	<p>HALOTESTIN (PA/QL) METHITEST (PA/QL) STRIANT (PA/QL) TESTIM (PA/QL) TESTODERM/TTS (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)</p>

	Tier 1	Tier 2	Tier 3
 <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>	Most Tier 1 drugs are generics, and the name listed first below in small case is the generic name. The branded names in ( ) are provided for reference. If filled with the brand name, and not the generic, the prescription is treated as a Tier 3 drug.		
<b>GASTROINTESTINAL MEDICATIONS</b>			
<b>Antidiarrheal Drugs</b>	diphenoxylate/atropine (Lomotil) loperamide (Immodium) paregoric		
<b>Irritable Bowel Drugs</b>			LOTROXON (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)	ranitidine (Zantac) famotidine (Pepcid) nizatidine (Axid) cimetidine (Tagamet)		
<b>Proton Pump Inhibitors</b> *PA for age>15; Use Prilosec or Prevacid OTC at generic copay first!	Prilosec/omeprazole OTC covered! Prevacid OTC Omeprazole (Prilosec)	<b>Use Tier 1 Prevacid or Prilosec OTC first!</b>  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) CIMZIA (PA,SP)
<b>Other GI Drugs</b>	balsalazide (Colazal) Lipram pangestyme sulfasalazine (Azulfidine) ursodiol (Actigall)	ASACOL/HD AZULFIDINE-EN CREON FIV-ASA PANCREASE MT PENTASA ULTRASE/ULTRASE MT URSO VIKASE	DIPENTUM ENTOCORT EC GASTROCROM (PA) KU-ZYME 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)* LEUKINE* NEULASTA (QL)* VIDAZA (PA)

	Tier 1	Tier 2	Tier 3
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<p><b>Growth Hormones and Related Drugs</b> *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>ACCRETROPIN (PA/SP)* GENOTROPIN (PA/SP)* HUMATROPE (PA/SP)* INCRELEX (PA/SP)* OMNITROPE (PA/SP)* NUTROPIN/AQ (PA/SP)* SAIZEN (PA/SP)* SEROSTIM (PA/SP)* ZORBTIVE (PA/SP)* TEVTROPIN (PA/SP)*</p>
<p><b>Interferons</b> *Dispensing limited to a 30 days supply</p>		<p>*ACTIMMUNE (PA/SP) *INTRON-A (PA/SP) *ROFERON-A (PA/SP)</p>	<p>*PEGASYS (PA/QL/SP) <b>Preferred</b> *INFERGEN (PA/QL/SP) *PEG-INTRON (PA/QL/SP) *REBETRON (PA/QL/SP)</p>
<p><b>Interleukins</b></p>			<p>NEUMEGA 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) meclufenamate (Meclomen)  meloxicam (Mobic) mefenamic acid (Ponstel) (PA) nabumetone (Relafen)  naproxen/CR (Naprosyn/EC) naproxen ER (Naprelen) oxaprozin (Daypro) piroxicam (Feldene) sulindac (Clinoril)</p>		<p><i>Try a Tier 1 choice first, like naproxyn or ibuprofen</i> ARTHROTEC (PA) CELEBREX (PA/QL) PREVACID NAPRAPAC (PA) VOLTAREN GEL (PA) FLECTOR PATCH (PA) ZIPSOR (PA)</p>
<p><b>Other Drugs for Arthritis</b> *Dispensing limited to a 30 day supply</p>	<p>hydroxychloroquine (Plaquenil) leflunamide (Arava) methotrexate</p>	<p>CUPRIMINE RIDAURA</p>	<p>ACTEMRA (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>

	Tier 1	Tier 2	Tier 3
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<b>Skeletal Muscle Relaxants</b>	<p>baclofen (Lioresal) (QL)</p> <p>carisoprodal (Soma)</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)</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>Folic (Foltx)</p> <p>ergocalciferol (Vitamin D)</p> <p>folic acid (Folate)</p> <p>levocarnitine (Carnitor)</p> <p>sodium fluoride (Luride)</p>	<p>CALDEROL</p> <p>PHOSLO</p>	<p>CALCIFEROL</p> <p>HECTOROL</p> <p>HYTAKEROL</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>	MIRADON
<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>	<p>PLAVIX</p>	<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>RENVELA (QL)</p>	<p>FOSRENOL</p>
<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>RECOMBINATE (PA/SP)*</p> <p>XYNTHA (PA/SP)*</p>

	Tier 1	Tier 2	Tier 3
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<b>OBSTETRICAL &amp; GYNECOLOGICAL MEDICATIONS</b>			
<b>Prenatal Vitamins</b>	Vitafol OB Edge OB Prenatal Plus Iron Tablets OB 90 + DHA Select OB Prenatal 19 Prenatal AD Prenatal Rx 1 Prenatabs Rx Vinate GT Vinate M Vinate Ultra Vinate II Vinate Forte Cal-Nate Citranatal Rx Verotin-GR Ultra Natalcare Natatab 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 PREPIDIL
<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	ESTRACE VAGINAL CREAM ESTRADERM PREMARIN VAGINAL CREAM VAGIFEM VIVELLE DOT	ALORA DIVIGEL ESCLIM ESTROGEL (2 copayments apply) ESTRASORB MENOSTAR

	Tier 1	Tier 2	Tier 3
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<b>OBSTETRICAL &amp; GYNECOLOGICAL MEDICATIONS Continued</b>			
<b>Estrogen/Progestin Combinations</b>		<p>COMBIPATCH FEMHRT PREMPHASE PREMPRO</p>	<p>ACTIVELLA ANGELIQ CLIMARA PRO PREFEST</p>
<b>Progestin Drugs</b>	<p>medroxyprogesterone (Provera)</p>		<p>CRINONE (PA) ENDOMETRIN (PA) PROMETRIUM</p>
<b>Contraceptives</b>	<p>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) Jolesa (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) Reclipsen (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)</p>	<p><i>Ask your doctor to try a Tier 1 choice first!</i> OCELLA (generic Yasmin) YAZ</p>	<p><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</p> <p>*See Tier 1 equivalent drug!</p>
<b>Emergency Contraception</b>	<p>Levonorgestrel (Plan B) OTC if age&gt;17</p>		<p>PLAN B ONE STEP (OTC if age &gt;17)</p>

	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>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)		CHIBROXIN 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)		OSMOGLYN
<b>Topical Antiglaucoma Drugs</b>	betaxolol carteolol dipivefrin (Propine) dorzolamide (Trusopt) dorzolamide/timolol (Cosopt) levobunolol (Betagan) metipranolol (Optipranolol) pilocarpine (Pilocar) timolol (Timoptic) brimonidine (Alphagan)	ALPHAGAN P COSOPT LUMIGAN (PA < age50) TRUSOPT XALATAN (QL) (PA < age50)	AZOPT BETIMOL BETOPIC S COMBIGAN IODIPINE OCUPRESS RESCULA TIMOPTIC-XE TRAVATAN (PA < age50) TRAVATAN Z (PA < age50)

	Tier 1	Tier 2	Tier 3
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<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 (QL) ALOCRIAL (QL) ALOMIDE (QL) LIVOSTIN (QL) NEVANEC PATANOL (QL)	ACUVAIL ALAMAST (QL) ALREX (QL) 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)		CAFCIT
<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	☺ <b>Cetirizine OTC (Zyrtec)</b> cyproheptadine (Periactin) hydroxyzine (Atarax/Vistaril) ☺ <b>Loratadine OTC (Claritin)</b> promethazine (Phenergan)	ZYRTEC (Brand) OTC CLARITIN (Brand) OTC ALAVERT (Brand) OTC	<b>Try loratadine/cetirizine OTC first Tier 1!</b> 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) RYNATAN SA SEMPRES-D TRINALIN

	Tier 1	Tier 2	Tier 3
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<b>Antitussive and expectorant Drugs</b>	all generic narcotic and non-narcotic containing antitussive and expectorant drugs		TUSSIONEX
<b>Other Respiratory Drugs</b>	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>	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) (PA for age <55) terazosin (Hytrin)	AVODART (QL) (PA <age 55) FLOMAX (QL)	CARDURA XL (PA) use doxazosin 1 <sup>st</sup> RAPAFLO (ST) UROXATRAL (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 METOPIRONE 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	