

CASCADE HEALTH ALLIANCE DRUG FORMULARY

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INTRODUCTION

Foreword

This document represents the efforts of the Cascade Health Alliance Pharmacy and Therapeutics (P & T) Committee to provide physicians and pharmacists with a method to begin to evaluate the various drug products available. The medical treatment of patients is frequently relative to the practical application of drug therapy. Due to the vast availability of medication therapy and treatment modalities, a reasonable program of drug product selection and drug usage must be developed. The goal of the Cascade Health Alliance Drug Formulary is to enhance the physician and pharmacist's abilities to provide optimal cost effective drug therapy for patients.

The development, maintenance, and improvement of this process are evolutionary and require constant attention. This is accomplished by the Cascade Health Alliance P & T and Formulary Committees. The Formulary is a continually reviewed and revised list of drug products, which mirror the prevailing clinical opinion of the P & T and Formulary Committees. Unfortunately, this dynamic process does not allow this document to be completely accurate at all times. To accommodate the necessary changes of this document, newsletters and updates are sent regularly. As you use this Formulary, you are encouraged to review the information and

provide your input and comments to the Cascade Health Alliance P & T and Formulary Committees.

The Cascade Health Alliance P & T and Formulary Committees use the following criteria in the evaluation of product selection for the Cascade Health Alliance Drug Formulary:

- Product safety profile
- Product efficacy
- Product effectiveness
- Comparison of relevant product benefits to current formulary agents of similar use, while minimizing duplications
- Equitable cost and outcomes of the total cost of product and medical care

How to Use the Drug Formulary

The Drug Formulary is a list of covered and preferred drug agents for Cascade Health Alliance members. All products are listed by their generic names and most common proprietary (branded) name. The Drug Formulary may be accessed by using the index, either by generic or proprietary name (in small capital letters) and by therapeutic drug category. The brand names listed are for reference use only, and do not denote coverage, unless specifically noted. Any product not found in this Formulary listing, or any Formulary updates published by Cascade Health Alliance shall be considered a Non-Formulary drug.

\$	Least expensive
\$\$	More expensive
\$\$\$	Significantly more expensive
\$\$\$\$	Most Expensive

The prices used to calculate the relative dollar scale are based on the monthly cost of therapy or cost of treatment course to allow for dosing interval differences between various products. The number of dollar signs is a relative indication of cost and does not represent the true cost of the drug. For example, two dollar signs do not mean that a product is twice as expensive as a product with one dollar sign. They are intended only to provide general information regarding cost. Economics should not be the only factor involved with any therapeutic and clinical decision process. Price comparisons are reflective of pricing and contracts available through MedImpact. While this document can provide you with good information which can be used for non-health plan patients, it may not accurately reflect the drug cost for non-health plan patients.

For certain agents within the Drug Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

AGE	Age Edit
G	Generic
B	Brand
PA	Prior Authorization
QL	Quantity Limit
ST	Step Therapy
SP	Specialty Pharmacy Medication

Please refer to the prescribing guideline appendix within this document for details regarding specific agents.

Benefit Coverage and Limitations

The Formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the Drug Formulary.

The Drug Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact their Plan Sponsor or MedImpact at (800) 788-2949.

Depending upon a member's specific benefit parameters, the following topics may apply:

1. Generic Substitution

When available, FDA approved generic drugs are to be used in all situations, regardless of the brand name indicated. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by CCC's Pharmacy and Therapeutics Committee. MedImpact approves such multi-source drugs for addition to the MAC list based on the following criteria:

- A multi-source product manufactured by at least one (1) nationally marketed company.
- There must be a significant price spread between the brand and the generic product.
- At least one (1) of the generic manufacturer's products must have an "A" rating.
- Product will be approved for generic substitution by the CCC's P & T Committee.
- Certain drug products with complex pharmacokinetics, dosage forms, narrow therapeutic efficacy or where blood level maintenance is crucial will not be subject to substitution. These products are:
 - Neoral Oral Solution
 - Premarin

This list is reviewed and updated periodically based on the clinical literature and available pharmacokinetic principles of the drug products.

If a member or physician requests a brand name product in lieu of an approved generic, the member, based upon their coverage, will typically be required to pay the difference in cost between the brand and the generic. If a physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

2. Preferred Branded Interchange

Certain cross-licensed or multi-source branded drug products may be excluded from coverage. For example, the Proventil HFA™ brand of albuterol sulfate

may not be covered while the Ventolin HFA™ brand is. If a member requests the non-covered brand, the member must pay the full price.

3. Medication Request Process

A. Formulary Agents

Drug products that are listed in the Formulary as Prior Authorization (PA) require evaluation, per Cascade Health Alliance P & T Committee guidelines, when the member presents a prescription to a network pharmacy. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the P & T Committee, the request will not be approved and alternative therapy may be recommended.

B. Non-Formulary Agents

Any product not found in the Formulary listing, or on any Formulary updates published by Cascade Health Alliance, shall be considered a non-formulary drug. Coverage of non-formulary agents may be applied for in advance. This can be done by the prescribing provider submitting a duly completed Medication Prior Authorization Request Form (together with supporting documentation). The form can be accessed through the “Policies, Procedures, and Forms” section under both the Provider and Member Portals. Once received, CHA’s clinical team will review the request and, if deemed necessary, contact the physician to discuss the medical need for a non-formulary drug. Approval will be granted when a documented medical need exists.

The following basic guidelines are used:

- The use of Formulary Drug Products is contraindicated in the patient.
- The patient has failed an appropriate trial of Formulary or related agents.
- The choices available in the Drug Formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a Formulary drug may provoke an underlying condition, which would be detrimental to patient care.
- If the request does not meet the guidelines established by the P & T Committee, the request will not be approved and alternative therapy may be recommended.

C. Obtaining Coverage

Coverage may be obtained by:

1. Faxing a completed Medication Request Form to CHA at 541-883-6104
2. Contacting CHA at 541-883-2947 and providing all necessary information requested.

Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity.

General Exclusions

- A. Over the Counter (OTC) medications or their equivalents are not covered, unless otherwise specified in the Formulary listing.
- B. Some Nicotine Smoking Cessation products (i.e. nicotine inhaler) require a Prior Authorization.
- C. Drug Products not listed in the Drug Formulary, or specifically listed as not covered are not covered.
- D. Any drug products used for cosmetic purposes are not covered.
- E. Experimental drug products, or any drug product used in an experimental manner, are not covered.
- F. Replacement of lost or stolen medication is not covered.
- G. Non self-administered injectable drug products, unless otherwise noted, are not covered.
- H. Foreign drugs or drugs not approved by the United States Food & Drug Administration are not covered.
- I. Mental Health medications are not included in CHA's formulary. These medications are covered directly by OHP.

The P & T Committee recognizes that not all medical needs can be met with this document and encourages inquiries about alternative therapies.

Pharmacist and Physician Communication

The Drug Formulary is a tool to promote cost-effective prescription drug use. The P & T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. CHA welcomes the participation of

physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions, comments or formulary additions to CHA at the following address:

Cascade Health Alliance Pharmacy Services
2909 Daggett Ave Suite 200
Klamath Falls, OR 97601
541-883-2947
Medication Drug Request Form (MRF)

Can be found at:

<https://cascadehealthalliance.com/>

Select Provider: Policies, Procedures, and Forms

Please send completed forms to:

Cascade Health Alliance

Attn: Prior Authorization Department

2909 Daggett Ave. Suite 200

Klamath Falls OR 97601

Phone: 541-883-2947

Fax: 541-883-6104

Instructions:

This form is to be used by participating physicians and providers to obtain coverage for a non-formulary drug for which there is no suitable alternative available. Please complete this form and fax to CCC at 541-883-6104 or please call 541-883-2947 with this information. If you have any questions regarding this process, please contact CCC Pharmacy Service at 541-883-2947.

Review Criteria:

The following guidelines are used in reviewing medication requests:

1. The use of Formulary Drug Products is contraindicated in the patient.
2. The patient has failed an appropriate trial of Formulary or related agents.
3. The choices available in the Drug Formulary are not suited for the present patient care need and the drug selected is required for patient safety.
4. The use of a Formulary Drug Product may provoke an underlying medical condition, which would be
5. Detrimental to patient care.



Cascade Health Alliance, LLC

MEDICATION PRIOR AUTHORIZATION REQUEST FORM

2909 Daggett Ave STE 200•Klamath Falls, OR 97601

Ph: 541-883-2947 Pharmacy Fax: 541-883-6104

PATIENT INFORMATION		PHYSICIAN INFORMATION	
Name:		Name:	
ID#:		Specialty:	
DOB:	Ph #	NPI:	
Height:	Weight:	Ph#:	Fax#:
Diagnosis/ICD-10:			
REQUESTED DRUG INFO		PHARMACY INFO	
Drug Name:		Name:	
Dose:	Strength:	Ph#:	Fax#:
Qty/Mo:	Dosage Form:	Length of Tx:	
Reason For Request (Give Specific Details)			
Other Medications Tried and/or Failed (Give Specific Details)			
Other Pertinent History (Relative/Pertaining To Request)			

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PRICE	DRUG(generic)	(brand)	COMMENTS
CARDIOVASCULAR AGENTS			
ANTIARRHYTHMIC AGENTS			
\$	Amiodarone Tablets (200mg Only)	Pacerone, Cordarone	
\$\$	Disopyramide Phosphate Capsule	Norpace	
\$	Flecainide Tablet	Tambacor	
\$\$	Mexiletine Tablet	Rythmol	
\$	Quinidine Tablet/ER Tablet	Quinaglute	
CARDIAC GLYCOSIDE AGENTS			
\$	Digoxin Tablet	Lanoxin	
THIAZIDES AND RELATED DIURETIC AGENTS			
\$	Chlorthalidone Tablet	Hygroton	
\$	Hydrochlorothiazide (25 & 50mg Tablet/12.5mg Capsule)	Hydrodiuril/ Microzide	
\$	Indapamide Tablet	Lozol	
\$	Metolazone Tablet	Zaroxolyn	
POTASSIUM-SPARING DIURETIC AGENTS			
\$	Amiloride Tablet	Midamor	
\$	Spirinolactone Tablet	Aldactone	
\$	Triamterene/HCTZ Capsule	Dyazide	
\$	Triamterene/HCTZ Tablet	Maxzide	
LOOP DIURETIC AGENTS			
\$	Bumetanide Tablet	Bumex	
\$	Furosemide Tablet	Lasix	
\$	Torsemide Tablet	Demadex	
POTASSIUM AGENTS			
\$\$-\$\$\$\$	Potassium Chloride Capsule ER/Solution/ Tablet ER	Klor-Con; K-Tabs	
\$\$	Potassium Citrate Solution/Tablet ER	Urocit-K	

PRICE	DRUG(generic)	(brand)	COMMENT
BETA AND BETA-ALPHA BLOCKER AGENTS			
\$	Atenolol Tablet	Tenormin	
\$	Carvedilol Tablet	Coreg	
\$	Labetalol Tablet	Normodyne	
\$	Metoprolol Succinate Tablet ER	Toprol XL	
\$	Metoprolol Tartrate Tablet	Lopressor	
\$\$	Nadolol Tablet	Corgard	
\$\$-\$	Propranolol Tablet/Tablet ER	Inderal; Inderal LA	
\$	Sotalol Tablet	Betapace	
ALPHA-BLOCKERS AND OTHER SYMPATHOLYTIC AGENTS			
\$	Clonidine Tablet	Catapress	
\$	Doxazosin Tablet	Cardura	
\$	Guanfacine Tablet	Tenex	
\$	Prazosin Capsule	Minipress	
\$	Terazosin Capsule	Hytrin	
VASODILATOR AGENTS			
\$	Hydralazine Tablet	Apresoline	
\$	Minoxidil Tablet	Loniten	
ANGIOTENSIN-CONVERTING ENZYME INHIBITOR (ACE) AGENTS			
\$	Benazepril Tablet	Lotensin	
\$\$	Captopril Tablet	Capoten	PA
\$	Enalapril Tablet	Vasotec	
\$	Lisinopril Tablet	Zestril, Prinivil	
\$	Lisinopril-HCTZ Tablet	Zestoretic; Prinizide	
ANGIOTENSIN RECEPTOR BLOCKER (ARB) AGENTS			
\$	Irbesartan Tablet	Avapro	
\$	Olmesartan Tablet	Benicar	
\$	Olmesartan-HCTZ Tablet	Benicar-HCT	
\$	Losartan Tablet	Cozaar	
\$	Losartan-HCTZ Tablet	Hyzaar	
\$	Telmisartan	Micardis	
\$	Telmisartan-HCTZ Tablets	Micardis-HCT	
\$	Valsartan Tablet	Diovan	

PRICE	DRUG(generic)	(brand)	COMMENT
CALCIUM CHANNEL BLOCKER AGENTS			
\$	Amlodipine	Norvasc	
\$	Diltiazem	Cardizem, Cardizem CD, Cartia XT, Cardizem LA, Dilt-XR, Matzim LA, Taztia XT, Tiazac	
\$\$	Nifedipine Capsule	Procardia	
\$	Nifedipine Tablet	Procardia XL	
\$	Verapamil Tablet/Tablet SR	Calan/Calan SR	
\$	Amlodipine-Benazepril Tablet	Lotrel	
NITRATE AGENTS			
\$	Isosorbide Dinitrate Tablet	Isordil	
\$	Isosorbide Mononitrate Tablet/Tablet ER	Monoket	
\$	Nitroglycerin Patch (0.1mg, 0.2mg, 0.4mg, 0.6mg)	Nitro-DUR	
\$	Nitroglycerin Ointment	Nitro-BID	PA
\$	Nitroglycerin Tablet SL	Nitrostat	
ANTICOAGULANT AND ANTIPLATELET AGENTS			
\$	Aspirin	Ecotrin, Halfprin	
\$	Cilostazol Tablet	Pletal	
\$	Clopidogrel Tablet (75mg Only)	Plavix	
\$\$	Enoxaparin Syringe	Lovenox	PA>7 day supply
\$\$\$\$	Fondaparinux Syringe	Arixtra	PA
\$\$\$\$	Rivaroxaban Tablet	Xarelto	PA
\$	Warfarin Tablet	Coumadin	
\$\$\$\$	Apixaban Tablet	Eliquis	PA
CHOLESTEROL AGENTS			
STATINS			
\$	Atorvastatin Tablet	Lipitor	
\$	Lovastatin Tablet	Mevacor	
\$	Pravastatin Tablet	Pravachol	

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Rosuvastatin Tablet	Crestor	
FIBRATES			
\$\$	Fenofibrate Tablet (48mg, 54mg, 145mg, 160mg Only)	Tricor/Triglide	
\$	Gemfibrozil Tablet	Lopid	
BILE ACID SEQUESTRANTS			
\$\$	Cholestyramine Powder	Questran	
\$\$	Cholestyramine Lite Powder	Questran Lite	
\$\$	Colestipol Packet/Tablet	Colestid	QL-120/28 days
OTHER LIPOTROPIC AGENTS			
\$\$\$	Ezetimibe Tablet	Zetia	
\$	Fish Oil (OTC Only)		
\$	Niacin (OTC Only)		
DERMATOLOGIC AGENTS			
TOPICAL ANTIBACTERIAL AGENTS			
\$	Bacitracin Ointment	Baciguent	
\$	Bacitracin/Polymyxin Ointment	Polysporin	
\$	Gentamicin Cream/Ointment	Garamycin	
\$	Mupirocin 2% Ointment	Bactroban	
\$	Silver Sulfadiazine Cream	SSD	
TOPICAL ANTIFUNGAL AGENTS			
\$	Clotrimazole Cream	Lotrimin AF	PA
\$	Clotrimazole/Betamethasone Cream	Lotrisone	PA
\$	Ketoconazole Cream/Shampoo	Nizoral	PA
\$	Miconazole Aerosol Powder	Lotrimin AF	PA
\$	Nystatin Cream/Ointment	Mycostatin	PA
\$\$	Nystatin Powder	Nystop	PA
\$	Terbinafine Cream	Lamisil	PA
\$	Tolnaftate Cream	Tinactin	PA

PRICE	DRUG(generic)	(brand)	COMMENT
TOPICAL ANTIVIRAL AGENTS			
\$\$	Podofilox Solution	Condylox	PA
\$	Imiquimod Cream	Aldara	PA
ANTIPARASITIC AGENTS			
\$	Ivermectin Tablet	Stromectol	
\$\$\$\$	Albendazole Tablet	Albenza	PA
\$	Permethrin 1% Liquid	Nix	
\$\$	Permethrin 5% Cream	Elimite	
TOPICAL CORTICOSTEROIDS LOWEST POTENCY			
\$	Hydrocortisone 2.5% Cream/Ointment/Lotion	Hytone	PA
\$	Hydrocortisone 1% Cream	Hytone	PA
TOPICAL CORTICOSTEROIDS MEDIUM TO LOW POTENCY			
\$\$	Betamethasone Valerate 0.01% Cream	Valisone	PA
TOPICAL CORTICOSTEROIDS MEDIUM POTENCY			
\$	Fluticasone Propionate 0.05% Cream	Cutivate	PA
\$	Mometasone Furoate 0.1% Cream/Solution (Lotion)	Elocon	PA
\$	Triamcinolone Cream/Ointment (0.025% and 0.1% only)	Kenalog	PA
\$\$	Triamcinolone Lotion (0.025% and 0.1% only)	Kenalog	PA
TOPICAL CORTICOSTEROIDS MEDIUM TO HIGH POTENCY			
\$	Fluticasone Propionate 0.1% Ointment	Cutivate	PA
\$	Mometasone Furoate 0.1% Ointment	Elocon	PA
\$	Triamcinolone Acetonide 0.5% Cream/Ointment	Kenalog	PA

PRICE	DRUG(generic)	(brand)	COMMENT
TOPICAL CORTICOSTEROIDS HIGH POTENCY			
\$\$	Betamethasone Dipropionate 0.05% Cream	Diprosone	PA
\$\$	Fluocinonide 0.05% Gel/Cream/Solution	Lidex	PA
TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY			
\$\$	Betamethasone Dipropionate 0.05% Ointment	Diprosone	PA
\$\$	Clobetasol Propionate 0.05% Cream/Solution	Temovate	PA
OTHERS			
\$	Capsaicin Cream	Zostrix	PA
\$	Lidocaine/Prilocaine Cream	Emla	PA
\$\$	Lidocaine 5% Patch	Lidoderm	PA, QL-30 in 30 days
\$\$\$	Fluorouracil 5% Cream	Efudex	PA
\$	Salon-Pas Patch	Salon-Pas	PA, QL-60 in 30 days
\$	Selenium Sulfide 2.5% Lotion	Selsun	PA
ENDOCRINE AND HORMONAL AGENTS			
2ND GENERATION SULFONYLUREAS			
\$	Glimepiride Tablet	Amaryl	
\$	Glipizide Tablet/Tablet ER	Glucotrol	
\$	Glyburide Tablet	Diabeta/Micronase	
BIGUANIDES			
\$	Metformin Tablet XR (500mg and 750mg)	Glucophage XR	
\$	Metformin Tablet	Glucophage	
THIAZOLIDINEDIONES			
\$	Pioglitazone Tablet	Actos	

PRICE	DRUG(generic)	(brand)	COMMENT
ALPHA-GLUCOSIDASE INHIBITORS			
\$	Acarbose Tablet	Precose	PA
DPP-4 INHIBITORS			
\$\$\$\$	Linagliptin Tablet	Tradjenta	PA
\$\$	Alogliptin Tablet	Nesina	PA
MEGLITINIDES			
\$\$	Nateglinide Tablet	Starlix	QL-90/30 days
SGLT-2 INHIBITORS			
\$\$\$\$	Ertugliflozin Tablet	Steglatro	PA; QL-30 in 30
GLP-1 Agonists			
\$\$\$\$	Lixisenatide	Adlyxin	PA
\$\$\$\$	Exenatide Microsphere	Bydureon	PA-ST
RAPID-ACTING INSULIN			
\$\$\$	Insulin Aspart Vial	Novolog	
\$\$\$\$	Insulin Aspart Cartridge/Pen	Novolog Penfill/Flexpen	PA
\$\$\$	Insulin Glulisine Vial	Apidra	
\$\$\$\$	Insulin Glulisine Pen	Apidra Solostar	PA
\$\$\$	Insulin Lispro Vial	Ademelog	
\$\$\$	Insulin Lispro Vial	Humalog	PA-ST
\$\$\$\$	Insulin Lispro Pen	Humalog/Admelog Kwikpen	PA
\$\$\$\$	Insulin Lispro Pen	Humalog Jr Kwikpen	PA
SHORT-ACTING INSULIN			
\$\$	Insulin Regular Vial	Humulin-R/ Novolin-R	
\$\$\$\$	Insulin Regular Vial	Humulin R U-500	PA
INTERMEDIATE-ACTING INSULIN			
\$\$	Insulin NPH Vial	Humulin/Novolin N	
\$\$\$\$	Insulin NPH Pen	Humulin N Kwikpen	PA

PRICE	DRUG(generic)	(brand)	COMMENT
LONG-ACTING INSULIN			
\$\$\$	Insulin Detemir Vial	Levemir	PA
\$\$\$\$	Insulin Detemir Pen	Levemir Flextouch	PA
\$\$\$	Insulin Glargine Vial	Lantus	PA
\$\$\$\$	Insulin Glargine Pen	Lantus Solostar	PA
\$\$\$	Insulin Glargine Kwikpen	Basaglar	
COMBINATION INSULIN			
\$\$	Insulin NPH-Insulin Human Regular Vial	Humulin 70:30/ Novolin 70:30	
\$\$\$	Insulin NPH-Insulin Human Regular Pen	Humulin 70:30 Kwikpen	PA
\$\$\$	Insulin Lispro Protamine-Insulin Lispro Vial	Humalog Mix 75:25 Humalog Mix 50:50	
\$\$\$	Insulin Lispro Protamine-Insulin Lispro Pen	Humalog Mix 75:25 or 50:50 Kwikpen	PA
\$\$\$	Insulin Lispro Protamine-Insulin Aspart Vial	Novolog Mix 70:30	
\$\$\$	Insulin Lispro Protamine-Insulin Aspart Pen	Novolog Mix 70:30 Flexpen	PA
THYROID AND ANTI-THYROID AGENTS			
\$	Levothyroxine Tablet	Synthroid	
\$	Liothyronine Tablet	Cytomel	PA
\$	Methimazole Tablet	Tapazole	
\$	Propylthiouracil Tablet	PTU	
ADRENAL CORTICOSTEROIDS/MINERALOCORTICOIDS			
\$	Dexamethasone Elixir/Solution 0.5mg, 0.75mg, 1.0mg, 1.5mg, 4.0mg Tablets	Decadron	
\$	Fludrocortisone Tablet	Florinef	
\$	Hydrocortisone Tablet	Cortef	
\$	Methylprednisolone Tablet/Dose Pak (4mg and 16mg Only)	Medrol	

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Prednisolone Sodium Phosphate Solution	Orapred	
\$\$	Prednisone Oral Concentrate	Prednisone Intensol	
\$	Prednisone Dose Pak/Solution/Tablets	Sterapred	
ANDROGENS			
\$\$-\$	Testosterone Cypionate Vial	Depo-Testosterone	PA
GROWTH HORMONES			
\$\$\$\$	Somatropin	Genotropin	PA, SP
\$\$\$\$	Somatropin	Omnitrope	PA, SP
OSTEOPOROSIS AGENTS			
\$	Alendronate Tablet	Fosamax	
\$	Ibandronate Tablet	Boniva	
\$\$	Raloxifen Tablet	Evista	
EYE, EAR, NOSE, AND THROAT			
OPHTHALMIC ANTI-INFECTIVES			
\$	Bacitracin-Polymyxin Ointment	Polycin	
\$	Ciprofloxacin Drops	Ciloxan	
\$	Erythromycin Base Ointment	Ilotycin	
\$	Gentamicin Drops	Genoptic	
\$	Gentamicin Ointment	Gentak	
\$	Neomycin-Bacitracin Polymyxin Ointment	Neo-Polycin	
\$	Neomycin-Polymyxin-Dexamethasone Drops and Ointment	Maxitrol	
\$	Neomycin-Polymyxin Gramicidin Drops	Neosporin Eye Solution	
\$	Ofloxacin Drops	Ocuflox	

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Polymyxin-Trimethoprim Drops	Polytrim	
\$	Sulfacetamide Drops and Ointment	Bleph-10	
\$	Tobramycin Drops	Tobrex	
\$\$	Tobramycin-Dexamethasone Drops	Tobradex	
OPHTHALMIC ANTI-INFLAMMATORY			
\$	Dexamethasone Drops	Maxidex	
\$	Diclofenac Drops (0.1% Only)	Voltaren	
\$\$	Fluorometholone Suspension Drops	FML	PA
\$	Ketorolac Drops (0.5% Only)	Acular	
\$	Prednisolone Drops	Pred Mild/ Pred Forte	
OCULAR ALLERGY PRODUCTS			
ALLERGIC CONJUNCTIVITIS IS NOT COVERED BY OHP			
\$	Cromolyn Drops	Opticrom	PA
\$	Tetrahydrozoline Drops	Visine	PA
GLAUCOMA AGENTS			
\$\$	Acetazolamide Tablet (250mg IR Only)	Diamox	
\$	Atropine Drops and Ointment	Isopto Atropine	
\$	Betaxolol Drops	Betoptic	
\$	Carteolol Drops	Cartrol	
\$\$	Cyclopentolate Drops (1% Only)	Cyclogyl	
\$	Dorzolamide Drops	Trusopt	
\$	Latanoprost Drops	Xalatan	
\$	Levobunolol Drops	Betagan	
-\$-\$	Timolol Maleate Drops/Sol-Gel	Timoptic	
\$\$	Travoprost Drops	Travatan	
\$\$\$	Bimatoprost 0.01% Drops	Lumigan	

PRICE	DRUG(generic)	(brand)	COMMENT
MISC. OPHTHALMIC AGENTS			
\$	Dextran 70/Hypromellose Drops	Artificial Tears	PA
\$	Mineral Oil-White Petrolatum Ointment	Artificial Tears	PA
OTIC ANTI-INFECTIVES			
\$\$	Acetic Acid/Hydrocortisone Drops	Vosol HC	
\$	Ciprofloxacin Drops	Use Ciloxan Eye Drop	
\$\$\$	Ciprofloxacin-Dexamethasone Drops	Ciprodex	PA
\$\$	Neomycin-Polymyxin-Hydrocortisone Drops	Cortisporin TC	
MISC. OTIC AGENTS			
\$	Carbamoxide 6.5% Drops	Debrox	PA
ORAL MUCOUS MEMBRANE AGENTS			
\$\$\$	Cevimeline Capsule	Evoxac	PA
\$	Lidocaine Viscous Solution	Xylocaine	PA
\$\$	Pilocarpine 5mg Tablet	Salagen	
MISC. NASAL PREPARATIONS			
\$	Cromolyn Nasal Spray	Nasalchrom	PA
\$\$-\$\$\$\$	Desmopressin Nasal Solution/Spray	Stimate	PA
\$	Oxymetazoline Mist/ Spray	Afrin	PA
\$	Saline Spray	Ocean	PA

PRICE	DRUG(generic)	(brand)	COMMENT
NASAL CORTICOSTEROIDS			
ALLERGIC RHINITIS IS NOT COVERED BY OHP			
\$	Flunisolide	Nasalide	PA
\$	Fluticasone	Flonase	PA
ANTIHISTAMINES			
ALLERGIC RHINITIS IS NOT COVERED BY OHP			
\$\$	Cetirizine Chew Tabs/ Solution/ Tablets	Zyrtec	PA
\$	Diphenhydramine Syrup	Benadryl	
\$	Diphenhydramine Capsule (25mg Only)	Benadryl	
\$	Hydroxyzine HCL Solution/Tablet	Atarax	PA
\$	Hydroxyzine Pamoate Capsule	Vistaril	PA
\$	Loratadine Solution/Tablet	Claritin	PA
COUGH AND COLD AGENTS			
COUGH AND COLD IS NOT COVERED BY OHP			
\$	Benzonatate Capsule	Tessalon	PA
\$	Guaifenesin-Codeine Liquid	Robitussin AC	PA
\$	Guaifenesin-Codeine- Pseudoephedrine Syrup	Robitussin DAC	PA
\$	Promethazine-Codeine Syrup	Phenergan w/ Codeine	PA
\$	Promethazine- Dextromethorphan Syrup	Phenergan DM	PA
\$	Pseudoephedrine Liquid; Tablets; Tablet ER 12 HR	Sudafed	PA
GASTROINTESTINAL AGENTS			
H2 BLOCKERS			
\$	Cimetidine Solution	Tagament	
\$	Famotidine Tablet (20mg and 40mg Only)	Pepcid	

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Ranitidine Syrup	Zantac	AGE<=5
\$	Ranitidine Tablet (150mg and 300mg Only)	Zantac	
PROTON-PUMP INHIBITORS			
\$	Lansoprazole Capsule	Prevacid	
\$	Omeprazole Capsule	Prilosec	
\$	Omeprazole Suspension	First-Omeprazole	PA
\$	Pantoprazole Tablet	Protonix	
OTHER GI AGENTS			
\$	Misoprostol Tablet	Cytotec	
GASTROINTESTINAL AGENTS			
\$	Sucralafate Tablet	Carafate	
ANTIEMETIC AGENTS			
\$	Meclizine Tablet	Antivert	
\$	Metoclopramide Solution/Tablet	Reglan	
\$	Ondansetron HCL Tablet	Zofran	QL-30 per 24 days
\$	Ondansetron ODT Tablet	Zofran ODT	QL-30 per 24 days
\$\$	Prochlorperazine Suppository/Tablet	Compazine	
\$	Promethazine Tablet	Phenergan	
\$\$	Promethazine Suppository 12.5mg and 25mg Only	Phenergan	
ANTISPASMODICS			
\$	Dicyclomine Tablet	Bentyl	
ANTIDIARRHEAL			
\$	Bismuth Subsalicylate Suspension/Chew Tabs	Pepto-Bismol	PA
\$	Diphenoxylate-Atropine Liquid/Tablet	Lomotil	PA

PRICE	DRUG(generic)	(brand)	COMMENT
CONSTIPATION			
\$	Bisacodyl Suppository/Tablet	Dulcolax	PA
\$	Docusate Liquid/ Capsule-100mg Only	Colace	PA
\$	Glycerin Suppository	Fleet/Pedia-Lax	PA
\$	Polyethylene Glycol (PEG) 3350 Powder	Miralax	PA
\$	Psyllium Husk Capsule	Metamucil	PA
\$	Sennosides Tablet (8.6mg Only)	Senokot	PA
\$\$	Lactulose	Kristalose	PA
BOWEL PREP AGENTS			
\$	PEG-3350-Electrolytes	Gavilyte-C Gavilyte-G Golytely	
\$	NaCl-NaHCO3-KCL-PEG	Gavilyte-N	
\$	Sodium-Potassium- Magnesium Sulfates	Suprep	PA
\$	NaC-NaHCO3/KCL/PEG	Trilyte	
INFLAMMATORY BOWEL AGENTS			
\$\$\$\$	Mesalamine Tablet (800mg Only)	Asacol HD	PA
\$\$	Mesalamine Enema	Rowasa	PA
\$\$\$	Balsalazide Capsule	Colazal	PA
\$	Sulfasalazine Tablet/ Tablet DR	Azulfidine	
\$\$	Hydrocortisone Enema	Cortenema	
PANCREATIC ENZYMES			
\$\$-\$\$\$	Lipase-Protease-Amylase Capsule DR	Creon	PA
\$\$	Lipase-Protease-Amylase Capsule DR	Pancrease 5,000	PA
\$\$-\$\$\$\$	Lipase-Protease-Amylase Capsule DR	Zenpep	PA

PRICE	DRUG(generic)	(brand)	COMMENT
MISC. GI AGENTS			
\$	Simethicone Chew Tabs	Gas-X	
\$\$\$	Ursodiol Capsule	Actigall	
INFECTIOUS DISEASE			
PENICILLINS			
\$	Amoxicillin	Amoxil	
\$	Amoxicillin-Clavulanic Acid	Augmentin	
\$	Ampicillin	Polycillin/Omnipen	
\$	Dicloxacillin	Dynapen	
\$	Penicillin VK	Beepen VK	
CEPHALOSPORINS-FIRST GENERATION			
\$	Cefadroxil	Duricef	
\$	Cephalexin	Keflex	
CEPHALOSPORINS-SECOND GENERATION			
\$\$	Cefaclor	Ceclor	
\$	Cefprozil	Cefzil	
\$	Cefuroxime	Ceftin/Zinacef	
CEPHALOSPORINS-THIRD GENERATION			
\$	Cefdinir	Omnicef	
\$\$	Cefixime Suspension (100mg/5ml Only)	Suprax	
\$\$	Cefpodoxime	Vantin	

PRICE	DRUG(generic)	(brand)	COMMENT
MACROLIDES			
\$	Azithromycin Suspension/ 250mg Tablets	Zithromax	
\$	Azithromycin 500mg Tablets	Zithromax Tri-Pak	QL-3/3 days
\$\$	Clarithromycin Suspension/Tablet	Biaxin	
\$\$\$\$	Erythromycin Base	Eryc/Ery-Tab/PCE	PA
\$\$\$\$	Erythromycin Ethylsuccinate	E.E.S./EryPed	PA
QUINOLONES			
\$	Ciprofloxacin	Cipro	
\$	Levofloxacin	Levaquin	
TETRACYCLINES			
\$	Doxycycline Hyclate Tablet/Capsule (50mg and 100mg Only)	Vibramycin/ Vibratab	
\$	Doxycycline Monohydrate Tablet/Capsule (50mg and 100mg Only)	Monodox	
\$\$	Doxycycline Monohydrate Suspension	Adoxa	
\$\$\$\$	Tetracycline Capsule	Sumycin	PA
OTHER ORAL ANTIBIOTICS			
\$\$	Clindamycin Suspension	Cleocin	AGE<=8
\$	Clindamycin Capsule	Cleocin	
\$\$	Dapsone Tablet	Aczone	
\$	Metronidazole Tablet	Flagyl	
-\$-\$	Nitrofurantoin Capsule/ Suspension	Macrobid	
\$	Nitrofurantoin-Nitrofurantoin Macrocrystals	Macrochantin	
\$\$	Rifampin Capsule	Rifadin	

PRICE	DRUG(generic)	(brand)	COMMENT
\$\$	Sulfamethoxazole- Trimethoprim Suspension/ Tablet	Bactrim/ Septra	
\$	Trimethoprim Tablet	Proloprim	
ORAL ANTIFUNGALS			
\$\$	Clotrimazole Troche	Mycelex	PA
\$	Fluconazole 150mg Tablet Fluconazole 200mg Tablet	Diflucan	QL-3 per fill (150mg)
\$	Fluconazole Suspension	Diflucan	
\$\$	Griseofulvin Suspension/ 500mg Tablet	Gris-Peg	PA
\$\$	Ketoconazole Tablet	Nizoral	PA
\$\$-\$	Nystatin Suspension/ Tablet	Mycostatin	PA
\$	Terbinafine Tablet	Lamisil	PA
VAGINAL ANTI-INFECTIVES			
\$\$	Clindamycin Cream	Cleocin	PA
\$	Clotrimazole 7-Day Cream	Gyne-Lotrimin	
\$\$	Metronidazole Gel	Metro-Gel Vaginal	
\$	Miconazole 7-Day Cream	Monistat	
\$	Terconazole Cream	Terazol	
HERPES SIMPLEX ANTI-VIRALS			
\$\$-\$	Acyclovir Capsule/ Suspension/Tablet	Zovirax	
\$	Valacyclovir Tablet	Valtrex	
HEPATITIS B VIRUS AGENTS			
\$\$\$\$	Adefovir Dipivoxil Tablet	Hepsera	PA, SP
\$\$\$\$	Entecavir Tablet	Baraclude	PA, SP
\$\$\$\$	Telbivudine Tablet	Tyzeka	PA, SP

PRICE	DRUG(generic)	(brand)	COMMENT
HEPATITIS C VIRUS AGENTS			
\$\$\$\$	Sofosbuvir-Velpatasvir Tablet	Epclusa	PA
\$\$\$\$	Sofosbuvir-Velpatasvir-Voxilprevir Tablet	Vosevi	PA
\$\$\$\$	Glecaprevir-Pibrentasvir	Mavyret	PA
\$\$\$\$	Elbasvir-Grazoprevir Tablet	Zepatier	PA
\$\$\$\$	Peginterferon Alfa-2a	Pegasys	PA
\$\$\$\$	Ribavirin 200mg Capsule/Tablet	Rebetal/Copegus	PA
INFLUENZA VIRUS AGENTS			
\$\$	Amantadine Syrup	Symmetrel	
\$\$	Oseltamivir Capsule/Suspension	Tamiflu	
RSV AGENTS			
\$\$\$\$	Palivizumab	Synagis	PA
HIV ANTIVIRALS			
\$\$-\$\$\$\$	ALL HIV ANTI-RETROVIRALS ARE COVERED; MAY REQUIRE PRIOR AUTHORIZATION FOR APPROVAL		PA, SP
ANTINEOPLASTIC AGENTS			
\$\$\$\$	ALL ANTINEOPLASTIC AGENTS ARE COVERED; MAY REQUIRE PRIOR AUTHORIZATION FOR APPROVAL		PA, SP

PRICE	DRUG(generic)	(brand)	COMMENT
IMMUNOSUPPRESSANT AGENTS			
\$	Azathioprine Tablet	Imuran	
\$\$\$\$	Cyclosporine Capsule/ Solution	Sandimmune	
\$	Mycophenolate Mofetil Capsule/Tablet	Cellcept	
\$\$-\$	Tacrolimus Capsule	Prograf	
NEUROLOGIC AGENTS			
ANTICONVULSANTS			
\$\$-\$	Carbamazepine Chewable Tablet/Suspension/Tablet/ ER Tablet	Tegretol/ Tegretol XR	
\$	Clonazepam Tablet	Klonopin	PA>30 days use
\$\$\$	Ethosuximide Capsule/ Solution	Zarontin	
\$	Gabapentin Capsule/Tablet	Neurontin	
\$\$-\$	Levetiracetam Solution/ Tablet/ ER Tablet	Keppra/Keppra XR	
\$\$-\$	Oxcarbazepine Suspension/ Tablet	Trileptal	
\$	Phenobarbital Tablet	Luminol	
\$	Phenytoin Chewable Tablet/ Suspension	Dilantin Infatabs/ Dilantin	
\$	Phenytoin Sodium Extended Capsule	Phenytek	
\$	Primidone Tablet	Mysoline	
\$	Topiramate Tablet	Topamax	
\$	Zonisamide Capsule	Zonegran	
ANTIPARKINSONIAN AGENTS			
\$\$-\$	Amantadine Solution	Symmetrel	
\$	Benzotropine Tablet	Cogentin	
\$	Carbidopa-Levodopa IR Tablet/ER Tablet	Sinemet/ Sinemet CR	
\$	Pramipexole Tablet	Mirapex	PA

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Ropinirole Tablet	Requip	PA
\$	Trihexyphenidyl Tablet	Artane	
MULTIPLE SCLEROSIS AGENTS			
\$\$\$\$	Dimethyl Fumarate Capsule	Tecfidera	PA, SP
\$\$\$\$	Fingolimod Capsule	Gilenya	PA, SP
\$\$\$\$	Glatiramer Syringe	Glatopa	PA, SP
\$\$\$\$	Interferon Beta-1 a Kit/Pen	Avonex	PA, SP
\$\$\$\$	Interferon Beta-1 b Kit/Vial	Extavia	PA, SP
DEMENTIA AGENTS			
-\$-\$\$\$	Memantine IR Tablets/ Solution	Namenda	PA
\$	Donepezil ODT Rapdis/ Tablet	Aricept	PA, AGE>=40
\$\$	Galantamine Tablet/ ER Capsule	Razadyne/ Razadyne ER	PA
DENTAL AGENTS			
MISC. DENTAL AGENTS			
\$\$	Triamcinolone Acetonide Paste	Kenalog In Orabase	
\$	Sodium Fluoride 1.1% Gel or Paste	Prevident, Dentagel, Denta 5000 Plus	
\$	Chlorhexidine Gluconate 0.12% Mouthwash	Periogard	
\$	Sodium Fluoride Drops/ Tablets	Luride, Fluoritab	AGE<=18
NUTRITIONAL PRODUCTS/VITAMINS AND MINERALS			
IRON SUPPLEMENTS			
\$	Ferrous Gluconate	Fergon	

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Ferrous Sulfate	Feosol	
VITAMIN B			
\$	Cyanocobalamin (B-12) 1,000mcg/ml Injection		PA
\$	Folic Acid 1mg Tablet	Folvite	
VITAMIN D			
\$	Calcitriol	Rocaltrol	
\$	Cholecalciferol (D3) Capsule/ Tablet (400, 1000, 2000, 5000, 10000, 50000 unit only)	Delta D3	
VITAMIN E			
\$	Vitamin E Capsule (400mg and 600mg Only)	E-400/E-600	
VITAMIN K			
\$	Vitamin K	Mephyton	
MULTIVITAMINS			
\$	Calcium+Vitamin D	Oscal	
\$	Multivitamin and Fluoride Drops	Poly-Vi-Flor	AGE<=5
\$	Multivitamin and Fluoride Chewable Tablet	Poly-Vi-Flor	AGE<=18
\$	Tri-Vitamin (A, C, D3) With Fluoride Drops	Tri-Vi-Flor	AGE<=5
\$	MV with or without minerals	Therems/ Therems-M	
\$	Prenatal Vitamin	Prenatal Plus	
CALCIUM			
\$	Calcium Carbonate	Maalox/Tums	
\$	Clacium Citrate	Citracal	

PRICE	DRUG(generic)	(brand)	COMMENT
OTHERS			
\$\$	Levocarnitine Solution	Carnitor	PA
\$\$\$\$	Sevelamer Hydrochloride	Renagel	PA
\$	Renal Vitamin 0.8mg Tablet	Rena-Vite/ Nephro-Vite	
\$	Renal Vitamin 1mg Capsule	RenaCaps	
\$\$	Calcium Acetate 667mg Capsule/Tablet	Phoslo	PA
PAIN, MUSCULOSKELETAL, AND INFLAMMATION			
TOPICAL ANTI-INFLAMMATORY AGENTS			
\$\$	Diclofenac 1% Gel	Voltaren Gel	PA, QL-100gm (1 tube) in 30 Days
ANALGESIC AGENTS			
\$	Acetaminophen Drops/ Liquid/Suppository/Tablet/ Chewable Tablet	Tylenol	
ORAL ANTI-INFLAMMATORY AGENTS			
\$	Aspirin Tablet/ Chewable Tablet/ EC Tablet (81mg and 325mg Only)	Bufferin/Ecotrin	
\$\$	Celecoxib Capsule	Celebrex	PA
\$	Diclofenac Sodium Tablet	Voltaren	
\$\$	Etodolac Capsule/Tablet	Lodine	PA
\$\$	Etodolac ER Tablet	Lodine ER	PA
\$	Flurbiprofen Tablet	Ansaid	
\$	Ibuprofen Drops/Suspension/ Tablet	Motrin/Advil	
\$	Indomethacin Capsule	Indocin	
\$	Meloxicam Tablet	Mobic	
\$	Naproxen Tablet (250mg, 375mg, 500mg Only)	Naprosyn	
\$	Piroxicam Capsule	Feldene	

PRICE	DRUG(generic)	(brand)	COMMENT
\$\$	Salsalate Tablet	Salflex	PA
\$	Sulindac Tablet	Clinoril	
OPIOID/ANALGESIC COMBINATIONS			
DAYS SUPPLY GREATER THAN 7 REQUIRE PRIOR AUTHORIZATION ANY COMBINATION OF OPIOIDS GREATER THAN 90MED REQUIRE PRIOR AUTHORIZATION			
\$	Codeine-Acetaminophen Tablet	Tylenol With Codeine	
\$	Codeine-Acetaminophen 120-12.5-5ml Solution	Tylenol With Codeine	AGE<=5
\$\$	Hydrocodone-Acetaminophen 7.2-325mg/15ml Solution	Hycet	AGE<=5
\$	Hydrocodone-Acetaminophen Tablet (5-325/7.5-325/10-325mg)	Norco	
\$	Oxycodone-Acetaminophen Tablet (5-325mg Only)	Endocet/Percocet	
\$	Oxycodone-Aspirin Tablet	Percodan	
\$	Hydromorphone Tablet (2mg and 4mg Only)	Dilaudid	
-\$-\$\$	Morphine Sulfate IR Tablet	Roxanol	
\$	Morphine Sulfate 20mg/5ml Solution	Roxanol	
-\$-\$\$	Oxycodone 5mg Tablet	Roxidone	
\$	Tramadol Tablet	Ultram	QL-8 per day
LONG-ACTING OPIOIDS			
-\$-\$\$	Morphine Sulfate ER Tablet	MS Contin	PA
\$\$	Fentanyl Patch (12, 25, 50, 75, 100mcg Only)	Duragesic	PA
MIGRAINE AGENTS			
\$	Sumatriptan Succinate Oral Tablet	Imitrex	QL-9/30 days
\$\$\$	Sumatriptan Succinate Nasal Spray	Imitrex	PA, QL-6/30 days
\$	Rizatriptan ODT/Tablet	Maxalt MLT/Maxalt	QL-12/30 days

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Naratriptan Tablet	Amerge	QL-9 per 30 days
\$	Butalbital-Acetaminophen Caffeine 50-325-40mg Tablet	Fioricet	QL-30 per 30 days
\$	Butalbital-Aspirin-Caffeine 50-325-40 Tablet	Fiorinal	QL-30 per 30 days
MUSCLE RELAXANTS			
\$	Baclofen Tablet (10 and 20mg Only)	Lioresal	
\$	Cyclobenzaprine 10mg Tablet	Flexeril	PA>120 Days
\$	Methocarbamol Tablet	Robaxin	PA>120 Days
GOUT			
\$	Allopurinol Tablet	Zyloprim	
\$\$	Colchicine Tablet	Colcrys	QL 30 in 180 days
\$	Probenecid Tablet	Benemid	
RHEUMATOLOGY AGENTS			
\$\$\$\$	Adalimumab Injection	Humira	PA, SP
\$\$\$\$	Etanercept Injection	Enbrel	PA, SP
\$	Leflunomide Tablet	Arava	
\$	Methotrexate Tablet/Vial	Trexall	
\$\$	Hydroxychloroquine Tablet	Plaquenil	
PULMONARY AGENTS			
BETA-AGONIST, SHORT-ACTING AGENTS			
\$\$	Albuterol HFA	Proair HFA	QL-1 every 25 days
\$\$	Albuterol HFA	Ventolin HFA	QL-1 every 25 days
\$\$	Levalbuterol HFA	Xopenex HFA	QL-1 every 25 days
\$	Albuterol Nebulizer Solution	AccuNeb	QL-90ml every 25 days

PRICE	DRUG(generic)	(brand)	COMMENT
BETA-AGONIST, LONG-ACTING (LABA) AGENTS			
\$\$\$\$	Salmeterol Powder	Serevent Diskus	PA
INHALED CORTICOSTEROIDS (ICS) AGENTS			
\$\$\$	Beclomethasone	Qvar Qvar Redihaler	
\$\$\$	Budesonide	Pulmicort Flexhaler	
\$\$\$\$	Budesonide Nebulizer Solution	Pulmicort Respule	PA>5 years old
\$\$\$	Fluticasone Propionate (44mcg and 110mcg)	Flovent HFA	PA
\$\$\$\$	Fluticasone Propionate (220mcg)	Flovent HFA	PA
BETA AGONIST, LONG ACTING (LABA) & INHALED CORTICOSTEROID AGENTS			
\$\$\$\$	Mometasone-Formoterol	Dulera	PA
\$\$\$	Budesonide-Formoterol Fumarate	Symbicort	PA
\$\$\$\$	Fluticasone-Salmeterol (100-50mcg and 250-50mcg)	Advair Diskus	PA
\$\$\$\$	Fluticasone-Salmeterol (500-50mcg)	Advair Diskus	PA
\$\$	Fluticasone-Salmeterol	Airduo Respiclick	
ANTICHOLINERGIC AGENTS			
\$\$\$\$	Tiotropium	Spiriva	PA
\$\$\$\$	Ipratropium	Atrovent HFA	PA
\$\$\$\$	Aclidinium	Tudorza	PA
\$\$\$\$	Umeclidinium	Incruse Ellipta	PA
\$	Ipratropium Albuterol Nebulizer Solution	Duoneb	QL-90ml per fill
BETA-AGONIST, LONG ACTING (LABA) & ANTICHOLINERGIC, LONG ACTING (LAMA) AGENTS			
\$\$\$\$	Tiotropium-Olodaterol	Stiolto Respimat	
\$\$\$\$	Umeclidinium-Vilanterol	Anoro Ellipta	PA

PRICE	DRUG(generic)	(brand)	COMMENT
LEUKOTRIENE INHIBITOR AGENTS			
\$	Montelukast Tablet	Singulair	
OTHER PULMONARY AGENTS			
\$	Saline Inhalation 0.9%, 3%, 10% Nebulizer Vials	Modulose Saline Solution for Inhalation	
\$	Sildenafil 20mg Tablet	Revatio	PA
\$\$-\$	Theophylline ER Tablet (400mg and 600mg)	Theo-24	
INHALER ASSIST DEVICES			
MASKS, AEROCHAMBERS, PEAK FLOW METERS, AND NEBULIZERS ARE A COVERED BENEFIT WITH OHP AND ARE OBTAINED BY COMING DIRECTLY TO THE OFFICE OF CASCADE HEALTH ALLIANCE			
MISC			
\$\$\$\$	Epinephrine Injectable	Adrenaclick/Epipen	PA>4 pens per year
TOBACCO CESSATION AGENTS			
\$\$\$\$	Nicotine Inhaler	Nicotrol	PA
\$	Nicotine Gum	Nicorette	QL-720 per 30 days; 180 day supply per year
\$\$	Nicotine Lozenge	Nicorette	QL-600 per 30 days; 180 day supply per year
\$	Nicotine Patch	Nicoderm CQ	QL-30 per 30 days 180 day supply per year
\$\$\$\$	Varenicline Tablet	Chantix	QL
\$	Bupropion 150mg SR Tablet	Zyban	PA>6 fills in 365 days

PRICE	DRUG(generic)	(brand)	COMMENT
PSYCHOTHERAPEUTIC AND CNS AGENTS			
<p>MENTAL HEALTH MEDICATIONS ARE CARVED OUT TO FEE-FOR-SERVICE. PLEASE CALL OREGON PHARMACY CALL CENTER AT 1(888)202-2126 FOR THE FOLLOWING MEDICATION CLASSES:</p> <ul style="list-style-type: none"> • ANTIDEPRESSANTS • ANTIPSYCHOTIC AGENTS • BIPOLAR AGENTS • ANXIOLYTIC AGENTS • ADHD AGENTS (NONSTIMULANTS) 			
STIMULANTS			
<p>ALL LONG-ACTING OR EXTENDED RELEASE ADHD MEDICATIONS REQUIRE A PRIOR AUTHORIZATION FOR MEMBERS 19 YEARS OLD AND OLDER LONG ACTING FORMULATIONS ARE SUBJECT TO QUANTITY LIMITATIONS</p>			
\$	Amphetamine-Dextroamphetamine Tablet	Adderall	
\$\$	Amphetamine-Dextroamphetamine ER 24H Capsule	Adderall XR	QL-30 per 30 days AGE<=18
\$	Methylphenidate Solution/ Tablet	Ritalin	
\$\$\$	Methylphenidate ER 24H Tablet	Concerta	QL-30 per 30 days AGE<=18
\$\$-\$\$\$	Methylphenidate CD Capsule	Metadate CD	QL-30 per 30 days AGE<=18
\$\$-\$\$\$	Methylphenidate LA Capsule	Ritalin LA	QL-30 per 30 days AGE<=18
\$\$	Methylphenidate SR 20mg Tablet	Ritalin-SR 20	QL-30 per 30 days AGE<=18
\$	Dexmethylphenidate Tablet	Focalin	
\$\$\$	Dexmethylphenidate ER Capsule	Focalin XR	QL-30 per 30 days AGE<=18

PRICE	DRUG(generic)	(brand)	COMMENT
AGENTS FOR OPIOID ADDICTION			
\$\$	Buprenorphine-Naloxone Tablet	Suboxone	PA
AGENTS FOR ALCOHOL DEPENDENCE			
\$\$\$	Acamprosate Tablet	Campral	
\$	Naltrexone Tablet	Revia	
AGENTS FOR OPIOID OVERDOSE			
\$	Naloxone 4mg HCL	Narcan	QL-1 box per fill
UROLOGICAL DRUGS			
BPH AGENTS			
\$	Doxazosin Tablet	Cardura	
\$	Tamsulosin Capsule ER	Flomax	
\$	Terazosin Capsule	Hytrin	
OTHERS			
\$	Bethanechol Tablet (5, 10, 25mg Only)	Urecholine	
\$	Citric Acid/Potassium Solution	Cytra-K	
\$	Oxybutynin Syrup/Tablet	Ditropan	
\$	Oxybutynin Tablet ER	Ditropan XL	QL-30 per 30 days
\$	Phenazopyridine Tablet	Pyridium	
VACCINES			
VACCINES			
ADDITIONAL VACCINATIONS AND ALL VACCINATIONS FOR CHILDREN AGES 18 AND YOUNGER ARE COVERED THROUGH PROVIDERS OFFICE			
CONTACT CHA CASE MANAGEMENT FOR ADDITIONAL INFORMATION			
\$	Flu Vaccine	Fluvirin, Fluzone, Flulaval	QL-1 per year AGE>=19

PRICE	DRUG(generic)	(brand)	COMMENT
\$\$	Pneumonia Vaccine	Pneumovax	AGE>=19
\$\$\$	Zoster Vaccine, Recombinant-Adjuvanted	Shingrix	QL-1 per lifetime AGE>=50
WOMEN'S HEALTH AND CONTRACEPTIVE AGENTS			
HORMONE REPLACEMENT THERAPY			
\$	Estradiol Tablet	Estrace	
\$\$\$	Estradiol Cream	Estrace Vaginal	PA
\$\$\$	Estradiol Vaginal Tablet	Vagifem	PA
\$\$	Estradiol Patches	Climara	PA
\$\$\$\$	Estradiol Vaginal Ring	Estring	PA
\$	Estropipate Tablet	Ogen	
\$	Medroxyprogesterone Tablet	Provera	
\$\$	Norethindrone Acetate Tablet	Aygestin	
\$	Progesterone Micronized Capsule	Prometrium	
\$\$	Estradiol-Norethindrone Acetate Tablet	Activella	PA
EMERGENCY CONTRACEPTIVES			
\$	Levonorgestrel Tablet	My Way, Next Choice, Fallback, Solo, Plan-B, Plan-B One Step	
\$	Ullipristal Acetate	Ella	
MISC			
\$\$	Methylergonovine Tablet	Methergine	PA
\$	Misoprostol Tablet	Cytotec	
ORAL CONTRACEPTIVES			
\$	Desogestrel-Ethinyl Estradiol Tablet	Kariva, Apri, Azurette, Caziant, Emoquette, Reclipsen, Velivet, Viorele	

PRICE	DRUG(generic)	(brand)	COMMENT
\$-\$\$	Drospirenone-Ethinyl Estradiol Tablet	Gianvi, Loryna, Nikki, Ocella, Syeda, Vestura, Zarah	
\$-\$\$	Ethinodiol-Ethinyl Estradiol Tablet	Kelnor 1/35, Zovia 1/35, Zovia 1/50	
\$-\$\$	Levonorgestrel-Ethinyl Estradiol Tablet	Altavera, Aviane-28, Falmina, Kurvelo, Lessina, Lutera, Marlissa, Sronyx, Levora, Orsythia, Portia-28, Enpresse, Myzilra, Levonest, Trivora-28	
\$-\$\$	Norethindrone-Ethinyl Estradiol Tablet	Alyacen, Cyclofem, Necon, Nortrel, Junel, Junel Fe, Microgestin, Microgestin Fe, Gildess Fe, Tri-Legest Fe, Leena, Aranelle, Gildess, Wera	
\$	Norgestimate-Ethinyl Estradiol Tablet	Mononessa, Sprintec, Previfem, Trinessa, Tri-Previfem, Tri-Sprintec	
\$	Norgestrel-Ethinyl Estradiol Tablet	Cryselle, Elinest, Low-Ogestrel, Ogestrel	
\$	Norethindrone Tablet	Errin, Camila, Nora-Be, Jolivette, Heather	
OTHER CONTRACEPTIVES			
\$\$	Norelgestromin-Ethinyl Estradiol Patch	Ortho-Evra, Xulane	
\$\$	Etonogestrel-Ethinyl Estradiol Vaginal Ring	NuvaRing	

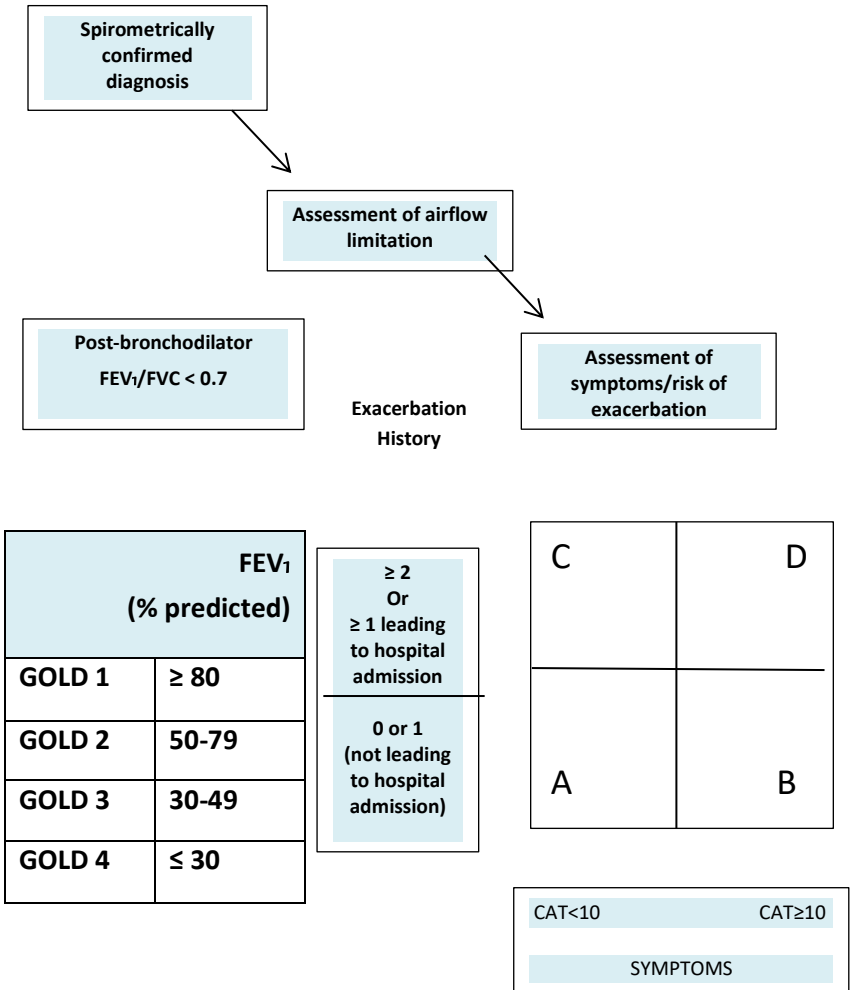
PRICE	DRUG(generic)	(brand)	COMMENT
\$\$	Medroxyprogesterone Acetate Injectable	Depro-Provera IM Shot	
LEVONORGESTREL IMPLANTS & IUDs MUST BE A COVERED DMAP SERVICE AND OBTAINED THROUGH PROVIDERS OFFICE			

90 Day Oral Anti-Hypertensives		
No PA required; must be written for 90 days		
Drug Name	Form	Strength
Amiloride	TABLET	5MG
Amlodipine	TABLET	2.5MG, 5MG, 10MG
Amlodipine-Benazepril	CAPSULE	2.5-10MG, 5-10MG, 5-20MG, 10-20MG, 10-40MG
Atenolol	TABLET	25MG, 50MG, 100MG
Benazepril	TABLET	5MG, 10MG, 20MG, 40MG
Carvedilol	TABLET	3.125MG, 6.25MG, 12.5MG, 25MG
Clonidine	TABLET	0.1MG, 0.2MG, 0.3MG
Enalapril	TABLET	2.5MG, 5MG, 10MG, 20MG
Furosemide	TABLET	20MG, 40MG, 80MG
Guanfacine HCL	TABLET	1MG, 2MG
Hydrochlorothiazide	CAPSULE	12.5MG
Hydrochlorothiazide	TABLET	25MG, 50MG
Indapamide	TABLET	1.25MG, 2.5MG
Irbesartan	TABLET	75MG, 150MG, 300MG
Isosorbide Mononitrate	TABLET	10MG, 20MG
Lisinopril	TABLET	2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG
Lisinopril-HCTZ	TABLET	10-12.5MG, 20-12.5MG, 20-25MG
Losartan Potassium	TABLET	25MG, 50MG, 100MG
Losartan-HCTZ	TABLET	50-12.5MG, 100-12.5MG, 100-25MG
Metoprolol Tartrate	TABLET	25MG, 50MG, 100MG
Metoprolol Succinate ER 24 hr	TABLET	25MG, 50MG, 100MG, 200MG
Minoxidil	TABLET	2.5MG, 10MG
Olmesartan	TABLET	5MG, 20MG, 40MG
Olmesartan-HCTZ	TABLET	20-12.5MG, 40-12.5MG, 40-25MG
Spirinolactone	TABLET	25MG, 50MG, 100MG
Telmisartan	TABLET	20MG, 40MG, 80MG
Telmisartan-HCTZ	TABLET	40-12.5MG, 80-12.5MG, 80-25MG
Terazosin	CAPSULE	1MG, 2MG, 5MG, 10MG
Torsemide	TABLET	5MG, 10MG, 20MG, 100MG
Triamterene-HCTZ	TABLET	37.5-25MG, 75-50MG
Valsartan	TABLET	40MG, 80MG 160MG, 320MG
Verapamil HCL ER	TABLET	120MG, 180MG, 240MG

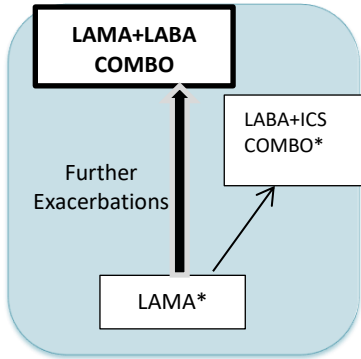
2018 GOLD COPD GUIDELINES

CAT ASSESSMENT							
For each item below, place a mark (X) in the box that best describes you currently. Be sure to only select one response for each question.							
Example: I am very happy	1	2	3	4	5	I am very sad	SCORE
I never cough	1	2	3	4	5	I cough all the time	
I have no phlegm (mucus) in my chest at all	1	2	3	4	5	My chest is completely full of phlegm (mucus)	
My chest does not feel tight at all	1	2	3	4	5	My chest feels tight	
When I walk up a hill or one flight of stairs I am not breathless	1	2	3	4	5	When I walk up a hill or one flight stairs I am very breathless	
I am not limited doing any activities at home	1	2	3	4	5	I am very limited doing activities at home	
I am confident leaving my home despite my lung condition	1	2	3	4	5	I am not confident leaving my home because of my lung condition	
I sleep soundly	1	2	3	4	5	I don't sleep soundly because of my lung condition	
I have lots of energy	1	2	3	4	5	I have no energy at all	
TOTAL SCORE							

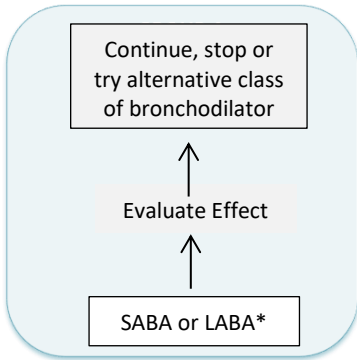
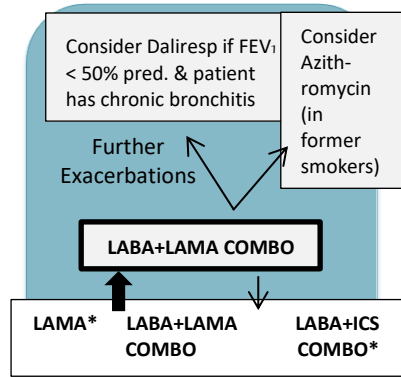
The refined ABCD assessment tool



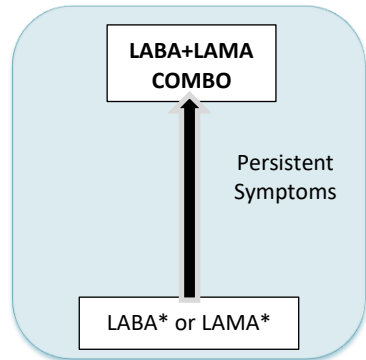
GROUP C
HIGH RISK,
LESS SYMPTOMS



GROUP D
HIGH RISK,
MORE SYMPTOMS



GROUP A
LESS RISK,
LESS SYMPTOMS



GROUP B
LESS RISK,
MORE SYMPTOMS

LEGEND

SABA	short acting bronchodilator
LABA	long acting bronchodilator
LAMA	long acting muscarinic antagonist
ICS	Inhaled corticosteroid
*	PA required

CHA FORMULARY MEDICATIONS

SABA	Albuterol HFA, Levalbuterol HFA
LABA*	Serevent*
LAMA*	Spiriva*, Tudorza*, Incruse* Atrovent HFA*
ICS	QVAR, Pulmicort, Flovent HFA*
LABA+LAMA COMBO	Stiolto Respimat, Anoro Ellipta
LABA+ICS COMBO*	Airduo, Symbicort*, Dulera*, Advair Diskus*,

GROUP A

- All Group A patients should be offered bronchodilator treatment based on its effect on breathlessness. This can be either a short- or a long-acting bronchodilator.
- This should be continued if symptomatic benefit is documented.

Group B

- Initial therapy should consist of a long acting bronchodilator. Long-acting inhaled bronchodilators are superior to short-acting bronchodilators taken as needed i.e., *pro re nata* (prn) and are therefore recommended.
- There is no evidence to recommend one class of long-acting bronchodilators over another for initial relief of symptoms in this group of patients. In the individual patient, the choice should depend on the patient's perception of symptom relief.
- For patients with persistent breathlessness on monotherapy the use of two bronchodilators is recommended.
- For patients with severe breathlessness initial therapy with two bronchodilators may be considered.
- If the addition of a second bronchodilator does not improve symptoms, it is suggested the treatment could be stepped down again to a single bronchodilator.

- Group B patients are likely to have comorbidities that may add to their symptomatology and impact their prognosis, and these possibilities should be investigated.

Group C

- Initial therapy should consist of a single long acting bronchodilator. In two head-to head comparisons the tested LAMA was superior to the LABA regarding exacerbation prevention, therefore it is recommended therapy is started with a LAMA in this group.
- Patients with persistent exacerbations may benefit from adding a second long acting bronchodilator (LABA/LAMA) or using a combination of a long acting beta2-agonist and an inhaled corticosteroid (LABA/ICS). As ICS increases the risk for developing pneumonia in some patients, the recommended primary choice is LABA/LAMA.

Group D

- It is recommended starting therapy with a LABA/LAMA combination because:
 - In studies with patient reported outcomes as the primary endpoint LABA/LAMA combinations showed superior results compared to the single substances. If a single bronchodilator is chosen as initial treatment, a LAMA is preferred for exacerbation prevention based on comparison to LABAs
 - A LABA/LAMA combination was superior to LABA/ICS combination in preventing

- exacerbations and other patient reported outcomes in Group D patients
 - Group D patients are at higher risk of developing pneumonia when receiving treatment with ICS.
- In some patients initial therapy with LABA/ICS may be the first choice. These patients may have a history and/or findings suggestive of asthma-COPD overlap. High blood eosinophil counts may also be considered as a parameter to support the use of ICS, although this is still under debate.
- In patients who develop further exacerbations on LABA/LAMA therapy we suggest two alternative pathways:
 - Escalation to LABA/LAMA/ICS. Studies are underway comparing the effects of LABA/LAMA vs. LABA/LAMA/ICS for exacerbation prevention.
 - Switch to LABA/ICS. However, there is no evidence that switching from LABA/LAMA to LABA/ICS results in better exacerbation prevention. If LABA/ICS therapy does not positively impact exacerbations/symptoms, a LAMA can be added.
- If patients treated with LABA/LAMA/ICS still have exacerbations the following options may be considered:
 - Add Daliresp (roflumilast). This may be considered in patients with an FEV1 < 50% predicted and chronic bronchitis, particularly if they have experienced at least one hospitalization for an exacerbation the previous year.

- Add Azithromycin (a macrolide). Consideration to the development of resistant organisms should be factored into decision making.
- Stopping ICS. A reported lack of efficacy, an elevated risk of adverse effects (including pneumonia) and evidence showing no significant harm from withdrawal supports this recommendation

DIABETIC TREATMENT PLAN

Start with Monotherapy unless:

A1C is greater than or equal to 9%, move to Dual Therapy.

A1C is greater than or equal to 10%, move to Combination Injectable Therapy.

Monotherapy	Metformin
--------------------	------------------

Efficacy	High
Hypo Risk	Low Risk
Weight	Neutral/Loss
Side Effects	GI/Lactic Acidosis
Costs	Low

If A1C target not achieved after 3 months of compliant monotherapy, proceed to 2-drug combination.

Dual Therapy	Metformin +
---------------------	--------------------

	Sulfonylurea	Thiazolidinedione	GLP-1 RA	Insulin (Basal)
Efficacy	High	High	High	Highest
Hypo Risk	Moderate Risk	Low Risk	Low Risk	High Risk
Weight	Gain	Gain	Loss	Gain
Side Effects	Hypoglycemia	Edema, HF	GI	Hypoglycemia
Costs	Low	Low	High	High

If A1C target not achieved after 3 months of compliant dual therapy, proceed to 3-drug combination.

Triple Therapy			Metformin +		
Sulfonylurea +	TZD +	DPP-4 Inhibitor +	SGLT2 Inhibitor +	GLP-1 RA +	Insulin (Basal) +

Add one additional medication from the appropriate column

TZD	SU	SU	SU	SU	TZD
DPP-4-I	DPP-4-I	TZD	TZD	TZD	DPP-4-I
SGLT2-I	SGLT2-I	SGLT2-I	DPP-4-I	SGLT2-I	SGLT2-I
GLP-1-RA	GLP-1-RA	Insulin (Basal)	GLP-1-RA	Insulin	GLP-1-RA
Insulin	Insulin		Insulin		

If A1C target not achieved after 3 months of compliant triple therapy and patient (1) on oral combination, move to basal insulin or GLP-1 RA, (2) on GLP-1 RA, add basal insulin, or (3) on optimally titrated basal Insulin, add GLP-1 RA or mealtime insulin. Metformin therapy should be maintained, while other oral agents may be discontinued on an individual basis to avoid unnecessarily complex or costly regimens (i.e., adding a fourth antihyperglycemic agent).

Combination Injectable Therapy	Metformin + Basal Insulin +
--------------------------------	-----------------------------

Rapid-Acting Insulin	GLP-1 RA
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Formulary Options:

Sulfonylurea	Thiazolidinediones	GLP-1 Receptor Agonists	Insulin (Basal)
glimepiride tablet	pioglitazone tablet	lixisenatide (Adlyxin*)	insulin detemir (Levemir*)
glipizide tablet; tablet ER		exenatide (Bydureon*)	insulin glargine (Basaglar, Lantus*)
glyburide tablet			

Additional Formulary Options:

DPP-4 Inhibitor	SGLT2 Inhibitor
alogliptin (Nesina) tablet*	ertugliflozin (Steglatro) tablet*
linagliptin (Tradjenta) tablet*	

* PA Required

DIABETIC SUPPLY POLICY

Supplies can be obtained at:
2909 Daggett Ave, Suite 225
541-883-2947

Office Hours: Monday-Friday 8:30am-4:30pm

Supplies Available:

Meters
Test Strips
Lancets
Syringes
Pen Needles
Sharps Containers
Syringe Magnifiers

A prescription is required for supplies, in accordance with OHP guidelines
We will send your provider a copy of your logbook, please bring your meter with you
PA criteria must be satisfied for insulin pens, pumps, and CGM's

We can also download your Medtronic and T-Slim insulin pumps!

2017 GOLD COPD

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Arabic Number	Roman Numeral
½	ss
1	I or i
5	V or v
10	X or x
50	L or l
100	C or c
500	D or d
1000	M or m
Apothecary Weight And Volume	
Weight	Volume
1 grain (gr) = 65 mg	1 fluid dram (fl. dr) = 3.75 mL
60 grains (gr) = 1 dram (dr)	8 fluid drams (fl. dr) = 1 fluid ounce (fl. oz)
8 drams (dr) = 1 ounce (oz)	16 fluid oz (fl. oz) = 1 pint (pt)
12 ounces = 1 pound (lb)	2 pints (pt) = 1 quart (qt)
	4 quarts (qt) = 1 gallon (gal)
Metric Weight And Volume	
Weight	Volume
1 kilogram (kg) = 1000 grams (g)	1 liter (L) = 1000 milliliters (mL) or cc
1 gram (g) = 1000 milligram (mg)	1 deciliter (dL) = 100 milliliters (ml) or cc
1 milligram (mg) = 1000 microgram (mcg)	1 deciliter (dL) = 0.1 liter (L)
1 milligram (mg) = 0.001 grams (g)	
1 microgram (mcg) = 0.001 milligram (mg)	

Common Household Measurements	
1 tablespoon (tbsp) = 3 teaspoons (tsp)	
1 pint (pt) = 16 fluid oz (fl oz)	
2 tablespoon (tbsp) = 1 ounce (oz)	
1 cup (c) = 8 ounce (oz)	
1 pint (pt) = 2 cups (c)	
1 quart (qt) = 4 cups (c) = 2 pints (pt)	
Commonly Used Conversions Between Measurement Systems	
20 drops = 1 mL	1 grain = 65 mg
1 oz = 30 mL	5 grain = 325 mg
1 tbsp = 15 mL	1 lb = 0.454 kg
1 tsp = 5 mL or cc	1 kg = 2.2 lb
1 pt = 480 mL	1 oz = 28.35 g
1 qt = 960 mL	1 cc = 1 mL
1 gal = 3840 mL = 3.84 L	

Commonly Used Sig Codes			
q	every	qh	every hour
qam	every morning	qpm	every evening
qhs	nightly at bedtime	qd	everyday
qod	every other day	qwk	every week
qmo	every month	bid	twice daily
tid	three times daily	qid	four times daily
c	with	ac	before a meal
pc	after a meal	hs	at bedtime
prn	as needed	ud	as directed
qs	quantity sufficient	gtt	drop
od	right eye	os	left eye
ou	both eyes	ad	right ear
as	left ear	au	both ears
po	by mouth	sl	sublingual
pr	rectally	pV	vaginally
im	intramuscular	sq	subcutaneous

NORMAL CHOLESTEROL VALUES

Test (mg/dL)	Preferred	Boderline	Poor	Very Poor
Total Cholesterol	Below 200	200-239	Above 240	
HDL	Above 60	50-59	Below 40	
LDL	100-129	130-159	160-189	Above 190
Triglycerides	Below 150	150-199	200-499	Above 500

NORMAL DIABETES VALUES

Diabetes Test*	ADA Goal for	
	Diagnosis of Diabetes	Increased risk [Prediabetes]/IFG
HbA1c Using a method certified by NGSP and standardized to the DCCT assay. or	≥6.5%	5.7-6.4%
Fasting Plasma Glucose Fasting is defined as no caloric intake for at least 8 hours. or	≥126 mg/dL (7.0 mmol/L)	100-125 mg/dL (6.9 mmol/L)
2 Hour Plasma Glucose [OGTT] The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.	≥200 mg/dL (11.1 mmol/L)	140-199 mg/dL (7.8-11.0 mmol/L)

NORMAL CBC VALUES

Parameter	Range of Normal Values
RBC (millions of cells/cu mm)	2.5 - 4.5
PCV (packed cell volume)	35% - 55%
polychromasia	slt (slight)
anisocytosis	slt (slight)
WBC (cells/cu mm)	5000 - 15000
het (heterophils)	40 - 75%
lymphs (lymphocytes)	20 - 50%
baso (basophils)	0 - 5%
eos (eosinophils)	0 - 2%
monos (monocytes)	0 - 3%
buffy coat	1% or less
COMMENTS	none
Thrombocytes	present
Plasma color	clear or pale yellow
T.P. (total protein) gm/dl	2.5 - 5.5
parasites	none