

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 (including OTC over-the-counter medications), 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 For Provider: Provider Resource Center

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 detrimental to patient care.



Cascade Health Alliance

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)	Strength	Comment
CARDIOVASCULAR AGENTS				
ALPHA-BLOCKERS AND OTHER SYMPATHOLYTIC AGENTS				
\$	Clonidine Tablet	Catapress	All	
\$	Doxazosin Tablet	Cardura	All	
\$	Guanfacine Tablet	Tenex	All	
\$	Prazosin Capsule	Minipress	All	
\$	Terazosin Capsule	Hytrin	All	
ANGIOTENSIN RECEPTOR BLOCKER (ARB) AGENTS				
\$	Irbesartan Tablet	Avapro	All	
\$	Losartan Tablet	Cozaar	All	
\$	Losartan-HCTZ Tablet	Hyzaar	All	
\$	Olmesartan Tablet	Benicar	All	
\$	Olmesartan-HCTZ Tablet	Benicar-HCT	All	
\$	Telmisartan Tablet	Micardis	All	
\$	Valsartan Tablet	Diovan	All	
\$	Valsartan-HCTZ Tablet	Diovan-HCT	All	
ANGIOTENSIN-CONVERTING ENZYME INHIBITOR (ACE) AGENTS				
\$	Benazepril Tablet	Lotensin	All	
\$\$	Captopril Tablet	Capoten	All	PA
\$	Enalapril Tablet	Vasotec	All	
\$	Fosinopril Tablet	Monopril	All	
\$	Lisinopril Tablet	Zestril, Prinivil	All	
\$	Lisinopril-HCTZ Tablet	Zestoretic; Prinizide	All	
\$	Ramipril Tablet	Altace	All	
\$	Trandolapril Tablet	Mavik	All	

Price	Drug(generic)	(brand)	Strength	Comment
ANTIARRHYTHMIC AGENTS				
\$	Amiodarone Tablets	Pacerone, Cordarone	200mg	
\$\$	Disopyramide Phosphate Capsule	Norpace	All	
\$	Flecainide Tablet	Tambocor	All	
\$\$	Mexiletine Tablet	Rythmol	All	
\$	Quinidine Tablet	Quinaglute	All	
\$	Quinidine Tablet ER	Quinaglute	All	
ANTICOAGULANT AND ANTIPLATELET AGENTS				
\$\$\$\$	Apixaban Tablet	Eliquis	All	
\$	Aspirin Tablet	Ecotrin, Halfprin	All	
\$	Cilostazol Tablet	Pletal	All	
\$	Clopidogrel Tablet	Plavix	75mg	
\$\$	Enoxaparin Syringe	Lovenox	All	DS-7
\$\$\$\$	Fondaparinux Syringe	Arixtra	All	PA
\$\$\$\$	Rivaroxaban Tablet	Xarelto	All	
\$	Warfarin Tablet	Coumadin	All	
BETA AND BETA-ALPHA BLOCKER AGENTS				
\$	Atenolol Tablet	Tenormin	All	
\$	Carvedilol Tablet	Coreg	All	
\$	Labetalol Tablet	Normodyne	All	
\$	Metoprolol Succinate ER Tablet	Toprol XL	All	
\$	Metoprolol Tartrate Tablet	Lopressor	All	
\$\$	Nadolol Tablet	Corgard	All	
\$	Propranolol Tablet	Inderal	All	
\$\$	Propranolol Tablet ER	Inderal LA	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Sotalol Tablet	Betapace	All	
CALCIUM CHANNEL BLOCKER AGENTS				
\$	Amlodipine Tablet	Norvasc	All	
\$	Amlodipine-Benazepril Tablet	Lotrel	All	
\$	Diltiazem ER Capsule	Matzim LA	All	
\$	Diltiazem ER 24 hr Tablet	Cardizem LA	All	
\$	Diltiazem ER 24 hr Tablet	Dilt-XR	All	
\$	Diltiazem SA 24 hr Capsule	Taztia XT	All	
\$	Diltiazem ER 24 hr Capsule	Cardizem CD	All	
\$	Diltiazem ER 24 hr Capsule	Cartia XT	All	
\$	Diltiazem SA 24 hr Capsule	Tiazac	All	
\$	Diltiazem Tablet	Cardizem	All	
\$\$	Nifedipine Capsule	Procardia	All	
\$	Nifedipine Tablet	Procardia XL	All	
\$	Verapamil Tablet	Calan	All	
\$	Verapamil Tablet SR	Calan SR	All	
CARDIAC GLYCOSIDE AGENTS				
\$	Digoxin Tablet	Lanoxin	All	
LOOP DIURETIC AGENTS				
\$	Bumetanide Tablet	Bumex	All	
\$	Furosemide Tablet	Lasix	All	
\$	Torsemide Tablet	Demadex	All	
NITRATE AGENTS				
\$	Isosorbide Dinitrate Tablet	Isordil	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Isosorbide Mononitrate ER 24 hr Tablet	Imdur	All	
\$	Isosorbide Mononitrate Tablet	Monoket	All	
\$	Nitroglycerin Ointment	Nitro-BID	All	PA
\$	Nitroglycerin Patch	Nitro-DUR	0.1mg, 0.2mg, 0.4mg, 0.6mg	
\$	Nitroglycerin Tablet SL	Nitrostat	All	
POTASSIUM AGENTS				
-\$\$\$\$	Potassium Chloride Capsule ER	Klor-Con	All	
\$	Potassium Chloride Capsule Tablet ER	K-Tabs	All	
\$\$	Potassium Chloride Solution	Kor-Con	All	
\$\$	Potassium Citrate Tablet ER	Urocit-K	All	
\$\$	Potassium Citrate/Citric Acid Soltuin	Citra-K	All	
POTASSIUM-SPARING DIURETIC AGENTS				
\$	Amiloride Tablet	Midamor	All	
\$	Spironolactone Tablet	Aldactone	All	
\$	Triamterene/HCTZ Capsule	Dyazide	All	
\$	Triamterene/HCTZ Tablet	Maxzide	All	
THIAZIDES AND RELATED DIURETIC AGENTS				
\$	Chlorthalidone Tablet	Hygroton	All	
\$	Hydrochlorothiazide Capsule	Microzide	12.5mg	
\$	Hydrochlorothiazide Tablet	Hydrodiuril	25mg, 50mg	
\$	Indapamide Tablet	Lozol	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Metolazone Tablet	Zaroxolyn	All	
VASODILATOR AGENTS				
\$	Hydralazine Tablet	Apresoline	All	
\$	Minoxidil Tablet	Loniten	All	
CHOLESTEROL AGENTS				
BILE ACID SEQUESTRANTS				
\$\$	Cholestyramine Lite Powder	Questran Lite	All	
\$\$	Cholestyramine Powder	Questran	All	
\$\$	Colestipol Packet	Colestid	All	QL-120/30 days
\$\$	Colestipol Tablet	Colestid	All	QL-120/30 days
FIBRATES				
\$\$	Fenofibrate Tablet	Lofibra	54mg	
\$\$	Fenofibrate Tablet	Tricor	48mg; 145mg	
\$\$	Fenofibrate Tablet	Triglide	160mg	
\$	Gemfibrozil Tablet	Lopid	All	
OTHER LIPOTROPIC AGENTS				
\$\$	Ezetimibe Tablet	Zetia	All	
\$	Fish Oil Concentrate (OTC Only)		1,000mg	
\$	Niacin (OTC Only)		All	
STATINS				
\$	Atorvastatin Tablet	Lipitor	All	
\$	Lovastatin Tablet	Mevacor	All	
\$	Pravastatin Tablet	Pravachol	All	
\$	Rosuvastatin Tablet	Crestor	All	

Price	Drug(generic)	(brand)	Strength	Comment
DENTAL AGENTS				
MISC. DENTAL AGENTS				
\$	Chlorhexidine Gluconate Mouthwash	Periogard	0.12%	
\$	Sodium Fluoride 1.1% Cream	Denta 5000 Plus	1.1%	
\$	Sodium Fluoride 1.1% Gel	Dentagel	1.1%	
\$	Sodium Fluoride 1.1% Paste	Prevident	1.1%	
\$	Sodium Fluoride Drops	Luride	All	AGE<=18
\$	Sodium Fluoride Tablets	Fluoritab	All	AGE<=18
\$	Triamcinolone Acetonide Paste	Kenalog In Orabase	All	
DERMATOLOGIC AGENTS				
ACNE PRODUCTS				
\$	Benzoyl Peroxide Bar (OTC)	Acne Care Bar		AGE<=21, QL- 1/30 days
\$	Benzoyl Peroxide Cleanser (OTC)		5%; 6%; 7%; 10%	AGE<=21, QL- 237mL/30 days
\$	Benzoyl Peroxide Cleanser (OTC)	Acne Control Cleanser	2%; 10%	AGE<=21, QL- 237mL/30 days
\$	Benzoyl Peroxide Combo Wash (OTC)	Acne Free Combo	2.5%-3.7%	AGE<=21, QL- 295mL/30 days
\$	Benzoyl Peroxide Cream (OTC)	Acne Treatment Cream	2.5%; 10%	AGE<=21, QL- 30gm/30 days
\$	Benzoyl Peroxide Foaming Wash (OTC)	Acne Foaming Wash	10.00%	AGE<=21, QL- 156mL/30 days
\$	Benzoyl Peroxide Gel (OTC)	Acne Medication Gel	2.5%; 5%; 10%	AGE<=21, QL- 60gm/30 days
\$	Benzoyl Peroxide Lotion (OTC)	Acne Medication Lotion	5%; 10%	AGE<=21, QL- 30gm/30 days
\$	Salicylic Acid Medicated Pads (OTC)	Acne Medicated Pads	2%	AGE<=21, QL- 90/30 days

Price	Drug(generic)	(brand)	Strength	Comment
\$\$	Tretinoin Cream	Retin-A	0.05%	AGE<=21, QL-20gm/30 days
ANTIPARASITIC AGENTS				
\$\$\$\$	Albendazole Tablet	Albenza	All	PA
\$	Ivermectin Tablet	Stromectol	All	
\$\$	Permethrin Cream	Elimite	5%	QL-60gm/fill
\$	Permethrin Liquid	Nix	1%	QL-60ml/fill
OTHERS				
\$	Calamine Phenolated Lotion	Calamine	All	QL-177gm/30 days
\$	Capsaicin Cream	Zostrix	0.1%	
\$\$\$	Fluorouracil Cream	Efudex	5%	PA
\$	Lidocaine Ointment	Lidocaine	5%	
\$\$	Lidocaine Patch	Lidoderm	5%	PA, QL-30/30 days
\$	Lidocaine/Prilocaine Cream	Emla	All	QL-30gm/60 days
\$	Salon-Pas Patch	Salon-Pas	All	PA, QL-60/30 days
\$	Selenium Sulfide 2.5% Lotion	Selsun	All	QL-120mL/30 days
\$	Zinc Oxide/Cod Liver Oil Paste	Desitin	All	QL-57gm/30 days
TOPICAL ANTIBACTERIAL AGENTS				
\$	Bacitracin Ointment	Baciguent	All	
\$	Bacitracin/Polymyxin Ointment	Polysporin	All	
\$	Gentamicin Cream	Garamycin	All	
\$	Gentamicin Ointment	Garamycin	All	
\$	Mupirocin Ointment	Bactroban	2%	QL-22gm/30 days
\$	Silver Sulfadiazine Cream	Silvadene	All	

Price	Drug(generic)	(brand)	Strength	Comment
TOPICAL ANTIFUNGAL AGENTS				
\$	Clotrimazole Cream	Lotrimin AF	1%	QL-30gm/30 days
\$	Clotrimazole/Betamet hasone Cream	Lotrisone	All	
\$	Ketoconazole Cream	Nizoral	All	QL-15gm/30 days
\$	Ketoconazole Shampoo	Nizoral	All	
\$	Miconazole Aerosol Powder	Lotrimin AF	All	
\$	Nystatin Cream	Mycostatin	All	QL-15gm/30 days
\$	Nystatin Ointment	Mycostatin	All	QL-15gm/30 days
\$\$	Nystatin Powder	Nystop	All	QL-15gm/30 days
\$	Terbinafine Cream	Lamisil	All	QL-30gm/30 days
\$	Tolnaftate Cream	Tinactin	All	QL-30gm/30 days
TOPICAL ANTIVIRAL AGENTS				
\$	Imiquimod Cream	Aldara	All	PA
\$\$	Podofilox Solution	Condylox	All	PA
TOPICAL CORTICOSTEROIDS HIGH POTENCY				
\$\$	Betamethasone Dipropionate Cream	Diprosone	0.05%	PA
\$\$	Fluocinonide Cream	Lidex	0.05%	PA
\$\$	Fluocinonide Gel	Lidex	0.05%	PA
\$\$	Fluocinonide Solution	Lidex	0.05%	PA
TOPICAL CORTICOSTEROIDS LOWEST POTENCY				
\$	Hydrocortisone Cream	Hytone	1%	QL-28gm/days
\$	Hydrocortisone Cream	Hytone	2.5%	PA
\$	Hydrocortisone Lotion	Hytone	2.5%	PA

Price	Drug(generic)	(brand)	Strength	Comment
\$	Hydrocortisone Ointment	Hytone	1%	QL-28gm/days
\$	Hydrocortisone Ointment	Hytone	2.5%	PA
TOPICAL CORTICOSTEROIDS MEDIUM POTENCY				
\$\$	Betamethasone Valerate Cream	Valisone	0.01%	PA
TOPICAL CORTICOSTEROIDS MEDIUM TO HIGH POTENCY				
\$	Fluticasone Propionate Ointment	Cutivate	0.1%	PA
\$	Mometasone Furoate Ointment	Elocon	0.1%	PA
\$	Triamcinolone Acetonide Cream	Kenalog	0.5%	PA
\$	Triamcinolone Acetonide Ointment	Kenalog	0.5%	PA
TOPICAL CORTICOSTEROIDS MEDIUM TO LOW POTENCY				
\$	Fluticasone Propionate Cream	Cutivate	0.05%	PA
\$	Mometasone Furate Cream	Elocon	0.1%	PA
\$	Mometasone Furate Solution (Lotion)	Elocon	0.1%	PA
\$	Triamcinolone Cream	Kenalog	0.025%; 0.1%	QL-30gm/30 days
\$\$	Triamcinolone Lotion	Kenalog	0.025%; 0.1%	PA
\$	Triamcinolone Ointment	Kenalog	0.025%; 0.1%	QL-30gm/30 days
TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY				
\$\$	Betamethasone Dipropionate Ointment	Diprosone	0.05%	PA
\$\$	Clobetasol Propionate Cream	Temovate	0.05%	PA
\$\$	Clobetasol Propionate Solution	Temovate	0.05%	PA

Price	Drug(generic)	(brand)	Strength	Comment
ENDOCRINE AND HORMONAL AGENTS				
2ND GENERATION SULFONYLUREAS				
\$	Glimepiride Tablet	Amaryl	All	
\$	Glipizide Tablet	Glucotrol	All	
\$	Glipizide Tablet ER	Glucotrol XL	All	
\$	Glyburide Tablet	Diabeta/Micronase	All	
ADRENAL CORTICOSTEROIDS/MINERALOCORTICOSTEROIDS				
\$	Dexamethasone Elixir	Decadron	All	
\$	Dexamethasone Solution	Decadron	All	
\$	Dexamethasone Tablets	Decadron	0.5mg, 0.75mg, 1.0mg, 1.5mg, 4.0mg	
\$	Fludrocortisone Tablet	Florinef	All	
\$	Hydrocortisone Tablet	Cortef	All	
\$	Methylprednisolone Dose Pak	Medrol	4mg	
\$	Methylprednisolone Tablet	Medrol	4mg	
\$	Prednisolone Sodium Phosphate Solution	Orapred	All	
\$	Prednisone Dose Pak	Sterapred	All	
\$\$	Prednisone Oral Concentrate	Prednisone Intensol	All	AGE<=12
\$	Prednisone Solution	Prednisone	All	
\$	Prednisone Tablet	Deltasone	All	
ALPHA-GLUCOSIDASE INHIBITORS				
\$	Acarbose Tablet	Precose	All	
ANDROGENS				
\$\$	Testosterone Cypionate Vial	Depo-Testosterone	All	PA

Price	Drug(generic)	(brand)	Strength	Comment
\$\$\$	Testosterone Gel Packet	Androgel	50mg (1%)	PA
ANTIHYPOGLYCEMIC AGENTS				
\$\$\$	Glucagon Nasal Spray	Baqsimi	All	PA
BIGUANIDES				
\$	Metformin Tablet	Glucophage	All	
\$	Metformin Tablet XR	Glucophage XR	500mg; 750mg	
COMBINATION INSULIN				
\$\$\$	Insulin Lispro Protamine-Insulin Aspart Pen	Novolog Mix 70:30 Flexpen	All	PA
\$\$	Insulin Lispro Protamine-Insulin Aspart Vial	Novolog Mix 70:30	All	
\$\$\$	Insulin Lispro Protamine-Insulin Lispro Pen	Humalog Mix 50:50 Kwikpen	All	PA
\$\$\$	Insulin Lispro Protamine-Insulin Lispro Pen	Humalog Mix 75:25 Kwikpen	All	PA
\$\$\$	Insulin Lispro Protamine-Insulin Lispro Vial	Humalog Mix 50:50	All	
\$\$\$	Insulin Lispro Protamine-Insulin Lispro Vial	Humalog Mix 75:25	All	
\$\$\$	Insulin NPH-Insulin Human Regular Pen	Humulin 70:30 Kwikpen	All	PA
\$\$	Insulin NPH-Insulin Human Regular Vial	Humulin 70:30	All	
\$\$	Insulin NPH-Insulin Human Regular Vial	Novolin 70:30	All	
DPP-4 INHIBITORS				
\$\$\$	Alogliptin Tablet	Nesina	All	ST
\$\$\$\$	Saxagliptin Tablet	Onglyza	All	PA, ST

Price	Drug(generic)	(brand)	Strength	Comment
GLP-1 AGONISTS				
\$\$\$\$	Exenatide Microsphere Pen	Bydureon	All	PA
GROWTH HORMONES				
\$\$\$\$	Somatropin	Genotropin	All	PA, SP
\$\$\$\$	Somatropin	Omnitrope	All	PA, SP
INTERMEDIATE-ACTING INSULIN				
\$\$\$\$	Insulin NPH Pen	Humulin N Kwikpen	All	PA
\$\$	Insulin NPH Vial	Humulin N	All	
\$\$	Insulin NPH Vial	Novolin N	All	
LONG-ACTING INSULIN				
\$\$\$\$	Insulin Detemir Pen	Levemir Flextouch	All	PA
\$\$\$	Insulin Detemir Vial	Levemir	All	PA
\$\$\$	Insulin Glargine Pen	Lantus	All	QL-15 mL/20 days
\$\$\$\$	Insulin Glargine Pen	Basaglar	All	PA, QL-15 mL/20 days, ST
\$\$	Insulin Glargine Vial	Lantus	All	QL-10 mL/23 days
\$\$	Insulin Glargine-YFGN Vial	Semglee-YFGN	All	
\$\$\$	Insulin Glargine-YFGN Vial	Semglee-YFGN	All	
MEGLITINIDES				
\$\$	Nateglinide Tablet	Starlix	All	QL-90/30 days
OSTEOPOROSIS AGENTS				
\$	Alendronate Tablet	Fosamax	All	
\$	Ibandronate Tablet	Boniva	All	
\$\$	Raloxifen Tablet	Evista	All	

Price	Drug(generic)	(brand)	Strength	Comment
RAPID-ACTING INSULIN				
\$\$\$	Insulin Aspart Cartridge	Novolog Penfill	All	PA
\$\$\$	Insulin Aspart Pen	Novolog Flexpen	All	PA, ST
\$\$\$	Insulin Aspart Vial	Novolog	All	
\$\$\$\$	Insulin Glulisine Pen	Apidra Solostar	All	PA
\$\$\$	Insulin Glulisine Vial	Apidra	All	
\$\$\$	Insulin Lispro Pen	Admelog Solostar	All	PA
\$\$\$	Insulin Lispro Pen	Humalog	All	
\$\$\$	Insulin Lispro Pen	Humalog Jr Kwikpen	All	PA
\$\$	Insulin Lispro Vial	Admelog	All	
\$\$	Insulin Lispro Vial	Humalog Kwikpen	All	PA
SGLT-2 INHIBITORS				
\$\$\$\$	Dapagliflozin Tablet	Farxiga	All	PA, ST
\$\$\$\$	Ertugliflozin Tablet	Steglatro	All	PA
SHORT-ACTING INSULIN				
\$\$\$\$	Insulin Regular Vial	Humulin R U-500	All	PA
\$\$	Insulin Regular Vial	Humulin-R	All	
\$\$	Insulin Regular Vial	Novolin-R	All	
THIAZOLIDINEDIONES				
\$	Pioglitazone Tablet	Actos	All	
THYROID AND ANTI-THYROID AGENTS				
\$	Levothyroxine Tablet	Synthroid	All	
\$	Liothyronine Tablet	Cytomel	All	
\$	Methimazole Tablet	Tapazole	All	
\$	NP Thyroid Tablet	Armour Thyroid	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Propylthiouracil Tablet	PTU	All	

EYE, EAR, NOSE, AND THROAT

ANTIHISTAMINES

ALLERGIC RHINITIS IS NOT COVERED BY OHP

\$	Cetirizine Solution	Zyrtec	All	QL-150 mL/30 days
\$	Cetirizine Tablet	Zyrtec	All	QL-30/30 days
\$	Cyproheptadine Tablet	Periactin	All	QL-30/30 days
\$	Diphenhydramine Capsule	Benadryl	25mg	
\$	Diphenhydramine Syrup	Benadryl	All	
\$	Hydroxyzine HCL Solution	Atarax	All	
\$	Hydroxyzine HCL Tablet	Atarax	All	
\$	Hydroxyzine Pamoate Capsule	Vistaril	All	
\$	Loratadine Solution	Claritin	All	PA
\$	Loratadine Tablet	Claritin	All	QL-30/30 days

COUGH AND COLD AGENTS

COUGH AND COLD IS NOT COVERED BY OHP

\$	Benzonatate Capsule	Tessalon	All	QL-15/5 days
\$	Guaifenesin-Codeine Liquid	Robitussin AC	All	PA
\$	Guaifenesin-Codeine-Pseudoephedrine Syrup	Robitussin DAC	All	PA
\$	Promethazine-Codeine Syrup	Phenergan w/ Codeine	All	PA
\$	Promethazine-Dextromethorphan Syrup	Phenergan DM	All	PA
\$	Pseudoephedrine Oral Solution	Children's Sudafed	All	PA

Price	Drug(generic)	(brand)	Strength	Comment
\$	Pseudoephedrine Tablets	Sudafed Sinus Congestion	All	PA
\$	Pseudoephedrine Tablets ER 12hr	Sudafed Sinus Congestion 12hr	All	PA
GLAUCOMA AGENTS				
\$\$	Acetazolamide IR Tablet	Diamox	250MG	
\$	Atropine Drops and Ointment	Isopto Atropine	All	
\$	Betaxolol Drops	Betoptic	All	
\$\$\$	Bimatoprost 0.01% Drops	Lumigan	0.1%	
\$	Carteolol Drops	Cartrol	All	
\$\$	Cyclopentolate Drops	Cyclogyl	1%	
\$	Dorzolamide Drops	Trusopt	All	
\$	Latanoprost Drops	Xalatan	All	
\$	Levobunolol Drops	Betagan	All	
\$	Timolol Maleate Drops	Timoptic	All	
\$\$	Timolol Sol-Gel	Timoptic XE	All	
\$\$	Travoprost Drops	Travatan	All	
MISC. NASAL PREPARATIONS				
\$	Cromolyn Nasal Spray	Nasal crom	All	PA
\$\$\$	Desmopressin Nasal Spray	DDAVP	All	PA
\$	Oxymetazoline Spray	Afrin	All	PA
\$	Saline Spray	Ocean	All	PA
MISC. OPHTHALMIC AGENTS				
\$	Dextran 70/Hypromellose Drops	Artificial Tears	All	PA
\$	Mineral Oil-White Petrolatum Ointment	Artificial Tears	All	PA

Price	Drug(generic)	(brand)	Strength	Comment
MISC. OTIC AGENTS				
\$	Carbamoxide 6.5% Drops	Debrox	All	QL-15mL/30 days
NASAL CORTICOSTEROIDS				
ALLERGIC RHINITIS IS NOT COVERED BY OHP				
\$	Flunisolide Spray	Nasalide	All	PA
\$	Fluticasone Spray	Flonase	All	
OCULAR ALLERGY PRODUCTS				
ALLERGIC CONJUNCTIVITIS IS NOT COVERED BY OHP				
\$	Cromolyn Drops	Opticrom	All	PA
\$	Tetrahydrozoline Drops	Visine	All	PA
OPHTHALMIC ANTI-INFECTIVES				
\$	Bacitracin-Polymyxin Ointment	Polycin	All	
\$	Ciprofloxacin Drops	Ciloxan	All	
\$	Erythromycin Base Ointment	Ilotycin	All	
\$	Gentamicin Drops	Genoptic	All	
\$	Gentamicin Ointment	Gentak	All	
\$	Neomycin-Bacitracin Polymyxin Ointment	Neo-Polycin	All	
\$	Neomycin-Polymyxin-Dexamethasone Drops	Maxitrol	All	
\$	Neomycin-Polymyxin-Dexamethasone Ointment	Maxitrol	All	
\$	Neomycin-Polymyxin-Gramicidin Drops	Neosporin Eye Solution	All	
\$	Ofloxacin Drops	Ocuflox	All	
\$	Polymyxin-Trimethoprim Drops	Polytrim	All	
\$	Sulfacetamide Drops	Bleph-10	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Sulfacetamide Ointment	Blephamide S.O.P.	All	
\$	Tobramycin Drops	Tobrex	All	
\$\$	Tobramycin-Dexamethasone Drops	Tobradex	All	
OPHTHALMIC ANTI-INFLAMMATORY				
\$	Dexamethasone Drops	Maxidex	All	
\$	Diclofenac Drops	Voltaren	0.1%	
\$\$	Fluorometholone Suspension Drops	FML	All	
\$	Ketorolac Drops	Acular	0.5%	
\$	Prednisolone Drops	Pred Forte	1%	
ORAL MUCOUS MEMBRANE AGENTS				
\$\$\$	Cevimeline Capsule	Evoxac	All	PA
\$	Lidocaine Viscous Solution	Xylocaine	All	PA
\$\$	Pilocarpine 5mg Tablet	Salagen	All	PA
OTIC ANTI-INFECTIVES				
\$\$	Acetic Acid/Hydrocortisone Drops	Vosol HC	All	
\$	Ciprofloxacin Drops	Use Generic Ciloxan Eye Drop		
\$\$\$	Ciprofloxacin-Dexamethasone Drops	Ciprodex	All	PA
\$\$	Neomycin-Polymyxin-Hydrocortisone Solution Drops	Cortisporin TC	All	PA
GASTROINTESTINAL AGENTS				
ANTIDIARRHEAL				
\$	Bismuth Subsalicylate Chewable Tablet	Pepto-Bismol Chewables	All	
\$	Bismuth Subsalicylate Suspension	Pepto-Bismol	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Diphenoxylate- Atropine Liquid	Lomotil	All	
\$	Diphenoxylate- Atropine Tablet	Lomotil	All	
ANTIEMETIC AGENTS				
\$	Meclizine Tablet	Antivert	All	
\$	Metoclopramide Solution	Reglan	All	
\$	Metoclopramide Tablet	Reglan	All	
\$	Ondansetron HCL Tablet	Zofran	All	QL-45/30 days
\$	Ondansetron ODT Tablet	Zofran ODT	All	QL-45/30 days
\$	Prochlorperazine Suppository	Compazine	All	PA
\$	Prochlorperazine Tablet	Compazine	All	
\$	Promethazine Suppository	Phenergan	12.5mg; 25mg	PA
\$	Promethazine Tablet	Phenergan	All	
ANTISPASMODICS				
\$	Dicyclomine Tablet	Bentyl	All	
BOWEL PREP AGENTS				
\$	NaCl-NaHCO3-KCL-PEG	Gavilyte-N	All	
\$	NaCl- NaHCO3/KCL/PEG	Trilyte	All	
\$	PEG-3350-Electrolytes	Golytely	All	
\$	Sodium-Potassium- Magnesium Sulfates	Suprep	All	QL-354mL/180 days
CONSTIPATION				
\$	Bisacodyl Suppository	Dulcolax	All	QL-12/30 days
\$	Bisacodyl Tablet	Dulcolax	All	PA

Price	Drug(generic)	(brand)	Strength	Comment
\$	Docusate 100mg Capsule	Colace	100mg	QL-60/30 days
\$	Docusate Liquid	Colace	All	PA
\$	Glycerin Suppository	Fleet	All	PA
\$\$	Lactulose Solution	Kristalose	All	QL-473mL/30 days
\$	Polyethylene Glycol (PEG) 3350 Powder	Miralax	All	PA
\$	Psyllium Husk Capsule	Metamucil	0.52g	QL-30/30 days
\$	Sennosides Tablet	Senokot	8.6mg	QL-60/30 days
GASTROINTESTINAL AGENTS				
\$	Sucralfate Tablet	Carafate	All	
H2 BLOCKERS				
\$	Cimetidine Solution	Tagament	All	
\$	Famotidine Suspension	Pepcid	All	QL-90 days/365 days
\$	Famotidine Tablet	Pepcid	20mg; 40mg	
INFLAMMATORY BOWEL AGENTS				
\$\$\$	Balsalazide Capsule	Colazal	All	PA
\$\$	Hydrocortisone Enema	Cortenema	All	
\$\$	Mesalamine Enema	Rowasa	All	PA
\$\$\$\$	Mesalamine Tablet	Asacol HD	800mg	PA
\$	Sulfasalazine Tablet	Azulfidine	All	
\$	Sulfasalazine Tablet DR	Azulfidine	All	
MISC. GI AGENTS				
\$	Simethicone Chewable Tablets	Gas-X	All	
\$	Simethicone Drops	Mylicon	40mg/0.6mL	QL-30mL/30 days
\$\$\$	Ursodiol Capsule	Actigall	300mg	

Price	Drug(generic)	(brand)	Strength	Comment
OTHER GI AGENTS				
\$	Misoprostol Tablet	Cytotec	All	
PANCREATIC ENZYMES				
\$\$\$	Lipase-Protease-Amylase Capsule DR	Creon	All	PA
\$\$\$\$	Lipase-Protease-Amylase Capsule DR	Zenpep	All	PA
\$\$	Lipase-Protease-Amylase Capsule DR	Pancreaze	All	PA
PROTON-PUMP INHIBITORS				
\$	Lansoprazole Capsule	Prevacid	All	
\$	Omeprazole Capsule	Prilosec	All	
\$	Omeprazole Suspension	First-Omeprazole	All	PA
\$	Pantoprazole Tablet	Protonix	All	
INFECTIOUS DISEASE				
ANTINEOPLASTIC AGENTS				
ALL ANTINEOPLASTIC AGENTS ARE COVERED; MAY REQUIRE PRIOR AUTHORIZATION FOR APPROVAL				
\$\$\$\$	ANTINEOPLASTIC AGENTS		All	PA, SP
CEPHALOSPORINS-FIRST GENERATION				
\$	Cefadroxil Suspension	Duricef	500mg/5mL	
\$	Cefadroxill Capsule	Duricef	All	
\$	Cephalexin Capsule	Keflex	250mg; 500mg	
\$	Cephalexin Suspension	Keflex	All	
CEPHALOSPORINS-SECOND GENERATION				
\$\$	Cefaclor Capsule	Ceclor	All	
\$\$	Cefaclor Suspension	Ceclor	All	
\$	Cefprozil Suspension	Cefzil	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Cefprozil Tablet	Cefzil	All	
\$	Cefuroxime Tablet	Ceftin	All	
CEPHALOSPORINS-THIRD GENERATION				
\$	Cefdinir Capsule	Omnicef	All	
\$	Cefdinir Suspension	Omnicef	All	
\$\$	Cefixime Suspension	Suprax	100mg/5mL	
\$\$	Cefpodoxime Suspension	Vantin	All	
\$\$	Cefpodoxime Tablets	Vantin	All	
HEPATITIS B VIRUS AGENTS				
\$\$\$\$	Lamivudine Tablet	Epivir HBV	All	PA, SP
\$\$\$\$	Tenofovir Tablet	Viread	All	PA, SP
HEPATITIS C VIRUS AGENTS				
\$\$\$\$	Glecaprevir-Pibrentasvir Tablet	Mavyret	All	QL-168/56 days
\$\$\$\$	Peginterferon Alfa-2a	Pegasys	All	PA
\$\$\$\$	Ribavirin 200mg Capsule	Rebetal/Copegus	All	PA
\$\$\$\$	Ribavirin 200mg Tablet	Rebetal/Copegus	All	PA
\$\$\$\$	Sofosbuvir-Velpatasvir Tablet	Eplclusa	All	QL-84/84 days
\$\$\$\$	Sofosbuvir-Velpatasvir-Voxilprevir Tablet	Vosevi	All	PA
HERPES SIMPEX ANTI-VIRALS				
\$	Acyclovir Capsule	Zovirax	All	
\$\$	Acyclovir Suspension	Zovirax	All	
\$	Acyclovir Tablet	Zovirax	All	
\$	Valacyclovir Tablet	Valtrex	All	

Price	Drug(generic)	(brand)	Strength	Comment
HIV ANTIVIRALS				
ALL HIV ANTI-RETROVIRALS ARE COVERED; MAY REQUIRE PRIOR AUTHORIZATION FOR APPROVAL				
\$\$-\$\$\$\$	HIV ANTIVIRALS		All	PA, SP
IMMUNOSUPPRESSANT AGENTS				
\$	Azathioprine Tablet	Imuran	All	
\$\$\$\$	Cyclosporine Capsule	Sandimmune	All	
\$\$\$\$	Cyclosporine Solution	Sandimmune	All	
\$	Mycophenolate Mofetil Capsule	Cellcept	All	
\$	Mycophenolate Mofetil Tablet	Cellcept	All	
\$\$\$	Tacrolimus Capsule	Prograf	All	
INFLUENZA VIRUS AGENTS				
\$\$	Amantadine Syrup	Symmetrel	All	
\$	Oseltamivir Capsule	Tamiflu	All	
\$\$	Oseltamivir Suspension	Tamiflu	All	
MACROLIDES				
\$	Azithromycin 250mg Tablet	Zithromax Z-Pak	All	QL-12/fill
\$	Azithromycin 500mg Tablet	Zithromax Tri-Pak	All	QL-6/fill
\$	Azithromycin Suspension	Zithromax	All	
\$\$	Clarithromycin Suspension	Biaxin	All	
\$\$	Clarithromycin Tablets	Biaxin	All	
\$\$\$\$	Erythromycin Base	Ery-Tab	All	PA
\$\$\$\$	Erythromycin Ethylsuccinate	E.E.S.	All	PA

Price	Drug(generic)	(brand)	Strength	Comment
ORAL ANTIFUNGALS				
\$\$	Clotrimazole Troche	Mycelex	All	
\$	Fluconazole 150mg Tablet	Diflucan	150mg	QL-3/fill
\$	Fluconazole Suspension	Diflucan	All	
\$	Fluconazole Tablet	Diflucan	100mg	PA
\$	Fluconazole Tablet	Diflucan	200mg	
\$\$	Griseofulvin Tablet		500mg	
\$\$	Griseofulvin Suspension	Gris-Peg	All	
\$\$	Ketoconazole Tablet	Nizoral	All	
\$	Nystatin Suspension	Mycostatin	All	PA
\$\$	Nystatin Tablet	Mycostatin	All	PA
\$	Terbinafine Tablet	Lamisil	All	
OTHER ORAL ANTIBIOTICS				
\$	Clindamycin Capsule	Cleocin	All	
\$\$	Clindamycin Suspension	Cleocin	All	AGE<=8
\$\$	Dapsone Tablet	Aczone	All	
\$	Metronidazole Tablet	Flagyl	All	
\$	Nitrofurantoin Capsule	Macrobid	All	
\$\$\$\$	Nitrofurantoin Suspension	Furadantin	All	PA
\$	Nitrofurantoin-Nitrofurans Macrocrystals	Macrochantin	50mg; 100mg	
\$\$	Rifampin Capsule	Rifadin	All	
\$\$	Sulfamethoxazole-Trimethoprim Suspension	Bactrim	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Sulfamethoxazole- Trimethoprim Tablet	Bactrim	All	
\$	Trimethoprim Tablet	Proloprim	All	
PENICILLINS				
\$	Amoxicillin Capsules	Amoxil	All	
\$	Amoxicillin Chewable Tablet	Amoxil	All	
\$	Amoxicillin Suspension	Amoxil	All	
\$	Amoxicillin-Clavulanic Acid Suspension	Augmentin	All	
\$	Amoxicillin-Clavulanic Acid Tablets	Augmentin	All	
\$	Ampicillin Capsules	Ampicillin	All	
\$	Ampicillin Suspension	Ampicillin	All	
\$	Dicloxacillin Capsule	Dicloxacillin	All	
\$	Penicillin V Solution	Veetids	All	
\$	Penicillin V Tablets	Veetids	All	
QUINOLONES				
\$\$	Ciprofloxacin Suspension	Cipro	All	AGE<=8
\$	Ciprofloxacin Tablet	Cipro	All	
\$	Levofloxacin Tablet	Levaquin	All	
RSV AGENTS				
\$\$\$\$	Palivizumab	Synagis	All	PA
TETRACYCLINES				
\$	Doxycycline Hyclate Capsule	Vibramycin	50mg; 100mg	
\$	Doxycycline Hyclate Tablet	Oracea	20mg	AGE<=21
\$	Doxycycline Hyclate Tablet	Vibratab	100mg	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Doxycycline Monohydrate Capsule	Monodox	50mg; 100mg	
\$\$	Doxycycline Monohydrate Suspension	Adoxa	All	PA
\$	Doxycycline Monohydrate Tablet	Monodox	50mg; 100mg	
\$	Minocycline Tablet	Minocin	50mg; 75mg; 100mg	AGE<=21
\$\$\$\$	Tetracycline Capsule	Sumycin	All	PA

VAGINAL ANTI-INFECTIVES

\$\$	Clindamycin Cream	Cleocin	All	PA
\$	Clotrimazole 3 -Day Cream	Gyne-Lotrimin	All	
\$	Clotrimazole 7-Day Cream	Gyne-Lotrimin	All	
\$\$	Metronidazole Vaginal Gel	Metro-Gel Vaginal	All	
\$	Miconazole 3-Day Cream	Monistat	All	
\$	Miconazole 7-Day Cream	Monistat	All	
\$	Terconazole Cream	Terazol	All	

NEUROLOGIC AGENTS

ANTICONVULSANTS

\$	Carbamazepine Chewable Tablet	Tegretol	All	
\$\$	Carbamazepine ER Tablet	Tegretol XR	All	
\$	Carbamazepine Suspension	Tegretol	All	
\$	Carbamazepine Tablet	Tegretol	All	
\$	Clonazepam Tablet	Klonopin	All	PA, QL-30 days cumulative use
\$\$\$	Ethosuximide Capsule	Zarontin	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$\$\$	Ethosuximide Solution	Zarontin	All	
\$	Gabapentin Capsule	Neurontin	All	QL-3600mg/day
\$	Gabapentin Tablet	Neurontin	All	QL-3600mg/day
\$\$	Levetiracetam Solution	Keppra	All	
\$	Levetiracetam Tablet	Keppra	All	
\$	Levetiracetam Tablet	Keppra XR	All	
\$\$	Oxcarbazepine Suspension	Trileptal	All	
\$	Oxcarbazepine Tablet	Trileptal	All	
\$	Phenobarbital Tablet	Luminal	All	
\$	Phenytoin Chewable Tablet/ Suspension	Dilantin Infatabs	All	
\$	Phenytoin Sodium ER Capsule	Phenytek	All	
\$	Phenytoin Suspension	Dilantin	All	
\$	Primidone Tablet	Mysoline	All	
\$	Topiramate Sprinkle Capsule	Topamax	All	PA
\$	Topiramate Tablet	Topamax	All	
\$	Zonisamide Capsule	Zonegran	All	
ANTIPARKINSONIAN AGENTS				
\$\$\$	Amantadine Capsule	Symmetrel	All	
\$\$	Amantadine Solution	Symmetrel	All	
\$	Benzotropine Tablet	Cogentin	All	
\$	Carbidopa-Levodopa ER Tablet	Sinemet CR	All	
\$	Carbidopa-Levodopa IR Tablet	Sinemet	All	
\$	Pramipexole Tablet	Mirapex	All	
\$	Ropinirole Tablet	Requip	All	PA

Price	Drug(generic)	(brand)	Strength	Comment
\$	Trihexyphenidyl Tablet	Artane	All	
DEMENTIA AGENTS				
\$	Donepezil ODT Rapdis	Aricept	All	
\$	Donepezil Tablet	Aricept	All	
\$\$	Galantamine ER Capsule	Razadyne ER	All	PA
\$	Galantamine Tablet	Razadyne	All	PA
\$\$	Memantine IR Tablets	Namenda	All	
MULTIPLE SCLEROSIS AGENTS				
\$\$\$\$	Dimethyl Fumarate Capsule	Tecfidera	All	PA, SP
\$\$\$\$	Fingolimod Capsule	Gilenya	All	PA, SP
\$\$\$\$	Glatiramer Syringe	Glatopa	All	PA, SP
\$\$\$\$	Interferon Beta-1 a Kit/Pen	Avonex	All	PA, SP
\$\$\$\$	Interferon Beta-1 b Kit/Vial	Extavia	All	PA, SP
NUTRITIONAL PRODUCTS/VITAMINS AND MINERALS				
CALCIUM				
\$	Calcium Acetate 667mg Tablet	Phoslo	All	
\$	Calcium Carbonate Tablet	Maalox/Tums	All	
\$	Clacium Citrate	Citracal	All	
IRON SUPPLEMENTS				
\$	Ferrous Gluconate Tablets	Fergon	All	
\$	Ferrous Sulfate Tablets	Feosol	All	
MULTIVITAMINS				
\$	Calcium+D 600-200mg Tablet	Oscal	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Multivitamin and Fluoride Chewable Tablet	Poly-Vi-Flor	All	AGE<=18
\$	Multivitamin and Fluoride Drops	Poly-Vi-Flor	All	AGE<=5
\$	MV with minerals	Therems-M	All	
\$	MV without minerals	Therems	All	
\$	Prenatal Vitamin	Prenatal Plus	All	
\$	Tri-Vitamin (A, C, D3) With Fluoride Drops	Tri-Vi-Flor	All	AGE<=5
OTHERS				
\$	Calcium Acetate 667mg Capsule	Phoslo	All	
\$	Levocarnitine Solution	Carnitor	All	
\$	Levocarnitine Tablet	Carnitor	All	
\$	Magnesium Oxide Capsule		500mg	
\$	Magnesium Oxide Tablet		250mg; 400mg; 420mg; 500mg	QL-30/30 days
\$	Melatonin Tablet		All	
\$	Renal Vitamin 0.8mg Tablet	Rena-Vite/Nephro-Vite	All	
\$	Renal Vitamin 1mg Capsule	RenaCaps	All	
\$	Sevelamer Carbonate Tablet	Renvela	All	QL-90/30 days
VITAMIN B				
\$	Cyanocobalamin (B-12) Injection		1000mcg/mL	PA
\$	Folic Acid Tablet	Folvite	1mg	
\$	Thiamine Tablet		100mg, 250mg, 500mg	QL-30/30 days

Price	Drug(generic)	(brand)	Strength	Comment
VITAMIN C				
\$	Ascorbic Acid Tablet	Vitamin C	250mg, 500mg, 1000mg	
VITAMIN E				
\$	Vitamin E Capsule	E-400/E-600	400mg; 600mg	
VITAMIN K				
\$	Vitamin K	Mephyton	All	
VITMAIN D				
\$	Calcitriol	Rocaltrol	All	
\$	Cholecalciferol (D3) Capsule	Delta D3	400iu, 1000iu, 2000iu, 5000iu, 50000iu	
\$	Cholecalciferol (D3) Tablet	Delta D3	400iu, 1000iu, 2000iu, 5000iu, 50000iu	
PAIN, MUSCULOSKELETAL, AND INFLAMMATION				
ANALGESIC AGENTS				
\$	Acetaminophen Chewable Tablet	Tylenol	All	
CGRP INHIBITORS				
\$\$\$	Erenumab Injection	Aimovig	All	PA
\$\$\$	Fremanezumab Injection	Ajovy	All	PA
GOUT				
\$	Allopurinol Tablet	Zyloprim	All	
\$\$	Colchicine Tablet	Colcrys	All	QL-30/180 days
\$	Probenecid Tablet	Benemid	All	
LONG-ACTING OPIOIDS				
\$\$	Fentanyl Patch	Duragesic	12mcg; 25mcg; 50mcg; 75mcg; 100mcg	

Price	Drug(generic)	(brand)	Strength	Comment
\$\$	Morphine Sulfate ER Tablet	MS Contin	All	PA, ST
MIGRAINE AGENTS				
\$	Butalbital-Acetaminophen Caffeine Tablet	Fioricet	50-325-40mg	QL-30/30 days
\$	Butalbital-Aspirin-Caffeine Tablet	Fiorinal	50-325-40mg	QL-30/30 days
\$	Naratriptan Tablet	Amerge	All	QL-9/30 days
\$	Rizatriptan ODT	Maxalt MLT	All	QL-12/30 days
\$	Rizatriptan Tablet	Maxalt	All	QL-12/30 days
\$\$	Sumatriptan Succinate Nasal Spray	Imitrex	All	PA, QL-6/30 days
\$	Sumatriptan Succinate Oral Tablet	Imitrex	All	QL-9/30 days
MUSCLE RELAXANTS				
\$	Baclofen Tablet	Lioresal	10mg; 20mg	
\$	Cyclobenzaprine Tablet	Flexeril	5mg; 10mg	
\$	Methocarbamol Tablet	Robaxin	All	
\$	Tizanidine Tablet	Zanaflex	All	
OPIOID/ANALGESIC COMBINATIONS				
DAYS SUPPLY GREATER THAN 7 REQUIRE PRIOR AUTHORIZATION; ANY COMBINATION OF OPIOIDS GREATER THAN 90MED REQUIRE PRIOR AUTHORIZATION (DOES NOT APPLY TO CANCER/PALLIATIVE CARE)				
\$	Codeine-Acetaminophen Solution	Tylenol With Codeine	120-12.5-5mL	AGE<=5, DS-7
\$	Codeine-Acetaminophen Tablet	Tylenol With Codeine	All	DS-7
\$	Hydrocodone-Acetaminophen Solution	Hycet	7.5-325mg/15 mL	AGE<=5, DS-7
\$\$	Hydrocodone-Acetaminophen Tablet	Norco	All	DS-7

Price	Drug(generic)	(brand)	Strength	Comment
\$	Hydromorphone Tablet	Dilaudid	2mg; 4mg	DS-7
\$\$	Morphine Sulfate IR Tablet	Roxanol	All	DS-7
\$	Morphine Sulfate Solution	Roxanol	20mg/5mL	DS-7
\$	Oxycodone 5mg Tablet	Roxidone	5mg	DS-7
\$	Oxycodone- Acetaminophen Tablet	Endocet/Percocet	5-325mg	DS-7
\$	Oxycodone-Aspirin Tablet	Percodan	All	DS-7
\$	Tramadol Tablet	Ultram	50mg	QL-8/day, DS-7
ORAL ANTI-INFLAMMATORY AGENTS				
\$	Acetaminophen Drops	Tylenol	All	
\$	Acetaminophen Suppository	Tylenol	All	
\$	Acetaminophen Tablet	Tylenol	325mg; 500mg	
\$	Aspirin Chewable Tablet	Bufferin/Ecotrin	81mg	
\$	Aspirin EC Tablet	Bufferin/Ecotrin	81mg; 325mg	
\$	Aspirin Tablet	Bufferin/Ecotrin	81mg; 325mg	
\$\$	Celecoxib Capsule	Celebrex	All	
\$	Diclofenac Sodium Tablet	Voltaren	All	
\$\$	Etodolac Capsule	Lodine	All	PA
\$	Etodolac ER Tablet	Lodine ER	All	PA
\$\$	Etodolac Tablet	Lodine	All	PA
\$	Flurbiprofen Tablet	Ansaid	All	
\$	Ibuprofen Drops	Motrin/Advil	All	
\$	Ibuprofen Suspension	Motrin/Advil	All	
\$	Ibuprofen Tablet	Motrin/Advil	400mg; 600mg; 800mg	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Indomethacin Capsule	Indocin	All	
\$	Meloxicam Tablet	Mobic	All	QL-30/30 days
\$	Naproxen Tablet	Naprosyn	250mg; 375mg; 500mg	
\$	Piroxicam Tablet	Feldene	All	
\$	Salsalate Tablet	Salflex	All	
\$	Sulindac Tablet	Clinoril	All	
RHEUMATOLOGY AGENTS				
\$\$\$\$	Adalimumab Injection	Humira	All	PA, SP
\$\$\$\$	Etanercept Injection	Enbrel	All	PA, SP
\$\$	Hydroxychloroquine Tablet	Plaquenil	All	
\$	Leflunomide Tablet	Arava	All	
\$	Methotrexate Tablet	Rheumatrex	All	
\$	Methotrexate Vial	Trexall	All	
TOPICAL ANTI-INFLAMMATORY AGENTS				
\$	Diclofenac Gel	OTC Voltaren Arthritis Pain	1%	
PSYCHOTHERAPY AND CNS AGENTS				
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: ANTIDEPRESSANTS; ANTIPSYCHOTIC AGENTS; BIPOLAR AGENTS; ADHD AGENTS (NONSTIMULANTS)				
AGENTS FOR ALCOHOL DEPENDENCE				
\$\$\$	Acamprosate Tablet	Campral	All	
\$\$	Disulfiram 250mg Tablet	Antabuse	All	
\$	Naltrexone Tablet	Revia	All	
AGENTS FOR OPIOID ADDICTION				
\$\$\$\$	Buprenorphine Extended Release Injection	Sublocade	100mg/0.5ml	QL-0.5ml/30 days

Price	Drug(generic)	(brand)	Strength	Comment
\$\$\$\$	Buprenorphine Extended Release Injection	Sublocade	300mg/1.5ml	QL-1.5ml/30 days
\$	Buprenorphine Tablet	Subutex	All	
\$\$	Buprenorphine- Naloxone Film	Suboxone	All	DS-no PA for initial 30 days; 14/fill thereafter
\$\$	Buprenorphine- Naloxone Tablet	Suboxone	All	DS-no PA for initial 30 days; 14/fill thereafter
\$\$\$\$	Naltrexone Injectable	Vivitrol	All	
AGENTS FOR OPIOID OVERDOSE				
\$	Naloxone 4mg HCL	Narcan	All	QL-1 box/fill
STIMULANTS				
LONG ACTING OR EXTENDED RELEASE FORMULATIONS ARE SUBJECT TO QUANTITY LIMITATIONS				
\$\$	Amphetamine- Dextroamphetamine ER 24H Capsule	Adderall XR	All	QL-30/30 days
\$	Amphetamine- Dextroamphetamine Tablet	Adderall	All	
\$\$	Dexmethylphenidate ER Capsule	Focalin XR	All	QL-30/30 days
\$	Dexmethylphenidate Tablet	Focalin	All	
\$\$	Methylphenidate CD Capsule	Metadate CD	All	QL-30/30 days
\$\$	Methylphenidate ER 24H Tablet	Concerta	All	QL-30/30 days
\$\$	Methylphenidate LA Capsule	Ritalin LA	All	QL-30/30 days
\$	Methylphenidate Solution	Ritalin	All	
\$\$	Methylphenidate SR 20mg Tablet	Ritalin-SR 20	All	QL-30/30 days

Price	Drug(generic)	(brand)	Strength	Comment
\$	Methylphenidate Tablet	Ritalin	All	
PULMONARY AGENTS				
ANTICHOLINERGIC AGENTS				
\$\$\$	Ipratropium	Atrovent HFA	All	PA
\$\$\$	Ipratropium Albuterol Nebulizer Solution	Duoneb	All	QL-90mL/fill
\$\$\$	Tiotropium	Spiriva Handihaler	All	PA
\$\$\$	Umeclidinium	Incruse Ellipta	All	PA
BETA AGONIST, LONG-ACTING (LABA) & ANTICHOLINERGIC, LONG ACTING (LAMA) AGENTS				
\$\$\$	Glycopyrrolate- Formoterol	Bevespi Aerosphere	All	
\$\$\$	Tiotropium-Olodaterol	Stiolto Respimat	All	PA
BETA AGONIST, LONG-ACTING (LABA) & INHALED CORTICOSEROID AGENTS				
\$\$\$	Budesonide- Formoterol Fumarate	Symbicort	All	PA
\$\$\$	Fluticasone-Salmeterol	Advair Diskus	All	
\$\$\$	Fluticasone-Salmeterol	Airduo Resplick	All	
\$\$\$	Mometasone- Formoterol	Dulera	All	PA
BETA-AGONIST, LONG-ACTING (LABA) AGENTS				
\$\$\$	Olodaterol	Striverdi Respimat	All	PA
BETA-AGONIST, SHORT-ACTING AGENTS				
\$\$	Albuterol HFA	Proair HFA	All	QL-8.5gm/25 days
\$\$	Albuterol HFA	Ventolin HFA	All	QL-18gm/25 days
\$	Albuterol Nebulizer Solution	AccuNeb	All	QL-90mL/fill

Price	Drug(generic)	(brand)	Strength	Comment
\$\$	Levalbuterol HFA	Xopenex HFA	All	QL-15gm/25 days
INHALED CORTICOSTEROID, BETA AGONIST, LONG-ACTING (LABA) & ANTICHOLINERGIC, LONG ACTING (LAMA) AGENTS				
\$\$\$\$	Fluticasone, Umeclidinium, and Vilanterol Inhaler	Trelegy Ellipta	All	PA
INHALED CORTICOSTEROIDS (ICS) AGENTS				
\$\$\$	Beclomethasone	Qvar Redihaler	All	
\$\$\$	Budesonide	Pulmicort Flexhaler	All	
\$\$\$	Budesonide Nebulizer Solution	Pulmicort Respule	All	PA, AGE<=5
\$\$\$	Fluticasone Propionate	Flovent HFA	220mcg	PA
\$\$\$	Fluticasone Propionate	Flovent HFA	44mcg; 110mcg	
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				
	INHALER ASSIST DEVICES			
LEUKOTRIENE INHIBITOR AGENTS				
\$	Montelukast Tablet	Singulair	All	
\$	Zafirlukast Tablet	Accolate	All	
MISC. AGENTS				
\$\$\$	Epinephrine Injectable	Adrenacllick/Epi pen	All	QL-4 pens/year
OTHER PULMONARY AGENTS				
\$	Saline Inhalation Nebulizer Vials	Modulose Saline Solution for Inhalation	0.9%; 3%; 10%	
\$	Sildenafil 20mg Tablet	Revatio	20mg	PA

Price	Drug(generic)	(brand)	Strength	Comment
\$\$	Theophylline ER Tablet	Theo-24	400mg; 600mg	
TOBACCO CESSATION AGENTS				
\$	Bupropion 150mg SR Tablet	Zyban	All	QL-6 fills/year
\$	Nicotine Gum	Nicorette	All	QL-720/30 days, DS-180/year
\$\$\$	Nicotine Inhaler	Nicotrol	All	PA
\$\$	Nicotine Lozenge	Nicorette	All	QL-600/30 days, DS-180/year
\$	Nicotine Patch	Nicoderm CQ	All	QL-30/30 days, DS-180/year
\$\$\$	Varenicline Tablet	Chantix	All	QL-336/year
UROLOGICAL DRUGS				
BPH AGENTS				
\$	Doxazosin Tablet	Cardura	All	
\$	Finasteride Tablet	Proscar	5mg	
\$	Tamsulosin Capsule ER	Flomax	All	
\$	Terazosin Capsule	Hytrin	All	
OTHERS				
\$	Bethanechol Tablet	Urecholine	5mg; 10mg; 25mg	
\$	Citric Acid/Potassium Solution	Cytra-K	5mg; 10mg; 25mg	
\$	Oxybutynin Syrup	Ditropan	All	
\$	Oxybutynin Tablet	Ditropan	All	
\$	Oxybutynin Tablet ER	Ditropan XL	All	
\$	Phenazopyridine Tablet	Pyridium	All	
\$	Solifenacin	Vesicare	All	
\$	Tolterodine	Detrol	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Tolterodine ER	Detrol LA	All	
\$	Trospium	Sanctura	All	

VACCINES

VACCINES

ADDITIONAL VACCINATIONS AND VACCINATIONS FOR CHILDREN AGES 18 AND YOUNGER ARE COVERED THROUGH PROVIDERS OFFICE

\$	Flu Vaccine	Fluvirin, Fluzone, Flulaval	All	AGE>=19
\$\$	Pneumonia Vaccine	Pneumovax	All	AGE>=19
\$\$\$	Zoster Vaccine, Recombinant-Adjuvanted	Shingrix	All	AGE>=50, QL-2/lifetime

WOMEN'S HEALTH AND CONTRACEPTIVES

EMERGENCY CONTRACEPTION

\$\$	Levonorgestrel Tablet	Plan-B	All	
\$\$	Ullipristal Acetate	Ella	All	

HORMONE REPLACEMENT THERAPY

\$\$\$	Estradiol Cream	Estrace Vaginal	All	PA
\$\$	Estradiol Patches	Climara	All	
\$	Estradiol Tablet	Estrace	All	
\$\$\$	Estradiol Vaginal Ring	Estring	All	PA
\$\$\$	Estradiol Vaginal Tablet	Vagifem	All	PA
\$\$	Estradiol-Norethindrone Acetate Tablet	Activella	All	PA
\$	Estropipate Tablet	Ogen	All	
\$	Medroxyprogesterone Tablet	Provera	All	
\$\$	Norethindrone Acetate Tablet	Aygestin	All	
\$	Progesterone Micronized Capsule	Prometrium	All	

Price	Drug(generic)	(brand)	Strength	Comment
MISC.				
\$\$	Methylergonovine Tablet	Methergine	All	PA
\$	Misoprostol Tablet	Cytotec	All	
ORAL CONTRACEPTIVES				
\$\$	Desogestrel-Ethinyl Estradiol Tablet	Ortho-Cept, Desogen	All	
\$\$	Drospirenone-Ethinyl Estradiol Tablet	Yasmin	0.03mg-3mg	
\$\$	Ethinodiol-Ethinyl Estradiol Tablet	Zovia; Kelnor	All	
\$\$	Levonorgestrel-Ethinyl Estradiol Tablet	Seasonique; Aviane	0.1-0.02mg; 0.15-0.03mg	
\$	Norethindrone Tablet	Nora-BE; Nor-QD; Ortho Micronor	All	
\$	Norethindrone-Ethinyl Estradiol Tablet	Nortrel; Microgestin; Microgestin FE	All	
\$	Norgestimate-Ethinyl Estradiol Tablet	Ortho Cyclen; Ortho Tri-Cyclen; Ortho Tri-Cyclen Lo	All	
\$	Norgestrel-Ethinyl Estradiol Tablet	Cryselle; Low Ovral	All	
OTHER CONTRACEPTIVES				
LEVONORGESTREL IMPLANTS AND IUDS MUST BE A COVERED DMAP SERVICE AND OBTAINED THROUGH PROVIDERS OFFICE				
\$\$	Etonogestrel-Ethinyl Estradiol Vaginal Ring	NuvaRing	All	
\$\$	Medroxyprogesterone Acetate Injectable	Depro-Provera IM Shot	All	
\$\$	Norelgestromin-Ethinyl Estradiol Patch	Xulane, Zafemy	All	

CHOICE 90 FORMULARY				
No PA required; must be written for 90 days*				
Price	Drug(generic)	(brand)	Strength	Comment
CARDIOVASCULAR AGENTS				
ALPHA-BLOCKERS AND OTHER SYMPATHOLYTIC AGENTS				
\$	Clonidine Tablet	Catapress	All	
\$	Guanfacine Tablet	Tenex	All	
ANGIOTENSIN RECEPTOR BLOCKER (ARB) AGENTS				
\$	Irbesartan Tablet	Avapro	All	
\$	Losartan Tablet	Cozaar	All	
\$	Losartan-HCTZ Tablet	Hyzaar	All	
\$	Olmesartan Tablet	Benicar	All	
\$	Olmesartan-HCTZ Tablet	Benicar-HCT	All	
\$	Telmisartan Tablet	Micardis	All	
\$	Valsartan Tablet	Diovan	All	
\$	Valsartan-HCTZ Tablet	Diovan-HCT	All	
ANGIOTENSIN-CONVERTING ENZYME INHIBITOR (ACE) AGENTS				
\$	Benazepril Tablet	Lotensin	All	
\$	Enalapril Tablet	Vasotec	All	
\$	Fosinopril Tablet	Monopril	All	
\$	Lisinopril Tablet	Zestril, Prinivil	All	
\$	Lisinopril-HCTZ Tablet	Zestoretic; Prinzide	All	
\$	Ramipril Tablet	Altace	All	
\$	Trandolapril Tablet	Mavik	All	
ANTICOAGULANT AND ANTIPLATELET AGENTS				
\$	Clopidogrel Tablet	Plavix	75mg	

CHOICE 90 FORMULARY				
No PA required; must be written for 90 days*				
Price	Drug(generic)	(brand)	Strength	Comment
BETA AND BETA-ALPHA BLOCKER AGENTS				
\$	Atenolol Tablet	Tenormin	All	
\$	Carvedilol Tablet	Coreg	All	
\$	Metoprolol Succinate ER Tablet	Toprol XL	All	
\$	Metoprolol Tartrate Tablet	Lopressor	All	
CALCIUM CHANNEL BLOCKER AGENTS				
\$	Amlodipine Tablet	Norvasc	All	
\$	Amlodipine-Benazepril Tablet	Lotrel	All	
\$	Verapamil Tablet SR	Calan SR	All	
LOOP DIURETIC AGENTS				
\$	Furosemide Tablet	Lasix	All	
\$	Torsemide Tablet	Demadex	All	
NITRATE AGENTS				
\$	Isosorbide Mononitrate Tablet	Monoket	All	
POTASSIUM AGENTS				
\$-\$\$\$\$	Potassium Chloride Capsule ER	Klor-Con	All	
\$	Potassium Chloride Capsule Tablet ER	K-Tabs	All	
POTASSIUM-SPARING DIURETIC AGENTS				
\$	Amiloride Tablet	Midamor	All	
\$	Spirolactone Tablet	Aldactone	All	
\$	Triamterene/HCTZ Tablet	Maxzide	All	

CHOICE 90 FORMULARY				
No PA required; must be written for 90 days*				
Price	Drug(generic)	(brand)	Strength	Comment
THIAZIDES AND RELATED DIURETIC AGENTS				
\$	Hydrochlorothiazide Capsule	Microzide	12.5mg	
\$	Hydrochlorothiazide Tablet	Hydrodiuril	25mg, 50mg	
\$	Indapamide Tablet	Lozol	All	
VASODILATOR AGENTS				
\$	Minoxidil Tablet	Loniten	All	
ENDOCRINE AND HORMONAL AGENTS				
2ND GENERATION SULFONYLUREAS				
\$	Glimepiride Tablet	Amaryl	All	
\$	Glipizide Tablet	Glucotrol	All	
\$	Glipizide Tablet ER	Glucotrol XL	All	
\$	Glyburide Tablet	Diabeta/Micronase	All	
BIGUANIDES				
\$	Metformin Tablet	Glucophage	All	
\$	Metformin Tablet XR	Glucophage XR	500mg; 750mg	
OSTEOPOROSIS AGENTS				
\$	Alendronate Tablet	Fosamax	All	
\$	Ibandronate Tablet	Boniva	All	
THIAZOLIDINEDIONES				
\$	Pioglitazone Tablet	Actos	All	
THYROID AND ANTI-THYROID AGENTS				
\$	Levothyroxine Tablet	Synthroid	All	

CHOICE 90 FORMULARY

No PA required; must be written for 90 days*

Price	Drug(generic)	(brand)	Strength	Comment
UROLOGICAL DRUGS				
BPH AGENTS				
\$	Doxazosin Tablet	Cardura	All	
\$	Tamsulosin Capsule ER	Flomax	All	
\$	Terazosin Capsule	Hytrin	All	

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