

CASCADE HEALTH ALLIANCE DRUG FORMULARY  
Administered by MedImpact

## 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

### ***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 faxing a dully completed Prior Authorization Request Form to CHA at 541-883-6104

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

Prior Authorization Request Forms 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

You can get this letter in other languages, large print, Braille, or a format you prefer. You can get help from a certified and qualified health care interpreter. This help is free. Call Member Services at 541-883-2947 or TTY 711. We accept relay calls.

Puede obtener este documento en otros idiomas, en letra grande, braille o en un formato que usted prefiera. Usted puede obtener ayuda de un intérprete certificado y calificado en atención de salud. Esta ayuda es gratuita. Llame al servicio de atención al cliente llame a "MemberServices" (servicios al miembro) al 541-883-2947 o TTY 711. Aceptamos todas las llamadas de retransmisión.

### 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. 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.





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Price	Drug(generic)	(brand)	Strength	Comment
<b>CARDIOVASCULAR AGENTS</b>				
<b>ALPHA-BLOCKERS AND OTHER SYMPATHOLYTIC AGENTS</b>				
\$	Clonidine Tablet	Catapress	All	
\$	Doxazosin Tablet	Cardura	All	
\$	Guanfacine Tablet	Tenex	All	
\$	Prazosin Capsule	Minipress	All	
\$	Terazosin Capsule	Hytrin	All	
<b>ANGIOTENSIN RECEPTOR BLOCKER (ARB) AGENTS</b>				
\$	Irbesartan Tablet	Avapro	All	
\$	Losartan Tablet	Cozaar	All	
\$	Losartan-HCTZ Tablet	Hyzaar	All	
\$	Olmesartan Tablet	Benicar	All	
\$	Olmesartan-HCTZ Tablet	Benicar-HCT	All	
\$	Telmisartan -HCTZ Tablet	Micardis-HCT	All	
\$	Telmisartan Tablet	Micardis	All	
\$	Valsartan Tablet	Diovan	All	
\$	Valsartan-HCTZ Tablet	Diovan-HCT	All	
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITOR (ACE) AGENTS</b>				
\$	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	



Price	Drug(generic)	(brand)	Strength	Comment
\$	Ramipril Tablet	Altace	All	
\$	Trandolapril Tablet	Mavik	All	
<b>ANTIARRHYTHMIC AGENTS</b>				
\$	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	
<b>ANTICOAGULANT AND ANTIPLATELET AGENTS</b>				
\$\$\$\$	Apixaban Tablet	Eliquis	All	
\$	Aspirin Tablet	Ecotrin, Halfprin	All	
\$	Cilostazol Tablet	Pletal	All	
\$	Clopidogrel Tablet	Plavix	75mg	
\$\$\$	Dabigatran Tablet	Pradaxa	75mg; 150mg	
\$\$	Enoxaparin Syringe	Lovenox	All	DS-7
\$\$\$\$	Fondaparinux Syringe	Arixtra	All	PA
\$\$\$\$	Rivaroxaban Tablet	Xarelto	All	
\$	Warfarin Tablet	Coumadin	All	
<b>BETA AND BETA-ALPHA BLOCKER AGENTS</b>				
\$	Atenolol Tablet	Tenormin	All	
\$	Carvedilol Tablet	Coreg	All	
\$	Labetalol Tablet	Normodyne	All	
\$	Metoprolol Succinate ER Tablet	Toprol XL	All	

<b>Price</b>	<b>Drug(generic)</b>	<b>(brand)</b>	<b>Strength</b>	<b>Comment</b>
\$	Metoprolol Tartrate Tablet	Lopressor	25mg, 50mg, 100mg	
\$\$	Nadolol Tablet	Corgard	All	
\$	Propranolol Tablet	Inderal	All	
\$\$	Propranolol Tablet ER	Inderal LA	All	
\$	Sotalol Tablet	Betapace	All	
<b>CALCIUM CHANNEL BLOCKER AGENTS</b>				
\$	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 ER GITS Tablet	Procardia XL	All	
\$	Verapamil Tablet	Calan	All	
\$	Verapamil Tablet SR	Calan SR	All	
<b>CARDIAC GLYCOSIDE AGENTS</b>				
\$	Digoxin Tablet	Lanoxin	All	

Price	Drug(generic)	(brand)	Strength	Comment
<b>LOOP DIURETIC AGENTS</b>				
\$	Bumetanide Tablet	Bumex	All	
\$	Furosemide Tablet	Lasix	All	
\$	Torsemide Tablet	Demadex	All	
<b>NITRATE AGENTS</b>				
\$	Isosorbide Dinitrate Tablet	Isordil	All	
\$	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	
<b>POTASSIUM AGENTS</b>				
\$-\$\$\$\$	Potassium Chloride Capsule ER	Klor-Con	All	
\$\$	Potassium Chloride Solution	Kor-Con	All	
\$	Potassium Chloride Tablet ER	K-Tabs	All	
\$\$	Potassium Citrate Tablet ER	Urocit-K	All	PA
\$\$	Potassium Citrate/Citric Acid Solution	Citra-K	All	PA
<b>POTASSIUM-SPARING DIURETIC AGENTS</b>				
\$	Amiloride Tablet	Midamor	All	
\$	Spironolactone Tablet	Aldactone	All	
\$	Triamterene/HCTZ Capsule	Dyazide	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Triamterene/HCTZ Tablet	Maxzide	All	
<b>THIAZIDES AND RELATED DIURETIC AGENTS</b>				
\$	Chlorthalidone Tablet	Hygroton	All	
\$	Hydrochlorothiazide Capsule	Microzide	12.5mg	
\$	Hydrochlorothiazide Tablet	Hydrodiuril	All	
\$	Indapamide Tablet	Lozol	All	
\$	Metolazone Tablet	Zaroxolyn	All	
<b>VASODILATOR AGENTS</b>				
\$	Hydralazine Tablet	Apresoline	All	
\$	Minoxidil Tablet	Loniten	All	PA
<b>CHOLESTEROL AGENTS</b>				
<b>BILE ACID SEQUESTRANTS</b>				
\$\$	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
<b>FIBRATES</b>				
\$\$	Fenofibrate Tablet	Lofibra	54mg	
\$\$	Fenofibrate Tablet	Tricor	48mg; 145mg	
\$\$	Fenofibrate Tablet	Triglide	160mg	
\$	Gemfibrozil Tablet	Lopid	All	
<b>OTHER LIPOTROPIC AGENTS</b>				
\$\$	Ezetimibe Tablet	Zetia	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Fish Oil Concentrate (OTC Only)	Fish Oil Concentrate (OTC Only)	1,000mg	
\$	Niacin (OTC Only)	Niacin (OTC Only)	All	
<b>STATINS</b>				
\$	Atorvastatin Tablet	Lipitor	All	
\$	Lovastatin Tablet	Mevacor	All	
\$	Pravastatin Tablet	Pravachol	All	
\$	Rosuvastatin Tablet	Crestor	All	
<b>DENTAL AGENTS</b>				
<b>MISC. DENTAL AGENTS</b>				
\$	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	
<b>DERMATOLOGIC AGENTS</b>				
<b>ACNE PRODUCTS</b>				
\$	Benzoyl Peroxide Bar (OTC)	Acne Care Bar		AGE<=21, QL-1/30 days
\$	Benzoyl Peroxide Cleanser (OTC)	Acne Control Cleanser	2%; 10%	AGE<=21, QL-237mL/30 days
\$	Benzoyl Peroxide Cleanser (OTC)	Acne Medication Cleanser (OTC)	5%; 6%; 7%; 10%	AGE<=21, QL-237mL/30 days

Price	Drug(generic)	(brand)	Strength	Comment
\$	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%	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
\$\$	Tretinoin Cream	Retin-A	0.05%	AGE<=21, QL-20gm/30 days

#### ANTIPARASITIC AGENTS

\$\$\$\$	Albendazole Tablet	Albenza	All	PA
\$	Ivermectin Tablet	Stromectol	All	PA
\$\$	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

Price	Drug(generic)	(brand)	Strength	Comment
\$	Zinc Oxide/Cod Liver Oil Paste	Desitin	All	QL-57gm/30 days
<b>TOPICAL ANTIBACTERIAL AGENTS</b>				
\$	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	
<b>TOPICAL ANTIFUNGAL AGENTS</b>				
\$	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

Price	Drug(generic)	(brand)	Strength	Comment
<b>TOPICAL ANTIVIRAL AGENTS</b>				
\$	Imiquimod Cream Packets	Aldara	5%	QL-12/28 days; max 48/365 days
\$\$	Podofilox Solution	Condylox	All	PA
<b>TOPICAL CORTICOSTEROIDS HIGH POTENCY</b>				
\$\$	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
<b>TOPICAL CORTICOSTEROIDS LOWEST POTENCY</b>				
\$	Hydrocortisone Cream	Hytone	1%	QL-28gm/30 days
\$	Hydrocortisone Cream	Hytone	2.5%	QL-30gm/30 days
\$	Hydrocortisone Lotion	Hytone	2.5%	PA
\$	Hydrocortisone Ointment	Hytone	1%	QL-28gm/30 days
\$	Hydrocortisone Ointment	Hytone	2.5%	PA
<b>TOPICAL CORTICOSTEROIDS MEDIUM POTENCY</b>				
\$\$	Betamethasone Valerate Cream	Valisone	0.01%	PA
<b>TOPICAL CORTICOSTEROIDS MEDIUM TO HIGH POTENCY</b>				
\$	Fluticasone Propionate Ointment	Cutivate	0.1%	PA
\$	Mometasone Furoate Ointment	Elocon	0.1%	PA
\$	Triamcinolone Acetonide Cream	Kenalog	0.5%	QL-15gm/30 days
\$	Triamcinolone Acetonide Ointment	Kenalog	0.5%	QL-15gm/30 days



Price	Drug(generic)	(brand)	Strength	Comment
<b>TOPICAL CORTICOSTEROIDS MEDIUM TO LOW POTENCY</b>				
\$	Fluticasone Propionate Cream	Cutivate	0.05%	PA
\$	Mometasone Furoate Cream	Elocon	0.1%	PA
\$	Mometasone Furoate 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
<b>TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY</b>				
\$\$	Betamethasone Dipropionate Ointment	Diprosone	0.05%	PA
\$\$	Clobetasol Propionate Cream	Temovate	0.05%	QL-15gm/30 days
\$\$	Clobetasol Propionate Solution	Temovate	0.05%	QL-50gm/30 days
<b>DIABETIC SUPPLIES</b>				
<b>DIABETIC SUPPLIES (OTHER)</b>				
\$	Pen Needles	Misc. Diabetic Supplies	All	
<b>DIABETIC TESTING SUPPLIES</b>				
TEST STRIPS ONLY NDC 56151-1460-04 & 56151-1460-01. MEMBER TO OBTAIN FREE METER. BIN#018844; PCN#3F; ID#TRPT5023493; SUBGROUP#FVTRUEPORT50. PLEASE CALL 855-282-4888 FOR PROCESSING ISSUES				
\$	Alcohol Swabs	Misc. Diabetic Supplies	All	
\$	Lancet	Trueplus	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Test Strips	True Metrix	All	QL-Uses insulin 100 strips/30 days, no insulin 50 strips/90 days, gestational 150 strips/30 days.

### DIABETIC SUPPLIES

#### DIABETIC SUPPLIES (OTHER)

\$	Insulin Syringes	Misc. Diabetic Supplies	All	
\$	Sharps Container	Misc. Diabetic Supplies	All	

#### DIABETIC TESTING SUPPLIES

TEST STRIPS ONLY NDC 56151-1460-04 & 56151-1460-01. MEMBER TO OBTAIN FREE METER. BIN#018844; PCN#3F; ID#TRPT5023493; SUBGROUP#FVTRUEPORT50. PLEASE CALL 855-282-4888 FOR PROCESSING ISSUES

	Glucometer (POS Coupon Code)	True Metix/True Metrix Air	All	
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### 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	

Price	Drug(generic)	(brand)	Strength	Comment
\$	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	
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>				
\$	Acarbose Tablet	Precose	All	
<b>ANDROGENS</b>				
\$\$	Testosterone Cypionate Vial	Depo-Testosterone	All	PA
\$\$\$	Testosterone Gel Packet	Androgel	50mg (1%)	PA
<b>ANTIHYPOGLYCEMIC AGENTS</b>				
\$\$\$	Glucagon Nasal Spray	Baqsimi	All	PA
<b>BIGUANIDES</b>				
\$	Metformin Tablet	Glucophage	All	
\$	Metformin Tablet XR	Glucophage XR	500mg; 750mg	
<b>COMBINATION INSULIN</b>				
\$\$\$	Insulin Lispro Protamine-Insulin Aspart Pen	Novolog Mix 70:30 Flexpen	All	PA
\$\$	Insulin Lispro Protamine-Insulin Aspart Vial	Novolog Mix 70:30	All	

<b>Price</b>	<b>Drug(generic)</b>	<b>(brand)</b>	<b>Strength</b>	<b>Comment</b>
\$\$\$	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	
<b>DPP-4 INHIBITORS</b>				
\$\$\$	Alogliptin Tablet	Nesina	All	ST
\$\$\$\$	Saxagliptin Tablet	Onglyza	All	PA, ST
<b>GLP-1 AGONISTS</b>				
\$\$\$\$	Dulaglutide Pen	Trulicity	All	PA
\$\$\$\$	Exenatide Microsphere Pen	Bydureon	All	PA
\$\$\$\$	Semaglutide Pen	Ozempic	All	PA
<b>GROWTH HORMONES</b>				
\$\$\$\$	Somatropin	Genotropin	All	PA, SP
\$\$\$\$	Somatropin	Omnitrope	All	PA, SP
<b>INTERMEDIATE-ACTING INSULIN</b>				
\$\$\$\$	Insulin NPH Pen	Humulin N Kwikpen	All	PA
\$\$	Insulin NPH Vial	Humulin N	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$\$	Insulin NPH Vial	Novolin N	All	
<b>LONG-ACTING INSULIN</b>				
\$\$\$	Insulin Degludec U-100 Pen	Tresiba Flextouch	U-100	
\$\$\$	Insulin Degludec U-100 Vial	Tresiba	U-100	
\$\$\$\$	Insulin Detemir Pen	Levemir Flextouch	All	PA
\$\$\$	Insulin Detemir Vial	Levemir	All	PA
\$\$\$	Insulin Glargine Pen	Lantus	All	PA, QL-15 mL/20 days
\$\$\$\$	Insulin Glargine Pen	Basaglar	All	PA, QL-15 mL/20 days, ST
\$\$	Insulin Glargine Vial	Lantus	All	PA, QL-10 mL/23 days
\$\$	Insulin Glargine-AGLR Pen	Rezvoglar Kwikpen	All	
\$\$\$	Insulin Glargine-YFGN Pen	Semglee-YFGN	All	PA
\$\$	Insulin Glargine-YFGN Vial	Semglee-YFGN	All	PA
<b>MEGLITINIDES</b>				
\$\$	Nateglinide Tablet	Starlix	All	QL-90/30 days
<b>OSTEOPOROSIS AGENTS</b>				
\$	Alendronate Tablet	Fosamax	All	
\$	Ibandronate Tablet	Boniva	All	
\$\$	Raloxifen Tablet	Evista	All	
<b>RAPID-ACTING INSULIN</b>				
\$\$\$	Insulin Aspart Cartridge	Novolog Penfill	All	PA
\$\$\$	Insulin Aspart Pen	Novolog Flexpen	All	PA, ST
\$\$\$	Insulin Aspart Vial	Novolog	All	

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

Price	Drug(generic)	(brand)	Strength	Comment
<b>EYE, EAR, NOSE, AND THROAT</b>				
ANTIHISTAMINES				
ALLERGIC RHINITIS IS NOT COVERED BY OHP				
\$	Azelastine Nasal Spray	Astelin	137 mcg	
\$	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

<b>Price</b>	<b>Drug(generic)</b>	<b>(brand)</b>	<b>Strength</b>	<b>Comment</b>
\$	Pseudoephedrine Oral Solution	Children's Sudafed	All	PA
\$	Pseudoephedrine Tablets	Sudafed Sinus Congestion	All	PA
\$	Pseudoephedrine Tablets ER 12hr	Sudafed Sinus Congestion 12hr	All	PA
<b>GLAUCOMA AGENTS</b>				
\$\$	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	
<b>MISC. NASAL PREPARATIONS</b>				
\$	Cromolyn Nasal Spray	Nasalcrom	All	PA
\$\$\$	Desmopressin Nasal Spray	DDAVP	All	PA
\$	Oxymetazoline Spray	Afrin	All	PA
\$	Saline Spray	Ocean	All	PA



Price	Drug(generic)	(brand)	Strength	Comment
<b>MISC. OPHTHALMIC AGENTS</b>				
\$	Dextran 70/Hypromellose Drops	Artificial Tears	All	PA
\$	Mineral Oil-White Petrolatum Ointment	Artificial Tears	All	PA
<b>MISC. OTIC AGENTS</b>				
\$	Carbamoxide 6.5% Drops	Debrox	All	QL-15mL/30 days
<b>NASAL CORTICOSTEROIDS</b>				
<b>ALLERGIC RHINITIS IS NOT COVERED BY OHP</b>				
\$	Flunisolide Spray	Nasalide	All	PA
\$	Fluticasone Spray	Flonase	50 mcg	
<b>OCULAR ALLERGY PRODUCTS</b>				
<b>ALLERGIC CONJUNCTIVITIS IS NOT COVERED BY OHP</b>				
\$	Cromolyn Drops	Opticrom	All	PA
\$	Tetrahydrozoline Drops	Visine	All	PA
<b>OPHTHALMIC ANTI-INFECTIVES</b>				
\$	Bacitracin-Polymyxin Ointment	Polycin	All	
\$	Ciprofloxacin Drops	Ciloxan	All	
\$	Erythromycin Base Ointment	Ilotycin	All	
\$	Gentamicin Drops	Genoptic	All	
\$	Gentamicin Ointment	Gentak	All	
	Moxifloxacin Drops	Vigamox	All	
\$	Neomycin-Bacitracin Polymyxin Ointment	Neo-Polycin	All	
\$	Neomycin-Polymyxin- Dexamethasone Drops	Maxitrol	All	

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

Price	Drug(generic)	(brand)	Strength	Comment
\$\$\$	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	
\$	Diphenoxylate- Atropine Liquid	Lomotil	All	
\$	Diphenoxylate- Atropine Tablet	Lomotil	All	
\$	Loperamide Capsule	Imodium	2mg	

### ANTIEMETIC AGENTS

\$	Meclizine Tablet	Antivert	12.5mg; 25mg	
\$	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	

Price	Drug(generic)	(brand)	Strength	Comment
<b>ANTISPASMODICS</b>				
\$	Dicyclomine Tablet	Bentyl	All	
<b>BOWEL PREP AGENTS</b>				
\$	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
<b>CONSTIPATION</b>				
\$	Bisacodyl Suppository	Dulcolax	All	QL-12/30 days
\$	Bisacodyl Tablet	Dulcolax	All	QL-60/30 days
\$	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 (can only)	Miralax	All	
\$	Psyllium Husk Capsule	Metamucil	0.52g	QL-30/30 days
\$	Sennosides Tablet	Senokot	8.6mg	QL-60/30 days
\$	Sennosides-Docusate Sodium Tablet	Senna-S	8.6mg-50mg	QL-60/30 days
<b>GASTROINTESTINAL AGENTS</b>				
\$	Sucralfate Tablet	Carafate	All	
<b>H2 BLOCKERS</b>				
\$	Cimetidine Solution	Tagament	All	

<b>Price</b>	<b>Drug(generic)</b>	<b>(brand)</b>	<b>Strength</b>	<b>Comment</b>
\$	Famotidine Suspension	Pepcid	All	QL-90 days/365 days
\$	Famotidine Tablet	Pepcid	20mg; 40mg	
<b>INFLAMMATORY BOWEL AGENTS</b>				
\$\$\$	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	
<b>MISC. GI AGENTS</b>				
\$	Simethicone Chewable Tablets	Gas-X	All	
\$	Simethicone Drops	Mylicon	40mg/0.6mL	QL-30mL/30 days
\$\$\$	Ursodiol Capsule	Actigall	300mg	
<b>OTHER GI AGENTS</b>				
\$	Misoprostol Tablet	Cytotec	All	
<b>PANCREATIC ENZYMES</b>				
\$\$\$	Lipase-Protease-Amylase Capsule DR	Creon	All	PA
\$\$\$\$	Lipase-Protease-Amylase Capsule DR	Zenpep	All	PA
\$\$	Lipase-Protease-Amylase Capsule DR	Pancreaze	All	PA
<b>PROTON-PUMP INHIBITORS</b>				
\$	Lansoprazole Capsule	Prevacid	All	
\$	Omeprazole Capsule	Prilosec	All	
\$	Omeprazole Suspension	First-Omeprazole	All	PA

Price	Drug(generic)	(brand)	Strength	Comment
\$	Pantoprazole Tablet	Protonix	All	
<b>INFECTIOUS DISEASE</b>				
<b>ANTINEOPLASTIC AGENTS</b>				
ALL ANTINEOPLASTIC AGENTS ARE COVERED; MAY REQUIRE PRIOR AUTHORIZATION FOR APPROVAL				
\$\$\$\$	ANTINEOPLASTIC AGENTS	ANTINEOPLASTIC AGENTS	All	PA, SP
<b>CEPHALOSPORINS-FIRST GENERATION</b>				
\$	Cefadroxil Suspension	Duricef	500mg/5mL	
\$	Cefadroxill Capsule	Duricef	All	
\$	Cephalexin Capsule	Keflex	250mg; 500mg	
\$	Cephalexin Suspension	Keflex	All	
<b>CEPHALOSPORINS-SECOND GENERATION</b>				
\$\$	Cefaclor Capsule	Ceclor	All	
\$\$	Cefaclor Suspension	Ceclor	All	
\$	Cefprozil Suspension	Cefzil	All	
\$	Cefprozil Tablet	Cefzil	All	
\$	Cefuroxime Tablet	Ceftin	All	
<b>CEPHALOSPORINS-THIRD GENERATION</b>				
\$	Cefdinir Capsule	Omnicef	All	
\$	Cefdinir Suspension	Omnicef	All	
\$\$	Cefixime Suspension	Suprax	100mg/5mL	
\$\$	Cefpodoxime Suspension	Vantin	All	
\$\$	Cefpodoxime Tablets	Vantin	All	
<b>HEPATITIS B VIRUS AGENTS</b>				
\$\$\$\$	Lamuidine Tablet	Epivir HBV	All	PA, SP

Price	Drug(generic)	(brand)	Strength	Comment
\$\$\$\$	Tenofovir Tablet	Viread	All	PA, SP
<b>HEPATITIS C VIRUS AGENTS</b>				
\$\$\$\$	Glecaprevir- Pibrentasvir Tablet	Mavyret	All	QL-168/56 days
\$\$\$\$	Peginterferon Alfa-2a	Pegasys	All	PA
\$\$\$\$	Ribavirin 200mg Capsule	Rebetal/Copegu s	All	PA
\$\$\$\$	Ribavirin 200mg Tablet	Rebetal/Copegu s	All	PA
\$\$\$\$	Sofosbuvir-Velpatasvir Tablet	Eplusa	All	QL-84/84 days
\$\$\$\$	Sofosbuvir-Velpatasvir- Voxilprevir Tablet	Vosevi	All	PA
<b>HERPES SIMPLEX ANTI-VIRALS</b>				
\$	Acyclovir Capsule	Zovirax	All	
\$\$	Acyclovir Suspension	Zovirax	All	
\$	Acyclovir Tablet	Zovirax	All	
\$	Valacyclovir Tablet	Valtrex	All	
<b>HIV ANTIVIRALS</b>				
ALL HIV ANTI-RETROVIRALS ARE COVERED; MAY REQUIRE PRIOR AUTHORIZATION FOR APPROVAL				
\$\$-\$\$\$\$	HIV ANTIVIRALS	HIV ANTIVIRALS	All	PA, SP
<b>IMMUNOSUPPRESSANT AGENTS</b>				
\$	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	

Price	Drug(generic)	(brand)	Strength	Comment
<b>INFLUENZA VIRUS AGENTS</b>				
\$\$	Amantadine Syrup	Symmetrel	All	
\$	Oseltamivir Capsule	Tamiflu	All	
\$\$	Oseltamivir Suspension	Tamiflu	All	
<b>MACROLIDES</b>				
\$	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	QL-14 days/fill
\$\$	Clarithromycin Tablets	Biaxin	All	
\$\$\$\$	Erythromycin Base	Ery-Tab	All	PA
\$\$\$\$	Erythromycin Ethylsuccinate	E.E.S.	All	PA
<b>ORAL ANTIFUNGALS</b>				
\$\$	Clotrimazole Troche	Mycelex	All	PA
\$	Fluconazole 150mg Tablet	Diflucan	150mg	QL-3/fill
\$	Fluconazole Suspension	Diflucan	All	
\$	Fluconazole Tablet	Diflucan	100mg	PA
\$	Fluconazole Tablet	Diflucan	200mg	
\$\$	Griseofulvin Tablet	Gris-Peg	500mg	PA
\$\$	Griseofulvin Suspension	Gris-Peg	All	PA
\$\$	Ketoconazole Tablet	Nizoral	All	PA
\$	Nystatin Suspension	Mycostatin	All	QL-200mL/10 days



Price	Drug(generic)	(brand)	Strength	Comment
\$\$	Nystatin Tablet	Mycostatin	All	PA
\$	Terbinafine Tablet	Lamisil	All	
<b>OTHER ORAL ANTIBIOTICS</b>				
\$	Clindamycin Capsule	Cleocin	All	
\$\$	Clindamycin Suspension	Cleocin	All	AGE<=8
\$\$	Dapsone Tablet	Aczone	All	
\$	Metronidazole Tablet	Flagyl	All	
\$	Nitrofurantoin Capsule	Macrobid	All	
\$	Nitrofurantoin Monohydrate Macrocrystals	Macrochantin	50mg; 100mg	
\$\$\$\$	Nitrofurantoin Suspension	Furadantin	All	PA
\$\$	Rifampin Capsule	Rifadin	All	
\$\$	Sulfamethoxazole-Trimethoprim Suspension	Bactrim	All	
\$	Sulfamethoxazole-Trimethoprim Tablet	Bactrim	All	
\$	Trimethoprim Tablet	Proloprim	All	
<b>PENICILLINS</b>				
\$	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	

Price	Drug(generic)	(brand)	Strength	Comment
\$	Ampicillin Suspension	Ampicillin	All	
\$	Dicloxacillin Capsule	Dicloxacillin	All	
\$	Penicillin V Solution	Veetids	All	
\$	Penicillin V Tablets	Veetids	All	
<b>QUINOLONES</b>				
\$\$	Ciprofloxacin Suspension	Cipro	All	AGE<=8
\$	Ciprofloxacin Tablet	Cipro	All	
\$	Levofloxacin Tablet	Levaquin	All	
<b>RSV AGENTS</b>				
\$\$\$\$	Palivizumab	Synagis	All	PA
<b>TETRACYCLINES</b>				
\$	Doxycycline Hyclate Capsule	Vibramycin	50mg; 100mg	
\$	Doxycycline Hyclate Tablet	Oracea	20mg	AGE<=21
\$	Doxycycline Hyclate Tablet	Vibratab	100mg	
\$	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
<b>VAGINAL ANTI-INFECTIVES</b>				
\$\$	Clindamycin Cream	Cleocin	All	PA
\$	Clotrimazole 3 -Day Cream	Gyne-Lotrimin	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$	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	
\$\$\$	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 ER	Keppra XR	All	
\$\$	Oxcarbazepine Suspension	Trileptal	All	
\$	Oxcarbazepine Tablet	Trileptal	All	

<b>Price</b>	<b>Drug(generic)</b>	<b>(brand)</b>	<b>Strength</b>	<b>Comment</b>
\$	Phenobarbital Tablet	Luminol	All	
\$	Phenytoin Chewable Tablet	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	
<b>ANTIPARKINSONIAN AGENTS</b>				
\$\$\$	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	
\$	Trihexyphenidyl Tablet	Artane	All	
<b>DEMENTIA AGENTS</b>				
\$	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	

Price	Drug(generic)	(brand)	Strength	Comment
<b>MULTIPLE SCLEROSIS AGENTS</b>				
\$\$\$\$	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
<b>NUTRITIONAL PRODUCTS/VITAMINS AND MINERALS</b>				
<b>CALCIUM</b>				
\$	Calcium Acetate 667mg Capsule	Phoslo	667mg	
\$	Calcium Acetate 667mg Tablet	Phoslo	667mg	
\$	Calcium Carbonate Tablet	Maalox/Tums	All	
\$	Calcium Citrate Tablet	Citracal+Vitamin D	200(950)mg	
\$	Calcium+D 600-200mg Tablet	Caltrate 600 Plus D3	600-200mg	
\$	Clacium Citrate Tablet	Calcium Citrate	250mg	
<b>IRON SUPPLEMENTS</b>				
\$	Ferrous Gluconate Tablets	Fergon	324mg	
\$	Ferrous Sulfate Tablets	Feosol	325mg	
<b>MULTIVITAMINS</b>				
\$	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	

Price	Drug(generic)	(brand)	Strength	Comment
\$	MV without minerals	Therems	All	
\$	Prenatal Vitamin	Prenatal Plus	All	
\$	Tri-Vitamin (A, C, D3) With Fluoride Drops	Tri-Vi-Flor	All	AGE<=5
<b>OTHERS</b>				
\$	Levocarnitine Solution	Carnitor	All	
\$	Levocarnitine Tablet	Carnitor	All	
\$	Magnesium Oxide Capsule	Magnesium Oxide	500mg	QL-30/30 days
\$	Magnesium Oxide Tablet	Magnesium Oxide	250mg; 400mg; 420mg; 500mg	QL-30/30 days
\$	Melatonin Tablet	Melatonin	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
<b>VITAMIN B</b>				
\$	Cyanocobalamin Injection	Vitamin B12	1000mcg/mL	PA
\$	Cyanocobalamin Tablet	Vitamin B12	100mcg; 250mcg; 500mcg; 1000mcg; 2000mcg	
\$	Folic Acid Tablet	Folvite	1mg	
\$	Riboflavin Tablet	Vitamin B2	25mg; 50mg; 100mg	
\$	Thiamine Tablet	Vitamin B1	100mg, 250mg, 500mg	QL-30/30 days

Price	Drug(generic)	(brand)	Strength	Comment
<b>VITAMIN C</b>				
\$	Ascorbic Acid Tablet	Vitamin C	250mg, 500mg, 1000mg	
<b>VITAMIN E</b>				
\$	Vitamin E Capsule	E-400/E-600	400mg; 600mg	
<b>VITAMIN K</b>				
\$	Vitamin K	Mephyton	All	
<b>VITMAIN D</b>				
\$	Calcitriol	Rocaltrol	All	
\$	Cholecalciferol (D3) Capsule	Delta D3	400iu, 1000iu, 2000iu, 5000iu, 50000iu	
\$	Cholecalciferol (D3) Drops	D-Vi-Sol	10mcg (400iu)/mL	
\$	Cholecalciferol (D3) Tablet	Delta D3	400iu, 1000iu, 2000iu, 5000iu, 50000iu	
\$	Ergocalciferol Capsule	Vitamin D2	50mcg; 1250mcg	
\$	Ergocalciferol Tablet	Vitamin D2	50mcg	
<b>PAIN, MUSCULOSKELETAL, AND INFLAMMATION</b>				
<b>ANALGESIC AGENTS</b>				
\$	Acetaminophen Drops	Tylenol	All	
\$	Acetaminophen Tablet	Tylenol	325mg; 500mg	
<b>ANGALGESIC AGENTS</b>				
\$	Acetaminophen Suppository	Tylenol	All	
<b>CGRP INHIBITORS</b>				
\$\$\$	Erenumab Injection	Aimovig	All	PA
\$\$\$	Fremanezumab Injection	Ajovy	All	PA

Price	Drug(generic)	(brand)	Strength	Comment
<b>GOUT</b>				
\$	Allopurinol Tablet	Zyloprim	100mg; 300mg	
\$\$	Colchicine Tablet	Colcrys	0.6mg	QL-30/30 days
\$	Probenecid Tablet	Benemid	All	
<b>LONG-ACTING OPIOIDS</b>				
\$\$	Fentanyl Patch	Duragesic	12mcg; 25mcg; 50mcg; 75mcg; 100mcg	
\$\$	Morphine Sulfate ER Tablet	MS Contin	All	PA, ST
<b>MIGRAINE AGENTS</b>				
\$	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
<b>MUSCLE RELAXANTS</b>				
\$	Baclofen Tablet	Lioresal	10mg; 20mg	
\$	Cyclobenzaprine Tablet	Flexeril	5mg; 10mg	
\$	Methocarbamol Tablet	Robaxin	All	
\$	Tizanidine Tablet	Zanaflex	2mg; 4mg	
<b>OPIOID SHORT ACTING</b>				
\$	Hydromorphone Tablet	Dilaudid	2mg; 4mg	DS-7



Price	Drug(generic)	(brand)	Strength	Comment
\$\$	Morphine Sulfate IR Tablet	Roxanol	All	DS-7
\$	Morphine Sulfate Solution	Roxanol	20mg/5mL	DS-7
\$	Oxycodone 5mg Tablet	Roxidone	5mg	DS-7
\$	Tramadol Tablet	Ultram	50mg	QL-8/day, DS-7
<b>OPIOID/ANALGESIC COMBINATIONS</b>				
DAYS SUPPLY GREATER THAN 7 REQUIRE PRIOR AUTHORIZATION; ANY COMBINATIO 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	5-325mg; 7.5-325mg; 10-325mg	DS-7
\$	Oxycodone-Acetaminophen Tablet	Endocet/Percocet	5-325mg	DS-7
\$	Oxycodone-Aspirin Tablet	Percodan	All	DS-7
<b>ORAL ANTI-INFLAMMATORY AGENTS</b>				
\$	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	50mg; 75mg
\$\$	Etodolac Capsule	Lodine	All	PA

Price	Drug(generic)	(brand)	Strength	Comment
\$	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	
\$	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	
<b>RHEUMATOLOGY AGENTS</b>				
\$\$\$\$	Adalimumab Injection	Humira	All	PA, SP
\$\$\$\$	Etanercept Injection	Enbrel	All	PA, SP
\$\$	Hydroxychloroquine Tablet	Plaquenil	200mg	
\$	Leflunomide Tablet	Arava	All	
\$	Methotrexate Tablet	Rheumatrex	All	
\$	Methotrexate Vial	Trexall	All	
<b>TOPICAL ANTI-INFLAMMATORY AGENTS</b>				
\$	Diclofenac Gel	OTC Voltaren Arthritis Pain	1%	

Price	Drug(generic)	(brand)	Strength	Comment
<b>PSYCHOTHERAPY AND CNS AGENTS</b>				
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)				
<b>AGENTS FOR ALCOHOL DEPENDENCE</b>				
\$\$\$	Acamprosate Tablet	Campral	All	
\$\$	Disulfiram 250mg Tablet	Antabuse	All	
\$	Naltrexone Tablet	Revia	All	
<b>AGENTS FOR OPIOID ADDICTION</b>				
\$\$\$\$	Buprenorphine Extended Release Injection	Sublocade	100mg/0.5ml	QL-0.5ml/30 days
\$\$\$\$	Buprenorphine Extended Release Injection	Sublocade	300mg/1.5ml	QL-1.5ml/30 days
\$	Buprenorphine Tablet	Subutex	All	
\$\$	Buprenorphine-Naloxone Film	Suboxone	All	DS-Initial fill 30 days; 14 days/fill thereafter
\$\$	Buprenorphine-Naloxone Tablet	Suboxone	All	DS-Initial fill 30 days; 14 days/fill thereafter
\$\$\$\$	Naltrexone Injectable	Vivitrol	All	
<b>AGENTS FOR OPIOID OVERDOSE</b>				
\$	Naloxone 4mg HCL	Narcan	All	QL-1 box/fill
<b>STIMULANTS</b>				
LONG ACTING OR EXTENDED RELEASE FORMULATIONS ARE SUBJECT TO QUANTITY LIMITATIONS				
\$\$	Amphetamine-Dextroamphetamine ER 24H Capsule	Adderall XR	All	QL-30/30 days

Price	Drug(generic)	(brand)	Strength	Comment
\$	Amphetamine-Dextroamphetamine Tablet	Adderall	All	
\$\$	Dexmethylphenidate ER Capsule	Focalin XR	All	QL-30/30 days
\$	Dexmethylphenidate Tablet	Focalin	All	
\$\$\$	Lisdexamphetamine Capsule	Vyvanse	All	PA, QL-30/30 days
\$\$	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
\$	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

Price	Drug(generic)	(brand)	Strength	Comment
<b>BETA AGONIST, LONG-ACTING (LABA) &amp; INHALED CORTICOSEROID AGENTS</b>				
\$\$\$	Budesonide- Formoterol Fumarate	Symbicort	All	PA
\$\$\$	Fluticasone-Salmeterol	Advair Diskus	All	
\$\$\$	Fluticasone-Salmeterol	Airduo Resplick	All	
\$\$\$	Mometasone- Formoterol	Dulera	All	PA
<b>BETA-AGONIST, LONG-ACTING (LABA) AGENTS</b>				
\$\$\$	Olodaterol	Striverdi Respimat	All	PA
<b>BETA-AGONIST, SHORT-ACTING AGENTS</b>				
\$\$	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
\$\$	Levalbuterol HFA	Xopenex HFA	All	QL-15gm/25 days
<b>INHALED CORTICOSEROID, BETA AGONIST, LONG-ACTING (LABA) &amp; ANTICHOLINERIC, LONG ACTING (LAMA) AGENTS</b>				
\$\$\$\$	Fluticasone, Umeclidinium, and Vilanterol Inhaler	Trelegy Ellipta	All	PA
<b>INHALED CORTICOSTEROIDS (ICS) AGENTS</b>				
\$\$\$	Beclomethasone	Qvar Redihaler	All	
\$\$\$	Budesonide	Pulmicort Flexhaler	All	
\$\$\$	Budesonide Nebulizer Solution	Pulmicort Respule	All	PA, AGE<=5
\$\$\$	Fluticasone Propionate	Flovent HFA	220mcg	PA

Price	Drug(generic)	(brand)	Strength	Comment
\$\$\$	Fluticasone Propionate	Flovent HFA	44mcg; 110mcg	
<b>INHALER ASSIST DEVICES</b>				
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	INHALER ASSIST DEVICES		
<b>LEUKOTRIENE INHIBITOR AGENTS</b>				
\$	Montelukast Tablet	Singulair	All	
\$	Zafirlukast Tablet	Accolate	All	
<b>MISC. AGENTS</b>				
\$\$\$	Epinephrine Injectable	Adrenaclick/Epi pen	All	QL-4 pens/year
<b>OTHER PULMONARY AGENTS</b>				
\$	Saline Inhalation Nebulizer Vials	Modulose Saline Solution for Inhalation	0.9%; 3%; 10%	
\$	Sildenafil 20mg Tablet	Revatio	20mg	PA
\$\$	Theophylline ER Tablet	Theo-24	400mg; 600mg	
<b>TOBACCO CESSATION AGENTS</b>				
\$	Bupropion 150mg SR Tablet	Zyban	All	PA, 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

Price	Drug(generic)	(brand)	Strength	Comment
<b>UROLOGICAL DRUGS</b>				
<b>BPH AGENTS</b>				
\$	Doxazosin Tablet	Cardura	All	
\$	Finasteride Tablet	Proscar	5mg	
\$	Tamsulosin Capsule ER	Flomax	All	
\$	Terazosin Capsule	Hytrin	All	
<b>OTHERS</b>				
\$	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	
\$	Tolterodine ER	Detrol LA	All	
\$	Trospium	Sanctura	All	
<b>VACCINES</b>				
<b>VACCINES</b>				
ADDITIONAL VACCINATIONS AND VACCINATIONS FOR CHILDREN AGES 18 AND YOUNGER ARE COVERED THROUGH PROVIDERS OFFICE				
\$\$\$	Anthrax Vaccine	Anthrax	All	
\$\$\$	BCG Live/BCG Vaccine Live/PF	Bacillus Calmette-Guerin	All	
\$\$\$	Cholera Vaccine, Live	Cholera	All	

Price	Drug(generic)	(brand)	Strength	Comment
\$\$\$	Dengue Vaccine Live, Vero PF	Dengue	All	
\$\$\$	Ebola (Zaire) Vaccine, Live, Vero/PF	Zaire Ebolavirus	All	
\$	Flu Vaccine	Fluvirin, Fluzone, Flulaval	All	AGE>=19
\$\$\$	Japanese Encephalitis Vaccine/PF	Japanese Encephalitis	All	
\$\$	Pneumonia Vaccine	Pneumovax	All	AGE>=19
\$\$\$	RSV Vaccine	Arexvy, Abrysvo	All	AGE>=60, QL-1/lifetime
\$\$\$	Typhoid Vaccine, Live, Attenuated	Typhoid	All	
\$\$\$	Yellow Fever Vaccine Live/PF	Yellow Fever	All	
\$\$\$	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	



Price	Drug(generic)	(brand)	Strength	Comment
\$	Medroxyprogesterone Tablet	Provera	All	
\$\$	Norethindrone Acetate Tablet	Aygestin	All	
\$	Progesterone Micronized Capsule	Prometrium	All	
<b>MISC.</b>				
\$\$	Methylergonovine Tablet	Methergine	All	PA
\$	Misoprostol Tablet	Cytotec	All	
<b>ORAL CONTRACEPTIVES</b>				
\$\$	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	
<b>OTHER CONTRACEPTIVES</b>				
LEVONORGESTREL IMPLANTS AND IUDS MUST BE A COVERED DMAP SERVICE AND OBTAINED THROUGH PROVIDERS OFFICE				
\$\$	Etonogestrel-Ethinyl Estradiol Vaginal Ring	NuvaRing	All	

<b>Price</b>	<b>Drug(generic)</b>	<b>(brand)</b>	<b>Strength</b>	<b>Comment</b>
\$\$	Medroxyprogesterone Acetate Injectable	Depo-Provera IM Shot	All	QL-1 mL/90 days
\$\$	Norelgestromin- Ethinyl Estradiol Patch	Xulane, Zafemy	All	

<b>CHOICE 90 FORMULARY</b>				
No PA required; must be written for 90 days*				
<b>Price</b>	<b>Drug(generic)</b>	<b>(brand)</b>	<b>Strength</b>	<b>Comment</b>
<b>CARDIOVASCULAR AGENTS</b>				
<b>ALPHA-BLOCKERS AND OTHER SYMPATHOLYTIC AGENTS</b>				
\$	Clonidine Tablet	Catapress	All	
\$	Guanfacine Tablet	Tenex	All	
<b>ANGIOTENSIN RECEPTOR BLOCKER (ARB) AGENTS</b>				
\$	Irbesartan Tablet	Avapro	All	
\$	Losartan Tablet	Cozaar	All	
\$	Losartan-HCTZ Tablet	Hyzaar	All	
\$	Olmesartan Tablet	Benicar	All	
\$	Olmesartan-HCTZ Tablet	Benicar-HCT	All	
\$	Telmisartan -HCTZ Tablet	Micardis-HCT	All	
\$	Telmisartan Tablet	Micardis	All	
\$	Valsartan Tablet	Diovan	All	
\$	Valsartan-HCTZ Tablet	Diovan-HCT	All	
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITOR (ACE) AGENTS</b>				
\$	Benazepril Tablet	Lotensin	All	
\$	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	

<b>CHOICE 90 FORMULARY</b>				
No PA required; must be written for 90 days*				
<b>Price</b>	<b>Drug(generic)</b>	<b>(brand)</b>	<b>Strength</b>	<b>Comment</b>
<b>ANTICOAGULANT AND ANTIPLATELET AGENTS</b>				
\$	Clopidogrel Tablet	Plavix	75mg	
<b>BETA AND BETA-ALPHA BLOCKER AGENTS</b>				
\$	Atenolol Tablet	Tenormin	All	
\$	Carvedilol Tablet	Coreg	All	
\$	Metoprolol Succinate ER Tablet	Toprol XL	All	
\$	Metoprolol Tartrate Tablet	Lopressor	25mg, 50mg, 100mg	
<b>CALCIUM CHANNEL BLOCKER AGENTS</b>				
\$	Amlodipine Tablet	Norvasc	All	
\$	Amlodipine-Benazepril Tablet	Lotrel	All	
\$	Verapamil Tablet SR	Calan SR	All	
<b>LOOP DIURETIC AGENTS</b>				
\$	Furosemide Tablet	Lasix	All	
\$	Torsemide Tablet	Demadex	All	
<b>NITRATE AGENTS</b>				
\$	Isosorbide Mononitrate Tablet	Monoket	All	
<b>POTASSIUM AGENTS</b>				
\$-\$\$\$\$	Potassium Chloride Capsule ER	Klor-Con	All	
\$	Potassium Chloride Tablet ER	K-Tabs	All	
<b>POTASSIUM-SPARING DIURETIC AGENTS</b>				
\$	Amiloride Tablet	Midamor	All	
\$	Spironolactone Tablet	Aldactone	All	

<b>CHOICE 90 FORMULARY</b>				
No PA required; must be written for 90 days*				
<b>Price</b>	<b>Drug(generic)</b>	<b>(brand)</b>	<b>Strength</b>	<b>Comment</b>
\$	Triamterene/HCTZ Capsule	Dyazide	All	
\$	Triamterene/HCTZ Tablet	Maxzide	All	
<b>THIAZIDES AND RELATED DIURETIC AGENTS</b>				
\$	Hydrochlorothiazide Capsule	Microzide	12.5mg	
\$	Hydrochlorothiazide Tablet	Hydrodiuril	All	
<b>CHOLESTEROL AGENTS</b>				
<b>OTHER LIPOTROPIC AGENTS</b>				
\$	Fish Oil Concentrate (OTC Only)	Fish Oil Concentrate (OTC Only)	1,000mg	
<b>STATINS</b>				
\$	Atorvastatin Tablet	Lipitor	All	
\$	Lovastatin Tablet	Mevacor	All	
\$	Pravastatin Tablet	Pravachol	All	
\$	Rosuvastatin Tablet	Crestor	All	
<b>DENTAL AGENTS</b>				
<b>MISC. DENTAL AGENTS</b>				
\$	Sodium Fluoride Tablets	Fluoritab	All	AGE<=18
<b>ENDOCRINE AND HORMONAL AGENTS</b>				
<b>2ND GENERATION SULFONYLUREAS</b>				
\$	Glimepiride Tablet	Amaryl	All	
\$	Glipizide Tablet	Glucotrol	All	
\$	Glipizide Tablet ER	Glucotrol XL	All	

<b>CHOICE 90 FORMULARY</b>				
No PA required; must be written for 90 days*				
<b>Price</b>	<b>Drug(generic)</b>	<b>(brand)</b>	<b>Strength</b>	<b>Comment</b>
\$	Glyburide Tablet	Diabeta/Micronase	All	
<b>BIGUANIDES</b>				
\$	Metformin Tablet	Glucophage	All	
\$	Metformin Tablet XR	Glucophage XR	500mg; 750mg	
<b>OSTEOPOROSIS AGENTS</b>				
\$	Alendronate Tablet	Fosamax	All	
\$	Ibandronate Tablet	Boniva	All	
<b>THIAZOLIDINEDIONES</b>				
\$	Pioglitazone Tablet	Actos	All	
<b>THYROID AND ANTI-THYROID AGENTS</b>				
\$	Levothyroxine Tablet	Synthroid	All	
<b>EYE, EAR, NOSE, AND THROAT</b>				
<b>GLAUCOMA AGENTS</b>				
\$	Latanoprost Drops	Xalatan	All	
\$	Timolol Maleate Drops	Timoptic	All	
<b>NUTRITIONAL PRODUCTS/VITAMINS AND MINERALS</b>				
<b>CALCIUM</b>				
\$	Calcium+D 600-200mg Tablet	Caltrate 600 Plus D3	600-200mg	
<b>MULTIVITAMINS</b>				
\$	Multivitamin and Fluoride Chewable Tablet	Poly-Vi-Flor	All	AGE<=18
\$	MV with minerals	Therems-M	All	
\$	MV without minerals	Therems	All	

<b>CHOICE 90 FORMULARY</b>				
No PA required; must be written for 90 days*				
<b>Price</b>	<b>Drug(generic)</b>	<b>(brand)</b>	<b>Strength</b>	<b>Comment</b>
\$	Prenatal Vitamin	Prenatal Plus	All	
\$	Tri-Vitamin (A, C, D3) With Fluoride Drops	Tri-Vi-Flor	All	AGE<=5
<b>VITAMIN C</b>				
\$	Ascorbic Acid Tablet	Vitamin C	250mg, 500mg, 1000mg	
<b>VITMAIN D</b>				
\$	Cholecalciferol (D3) Capsule	Delta D3	400iu, 1000iu, 2000iu, 5000iu, 50000iu	
\$	Cholecalciferol (D3) Tablet	Delta D3	400iu, 1000iu, 2000iu, 5000iu, 50000iu	
<b>PAIN, MUSCULOSKELETAL, AND INFLAMMATION</b>				
<b>ANALGESIC AGENTS</b>				
\$	Acetaminophen Tablet	Tylenol	325mg; 500mg	
<b>GOUT</b>				
\$	Allopurinol Tablet	Zyloprim	100mg; 300mg	
<b>ORAL ANTI-INFLAMMATORY AGENTS</b>				
\$	Aspirin Chewable Tablet	Bufferin/Ecotrin	81mg	
\$	Aspirin EC Tablet	Bufferin/Ecotrin	81mg; 325mg	
\$	Aspirin Tablet	Bufferin/Ecotrin	81mg; 325mg	
\$	Ibuprofen Tablet	Motrin/Advil	400mg; 600mg; 800mg	
<b>UROLOGICAL DRUGS</b>				
<b>BPH AGENTS</b>				
\$	Doxazosin Tablet	Cardura	All	
\$	Tamsulosin Capsule ER	Flomax	All	

**CHOICE 90 FORMULARY**

No PA required; must be written for 90 days\*

<b>Price</b>	<b>Drug(generic)</b>	<b>(brand)</b>	<b>Strength</b>	<b>Comment</b>
\$	Terazosin Capsule	Hytrin	All	



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Metoclopramide Solution	35
Metoclopramide Tablet	35
Metolazone Tablet	20
Metoprolol Succinate ER Tablet	17
Metoprolol Tartrate Tablet	18
Metronidazole Tablet	41
Metronidazole Vaginal Gel	43
Mexiletine Tablet	17
Miconazole 3-Day Cream	43
Miconazole 7-Day Cream	43
Miconazole Aerosol Powder	23
Mineral Oil-White Petrolatum Ointment	33
Minocycline Tablet	42
Minoxidil Tablet	20
Misoprostol Tablet	37,57
Mometasone Furoate Cream	25
Mometasone Furoate Solution (Lotion)	25
Mometasone Furoate Ointment	24
Mometasone-Formoterol	53
Montelukast Tablet	54
Morphine Sulfate ER Tablet	48
Morphine Sulfate IR Tablet	49
Morphine Sulfate Solution	49
Moxifloxacin Drops	33
Multivitamin and Fluoride Chewable Tablet	45



Multivitamin and Fluoride Drops	45
Mupirocin Ointment	23
MV with minerals	45
MV without minerals	46
Mycophenolate Mofetil Capsule	39
Mycophenolate Mofetil Tablet	39
NaCl-NaHCO <sub>3</sub> /KCL/PEG	36
NaCl-NaHCO <sub>3</sub> -KCL-PEG	36
Nadolol Tablet	18
Naloxone 4mg HCL	51
Naltrexone Injectable	51
Naltrexone Tablet	51
Naproxen Tablet	50
Naratriptan Tablet	48
Nateglinide Tablet	29
Neomycin-Bacitracin Polymyxin Ointment	33
Neomycin-Polymyxin-Dexamethasone Drops	33
Neomycin-Polymyxin-Dexamethasone Ointment	34
Neomycin-Polymyxin-Gramicidin Drops	34
Neomycin-Polymyxin-Hydrocortisone Solution Drops	35
Niacin (OTC Only)	21
Nicotine Gum	54
Nicotine Inhaler	54
Nicotine Lozenge	54
Nicotine Patch	54
Nifedipine Capsule	18
Nifedipine ER GITS Tablet	18
Nitrofurantoin Capsule	41

Nitrofurantoin Monohydrate Macrocrystals	41
Nitrofurantoin Suspension	41
Nitroglycerin Ointment	19
Nitroglycerin Patch	19
Nitroglycerin Tablet SL	19
Norelgestromin-Ethinyl Estradiol Patch	58
Norethindrone Acetate Tablet	57
Norethindrone Tablet	57
Norethindrone-Ethinyl Estradiol Tablet	57
Norgestimate-Ethinyl Estradiol Tablet	57
Norgestrel-Ethinyl Estradiol Tablet	57
NP Thyroid Tablet	30
Nystatin Cream	23
Nystatin Ointment	23
Nystatin Powder	23
Nystatin Suspension	40
Nystatin Tablet	41
Ofloxacin Drops	34
Olmesartan Tablet	16
Olmesartan-HCTZ Tablet	16
Olodaterol	53
Omeprazole Capsule	37
Omeprazole Suspension	37
Ondansetron HCL Tablet	35
Ondansetron ODT Tablet	35
Oseltamivir Capsule	40
Oseltamivir Suspension	40
Oxcarbazepine Suspension	43

Oxcarbazepine Tablet	43
Oxybutynin Syrup	55
Oxybutynin Tablet	55
Oxybutynin Tablet ER	55
Oxycodone 5mg Tablet	49
Oxycodone-Acetaminophen Tablet	49
Oxycodone-Aspirin Tablet	49
Oxymetazoline Spray	32
Palivizumab	42
Pantoprazole Tablet	38
PEG-3350-Electrolytes	36
Peginterferon Alfa-2a	39
Pen Needles	25
Penicillin V Solution	42
Penicillin V Tablets	42
Permethrin Cream	22
Permethrin Liquid	22
Phenazopyridine Tablet	55
Phenobarbital Tablet	44
Phenytoin Chewable Tablet	44
Phenytoin Sodium ER Capsule	44
Phenytoin Suspension	44
Pilocarpine 5mg Tablet	34
Pioglitazone Tablet	30
Piroxicam Tablet	50
Pneumonia Vaccine	56
Podofilox Solution	24
Polyethylene Glycol (PEG) 3350 Powder (can only)	36

Polymyxin-Trimethoprim Drops	34
Potassium Chloride Capsule ER	19
Potassium Chloride Solution	19
Potassium Chloride Tablet ER	19
Potassium Citrate Tablet ER	19
Potassium Citrate/Citric Acid Solution	19
Pramipexole Tablet	44
Pravastatin Tablet	21
Prazosin Capsule	16
Prednisolone Drops	34
Prednisolone Sodium Phosphate Solution	27
Prednisone Dose Pak	27
Prednisone Oral Concentrate	27
Prednisone Solution	27
Prednisone Tablet	27
Prenatal Vitamin	46
Primidone Tablet	44
Probenecid Tablet	48
Prochlorperazine Suppository	35
Prochlorperazine Tablet	35
Progesterone Micronized Capsule	57
Promethazine Suppository	35
Promethazine Tablet	35
Promethazine-Codeine Syrup	31
Promethazine-Dextromethorphan Syrup	31
Propranolol Tablet	18
Propranolol Tablet ER	18
Propylthiouracil Tablet	30

Pseudoephedrine Oral Solution	32
Pseudoephedrine Tablets	32
Pseudoephedrine Tablets ER 12hr	32
Psyllium Husk Capsule	36
Quinidine Tablet	17
Quinidine Tablet ER	17
Raloxifen Tablet	29
Ramipril Tablet	17
Renal Vitamin 0.8mg Tablet	46
Renal Vitamin 1mg Capsule	46
Ribavirin 200mg Capsule	39
Ribavirin 200mg Tablet	39
Riboflavin Tablet	46
Rifampin Capsule	41
Rivaroxaban Tablet	17
Rizatriptan ODT	48
Rizatriptan Tablet	48
Ropinirole Tablet	44
Rosuvastatin Tablet	21
RSV Vaccine	56
Salicylic Acid Medicated Pads (OTC)	22
Saline Inhalation Nebulizer Vials	54
Saline Spray	32
Salon-Pas Patch	22
Salsalate Tablet	50
Saxagliptin Tablet	28
Selenium Sulfide 2.5% Lotion	22
Semaglutide Pen	28

Sennosides Tablet	36
Sennosides-Docusate Sodium Tablet	36
Sevelamer Carbonate Tablet	46
Sharps Container	26
Sildenafil 20mg Tablet	54
Silver Sulfadiazine Cream	23
Simethicone Chewable Tablets	37
Simethicone Drops	37
Sodium Fluoride 1.1% Cream	21
Sodium Fluoride 1.1% Gel	21
Sodium Fluoride 1.1% Paste	21
Sodium Fluoride Drops	21
Sodium Fluoride Tablets	21
Sodium-Potassium-Magnesium Sulfates	36
Sofosbuvir-Velpatasvir Tablet	39
Sofosbuvir-Velpatasvir-Voxilprevir Tablet	39
Solifenacin	55
Somatropin	28
Sotalol Tablet	18
Spirolactone Tablet	19
Sucralfate Tablet	36
Sulfacetamide Drops	34
Sulfacetamide Ointment	34
Sulfamethoxazole-Trimethoprim Suspension	41
Sulfamethoxazole-Trimethoprim Tablet	41
Sulfasalazine Tablet	37
Sulfasalazine Tablet DR	37
Sulindac Tablet	50

Sumatriptan Succinate Nasal Spray	48
Sumatriptan Succinate Oral Tablet	48
Tacrolimus Capsule	39
Tamsulosin Capsule ER	55
Telmisartan -HCTZ Tablet	16
Telmisartan Tablet	16
Tenofovir Tablet	39
Terazosin Capsule	16,55
Terbinafine Cream	23
Terbinafine Tablet	41
Terconazole Cream	43
Test Strips	26
Testosterone Cypionate Vial	27
Testosterone Gel Packet	27
Tetracycline Capsule	42
Tetrahydrozoline Drops	33
Theophylline ER Tablet	54
Thiamine Tablet	46
Timolol Maleate Drops	32
Timolol Sol-Gel	32
Tiotropium	52
Tiotropium-Olodaterol	52
Tizanidine Tablet	48
Tobramycin Drops	34
Tobramycin-Dexamethasone Drops	34
Tolnaftate Cream	23
Tolterodine	55
Tolterodine ER	55

Topiramate Sprinkle Capsule	44
Topiramate Tablet	44
Torseamide Tablet	19
Tramadol Tablet	49
Trandolapril Tablet	17
Travoprost Drops	32
Tretinoin Cream	22
Triamcinolone Acetonide Cream	24
Triamcinolone Acetonide Ointment	24
Triamcinolone Acetonide Paste	21
Triamcinolone Cream	25
Triamcinolone Lotion	25
Triamcinolone Ointment	25
Triamterene/HCTZ Capsule	19
Triamterene/HCTZ Tablet	20
Trihexyphenidyl Tablet	44
Trimethoprim Tablet	41
Tri-Vitamin (A, C, D3) With Fluoride Drops	46
Trospium	55
Typhoid Vaccine, Live, Attenuated	56
Ullipristal Acetate	56
Umeclidinium	52
Ursodiol Capsule	37
Valacyclovir Tablet	39
Valsartan Tablet	16
Valsartan-HCTZ Tablet	16
Varenicline Tablet	54
Verapamil Tablet	18



Verapamil Tablet SR	18
Vitamin E Capsule	47
Vitamin K	47
Warfarin Tablet	17
Yellow Fever Vaccine Live/PF	56
Zafirlukast Tablet	54
Zinc Oxide/Cod Liver Oil Paste	23
Zonisamide Capsule	44
Zoster Vaccine, Recombinant-Adjuvanted	56

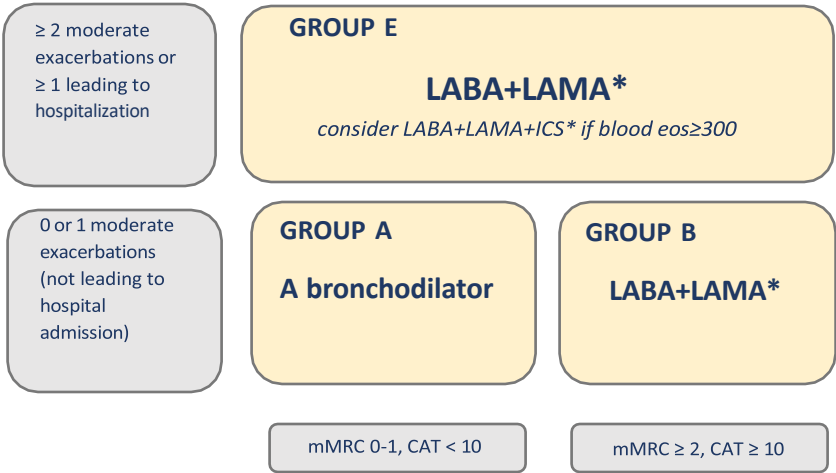
# COPD GOLD GUIDELINES 2024

<https://goldcopd.org/2024-gold-report/>

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							

# COPD GOLD GUIDELINES 2024

## Initial Pharmacological Treatment



\*single inhaler therapy may be more convenient and effective than multiple inhalers

**Definition of abbreviations:** eos: blood eosinophil count in cells per microliter; mMRC: modified Medical Research Council dyspnea questionnaire; CAT: COPD Assessment Test

Following implementation of therapy, patients should be reassessed for attainment of treatment goals and identification of any barriers for successful treatment. Following review of the patient response to treatment initiation, adjustments in pharmacological treatment may be needed.

# COPD GOLD GUIDELINES 2024

## Follow-up Pharmacological Treatment

IF RESPONSE TO INITIAL TREATMENT IS APPROPRIATE, MAINTAIN IT.

IF NOT:

- Check adherence, inhaler technique and possible interfering comorbidities
- Consider the predominant treatable trait to target (dyspnea or exacerbations)
  - Use exacerbations pathway if both exacerbations and dyspnea need to be targeted
- Place the patient in box corresponding to current treatment & follow indications
- Assess response, adjust and review
- These recommendations do not depend on the ABE assessment diagnosis

### DYSPNEA

LABA OR LAMA



LABA + LAMA\*



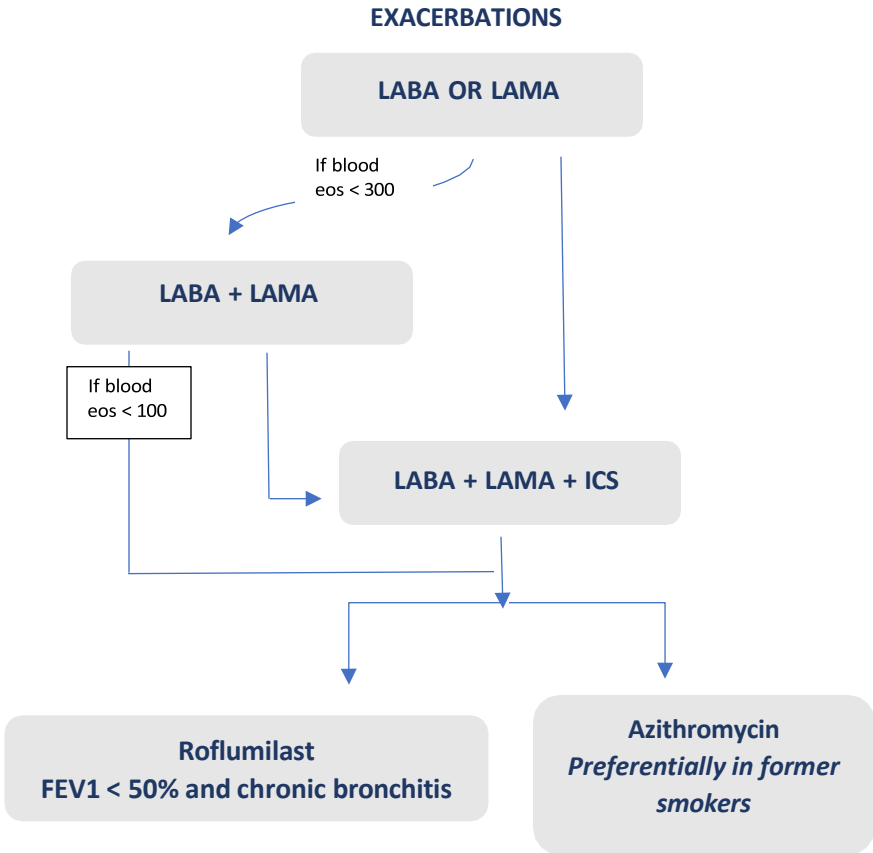
- Consider switching inhaler device or molecules
- Implement or escalate non-pharmacologic treatment(s)
- Investigate (and treat) other causes of dyspnea

\*single inhaler therapy may be more convenient and effective than multiple inhalers

<https://goldcopd.org/2024-gold-report/>

# COPD GOLD GUIDELINES 2024

## Follow-up Pharmacological Treatment



\*Single inhaler therapy may be more convenient and effective than multiple inhalers

\*\*Consider de-escalation of ICS if pneumonia or other considerable side-effects. In case of blood eos  $\geq 300$  cells/ $\mu$ l de-escalation is more likely to be associated with the development of exacerbations

<https://goldcopd.org/2024-gold-report/>

## Cascade Health Alliance Formulary COPD Medications

CHA Formulary Medications	
SABA	Albuterol HFA, Levalbuterol HFA
LABA	Striverdi*
LAMA	Tiotropium Handihaler**, Incruse Ellipta*, Atrovent HFA*
ICS	Qvar Redihaler, Pulmicort Flexhaler, Fluticasone HFA
LABA+LAMA Combo	Bevespi Aerosphere, Stiolto Respimat**
LABA+ICS Combo	Fluticasone-Salmeterol Respiclick, Fluticasone- Salmeterol Diskus, Budesonide- Formoterol**, Dulera**
LABA+LAMA+ICS Combo	Trelegy*

LEGEND	
SABA	Short-acting bronchodilator
LABA	Long-acting bronchodilator
LAMA	Long-acting muscarinic antagonist
ICS	Inhaled corticosteroid
*	PA required
**	PA and step therapy required

# 2024 Diabetic Treatment Plan\*

\*Adapted from the ADA

## USE OF GLUCOSE-LOWERING MEDICATIONS IN THE MANAGEMENT OF TYPE 2 DIABETES



[https://diabetesjournals.org/care/article/47/Supplement\\_1/S158/153955/9-Pharmacologic-Approaches-to-Glycemic-Treatment](https://diabetesjournals.org/care/article/47/Supplement_1/S158/153955/9-Pharmacologic-Approaches-to-Glycemic-Treatment)

**Goal: Cardiorenal Risk Reduction in High-Risk Patients with Type 2 Diabetes (in addition to comprehensive CV risk management).**

**+ASCVD**

Defined differently across CVOTs but all included individuals with established CVD (e.g. MI, stroke, and revascularization procedure). Variably included: conditions such as transient ischemic attack, unstable angina, amputation, symptomatic or asymptomatic coronary artery disease.

**+ Indicators of high risk**

While definitions vary, most comprise  $\geq 55$  years of age with two or more additional risk factors (including obesity, hypertension, smoking, dyslipidemia, or albuminuria)

**+ASCVD/Indicators of High Risk**

GLP-1 RA with proven CVD benefit

SGLT2i with proven CVD benefit

If A1C above target

- For patients on a GLP-1 RA, consider adding SGLT2i with proven CVD benefit or vice versa.
- TZD<sup>^</sup>

If additional cardiorenal risk reduction or glycemic lowering needed



**Goal: Cardiorenal Risk Reduction in High-Risk Patients with Type 2 Diabetes (in addition to comprehensive CV risk management).**

**+HF**

Current or prior symptoms of HF with documented HFrEF or HFpEF

**+CKD**

eGFR <60 mL/min per 1.73 m<sup>2</sup>  
OR albuminuria (ACR ≥ 3.0 mg/mmol [30 mg/g]). These measurements may vary over time; thus, a great measure is required to document CKD.

**+HF**

SGLT2i with proven benefit in HF population

**+CKD (on maximally tolerated dose of ACEi/ARB)**

SGLT2i with primary evidence of reducing CKD progression.

Use SGLT2i in people with an eGFR ≥ 20 mL/min per 1.73 m<sup>2</sup>; once initiated should be continued until initiation of dialysis or transplantation

-----OR-----

GLP-1 RA with proven CVD benefit if SGLT2i not tolerated

If A1C above target, for patients on SGLT2i, consider incorporating a GLP-1 RA or vice versa

**If additional cardiorenal risk reduction or glycemic lowering needed**

← **Goal: Achievement and Maintenance of Glycemic Goals**

**Glycemic Management: Choose approaches that provide the efficacy to achieve goals:**

Metformin OR Agent(s) including COMBINATION therapy that provide adequate EFFICACY to achieve and maintain treatment goals.

Consider avoidance of hypoglycemia a priority in high-risk individuals.

In general, higher efficacy approaches have greater likelihood of achieving glycemic goals.

Efficacy for glucose lowering:

**Very High:**

Dulaglutide (high dose), Semaglutide, Tirzepatide  
Insulin  
Combination Oral  
Combination Injectable (GLP-1 RA/Insulin)

**High:**

GLP-1 RA (not listed above), Metformin, SGLT2i,  
Sulfonylurea, TZD

**Intermediate:**

DPP-4i

↓  
If A1C above target →

**Identify barriers to goals:**

- **Consider DSMES referral to support self-efficacy in achievement goals.**
- **Consider technology (e.g., diagnostic CGM) to identify therapeutic gaps and tailor therapy.**
- **Identify and address SDOH that impact achievement of goals.**

<b>FORMULARY OPTIONS</b>	
BIGUANIDES	Metformin, Metformin XR
TZD	Pioglitazone
SU	Glimepiride, Glipizide, Glipizide ER, Glyburide, Glyburide Micronized
DPP-4	Alogliptin, <b>Onglyza**</b>
SGLT-2	Steglatro*, <b>Farxiga**</b>
GLP-1	Bydureon*
BASAL INSULIN	Insulin Glargine YFGN, <b>Basaglar**</b> , <b>Lantus**</b> , <b>Levemir**</b> , Insulin Degludec*
<b>*PA REQUIRED</b>	
<b>**PA and Step Therapy required</b>	
Formulary Biguanides, TZD's, and SU's are part of CHA's Choice 90 Formulary and will pay at the point of sale for a 30 or 90-day supply. Note: claims for alogliptin will not require a prior authorization if a prior claim for a formulary metformin has been paid within 90 days.	