

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 Provider: Policies, Procedures, and Forms

Please send completed forms to:

Cascade Health Alliance

Attn: Prior Authorization Department

2909 Daggett Ave. Suite 200

Klamath Falls OR 97601

Phone: 541-883-2947

Fax: 541-883-6104

Instructions:

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

Review Criteria:

The following guidelines are used in reviewing medication requests:

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



Cascade Health Alliance, LLC

MEDICATION PRIOR AUTHORIZATION REQUEST FORM

2909 Daggett Ave STE 200 • Klamath Falls, OR 97601

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

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

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

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

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

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Pravastatin Tablet	Pravachol	
\$	Rosuvastatin Tablet	Crestor	
FIBRATES			
\$\$	Fenofibrate Tablet (48mg, 54mg, 145mg, 160mg Only)	Tricor/Triglide	
\$	Gemfibrozil Tablet	Lopid	
BILE ACID SEQUESTRANTS			
\$\$	Cholestyramine Powder	Questran	
\$\$	Cholestyramine Lite Powder	Questran Lite	
\$\$	Colestipol Packet/Tablet	Colestid	QL-120/28 days
OTHER LIPOTROPIC AGENTS			
\$\$\$	Ezetimibe Tablet	Zetia	
\$	Fish Oil (OTC Only)		
\$	Niacin (OTC Only)		
DERMATOLOGIC AGENTS			
TOPICAL ANTIBACTERIAL AGENTS			
\$	Bacitracin Ointment	Baciguent	
\$	Bacitracin/Polymyxin Ointment	Polysporin	
\$	Gentamicin Cream/Ointment	Garamycin	
\$	Mupirocin 2% Ointment	Bactroban	QL 22gm/month
\$	Silver Sulfadiazine Cream	SSD	
TOPICAL ANTIFUNGAL AGENTS			
\$	Clotrimazole Cream	Lotrimin AF	PA
\$	Clotrimazole/Betamethasone Cream	Lotrisone	PA
\$	Ketoconazole Cream/Shampoo	Nizoral	PA
\$	Miconazole Aerosol Powder	Lotrimin AF	PA
\$	Nystatin Cream/Ointment	Mycostatin	PA IF AGE>2
\$\$	Nystatin Powder	Nystop	PA
\$	Terbinafine Cream	Lamisil	PA

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Tolnaftate Cream	Tinactin	PA
TOPICAL ANTIVIRAL AGENTS			
\$\$	Podofilox Solution	Condylox	PA
\$	Imiquimod Cream	Aldara	PA
ANTIPARASITIC AGENTS			
\$	Ivermectin Tablet	Stromectol	
\$\$\$\$	Albendazole Tablet	Albenza	PA
\$	Permethrin 1% Liquid	Nix	QL-60mL
\$\$	Permethrin 5% Cream	Elimite	QL-60gm
TOPICAL CORTICOSTEROIDS LOWEST POTENCY			
\$	Hydrocortisone 2.5% Cream/Ointment/Lotion	Hytone	PA
\$	Hydrocortisone 1% Cream	Hytone	PA
TOPICAL CORTICOSTEROIDS MEDIUM TO LOW POTENCY			
\$\$	Betamethasone Valerate 0.01% Cream	Valisone	PA
TOPICAL CORTICOSTEROIDS MEDIUM POTENCY			
\$	Fluticasone Propionate 0.05% Cream	Cutivate	PA
\$	Mometasone Furoate 0.1% Cream/Solution (Lotion)	Elocon	PA
\$	Triamcinolone Cream/Ointment (0.025% and 0.1% only)	Kenalog	PA
\$\$	Triamcinolone Lotion (0.025% and 0.1% only)	Kenalog	PA
TOPICAL CORTICOSTEROIDS MEDIUM TO HIGH POTENCY			
\$	Fluticasone Propionate 0.1% Ointment	Cutivate	PA
\$	Mometasone Furoate 0.1% Ointment	Elocon	PA
\$	Triamcinolone Acetonide 0.5% Cream/Ointment	Kenalog	PA

PRICE	DRUG(generic)	(brand)	COMMENT
TOPICAL CORTICOSTEROIDS HIGH POTENCY			
\$\$	Betamethasone Dipropionate 0.05% Cream	Diprosone	PA
\$\$	Fluocinonide 0.05% Gel/Cream/Solution	Lidex	PA
TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY			
\$\$	Betamethasone Dipropionate 0.05% Ointment	Diprosone	PA
\$\$	Clobetasol Propionate 0.05% Cream/Solution	Temovate	PA
OTHERS			
\$	Capsaicin 0.1% Cream	Zostrix	
\$	Lidocaine/Prilocaine Cream	Emla	PA
\$	Lidocaine 2% Jelly	Xilocaine	QL 30mL in 20 days
\$\$	Lidocaine 5% Patch	Lidoderm	PA, QL-30 in 30 days
\$\$\$	Fluorouracil 5% Cream	Efudex	PA
\$	Salon-Pas Patch	Salon-Pas	PA, QL-60 in 30 days
\$	Selenium Sulfide 2.5% Lotion	Selsun	PA
ENDOCRINE AND HORMONAL AGENTS			
2ND GENERATION SULFONYLUREAS			
\$	Glimepiride Tablet	Amaryl	
\$	Glipizide Tablet/Tablet ER	Glucotrol	
\$	Glyburide Tablet	Diabeta/Micronase	
BIGUANIDES			
\$	Metformin Tablet XR (500mg and 750mg)	Glucophage XR	
\$	Metformin Tablet	Glucophage	
THIAZOLIDINEDIONES			
\$	Pioglitazone Tablet	Actos	

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

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

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Methylprednisolone Tablet/Dose Pak (4mg Only)	Medrol	
\$	Prednisolone Sodium Phosphate Solution	Orapred	
\$\$	Prednisone Oral Concentrate	Prednisone Intensol	AGE<=12
\$	Prednisone Dose Pak/Solution/Tablets	Sterapred	
ANDROGENS			
\$\$-\$	Testosterone Cypionate Vial	Depo-Testosterone	PA
GROWTH HORMONES			
\$\$\$\$	Somatropin	Genotropin	PA, SP
\$\$\$\$	Somatropin	Omnitrope	PA, SP
OSTEOPOROSIS AGENTS			
\$	Alendronate Tablet	Fosamax	
\$	Ibandronate Tablet	Boniva	
\$\$	Raloxifen Tablet	Evista	
EYE, EAR, NOSE, AND THROAT			
OPHTHALMIC ANTI-INFECTIVES			
\$	Bacitracin-Polymyxin Ointment	Polycin	
\$	Ciprofloxacin Drops	Ciloxan	
\$	Erythromycin Base Ointment	Ilotycin	
\$	Gentamicin Drops	Genoptic	
\$	Gentamicin Ointment	Gentak	
\$	Neomycin-Bacitracin Polymyxin Ointment	Neo-Polycin	
\$	Neomycin-Polymyxin- Dexamethasone Drops and Ointment	Maxitrol	
\$	Neomycin-Polymyxin Gramicidin Drops	Neosporin Eye Solution	
\$	Ofloxacin Drops	Ocuflox	

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

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

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

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Famotidine Suspension	Pepcid	PA>90 Days/365 Days
\$	Ranitidine Tablet (150mg and 300mg Only)	Zantac	
PROTON-PUMP INHIBITORS			
\$	Lansoprazole Capsule	Prevacid	
\$	Omeprazole Capsule	Prilosec	
\$	Omeprazole Suspension	First-Omeprazole	PA
\$	Pantoprazole Tablet	Protonix	
OTHER GI AGENTS			
\$	Misoprostol Tablet	Cytotec	
GASTROINTESTINAL AGENTS			
\$	Sucralafate Tablet	Carafate	
ANTIEMETIC AGENTS			
\$	Meclizine Tablet	Antivert	
\$	Metoclopramide Solution/Tablet	Reglan	
\$	Ondansetron HCL Tablet	Zofran	QL-30 per 24 days
\$	Ondansetron ODT Tablet	Zofran ODT	QL-30 per 24 days
\$	Prochlorperazine Tablet	Compazine	
\$\$	Prochlorperazine Suppository	Compazine	PA
\$	Promethazine Tablet	Phenergan	
\$\$	Promethazine Suppository 12.5mg and 25mg Only	Phenergan	PA
ANTISPASMODICS			
\$	Dicyclomine Tablet	Bentyl	
ANTIDIARRHEAL			
\$	Bismuth Subsalicylate Suspension/Chew Tabs	Pepto-Bismol	PA
\$	Diphenoxylate-Atropine Liquid/Tablet	Lomotil	

PRICE	DRUG(generic)	(brand)	COMMENT
CONSTIPATION			
\$	Bisacodyl Suppository/Tablet	Dulcolax	PA
\$	Docusate Liquid/ Capsule-100mg Only	Colace	PA
\$	Glycerin Suppository	Fleet/Pedia-Lax	PA
\$	Polyethylene Glycol (PEG) 3350 Powder	Miralax	PA
\$	Psyllium Husk Capsule	Metamucil	PA
\$	Sennosides Tablet (8.6mg Only)	Senokot	PA
\$\$	Lactulose Solution	Kristalose	PA
BOWEL PREP AGENTS			
\$	PEG-3350-Electrolytes	Gavilyte-C Gavilyte-G Golytely	
\$	NaCl-NaHCO3-KCL-PEG	Gavilyte-N	
\$	Sodium-Potassium- Magnesium Sulfates	Suprep	QL-354ml in 180 days
\$	NaCl-NaHCO3/KCL/PEG	Trilyte	
INFLAMMATORY BOWEL AGENTS			
\$\$\$\$	Mesalamine Tablet (800mg Only)	Asacol HD	PA
\$\$	Mesalamine Enema	Rowasa	PA
\$\$\$	Balsalazide Capsule	Colazal	PA
\$	Sulfasalazine Tablet/ Tablet DR	Azulfidine	
\$\$	Hydrocortisone Enema	Cortenema	
PANCREATIC ENZYMES			
\$\$-\$\$\$	Lipase-Protease-Amylase Capsule DR	Creon	PA
\$\$	Lipase-Protease-Amylase Capsule DR	Pancreaze	PA
\$\$-\$\$\$\$	Lipase-Protease-Amylase Capsule DR	Zenpep	PA

PRICE	DRUG(generic)	(brand)	COMMENT
MISC. GI AGENTS			
\$	Simethicone Chew Tabs	Gas-X	
\$\$\$	Ursodiol Capsule	Actigall	
INFECTIOUS DISEASE			
PENICILLINS			
\$	Amoxicillin Capsule/Suspension	Amoxil	
\$	Amoxicillin-Clavulanic Acid Tablet/Suspension	Augmentin	
\$	Ampicillin Capsule/Suspension	Polycillin/Omnipen	
\$	Dicloxacillin Capsule	Dynapen	
\$	Penicillin VK Tablet/Solution	Beepen VK	
CEPHALOSPORINS-FIRST GENERATION			
\$	Cefadroxil Capsule	Duricef	
	Cefadroxil Suspension (500mg/5ml only)	Duricef	
\$	Cephalexin Capsule (250mg and 500mg only)	Keflex	
\$	Cephalexin Suspension	Keflex	
CEPHALOSPORINS-SECOND GENERATION			
\$\$	Cefaclor Capsule/Suspension	Ceclor	
\$	Cefprozil Tablet/Suspension	Cefzil	
\$	Cefuroxime Tablet	Ceftin/Zinacef	
CEPHALOSPORINS-THIRD GENERATION			
\$	Cefdinir Capsule/Suspension	Omnicef	
\$\$	Cefixime Suspension (100mg/5ml Only)	Suprax	
\$\$	Cefpodoxime Tablet/Suspension	Vantin	

PRICE	DRUG(generic)	(brand)	COMMENT
MACROLIDES			
\$	Azithromycin Suspension	Zithromax	
\$	Azithromycin 250mg Tablet	Zithromax Z-Pak	QL-12/fill
\$	Azithromycin 500mg Tablet	Zithromax Tri-Pak	QL-6/fill
\$\$	Clarithromycin Suspension/Tablet	Biaxin	
\$\$\$\$	Erythromycin Base	Eryc/Ery-Tab/PCE	PA
\$\$\$\$	Erythromycin Ethylsuccinate	E.E.S./EryPed	PA
QUINOLONES			
\$	Ciprofloxacin Tablet	Cipro	
\$\$	Ciprofloxacin Suspension	Cipro	AGE<=8
\$	Levofloxacin Tablet	Levaquin	
TETRACYCLINES			
\$	Doxycycline Hyclate Tablet/Capsule (50mg and 100mg Only)	Vibramycin/Vibratab	
\$	Doxycycline Monohydrate Tablet/Capsule (50mg and 100mg Only)	Monodox	
\$\$	Doxycycline Monohydrate Suspension	Adoxa	
\$\$\$\$	Tetracycline Capsule	Sumycin	PA
OTHER ORAL ANTIBIOTICS			
\$\$	Clindamycin Suspension	Cleocin	AGE<=8
\$	Clindamycin Capsule	Cleocin	
\$\$	Dapsone Tablet	Aczone	
\$	Metronidazole Tablet	Flagyl	
\$	Nitrofurantoin Capsule	Macrobid	
\$\$\$\$	Nitrofurantoin Suspension	Furadantin	PA
\$	Nitrofurantoin-Nitrofurantoin Macrocystals (50mg and 100mg only)	Macrochantin	
\$\$	Rifampin Capsule	Rifadin	

PRICE	DRUG(generic)	(brand)	COMMENT
\$\$	Sulfamethoxazole- Trimethoprim Suspension/ Tablet	Bactrim/ Septra	
\$	Trimethoprim Tablet	Proloprim	
ORAL ANTIFUNGALS			
\$\$	Clotrimazole Troche	Mycelex	PA
\$	Fluconazole 150mg Tablet Fluconazole 200mg Tablet	Diflucan	QL-3 per fill (150mg)
	Fluconazole Tablets 50mg and 100mg	Diflucan	PA
\$	Fluconazole Suspension	Diflucan	
\$\$	Griseofulvin Suspension/ 500mg Tablet	Gris-Peg	PA
\$\$	Ketoconazole Tablet	Nizoral	PA
\$\$-\$	Nystatin Suspension/ Tablet	Mycostatin	
\$	Terbinafine Tablet	Lamisil	PA
VAGINAL ANTI-INFECTIVES			
\$\$	Clindamycin Cream	Cleocin	PA
\$	Clotrimazole 3 or 7-Day Cream	Gyne-Lotrimin	
\$\$	Metronidazole Gel	Metro-Gel Vaginal	
\$	Miconazole 3 or 7-Day Cream	Monistat	
\$	Terconazole Cream	Terazol	
HERPES SIMPLEX ANTI-VIRALS			
\$\$-\$	Acyclovir Capsule/ Suspension/Tablet	Zovirax	
\$	Valacyclovir Tablet	Valtrex	
HEPATITIS B VIRUS AGENTS			
\$\$\$\$	Lamivudine Tablet	Epivir HBV	PA, SP
\$\$\$\$	Tenofovir Tablet	Viread	PA, SP

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

PRICE	DRUG(generic)	(brand)	COMMENT
IMMUNOSUPPRESSANT AGENTS			
\$	Azathioprine Tablet	Imuran	
\$\$\$\$	Cyclosporine Capsule/ Solution	Sandimmune	
\$	Mycophenolate Mofetil Capsule/Tablet	Cellcept	
\$-\$\$\$	Tacrolimus Capsule	Prograf	
NEUROLOGIC AGENTS			
ANTICONVULSANTS			
\$-\$\$	Carbamazepine Chewable Tablet/Suspension/Tablet/ ER Tablet	Tegretol/ Tegretol XR	
\$	Clonazepam Tablet	Klonopin	PA>30 days use
\$\$\$	Ethosuximide Capsule/ Solution	Zarontin	
\$	Gabapentin Capsule/Tablet	Neurontin	Max 3600MG/Day
\$-\$\$	Levetiracetam Solution/ Tablet/ ER Tablet	Keppra/Keppra XR	
\$-\$\$	Oxcarbazepine Suspension/ Tablet	Trileptal	
\$	Phenobarbital Tablet	Luminol	
\$	Phenytoin Chewable Tablet/ Suspension	Dilantin Infatabs/ Dilantin	
\$	Phenytoin Sodium Extended Capsule	Phenytek	
\$	Primidone Tablet	Mysoline	
\$	Topiramate Tablet	Topamax	
\$	Zonisamide Capsule	Zonegran	
ANTIPARKINSONIAN AGENTS			
\$-\$\$	Amantadine Solution	Symmetrel	
\$	Benzotropine Tablet	Cogentin	
\$	Carbidopa-Levodopa IR Tablet/ER Tablet	Sinemet/ Sinemet CR	
\$	Pramipexole Tablet	Mirapex	PA

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

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Ferrous Sulfate	Feosol	
VITAMIN B			
\$	Cyanocobalamin (B-12) 1,000mcg/ml Injection		PA
\$	Folic Acid 1mg Tablet	Folvite	
VITAMIN C			
\$	Ascorbic Acid Tablet (250, 500, 1000mg Only)	Vitamin C	
VITAMIN D			
\$	Calcitriol	Rocaltrol	
\$	Cholecalciferol (D3) Capsule/ Tablet (400, 1000, 2000, 5000, 50000 unit only)	Delta D3	
VITAMIN E			
\$	Vitamin E Capsule (400mg and 600mg Only)	E-400/E-600	
VITAMIN K			
\$	Vitamin K	Mephyton	
MULTIVITAMINS			
\$	Calcium+D 600-200mg Tablet	Oscal	
\$	Multivitamin and Fluoride Drops	Poly-Vi-Flor	AGE<=5
\$	Multivitamin and Fluoride Chewable Tablet	Poly-Vi-Flor	AGE<=18
\$	Tri-Vitamin (A, C, D3) With Fluoride Drops	Tri-Vi-Flor	AGE<=5
\$	MV with or without minerals	Therems/ Therems-M	
\$	Prenatal Vitamin	Prenatal Plus	
CALCIUM			
\$	Calcium Carbonate Tablet	Maalox/Tums	
\$	Clacium Citrate	Citracal	

PRICE	DRUG(generic)	(brand)	COMMENT
OTHERS			
\$\$	Levocarnitine Solution/Tablet	Carnitor	
\$\$\$\$	Sevelamer Hydrochloride	Renagel	PA
\$	Renal Vitamin 0.8mg Tablet	Rena-Vite/ Nephro-Vite	
\$	Renal Vitamin 1mg Capsule	RenaCaps	
\$\$	Calcium Acetate 667mg Capsule/Tablet	Phoslo	PA
PAIN, MUSCULOSKELETAL, AND INFLAMMATION			
TOPICAL ANTI-INFLAMMATORY AGENTS			
\$	Diclofenac 1% Gel	OTC Voltaren Arthritis Pain	QL-100gm (1 tube) in 30 Days
ANALGESIC AGENTS			
\$	Acetaminophen Drops/ Liquid/Suppository/Tablet/ Chewable Tablet	Tylenol	
ORAL ANTI-INFLAMMATORY AGENTS			
\$	Aspirin Tablet/ Chewable Tablet/ EC Tablet (81mg and 325mg Only)	Bufferin/Ecotrin	
\$\$	Celecoxib Capsule	Celebrex	
\$	Diclofenac Sodium Tablet	Voltaren	
\$\$	Etodolac Capsule/Tablet	Lodine	PA
\$\$	Etodolac ER Tablet	Lodine ER	PA
\$	Flurbiprofen Tablet	Ansaid	
\$	Ibuprofen Drops/Suspension Tablet (400, 600, 800mg only)	Motrin/Advil	
\$	Indomethacin Capsule	Indocin	
\$	Meloxicam Tablet	Mobic	QL-30/30 days
\$	Naproxen Tablet (250mg, 375mg, 500mg Only)	Naprosyn	
\$	Piroxicam Capsule	Feldene	

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

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Naratriptan Tablet	Amerge	QL-9 per 30 days
\$	Butalbital-Acetaminophen Caffeine 50-325-40mg Tablet	Fioricet	QL-30 per 30 days
\$	Butalbital-Aspirin-Caffeine 50-325-40 Tablet	Fiorinal	QL-30 per 30 days
CGRP INHIBITORS			
\$\$\$	Erenumab Injection	Aimovig	PA
\$\$\$	Fremanezumab Injection	Ajovy	PA
MUSCLE RELAXANTS			
\$	Baclofen Tablet (10 and 20mg Only)	Lioresal	
\$	Cyclobenzaprine Tablet (5mg or 10mg Only)	Flexeril	
\$	Methocarbamol Tablet	Robaxin	
\$	Tizanidine Tablet	Zanaflex	
GOUT			
\$	Allopurinol Tablet	Zyloprim	
\$\$	Colchicine Tablet	Colcrys	QL-30 in 180 days
\$	Probenecid Tablet	Benemid	
RHEUMATOLOGY AGENTS			
\$\$\$\$	Adalimumab Injection	Humira	PA, SP
\$\$\$\$	Etanercept Injection	Enbrel	PA, SP
\$	Leflunomide Tablet	Arava	
\$	Methotrexate Tablet/Vial	Trexall	
\$\$	Hydroxychloroquine Tablet	Plaquenil	
PULMONARY AGENTS			
BETA-AGONIST, SHORT-ACTING AGENTS			
\$\$	Albuterol HFA	Proair HFA	QL-1 per 25 days
\$\$	Albuterol HFA	Ventolin HFA	
\$\$	Levalbuterol HFA	Xopenex HFA	
\$	Albuterol Nebulizer Solution	AccuNeb	QL-90mL per fill

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

PRICE	DRUG(generic)	(brand)	COMMENT
LEUKOTRIENE INHIBITOR AGENTS			
\$	Montelukast Tablet	Singulair	
\$	Zafirlukast Tablet	Accolate	
OTHER PULMONARY AGENTS			
\$	Saline Inhalation 0.9%, 3%, 10% Nebulizer Vials	Modulose Saline Solution for Inhalation	
\$	Sildenafil 20mg Tablet	Revatio	PA
\$\$	Theophylline ER Tablet (400mg and 600mg)	Theo-24	
INHALER ASSIST DEVICES			
MASKS, AEROCHAMBERS, PEAK FLOW METERS, AND NEBULIZERS ARE A COVERED BENEFIT WITH OHP AND ARE OBTAINED BY COMING DIRECTLY TO THE OFFICE OF CASCADE HEALTH ALLIANCE			
MISC			
\$\$\$\$	Epinephrine Injectable	Adrenaclick/Epipen	QL-4 pens/year
TOBACCO CESSATION AGENTS			
\$\$\$\$	Nicotine Inhaler	Nicotrol	PA
\$	Nicotine Gum	Nicorette	QL-720 per 30 days; 180 day supply per year
\$\$	Nicotine Lozenge	Nicorette	QL-600 per 30 days; 180 day supply per year
\$	Nicotine Patch	Nicoderm CQ	QL-30 per 30 days 180 day supply per year
\$\$\$\$	Varenicline Tablet	Chantix	QL-336/year
\$	Bupropion 150mg SR Tablet	Zyban	PA>6 fills in 365 days

PRICE	DRUG(generic)	(brand)	COMMENT
PSYCHOTHERAPEUTIC 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 • ANXIOLYTIC AGENTS • ADHD AGENTS (NONSTIMULANTS)			
STIMULANTS			
ALL LONG-ACTING OR EXTENDED RELEASE ADHD MEDICATIONS REQUIRE A PRIOR AUTHORIZATION FOR MEMBERS 19 YEARS OLD AND OLDER LONG ACTING FORMULATIONS ARE SUBJECT TO QUANTITY LIMITATIONS			
\$	Amphetamine-Dextroamphetamine Tablet	Adderall	
\$\$	Amphetamine-Dextroamphetamine ER 24H Capsule	Adderall XR	QL-30 per 30 days PA AGE>=19
\$	Methylphenidate Solution/ Tablet	Ritalin	
\$\$\$	Methylphenidate ER 24H Tablet	Concerta	QL-30 per 30 days PA AGE>=19
\$\$-\$\$\$	Methylphenidate CD Capsule	Metadate CD	QL-30 per 30 days PA AGE>=19
\$\$-\$\$\$	Methylphenidate LA Capsule	Ritalin LA	QL-30 per 30 days PA AGE>=19
\$\$	Methylphenidate SR 20mg Tablet	Ritalin-SR 20	QL-30 per 30 days PA AGE>=19
\$	Dexmethylphenidate Tablet	Focalin	
\$\$\$	Dexmethylphenidate ER Capsule	Focalin XR	QL-30 per 30 days PA AGE>=19

PRICE	DRUG(generic)	(brand)	COMMENT
AGENTS FOR OPIOID ADDICTION			
\$\$	Buprenorphine-Naloxone Tablet	Suboxone	QL=14 days
\$\$\$\$	Naltrexone Injectable	Vivitrol	PA, SP
AGENTS FOR ALCOHOL DEPENDENCE			
\$\$\$	Acamprosate Tablet	Campral	
\$	Naltrexone Tablet	Revia	
\$\$	Disulfiram 250mg Tablet	Antabuse	
AGENTS FOR OPIOID OVERDOSE			
\$	Naloxone 4mg HCL	Narcan	QL-1 box per fill
UROLOGICAL DRUGS			
BPH AGENTS			
\$	Doxazosin Tablet	Cardura	
\$	Tamsulosin Capsule ER	Flomax	
\$	Terazosin Capsule	Hytrin	
OTHERS			
\$	Bethanechol Tablet (5, 10, 25mg Only)	Urecholine	
\$	Citric Acid/Potassium Solution	Cytra-K	
\$	Oxybutynin Syrup/Tablet	Ditropan	
\$	Oxybutynin Tablet ER	Ditropan XL	QL-30 per 30 days
\$	Phenazopyridine Tablet	Pyridium	
VACCINES			
VACCINES			
ADDITIONAL VACCINATIONS AND ALL VACCINATIONS FOR CHILDREN AGES 18 AND YOUNGER ARE COVERED THROUGH PROVIDERS OFFICE CONTACT CHA CASE MANAGEMENT FOR ADDITIONAL INFORMATION			
\$	Flu Vaccine	Fluvirin, Fluzone, Flulaval	AGE>=19

PRICE	DRUG(generic)	(brand)	COMMENT
\$\$	Pneumonia Vaccine	Pneumovax	AGE>=19
\$\$\$	Zoster Vaccine, Recombinant-Adjuvanted	Shingrix	QL-2 per lifetime AGE>=50

WOMEN'S HEALTH AND CONTRACEPTIVE AGENTS

HORMONE REPLACEMENT THERAPY

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

EMERGENCY CONTRACEPTIVES

\$	Levonorgestrel Tablet	My Way, Next Choice, Fallback, Solo, Plan-B, Plan-B One Step	
\$	Ullipristal Acetate	Ella	

MISC

\$\$	Methylergonovine Tablet	Methergine	PA
\$	Misoprostol Tablet	Cytotec	

ORAL CONTRACEPTIVES

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

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

CHOICE 90 FORMULARY		
No PA required; must be written for 90 days*		
Drug Name	Form	Strength
ANTIHYPERTENSIVES		
Amiloride	TABLET	5MG
Amlodipine	TABLET	2.5MG, 5MG, 10MG
Amlodipine-Benazepril	CAPSULE	2.5-10MG, 5-10MG, 5-20MG, 10-20MG, 10-40MG
Atenolol	TABLET	25MG, 50MG, 100MG
Benazepril	TABLET	5MG, 10MG, 20MG, 40MG
Carvedilol	TABLET	3.125MG, 6.25MG, 12.5MG, 25MG
Clonidine	TABLET	0.1MG, 0.2MG, 0.3MG
Enalapril	TABLET	2.5MG, 5MG, 10MG, 20MG
Fosinopril	TABLET	10MG, 20MG, 40MG
Furosemide	TABLET	20MG, 40MG, 80MG
Guanfacine HCL	TABLET	1MG, 2MG
Hydrochlorothiazide	CAPSULE	12.5MG
Hydrochlorothiazide	TABLET	25MG, 50MG
Indapamide	TABLET	1.25MG, 2.5MG
Irbesartan	TABLET	75MG, 150MG, 300MG
Isosorbide Mononitrate	TABLET	10MG, 20MG
Lisinopril	TABLET	2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG
Lisinopril-HCTZ	TABLET	10-12.5MG, 20-12.5MG, 20-25MG
Losartan Potassium	TABLET	25MG, 50MG, 100MG
Losartan-HCTZ	TABLET	50-12.5MG, 100-12.5MG, 100-25MG
Metoprolol Tartrate	TABLET	25MG, 50MG, 100MG
Metoprolol Succinate ER 24 hr	TABLET	25MG, 50MG, 100MG, 200MG
Minoxidil	TABLET	2.5MG, 10MG
Olmesartan	TABLET	5MG, 20MG, 40MG
Olmesartan-HCTZ	TABLET	20-12.5MG, 40-12.5MG, 40-25MG
Ramipril	TABLET	1.25MG, 2.5MG, 5MG, 10MG
Spironolactone	TABLET	25MG, 50MG, 100MG
Telmisartan	TABLET	20MG, 40MG, 80MG
Telmisartan-HCTZ	TABLET	40-12.5MG, 80-12.5MG, 80-25MG
Terazosin	CAPSULE	1MG, 2MG, 5MG, 10MG
Torsemide	TABLET	5MG, 10MG, 20MG, 100MG

Trandolapril	TABLET	1MG, 2MG, 4MG
Triamterene-HCTZ	TABLET	37.5-25MG, 75-50MG
Valsartan	TABLET	40MG, 80MG 160MG, 320MG
Valsartan-HCTZ	TABLET	80-12.5MG, 160-12.5MG, 160-25MG
Verapamil HCL ER	TABLET	120MG, 180MG, 240MG
ANTIHYPERTENSIVES		
Atorvastatin	TABLET	10MG, 20MG, 40MG, 80MG
Lovastatin	TABLET	10MG, 20MG, 40MG
Pravastatin	TABLET	10MG, 20MG, 40MG, 80MG
Rosuvastatin	TABLET	5MG, 10MG, 20MG, 40MG
Simvastatin	TABLET	5MG, 10MG, 20MG, 40MG, 80MG
ANTIDIABETICS		
Glimepiride	TABLET	1MG, 2MG, 4MG
Glipizide	TABLET	5MG, 10MG
Glipizide ER 24hr	TABLET	2.5MG, 5MG, 10MG
Glyburide Micronized	TABLET	1.5MG, 3MG, 6MG
Glyburide	TABLET	1.25MG, 2.5MG, 5MG
Metformin	TABLET	500MG, 850MG, 1,000MG
Metformin ER 24 Hour (Glucophage XR)	TABLET	500MG, 750MG
Pioglitazone	TABLET	15MG, 30MG, 45MG
BIPHOSPHONATES		
Alendronate	TABLET	5MG, 10MG, 35MG*, 40MG, 70MG*
Ibandronate	TABLET	150MG
THYROID HORMONES		
Levothyroxine	TABLET	25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG
GLAUCOMA AGENTS		
Latanoprost	DROPS	0.005%
Timolol	DROPS	0.25%, 0.5%
ANTICOAGULANT AND ANTIPLATELET AGENTS		
Aspirin	TABLET	81MG, 325MG
Clopidogrel	TABLET	75MG
BPH AGENTS		
Doxazosin	TABLET	1MG, 2MG, 4MG, 8MG
Tamsulosin	CAPSULE	0.4MG

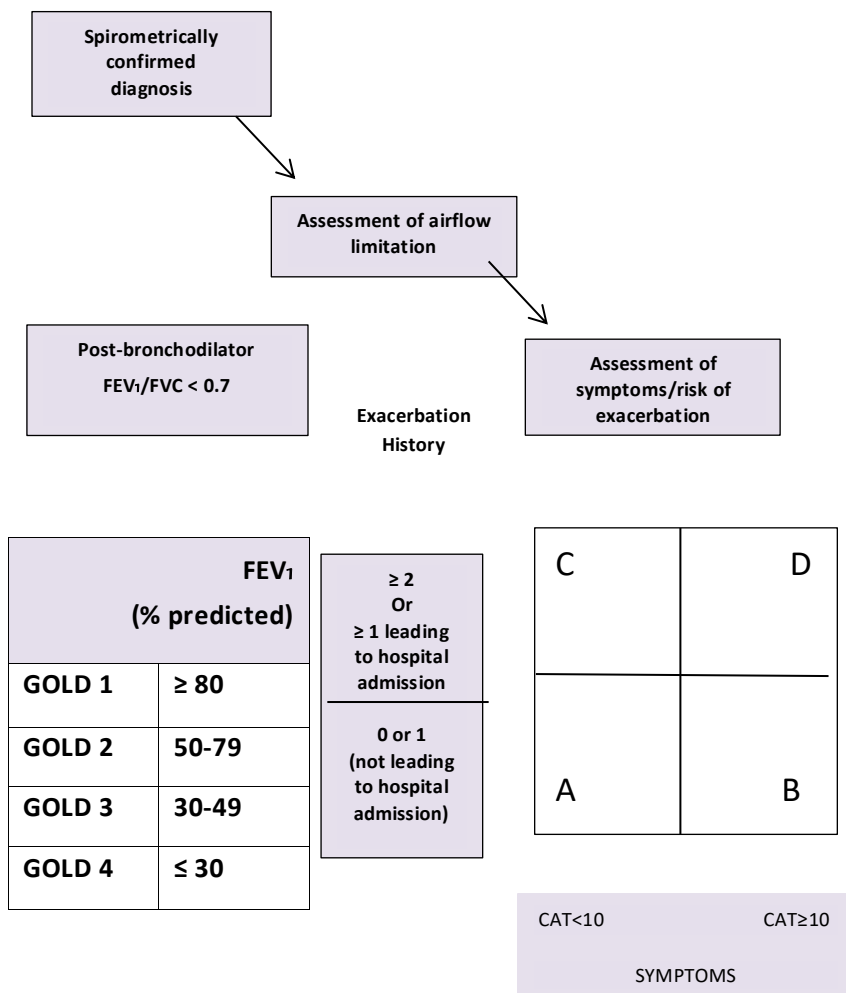
Terazosin	CAPSULE	1MG,2MG, 5MG, 10MG
POTASSIUM AGENTS		
Potassium Chloride ER	TABLET	8MEQ, 10MEQ, 20MEQ
Potassium Chloride ER	CAPSULE	10MEQ
GOUT AGENTS		
Allopurinol	TABLET	100MG, 300MG
NSAIDS		
Ibuprofen	TABLET	600MG, 800MG
UROLOGICAL AGENTS		
Oxybutynin	TABLET	5MG
OTC MEDICATIONS		
Aspirin	TABLET	81MG, 325MG
Fish Oil Concentrate	CAPSULE	1000MG
Calcium+Vitamin D	TABLET	600-200MG
Multivitamin with or without Minerals	TABLET	THEREMS OR THEREMS-M
Vitamin D3	CAPSULE	400IU, 1000IU, 2000IU, 5000IU, 50000IU
Acetaminophen	TABLET	325MG, 500MG
Vitamin C	TABLET	250MG, 500MG, 1000MG
Fluoride	TABLET	0.25MG, 0.5MG, 1MG
Multivitamin w/ Fluoride	TABLET	0.25MG, 0.5MG, 1MG
Prenatal Vitamin	TABLET	29-1-25MG, 27-1MG, 29MG-1MG, 27MG-0.8MG, 27MG-1MG, 28MG-0.8MG
*Claim will pay for 12 tablets for an 84-day supply		

GOLD COPD 2021 STRATEGY

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							

<https://goldcopd.org/wp-content/uploads/2020/11/GOLD-REPORT-2021-v1.1->

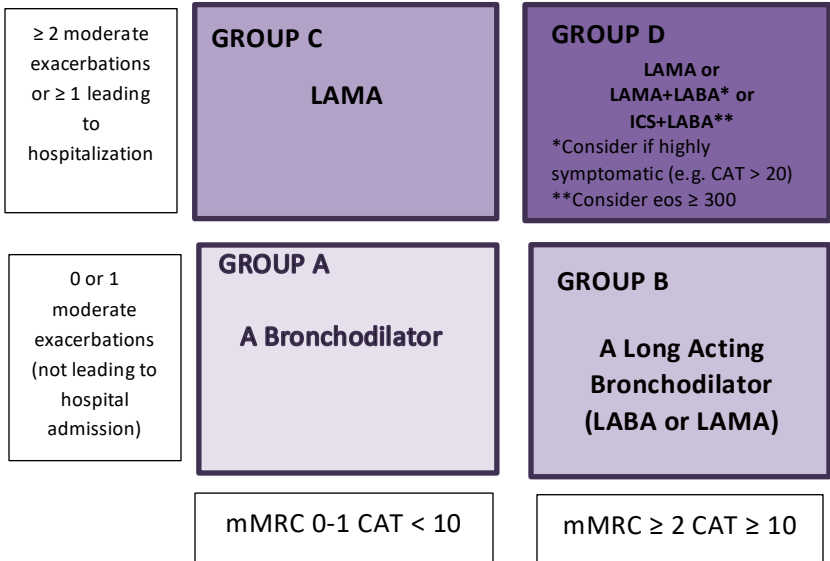
The refined ABCD assessment tool



<https://goldcopd.org/wp-content/uploads/2020/11/GOLD-REPORT-2021-v1.1->

GOLD COPD 2021 STRATEGY

INITIAL PHARMACOLOGICAL TREATMENT

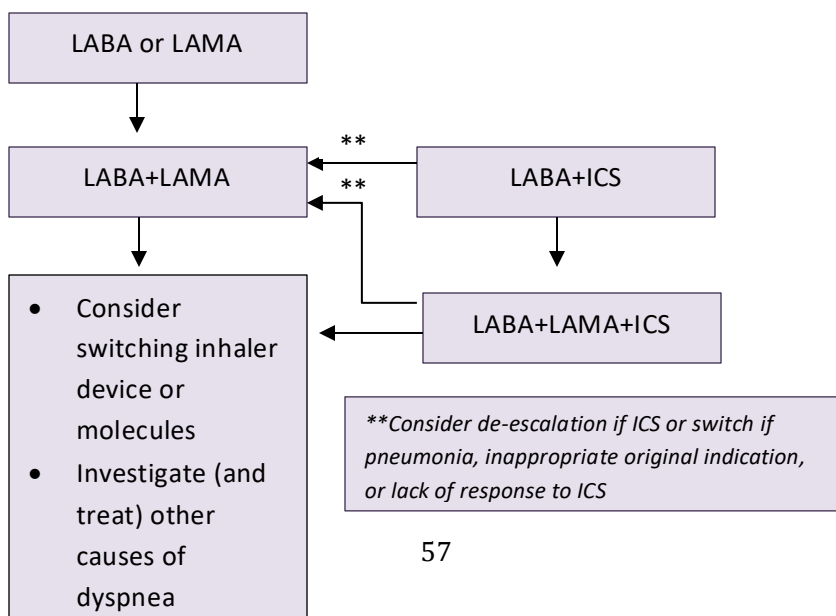


<https://goldcopd.org/wp-content/uploads/2020/11/GOLD-REPORT-2021-v1.1->

FOLLOW-UP PHARMACOLOGICAL TREATMENT

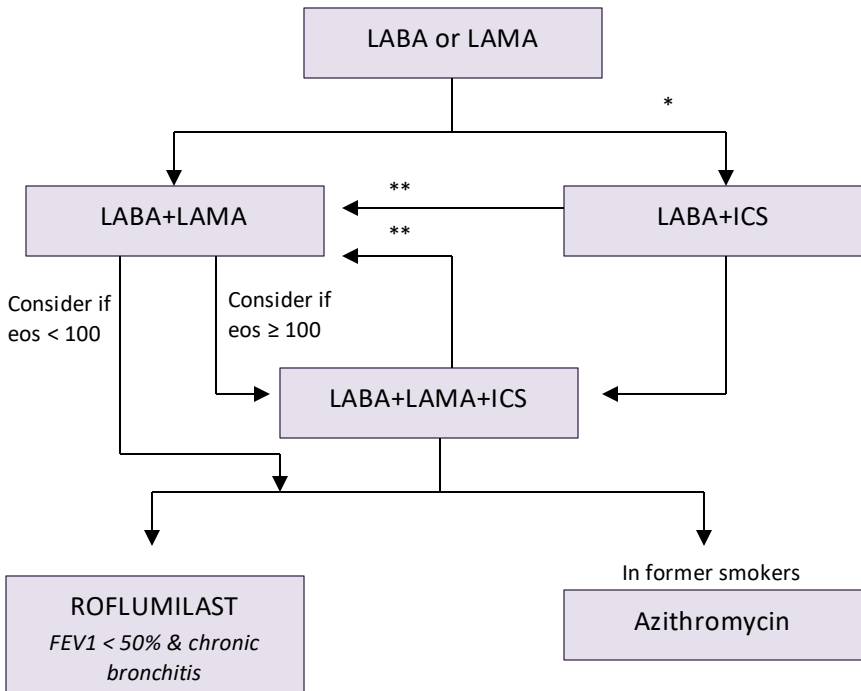
1. IF RESPONSE TO INITIAL TREATMENT IS APPROPRIATE, MAINTAIN IT.
2. IF NOT:
 - ✓ Consider the predominant treatable trait to target (dyspnea or exacerbations)
-Use exacerbations pathways if both exacerbations and dyspnea need to be targeted
 - ✓ Place patient in box corresponding to current treatment & follow indications
 - ✓ Assess response, adjust and review
 - ✓ These recommendations do not depend on the ABCD assessment at diagnosis

DYSPNEA



FOLLOW-UP PHARMACOLOGICAL TREATMENT

EXACERBATIONS



eos = blood eosinophil count (cells/ μ L)

**Consider if eos ≥ 300 or eos ≥ 100 and ≥ 2 moderate exacerbations/1 hospitalization*

***Consider de-escalation if ICS or switch if pneumonia, inappropriate original indication, or lack of response to ICS*

<https://goldcopd.org/wp-content/uploads/2020/11/GOLD-REPORT-2021-v1.1->

LEGEND	
SABA	short acting bronchodilator
LABA	long acting bronchodilator
LAMA	long acting muscarinic antagonist
ICS	Inhaled corticosteroid
*	PA required
**	PA and Step Therapy required

CHA FORMULARY MEDICATIONS	
SABA	Albuterol HFA, Levalbuterol HFA
LABA	Striverdi*
LAMA	Spiriva*, Incruse Ellipta*, Atrovent HFA*
ICS	QVAR Redihaler, Pulmicort Flexhaler, Flovent HFA
LABA+LAMA COMBO	Bevespi Aerosphere, Stiolto Respimat**
LABA+ICS COMBO	Airduo, Symbicort** , Dulera** , Advair Diskus**

Initial pharmacological management

Rescue short-acting bronchodilators should be prescribed to all patients for immediate symptom relief.

GROUP A

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

Group B

- Initial therapy should consist of a long acting bronchodilator. Long-acting bronchodilators are superior to short-acting bronchodilators taken as needed i.e. *pro re nata* (prn) and are therefore recommended.
- There is no evidence to recommend one class of long-acting bronchodilators over another for initial relief of symptoms in this group of patients. In the individual patient, the choice should depend on the patient's perception of symptom relief.
- For patients with severe breathlessness initial therapy with two bronchodilators may be considered
- Group B patients are likely to have comorbidities that may add to their symptomology and impact the prognosis, and these possibilities should be investigated.

Group C

- Initial therapy should consist of a single long acting bronchodilator. In two head-to-head comparisons, the tested LAMA was superior to the LABA regarding exacerbation prevention therefore it is recommended starting with a LAMA in this group.

Group D

- In general, therapy can be started with a LAMA as it has effects on both breathlessness and exacerbations.
- For patients with more severe symptoms (order of magnitude of CAT $\geq$ 20), especially driven by greater dyspnea and/or exercise limitation, LAMA/LABA may be chosen as initial treatment based on studies with patient reported outcomes as the primary endpoint where LABA/LAMA combinations showed superior results compared to the single substances. An advantage of LABA/LAMA over LAMA for exacerbation prevention has not been consistently demonstrated, so the decision to use LABA/LAMA as initial treatment should be guided by the level of symptoms.
- In some patients, initial therapy with LABA/ICS may be the first choice; this treatment has the greatest likelihood of reducing exacerbations in patients with blood eosinophil counts $\geq$ 300/cells/ μ L. LABA/ICS may also be first choice in COPD patients with a history of asthma.
- ICS may cause side effects such as pneumonia, so should be used as initial therapy only after the possible clinical benefits versus risks have been considered.

FIRST-LINE therapy is metformin and comprehensive lifestyle change (including weight management and physical activity)
If HbA1C above target proceed as below

INDICATORS OF HIGH -RISK OR ESTABLISHED ASCVD, CKD, OR HF

**CONSIDER INDEPENDENTLY OF BASLINE A1C,
INDIVIDUALIZED A1C TARGET, OR METFORMIN USE**

**+ASCVD/Indicators
Of High Risk**

Established ASCVD
Indicators of high
ASCVD risk (age $\geq$ 55
years with coronary,
carotid, or lower-
extremity artery
stenosis $>$ 50%, or
LVH)

Either/or

GLP-1
RA
with
proven
CVD
benefit

SGLT2
with
proven
CVD
benefit

If A1C above target

If further intensification
is required or patient is
unable to tolerate GLP-
1 RA and/or SGLT2,
choose agents
demonstrating CV
benefit and/or safety

- TZD
- DPP-4
- Basal Insulin
- SU

+HF

Particularly HFrEF
(LVEF $<$ 45%)

SGLT2 with proven
benefit in this
population

2021 DIABETES TREATMENT PLAN

*Adapted from the ADA

+CKD

DKD and Albuminuria

NO

PREFERABLY

SGLT2 with primary
evidence of reducing CKD
progression
OR
SGLT2 with evidence of
reducing CKD
progression in CVOTs
OR
GLP-1 RA with proven
CVD benefit if SGLT2 not
tolerated or
contraindicated

For patients with T2D
and CKD (e.g. eGFR
 $<$ 60 mL/min/1.73m²)
and thus at increased
risk of cardiovascular
events

Either/or

GLP-1
RA
with
proven
CVD
benefit

SGLT2
with
proven
CVD
benefit

FIRST-LINE therapy is metformin and comprehensive lifestyle change (including weight management and physical activity)
If HbA1C above target proceed as below

WITHOUT ESTABLISHED ASCVD OR CKD

COMPELLING NEED TO
MINIMIZE HYPOGLYCEMIA

TZD

if HbA1C above target

DPP-4

if HbA1C above target

Continue with addition
of either:

SGLT2 or GLP-1 RA

if HbA1C above target

Consider addition of
later generation SU with
lower risk of
hypoglycemia or basal
insulin

SU

TZD

if HbA1C above target

TZD

SU

if HbA1C above target

Basal Insulin

Or

DPP-4

CHA

2021 DIABETES

TREATMENT PLAN

*Adapted from the ADA

FORMULARY OPTIONS	
BIGUANIDES	Metformin, Metformin XR
TZD	Pioglitazone
SU	Glimepiride, Glipizide, Glipizide ER, Glyburide, Glyburide Micronized
DPP-4	Alogliptin, Onglyza**
SGLT-2	Steglatro*, Farxiga**
GLP-1	Adlyxin*, Bydureon*
BASAL INSULIN	Semglee, Basaglar** , Lantus** , Levemir**
*PA REQUIRED and Step Therapy REQUIRED	
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.	

DIABETIC/RESPIRATORY SUPPLY POLICY

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

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

Supplies Available:

Meters
Test Strips
Lancets
Syringes
Pen Needles
Sharps Containers
Batteries
Alcohol Swabs
Syringe Magnifiers
Masks
Spacers
Peak Flow Meters
Nebulizers
Compressors

A prescription is required for supplies, in accordance with
OHP guidelines

We will send your provider a copy of your glucometer
logbook, please bring your meter with you
PA criteria must be satisfied for insulin pens, pumps, and
CGM's**We can also download your Medtronic and T-Slim
insulin pumps!**

Calculating Morphine Milligram Equivalents (MME)

OPIOID (doses in mg/day except where noted)	CONVERSION FACTOR
Codeine	0.15
Fentanyl transdermal (in mcg/hr)	2.4
Hydrocodone	1
Hydromorphone	4
Methadone	
1-20 mg/day	4
21-40 mg/day	8
41-60 mg/day	10
≥ 61-80 mg/day	12
Morphine	1
Oxycodone	1.5
Oxymorphone	3

These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.

1. DETERMINE the total daily amount of each opioid the patient takes.
2. CONVERT each to MMEs—multiply the dose for each opioid by the conversion factor. (see table)
3. ADD them together.

CAUTION:

- Do not use the calculated dose in MMEs to determine dosage for converting one opioid to another—the new opioid should be lower to avoid unintentional overdose caused by incomplete cross-tolerance and individual differences in opioid pharmacokinetics. Consult the medication label.

USE EXTRA CAUTION:

- Methadone: the conversion factor increases at higher doses
- Fentanyl: dosed in mcg/hr instead of mg/day, and absorption is affected by heat and other factors

https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-

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Xopenex HFA.....	43	Zofran ODT	32
Xulane	49	Zonegran	38
Xylocaine	30	Zonisamide.....	38
Zafirlukast.....	45	Zoster Vaccine,	48
Zanaflex.....	43	Zostrix	25
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Zarontin.....	38	Zovirax.....	36
Zaroxolyn.....	20	Zyban.....	45
Zenpep	33	Zyloprim	43
Zestoretic	21	Zyrtec	31
Zestril	21		

Pharmacy References/Guides

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

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

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

NORMAL CHOLESTEROL VALUES

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

NORMAL DIABETES VALUES

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

NORMAL CBC VALUES

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