

CASCADE HEALTH ALLIANCE DRUG FORMULARY

Administered by MedImpact

How to Use the Drug Formulary

The Drug Formulary is a list of covered drugs for Cascade Health Alliance members. The drugs are listed by their generic names and most common brand name. Generic drugs must be used when they are available. Certain drugs have limits. The legend for drugs with limits is below:

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

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PRICE	DRUG(generic)	(brand)	COMMENTS
CARDIOVASCULAR AGENTS			
ANTIARRHYTHMIC AGENTS			
\$	Amiodarone Tablets (200mg Only)	Pacerone, Cordarone	
\$\$	Disopyramide Phosphate Capsule	Norpace	
\$	Flecainide Tablet	Tambacor	
\$\$	Mexiletine Tablet	Rythmol	
\$	Quinidine Tablet/ER Tablet	Quinaglute	
CARDIAC GLYCOSIDE AGENTS			
\$	Digoxin Tablet	Lanoxin	
THIAZIDES AND RELATED DIURETIC AGENTS			
\$	Chlorthalidone Tablet	Hygroton	
\$	Hydrochlorothiazide (25 & 50mg Tablet/12.5mg Capsule)	Hydrodiuril/ Microzide	
\$	Indapamide Tablet	Lozol	
\$	Metolazone Tablet	Zaroxolyn	
POTASSIUM-SPARING DIURETIC AGENTS			
\$	Amiloride Tablet	Midamor	
\$	Spirolactone Tablet	Aldactone	
\$	Triamterene/HCTZ Capsule	Dyazide	
\$	Triamterene/HCTZ Tablet	Maxzide	
LOOP DIURETIC AGENTS			
\$	Bumetanide Tablet	Bumex	
\$	Furosemide Tablet	Lasix	
\$	Torseamide 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 Shampoo	Nizoral	PA
\$	Ketoconazole Cream	Nizoral	QL-15gm/month
\$	Miconazole Aerosol Powder	Lotrimin AF	PA
\$	Nystatin Cream/Ointment	Mycostatin	QL-15gm/30 days
\$\$	Nystatin Powder	Nystop	QL-15gm/30 days
\$	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	QL-30gm/30 days
\$\$	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 5% Ointment	Lidocaine	
\$\$	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 YFGN Vial/Pen		
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	
\$	Methimazole Tablet	Tapazole	
\$	Propylthiouracil Tablet	PTU	
\$	NP Thyroid Tablet	Armour Thyroid	
ADRENAL CORTICOSTEROIDS/MINERALOCORTICOIDS			
\$	Dexamethasone Elixir/Solution 0.5mg, 0.75mg, 1mg, 1.5mg, 4mg Tablets	Decadron	
\$	Fludrocortisone Tablet	Florinef	
\$	Hydrocortisone Tablet	Cortef	

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Methylprednisolone 4mg Tablet/Dose Pak	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
\$\$\$	Testosterone 50mg (1%) Gel Packet	Androgel	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 Solution	Zyrtec	QL-150mL/30 days
\$	Cetirizine Tablet	Zyrtec	QL-30/30 days
\$	Cyproheptadine Tablet	Periactin	QL-30/30 days
\$	Diphenhydramine Syrup	Benadryl	
\$	Diphenhydramine Capsule (25mg Only)	Benadryl	
\$	Hydroxyzine HCL Solution	Atarax	PA
\$	Hydroxyzine HCL Tablet	Atarax	
\$	Hydroxyzine Pamoate Capsule	Vistaril	
\$	Loratadine Tablet	Claritin	QL-30/30 days
\$	Loratadine Solution	Claritin	PA
COUGH AND COLD AGENTS			
COUGH AND COLD IS NOT COVERED BY OHP			
\$	Benzonatate Capsule	Tessalon	QL-15/5 days
\$	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-45 per 30 days
\$	Ondansetron ODT Tablet	Zofran ODT	QL-45 per 30 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	
\$	Diphenoxylate-Atropine Liquid/Tablet	Lomotil	

PRICE	DRUG(generic)	(brand)	COMMENT
CONSTIPATION			
\$	Bisacodyl Tablet	Dulcolax	PA
\$	Bisacodyl Suppository	Dulcolax	QL-12/30 days
\$	Docusate Liquid	Colace	PA
\$	Docusate 100mg Capsule	Colace	QL-60/30 days
\$	Glycerin Suppository	Fleet/Pedia-Lax	PA
\$	Polyethylene Glycol (PEG) 3350 Powder	Miralax	PA
\$	Psyllium Husk Capsule	Metamucil	PA
\$	Sennosides Tablet (8.6mg Only)	Senokot	QL-60/30 days
\$\$	Lactulose Solution	Kristalose	QL-473mL/30 days
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 Macrocrystals (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	Diflucan	QL-3 per fill
\$	Fluconazole Tablets 100mg and 200mg	Diflucan	
\$	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			
\$\$\$\$	Lamuvudine Tablet	Epivir HBV	PA, SP
\$\$\$\$	Tenofovir Tablet	Viread	PA, SP

PRICE	DRUG(generic)	(brand)	COMMENT
HEPATITIS C VIRUS AGENTS			
\$\$\$\$	Sofosbuvir-Velpatasvir Tablet	Eplclusa	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 ER Capsule	Phenytek	
\$	Primidone Tablet	Mysoline	
\$	Topiramate Tablet	Topamax	
\$	Topiramate Sprinkle Capsule	Topamax	PA
\$	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	Namenda	
\$	Donepezil ODT Rapdis/ Tablet	Aricept	
\$\$	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	
\$	Calcium Citrate Tablet	Citracal	

PRICE	DRUG(generic)	(brand)	COMMENT
OTHERS			
\$\$	Levocarnitine Tablet/Solution	Carnitor	
\$\$\$\$	Sevelamer Carbonate	Renvela	QL-90/30 days
\$	Renal Vitamin 0.8mg Tablet	Rena-Vite/ Nephro-Vite	
\$	Renal Vitamin 1mg Capsule	RenaCaps	
\$\$	Calcium Acetate 667mg Capsule/Tablet	Phoslo	
\$	Melatonin		
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	Advair Diskus	
\$\$	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			
<p>MENTAL HEALTH MEDICATIONS ARE CARVED OUT TO FEE-FOR-SERVICE. PLEASE CALL OREGON PHARMACY CALL CENTER AT 1(888)202-2126 FOR THE FOLLOWING MEDICATION CLASSES:</p> <ul style="list-style-type: none"> • ANTIDEPRESSANTS • ANTIPSYCHOTIC AGENTS • BIPOLAR AGENTS • ANXIOLYTIC AGENTS • ADHD AGENTS (NONSTIMULANTS) 			
STIMULANTS			
<p>ALL LONG-ACTING OR EXTENDED RELEASE ADHD MEDICATIONS REQUIRE A PRIOR AUTHORIZATION FOR MEMBERS 19 YEARS OLD AND OLDER LONG ACTING FORMULATIONS ARE SUBJECT TO QUANTITY LIMITATIONS</p>			
\$	Amphetamine-Dextroamphetamine Tablet	Adderall	
\$\$	Amphetamine-Dextroamphetamine ER 24H Capsule	Adderall XR	QL-30 per 30 days 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 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	
\$	Solifenacin	Vesicare	
\$	Tolterodine/Tolterodine ER	Detrol/Detrol LA	
\$	Trospium	Sanctura	
\$	Phenazopyridine Tablet	Pyridium	
VACCINES			
VACCINES			
ADDITIONAL VACCINATIONS AND ALL VACCINATIONS FOR CHILDREN AGES 18 AND YOUNGER ARE COVERED THROUGH PROVIDERS OFFICE			
\$	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	
\$\$\$\$	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, Lutera, 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, Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo-Mili	
\$	Norgestrel-Ethinyl Estradiol Tablet	Cryelle, Elinest, Low-Ogestrel, Ogestrel	
\$	Norethindrone Tablet	Errin, Camila, Nora-Be, Jolivette, Heather	
OTHER CONTRACEPTIVES			
\$\$	Norelgestromin-Ethinyl Estradiol Patch	Xulane, Zafemy	

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Etonogestrel-Ethinyl Estradiol Vaginal Ring	NuvaRing	
\$\$	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
Spirolactone	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
ANTHYPERLIPEMICS		
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

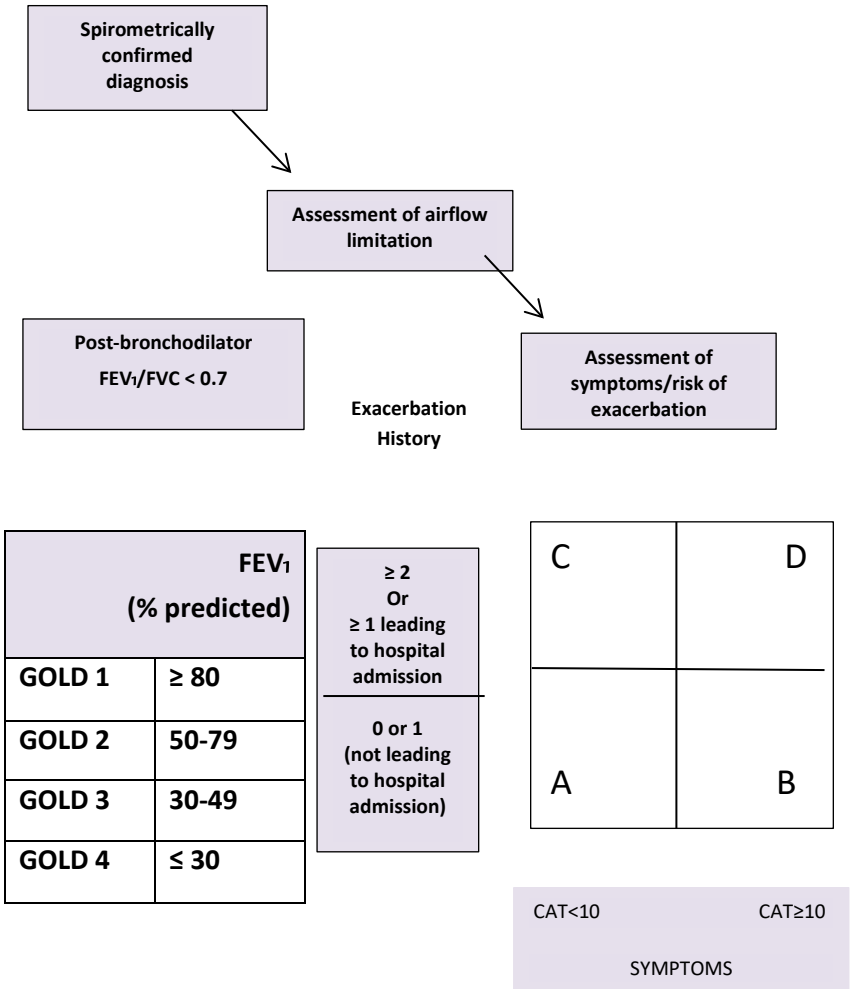
Terazosin	CAPSULE	1MG,2MG, 5MG, 10MG
POTASSIUM AGENTS		
Potassium Chloride ER	TABLET	8MEQ, 10MEQ, 20MEQ
Potassium Chloride ER	CAPSULE	10MEQ
GOUT AGENTS		
Allopurinol	TABLET	100MG, 300MG
NSAIDS		
Ibuprofen	TABLET	600MG, 800MG
UROLOGICAL AGENTS		
Oxybutynin	TABLET	5MG
OTC MEDICATIONS		
Aspirin	TABLET	81MG, 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 2022 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		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->

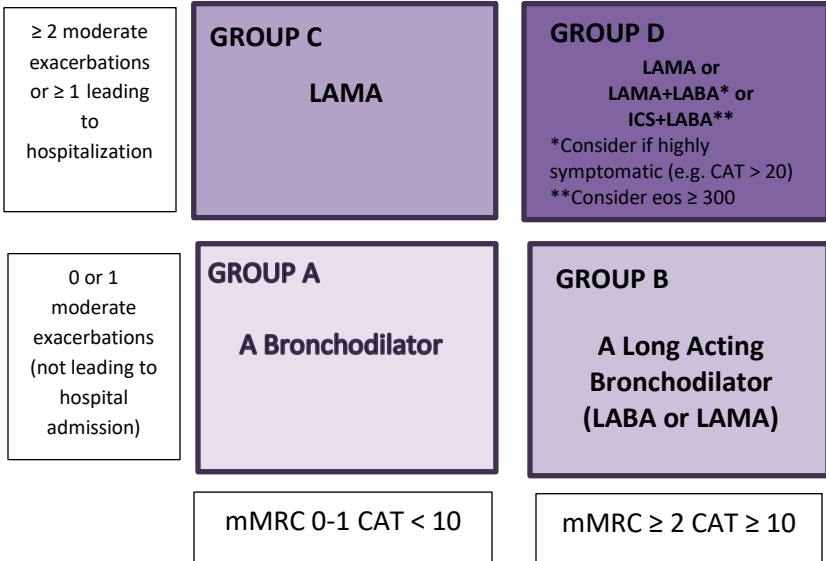
The refined ABCD assessment tool



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

GOLD COPD 2022 STRATEGY

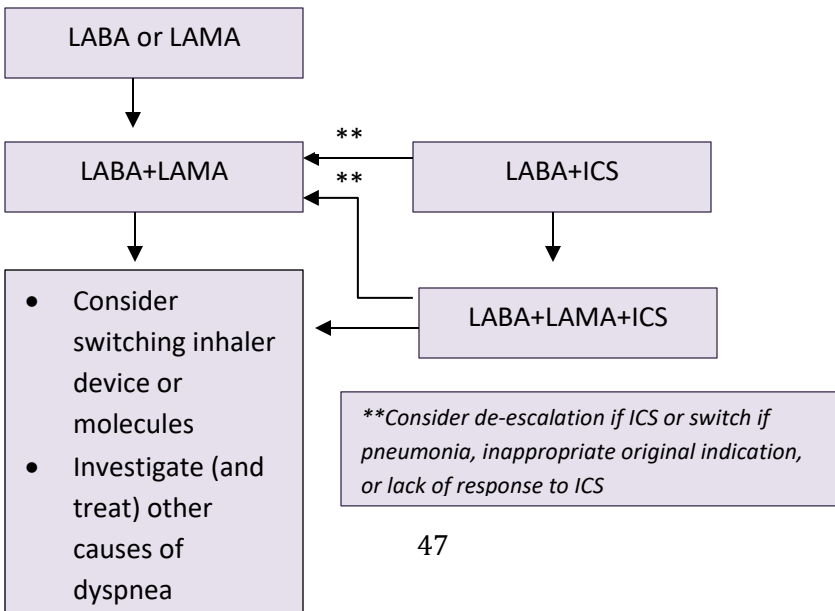
INITIAL PHARMACOLOGICAL TREATMENT



FOLLOW-UP PHARMACOLOGICAL TREATMENT

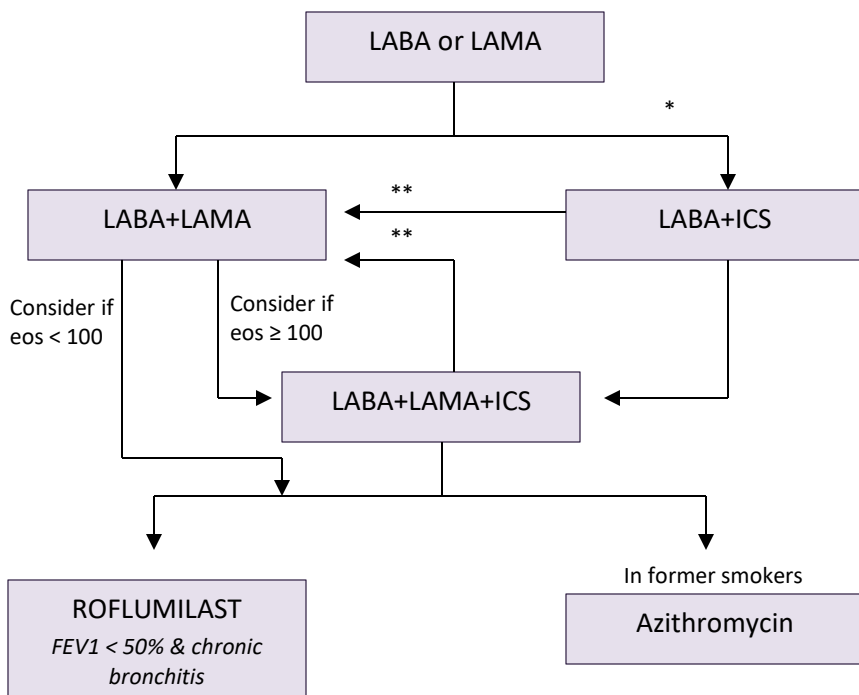
1. IF RESPONSE TO INITIAL TREATMENT IS APPROPRIATE, MAINTAIN IT.
2. IF NOT:
 - ✓ Consider the predominant treatable trait to target (dyspnea or exacerbations)
-Use exacerbations pathways if both exacerbations and dyspnea need to be targeted
 - ✓ Place patient in box corresponding to current treatment & 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/μL)

**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 Respiclick, 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

2022 DIABETES TREATMENT PLAN

*Adapted from the ADA

52

+CKD

DKD and Albuminaria

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

2022 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	Insulin Glargine YFGN, 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 will need to be ordered for delivery by calling:
541-883-2947

Please plan on 1-2 business days for delivery

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

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	
1-20mg/day	4
21-40mg/day	8
41-60mg/day	10
≥ 61-80mg/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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Lab Values, Normal Adult

Cardiopulmonary

[serum]

alpha1 antitrypsin 85-213 mg/dL; BNP 80-100 pg/mL;
CK-MB <5 ng/mL or <5%; LD1 14-26%; LD2 29-39%;
LD3 20-26%; LD4 8-16%; LD5 6-16%; myoglobin
(males) 19-92 mcg/L, (females) 12-76 mcg/L; troponin
I <1.6 ng/mL; troponin T <0.1 ng/mL

[ABG (whole blood; room air)]

pH 7.38-7.44; pCO₂ 35-45 mmHg; pO₂ 80-100
mmHg; O₂sat 96-100%; HCO₃ 22-28 mEq/L

CNS

[CSF (lumbar puncture)]

glucose 45-80 mg/dL; protein (3 mo-60 yo) 15-45
mg/dL, (>60 yo) 15-60 mg/dL; WBC 0-6/mcL

Endocrine

[thyroid]

TSH 0.3-4 milliunits/L; T₃ (free) 1.4-4.4 pg/dL, (total)
60-181 ng/dL; T₄ (free) 0.8-1.8 ng/dL, (total) 4.5-10.9
mcg/dL

[other]

ACTH (8AM) 25-100 pg/mL, (6PM) <60 pg/mL;
cortisol (8AM-noon) 5-25 mcg/dL, (noon-8PM) 5-15
mcg/dL, (8PM-8AM) 0-10 mcg/dL; GH 0.5-17 ng/mL;
prolactin (males) 0-15 ng/mL, (females) 0-20 ng/mL;
PTH 10-60 pg/mL; testosterone (males) 270-1070
ng/dL, (females) 6-86 ng/dL

Genitourinary

[serum]

NH₃ 19-60 mcg/dL; PSA <4 mg/mL; uric acid (males) 2.5-8 mg/dL, (females) 1.3-6 mg/dL

[urine, random]

SpGr 1.001-1.035; pH 5-8; ketones 0; protein 0; bilirubin 0; glucose 0; RBC 0-2/hpf; WBC 0-2/hpf; epithelial cells 0-2/hpf; casts (hyaline) <5/lpf, (other) 0; osmolality 300-1090 mOsm/kg

[urine, 24h]

Ca <300 mg; casts <100,000; creatinine 1-1.6 g; Fe 100-300 ng; glucose <500 mg; Hgb 0-1 mg; HVA <8 mg; metanephrines <1.3 mg; microalbumin 30-300 mg; phos 400-1300 mg; Pb <120 mcg; protein <150 mg; RBC <1 million; uric acid 250-800 mg; urobilinogen <4 mg; VMA 2.6-7.7 mg

Hematologic

[CBC]

RBC (males) $4.7-6 \times 10^6/\text{mL}$, (females) $4.2-5.4 \times 10^6/\text{mL}$; Hgb (males) 13.5-18 g/dL, (females) 12.5-16 g/dL; Hct (males) 42-52%, (females) 37-47%; MCH 27-31 pg; MCHC 33-37 g/dL; MCV 78-100 fL; RDW 11.5-14%; Plt 150,000-300,000/mcL; WBC 4000-10,500/mcL

[differential]

bands <1000/mcL; segs 1300-6000/mcL; neutrophils 1500-6600/mcL; lymphocytes 1500-3500/mcL; monocytes <1000/mcL; eosinophils <700/mcL; basophils <100/mcL

[coagulation]

AT-III 22-39 mg/dL; aPTT 25-38sec; PT 11-13sec; TT 16-24sec; bleeding time 2-9.5min; fibrinogen 150-400 mg/dL; FDP <2.5 mcg/mL

[other]

ESR-Westergren (males) 0-15 mm/h, (females) 0-25 mm/h; retics 0.5-2.5%; folate 3-25 ng/mL; Fe (males) 65-175 mcg/dL, (females) 50-170 mcg/dL; TIBC 224-428 mcg/dL; ferritin (males) 30-300 ng/mL, (females) 10-200 ng/mL; transferrin 240-480 mg/dL; transferrin sat (males) 14.2-58.4%, (females) 15.2-49.3%

Hepatobiliary

[serum]

alk phos 30-120 units/L; ALT (SGPT) <35 units/L; AST (SGOT) <35 units/L; bilirubin (direct) 0.1-0.3 mg/dL, (total) 0-1 mg/dL; GGT 6-49 units/L; LDH 100-190 units/L

Immunologic

[serum]

C3 83-177 mg/dL; C4 15-45 mg/dL; IgA 70-312 mg/dL; IgD 0-14 mg/dL; IgE 1.53-114 units/mL; IgG 639-1349 mg/dL; IgM 56-152 mg/dL

Metabolic

[basic blood chemistries]

Na 135-145 mEq/L; K 3.5-5.0 mEq/L; Cl 98-106 mEq/L; CO₂ 21-30 mEq/L; BUN 10-20 mg/dL; Cr <1.5 mg/dL; glucose (fasting) 60-100 mg/dL

[other blood chemistries]

Ca 9-10.5 mg/dL; PO4 3-4.5 mg/dL; albumin 3.5-5.5 g/dL; prealbumin 19.5-35.8 mg/dL; protein 5-5.8 g/dL; alk phos 30-120 units/L; ALT (SGPT) <35 units/L; AST (SGOT) <35 mg/dL; bilirubin (direct) 0.1-0.3 mg/dL, (total) 0-1 mg/dL; NH3 19-60 mcg/dL; lactate 5-15 mg/dL; uric acid (males) 2.5-8 mg/dL, (females) 1.3-6 mg/dL; osmolality 285-295 mOsm/kg

Nutritional

[metals]

Ca 9-10.5 mg/dL; Cr 0.3-0.9 mcg/L; Cu (males) 70-140 mcg/dL, (females) 80-155 mcg/dL; Fe (males) 65-175 mcg/dL, (females) 50-170 mcg/dL; Mg 1.8-3 mg/dL; Mn (serum/plasma) 0.4-1.1 ng/mL, (whole blood) 7.7-12.1 ng/mL; Pb 0.8-2.5 ng/mL; Zn (plasma) 0.7-120 mcg/mL

[vitamins]

A 20-100 mcg/dL; B1 0-2 mcg/dL; B2 4-24 mcg/dL; B6 5-30 ng/dL; B9 (folate) 3-25 ng/mL; B12 190-900 ng/L; C 0.4-1 mg/dL; D3 (1,25-dihydroxy) 25-45 pg/mL, (25-dihydroxy) 10-68 ng/mL; E 5-18 mcg/dL; K 0.13-1.19 ng/mL

Pancreatic

[serum]

amylase 35-115 units/L; lipase <160 units/L