

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

PRICE	DRUG(generic)	(brand)	COMMENT
<b>BETA AND BETA-ALPHA BLOCKER AGENTS</b>			
\$	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	
<b>ALPHA-BLOCKERS AND OTHER SYMPATHOLYTIC AGENTS</b>			
\$	Clonidine Tablet	Catapress	
\$	Doxazosin Tablet	Cardura	
\$	Guanfacine Tablet	Tenex	
\$	Prazosin Capsule	Minipress	
\$	Terazosin Capsule	Hytrin	
<b>VASODILATOR AGENTS</b>			
\$	Hydralazine Tablet	Apresoline	
\$	Minoxidil Tablet	Loniten	
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITOR (ACE) AGENTS</b>			
\$	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	
<b>ANGIOTENSIN RECEPTOR BLOCKER (ARB) AGENTS</b>			
\$	Irbesartan Tablet	Avapro	
\$	Olmесartan Tablet	Benicar	
\$	Olmесartan-HCTZ Tablet	Benicar-HCT	
\$	Losartan Tablet	Cozaar	
\$	Losartan-HCTZ Tablet	Hyzaar	
\$	Telmisartan Tablet	Micardis	

<b>PRICE</b>	<b>DRUG(generic)</b>	<b>(brand)</b>	<b>COMMENT</b>
\$	Valsartan Tablet	Diovan	
\$	Valsartan-HCTZ Tablet	Diovan-HCT	
<b>CALCIUM CHANNEL BLOCKER AGENTS</b>			
\$	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	
<b>NITRATE AGENTS</b>			
\$	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	
<b>ANTICOAGULANT AND ANTIPLATELET AGENTS</b>			
\$	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	
<b>CHOLESTEROL AGENTS</b>			
<b>STATINS</b>			
\$	Atorvastatin Tablet	Lipitor	
\$	Lovastatin Tablet	Mevacor	

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Pravastatin Tablet	Pravachol	
\$	Rosuvastatin Tablet	Crestor	
<b>FIBRATES</b>			
\$\$	Fenofibrate Tablet (48mg, 54mg, 145mg, 160mg Only)	Tricor/Triglide	
\$	Gemfibrozil Tablet	Lopid	
<b>BILE ACID SEQUESTRANTS</b>			
\$\$	Cholestyramine Powder	Questran	
\$\$	Cholestyramine Lite Powder	Questran Lite	
\$\$	Colestipol Packet/Tablet	Colestid	QL-120/28 days
<b>OTHER LIPOTROPIC AGENTS</b>			
\$\$\$	Ezetimibe Tablet	Zetia	
\$	Fish Oil (OTC Only)		
\$	Niacin (OTC Only)		
<b>DERMATOLOGIC AGENTS</b>			
<b>TOPICAL ANTIBACTERIAL AGENTS</b>			
\$	Bacitracin Ointment	Baciguent	
\$	Bacitracin/Polymyxin Ointment	Polysporin	
\$	Gentamicin Cream/Ointment	Garamycin	
\$	Mupirocin 2% Ointment	Bactroban	QL 22gm/month
\$	Silver Sulfadiazine Cream	SSD	
<b>TOPICAL ANTIFUNGAL AGENTS</b>			
\$	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

<b>PRICE</b>	<b>DRUG(generic)</b>	<b>(brand)</b>	<b>COMMENT</b>
\$	Tolnaftate Cream	Tinactin	PA
<b>TOPICAL ANTIVIRAL AGENTS</b>			
\$\$	Podofilox Solution	Condylox	PA
\$	Imiquimod Cream	Aldara	PA
<b>ANTIPARASITIC AGENTS</b>			
\$	Ivermectin Tablet	Stromectol	
\$\$\$\$	Albendazole Tablet	Albenza	PA
\$	Permethrin 1% Liquid	Nix	QL-60mL
\$\$	Permethrin 5% Cream	Elimite	QL-60gm
<b>TOPICAL CORTICOSTEROIDS LOWEST POTENCY</b>			
\$	Hydrocortisone 2.5% Cream/Ointment/Lotion	Hytone	PA
\$	Hydrocortisone 1% Cream	Hytone	PA
<b>TOPICAL CORTICOSTEROIDS MEDIUM TO LOW POTENCY</b>			
\$\$	Betamethasone Valerate 0.01% Cream	Valisone	PA
<b>TOPICAL CORTICOSTEROIDS MEDIUM POTENCY</b>			
\$	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
<b>TOPICAL CORTICOSTEROIDS MEDIUM TO HIGH POTENCY</b>			
\$	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
<b>TOPICAL CORTICOSTEROIDS HIGH POTENCY</b>			
\$\$	Betamethasone Dipropionate 0.05% Cream	Diprosone	PA
\$\$	Fluocinonide 0.05% Gel/Cream/Solution	Lidex	PA
<b>TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY</b>			
\$\$	Betamethasone Dipropionate 0.05% Ointment	Diprosone	PA
\$\$	Clobetasol Propionate 0.05% Cream/Solution	Temovate	PA
<b>OTHERS</b>			
\$	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
<b>ENDOCRINE AND HORMONAL AGENTS</b>			
<b>2<sup>ND</sup> GENERATION SULFONYLUREAS</b>			
\$	Glimepiride Tablet	Amaryl	
\$	Glipizide Tablet/Tablet ER	Glucotrol	
\$	Glyburide Tablet	Diabeta/Micronase	
<b>BIGUANIDES</b>			
\$	Metformin Tablet XR (500mg and 750mg)	Glucophage XR	
\$	Metformin Tablet	Glucophage	
<b>THIAZOLIDINEDIONES</b>			
\$	Pioglitazone Tablet	Actos	

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



PRICE	DRUG(generic)	(brand)	COMMENT
<b>LONG-ACTING INSULIN</b>			
\$\$\$	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	
<b>COMBINATION INSULIN</b>			
\$\$	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
<b>ANTIHYPOGLYCEMIC AGENTS</b>			
\$\$\$	Glucagon Nasal Spray	Baqsimi	PA
<b>THYROID AND ANTI-THYROID AGENTS</b>			
\$	Levothyroxine Tablet	Synthroid	
\$	Liothyronine Tablet	Cytomel	PA
\$	Methimazole Tablet	Tapazole	
\$	Propylthiouracil Tablet	PTU	
\$	NP Thyroid Tablet	Armour Thyroid	
<b>ADRENAL CORTICOSTEROIDS/MINERALOCORTICOIDS</b>			
\$	Dexamethasone Elixir/Solution 0.5mg, 0.75mg, 1.0mg, 1.5mg, 4.0mg Tablets	Decadron	
\$	Fludrocortisone Tablet	Florinef	
\$	Hydrocortisone Tablet	Cortef	

<b>PRICE</b>	<b>DRUG(generic)</b>	<b>(brand)</b>	<b>COMMENT</b>
\$	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	
<b>ANDROGENS</b>			
\$\$-\$	Testosterone Cypionate Vial	Depo-Testosterone	PA
<b>GROWTH HORMONES</b>			
\$\$\$\$	Somatropin	Genotropin	PA, SP
\$\$\$\$	Somatropin	Omnitrope	PA, SP
<b>OSTEOPOROSIS AGENTS</b>			
\$	Alendronate Tablet	Fosamax	
\$	Ibandronate Tablet	Boniva	
\$\$	Raloxifen Tablet	Evista	
<b>EYE, EAR, NOSE, AND THROAT</b>			
<b>OPHTHALMIC ANTI-INFECTIVES</b>			
\$	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	

<b>PRICE</b>	<b>DRUG(generic)</b>	<b>(brand)</b>	<b>COMMENT</b>
<b>MISC. OPHTHALMIC AGENTS</b>			
\$	Dextran 70/Hypromellose Drops	Artificial Tears	PA
\$	Mineral Oil-White Petrolatum Ointment	Artificial Tears	PA
<b>OTIC ANTI-INFECTIVES</b>			
\$\$	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
<b>MISC. OTIC AGENTS</b>			
\$	Carbamoxide 6.5% Drops	Debrox	PA
<b>ORAL MUCOUS MEMBRANE AGENTS</b>			
\$\$\$	Cevimeline Capsule	Evoxac	PA
\$	Lidocaine Viscous Solution	Xylocaine	PA
\$\$	Pilocarpine 5mg Tablet	Salagen	
<b>MISC. NASAL PREPARATIONS</b>			
\$	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
<b>NASAL CORTICOSTEROIDS</b>			
<b>ALLERGIC RHINITIS IS NOT COVERED BY OHP</b>			
\$	Flunisolide	Nasalide	PA
\$	Fluticasone	Flonase	
<b>ANTIHISTAMINES</b>			
<b>ALLERGIC RHINITIS IS NOT COVERED BY OHP</b>			
\$\$	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
<b>COUGH AND COLD AGENTS</b>			
<b>COUGH AND COLD IS NOT COVERED BY OHP</b>			
\$	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
<b>GASTROINTESTINAL AGENTS</b>			
<b>H2 BLOCKERS</b>			
\$	Cimetidine Solution	Tagament	
\$	Famotidine Tablet (20mg and 40mg Only)	Pepcid	

<b>PRICE</b>	<b>DRUG(generic)</b>	<b>(brand)</b>	<b>COMMENT</b>
\$	Famotidine Suspension	Pepcid	PA>90 Days/365 Days
\$	Ranitidine Tablet (150mg and 300mg Only)	Zantac	
<b>PROTON-PUMP INHIBITORS</b>			
\$	Lansoprazole Capsule	Prevacid	
\$	Omeprazole Capsule	Prilosec	
\$	Omeprazole Suspension	First-Omeprazole	PA
\$	Pantoprazole Tablet	Protonix	
<b>OTHER GI AGENTS</b>			
\$	Misoprostol Tablet	Cytotec	
<b>GASTROINTESTINAL AGENTS</b>			
\$	Sucralafate Tablet	Carafate	
<b>ANTIEMETIC AGENTS</b>			
\$	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
<b>ANTISPASMODICS</b>			
\$	Dicyclomine Tablet	Bentyl	
<b>ANTIDIARRHEAL</b>			
\$	Bismuth Subsalicylate Suspension/Chew Tabs	Pepto-Bismol	PA
\$	Diphenoxylate-Atropine Liquid/Tablet	Lomotil	

PRICE	DRUG(generic)	(brand)	COMMENT
<b>CONSTIPATION</b>			
\$	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
<b>BOWEL PREP AGENTS</b>			
\$	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	
<b>INFLAMMATORY BOWEL AGENTS</b>			
\$\$\$\$	Mesalamine Tablet (800mg Only)	Asacol HD	PA
\$\$	Mesalamine Enema	Rowasa	PA
\$\$\$	Balsalazide Capsule	Colazal	PA
\$	Sulfasalazine Tablet/ Tablet DR	Azulfidine	
\$\$	Hydrocortisone Enema	Cortenema	
<b>PANCREATIC ENZYMES</b>			
\$\$-\$\$\$	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
<b>MISC. GI AGENTS</b>			
\$	Simethicone Chew Tabs	Gas-X	
\$\$\$	Ursodiol Capsule	Actigall	
<b>INFECTIOUS DISEASE</b>			
<b>PENICILLINS</b>			
\$	Amoxicillin Capsule/Suspension	Amoxil	
\$	Amoxicillin-Clavulanic Acid Tablet/Suspension	Augmentin	
\$	Ampicillin Capsule/Suspension	Polycillin/Omnipen	
\$	Dicloxacillin Capsule	Dynapen	
\$	Penicillin VK Tablet/Solution	Beepen VK	
<b>CEPHALOSPORINS-FIRST GENERATION</b>			
\$	Cefadroxil Capsule	Duricef	
\$	Cefadroxil Suspension (500mg/5ml only)	Duricef	
\$	Cephalexin Capsule (250mg and 500mg only)	Keflex	
\$	Cephalexin Suspension	Keflex	
<b>CEPHALOSPORINS-SECOND GENERATION</b>			
\$\$	Cefaclor Capsule/Suspension	Ceclor	
\$	Cefprozil Tablet/Suspension	Cefzil	
\$	Cefuroxime Tablet	Ceftin/Zinacef	
<b>CEPHALOSPORINS-THIRD GENERATION</b>			
\$	Cefdinir Capsule/Suspension	Omnicef	
\$\$	Cefixime Suspension (100mg/5ml Only)	Suprax	
\$\$	Cefpodoxime Tablet/Suspension	Vantin	

PRICE	DRUG(generic)	(brand)	COMMENT
<b>MACROLIDES</b>			
\$	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
<b>QUINOLONES</b>			
\$	Ciprofloxacin Tablet	Cipro	
\$\$	Ciprofloxacin Suspension	Cipro	AGE<=8
\$	Levofloxacin Tablet	Levaquin	
<b>TETRACYCLINES</b>			
\$	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
<b>OTHER ORAL ANTIBIOTICS</b>			
\$\$	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	



<b>PRICE</b>	<b>DRUG(generic)</b>	<b>(brand)</b>	<b>COMMENT</b>
\$\$	Sulfamethoxazole- Trimethoprim Suspension/ Tablet	Bactrim/ Septra	
\$	Trimethoprim Tablet	Proloprim	
<b>ORAL ANTIFUNGALS</b>			
\$\$	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
<b>VAGINAL ANTI-INFECTIVES</b>			
\$\$	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	
<b>HERPES SIMPLEX ANTI-VIRALS</b>			
\$\$-	Acyclovir Capsule/ Suspension/Tablet	Zovirax	
\$	Valacyclovir Tablet	Valtrex	
<b>HEPATITIS B VIRUS AGENTS</b>			
\$\$\$\$	Lamivudine Tablet	Epivir HBV	PA, SP
\$\$\$\$	Tenofovir Tablet	Viread	PA, SP

PRICE	DRUG(generic)	(brand)	COMMENT
<b>HEPATITIS C VIRUS AGENTS</b>			
\$\$\$\$	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
<b>INFLUENZA VIRUS AGENTS</b>			
\$\$	Amantadine Syrup	Symmetrel	
\$\$	Oseltamivir Capsule/Suspension	Tamiflu	
<b>RSV AGENTS</b>			
\$\$\$\$	Palivizumab	Synagis	PA
<b>HIV ANTIVIRALS</b>			
\$\$-\$\$\$\$	<b>ALL HIV ANTI-RETROVIRALS ARE COVERED; MAY REQUIRE PRIOR AUTHORIZATION FOR APPROVAL</b>		PA, SP
<b>ANTINEOPLASTIC AGENTS</b>			
\$\$\$\$	<b>ALL ANTINEOPLASTIC AGENTS ARE COVERED; MAY REQUIRE PRIOR AUTHORIZATION FOR APPROVAL</b>		PA, SP

PRICE	DRUG(generic)	(brand)	COMMENT
<b>IMMUNOSUPPRESSANT AGENTS</b>			
\$	Azathioprine Tablet	Imuran	
\$\$\$\$	Cyclosporine Capsule/ Solution	Sandimmune	
\$	Mycophenolate Mofetil Capsule/Tablet	Cellcept	
-\$\$\$	Tacrolimus Capsule	Prograf	
<b>NEUROLOGIC AGENTS</b>			
<b>ANTICONVULSANTS</b>			
-\$-\$	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	
<b>ANTIPARKINSONIAN AGENTS</b>			
-\$-\$	Amantadine Solution	Symmetrel	
\$	Benzotropine Tablet	Cogentin	
\$	Carbidopa-Levodopa IR Tablet/ER Tablet	Sinemet/ Sinemet CR	
\$	Pramipexole Tablet	Mirapex	PA

<b>PRICE</b>	<b>DRUG(generic)</b>	<b>(brand)</b>	<b>COMMENT</b>
\$	Ropinirole Tablet	Requip	PA
\$	Trihexyphenidyl Tablet	Artane	
<b>MULTIPLE SCLEROSIS AGENTS</b>			
\$\$\$\$	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
<b>DEMENTIA AGENTS</b>			
-\$-\$\$\$	Memantine IR Tablets/ Solution	Namenda	PA
\$	Donepezil ODT Rapdis/ Tablet	Aricept	PA, AGE>=40
\$\$	Galantamine Tablet/ ER Capsule	Razadyne/ Razadyne ER	PA
<b>DENTAL AGENTS</b>			
<b>MISC. DENTAL AGENTS</b>			
\$\$	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
<b>NUTRITIONAL PRODUCTS/VITAMINS AND MINERALS</b>			
<b>IRON SUPPLEMENTS</b>			
\$	Ferrous Gluconate	Fergon	

<b>PRICE</b>	<b>DRUG(generic)</b>	<b>(brand)</b>	<b>COMMENT</b>
\$	Ferrous Sulfate	Feosol	
<b>VITAMIN B</b>			
\$	Cyanocobalamin (B-12) 1,000mcg/ml Injection		PA
\$	Folic Acid 1mg Tablet	Folvite	
<b>VITAMIN C</b>			
\$	Ascorbic Acid Tablet (250, 500, 1000mg Only)	Vitamin C	
<b>VITAMIN D</b>			
\$	Calcitriol	Rocaltrol	
\$	Cholecalciferol (D3) Capsule/ Tablet (400, 1000, 2000, 5000, 50000 unit only)	Delta D3	
<b>VITAMIN E</b>			
\$	Vitamin E Capsule (400mg and 600mg Only)	E-400/E-600	
<b>VITAMIN K</b>			
\$	Vitamin K	Mephyton	
<b>MULTIVITAMINS</b>			
\$	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	
<b>CALCIUM</b>			
\$	Calcium Carbonate Tablet	Maalox/Tums	
\$	Calcium Citrate Tablet	Citracal	

PRICE	DRUG(generic)	(brand)	COMMENT
<b>OTHERS</b>			
\$\$	Levocarnitine Tablet/Solution	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
<b>PAIN, MUSCULOSKELETAL, AND INFLAMMATION</b>			
<b>TOPICAL ANTI-INFLAMMATORY AGENTS</b>			
\$	Diclofenac 1% Gel	OTC Voltaren Arthritis Pain	QL-100gm (1 tube) in 30 Days
<b>ANALGESIC AGENTS</b>			
\$	Acetaminophen Drops/ Liquid/Suppository/Tablet/ Chewable Tablet	Tylenol	
<b>ORAL ANTI-INFLAMMATORY AGENTS</b>			
\$	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	

<b>PRICE</b>	<b>DRUG(generic)</b>	<b>(brand)</b>	<b>COMMENT</b>
\$\$	Salsalate Tablet	Salflex	
\$	Sulindac Tablet	Clinoril	
<b>OPIOID/ANALGESIC COMBINATIONS</b>			
<b>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)</b>			
\$	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
<b>LONG-ACTING OPIOIDS</b>			
-\$-\$\$	Morphine Sulfate ER Tablet	MS Contin	PA
\$\$	Fentanyl Patch (12, 25, 50, 75, 100mcg Only)	Duragesic	PA
<b>MIGRAINE AGENTS</b>			
\$	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

<b>PRICE</b>	<b>DRUG(generic)</b>	<b>(brand)</b>	<b>COMMENT</b>
\$	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
<b>CGRP INHIBITORS</b>			
\$\$\$	Erenumab Injection	Aimovig	PA
\$\$\$	Fremanezumab Injection	Ajovy	PA
<b>MUSCLE RELAXANTS</b>			
\$	Baclofen Tablet (10 and 20mg Only)	Lioresal	
\$	Cyclobenzaprine Tablet (5mg or 10mg Only)	Flexeril	
\$	Methocarbamol Tablet	Robaxin	
\$	Tizanidine Tablet	Zanaflex	
<b>GOUT</b>			
\$	Allopurinol Tablet	Zyloprim	
\$\$	Colchicine Tablet	Colcrys	QL-30 in 180 days
\$	Probenecid Tablet	Benemid	
<b>RHEUMATOLOGY AGENTS</b>			
\$\$\$\$	Adalimumab Injection	Humira	PA, SP
\$\$\$\$	Etanercept Injection	Enbrel	PA, SP
\$	Leflunomide Tablet	Arava	
\$	Methotrexate Tablet/Vial	Trexall	
\$\$	Hydroxychloroquine Tablet	Plaquenil	
<b>PULMONARY AGENTS</b>			
<b>BETA-AGONIST, SHORT-ACTING AGENTS</b>			
\$\$	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
<b>BETA-AGONIST, LONG-ACTING (LABA) AGENTS</b>			
\$\$\$\$	Olodaterol	Striverdi Respimat	PA
<b>INHALED CORTICOSTEROIDS (ICS) AGENTS</b>			
\$\$\$	Beclomethasone	Qvar Qvar Redihaler	
\$\$\$	Budesonide	Pulmicort Flexhaler	
\$\$\$\$	Budesonide Nebulizer Solution	Pulmicort Respule	PA>5 years old
\$\$\$	Fluticasone Propionate	Flovent HFA	
<b>BETA AGONIST, LONG ACTING (LABA) &amp; INHALED CORTICOSTEROID AGENTS</b>			
\$\$\$\$	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	
<b>ANTICHOLINERGIC AGENTS</b>			
\$\$\$\$	Tiotropium	Spiriva	PA
\$\$\$\$	Ipratropium	Atrovent HFA	PA
\$\$\$\$	Umeclidinium	Incruse Ellipta	PA
\$	Ipratropium Albuterol Nebulizer Solution	Duoneb	QL-90ml per fill
<b>BETA-AGONIST, LONG ACTING (LABA) &amp; ANTICHOLINERGIC, LONG ACTING (LAMA) AGENTS</b>			
\$\$\$\$	Tiotropium-Olodaterol	Stiolto Respimat	PA
\$\$\$\$	Glycopyrrolate-Formoterol	Bevespi Aerosphere	

PRICE	DRUG(generic)	(brand)	COMMENT
<b>LEUKOTRIENE INHIBITOR AGENTS</b>			
\$	Montelukast Tablet	Singular	
\$	Zafirlukast Tablet	Accolate	
<b>OTHER PULMONARY AGENTS</b>			
\$	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	
<b>INHALER ASSIST DEVICES</b>			
<b>MASKS, AEROCHAMBERS, PEAK FLOW METERS, AND NEBULIZERS ARE A COVERED BENEFIT WITH OHP AND ARE OBTAINED BY COMING DIRECTLY TO THE OFFICE OF CASCADE HEALTH ALLIANCE</b>			
<b>MISC</b>			
\$\$\$\$	Epinephrine Injectable	Adrenaclick/Epipen	QL-4 pens/year
<b>TOBACCO CESSATION AGENTS</b>			
\$\$\$\$	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
<b>PSYCHOTHERAPEUTIC AND CNS AGENTS</b>			
<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"> <li>• ANTIDEPRESSANTS</li> <li>• ANTIPSYCHOTIC AGENTS</li> <li>• BIPOLAR AGENTS</li> <li>• ANXIOLYTIC AGENTS</li> <li>• ADHD AGENTS (NONSTIMULANTS)</li> </ul>			
<b>STIMULANTS</b>			
<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
<b>AGENTS FOR OPIOID ADDICTION</b>			
\$\$	Buprenorphine-Naloxone Tablet	Suboxone	QL=14 days
\$\$\$\$	Naltrexone Injectable	Vivitrol	PA, SP
<b>AGENTS FOR ALCOHOL DEPENDENCE</b>			
\$\$\$	Acamprosate Tablet	Campral	
\$	Naltrexone Tablet	Revia	
\$\$	Disulfiram 250mg Tablet	Antabuse	
<b>AGENTS FOR OPIOID OVERDOSE</b>			
\$	Naloxone 4mg HCL	Narcan	QL-1 box per fill
<b>UROLOGICAL DRUGS</b>			
<b>BPH AGENTS</b>			
\$	Doxazosin Tablet	Cardura	
\$	Tamsulosin Capsule ER	Flomax	
\$	Terazosin Capsule	Hytrin	
<b>OTHERS</b>			
\$	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	
<b>VACCINES</b>			
<b>VACCINES</b>			
<b>ADDITIONAL VACCINATIONS AND ALL VACCINATIONS FOR CHILDREN AGES 18 AND YOUNGER ARE COVERED THROUGH PROVIDERS OFFICE CONTACT CHA CASE MANAGEMENT FOR ADDITIONAL INFORMATION</b>			
\$	Flu Vaccine	Fluvirin, Fluzone, Flulaval	AGE>=19

<b>PRICE</b>	<b>DRUG(generic)</b>	<b>(brand)</b>	<b>COMMENT</b>
\$\$	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	
----	---	---	--

<b>PRICE</b>	<b>DRUG(generic)</b>	<b>(brand)</b>	<b>COMMENT</b>
\$-\$\$	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, Jolivette, Heather	
<b>OTHER CONTRACEPTIVES</b>			
\$\$	Norelgestromin-Ethinyl Estradiol Patch	Xulane	
\$\$	Etonogestrel-Ethinyl Estradiol Vaginal Ring	NuvaRing	

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

<b>CHOICE 90 FORMULARY</b>		
No PA required; must be written for 90 days*		
<b>Drug Name</b>	<b>Form</b>	<b>Strength</b>
<b>ANTIHYPERTENSIVES</b>		
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
<b>ANTIHYPERTENSIVES</b>		
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
<b>ANTIDIABETICS</b>		
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
<b>BIPHOSPHONATES</b>		
Alendronate	TABLET	5MG, 10MG, 35MG*, 40MG, 70MG*
Ibandronate	TABLET	150MG
<b>THYROID HORMONES</b>		
Levothyroxine	TABLET	25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG
<b>GLAUCOMA AGENTS</b>		
Latanoprost	DROPS	0.005%
Timolol	DROPS	0.25%, 0.5%
<b>ANTICOAGULANT AND ANTIPLATELET AGENTS</b>		
Aspirin	TABLET	81MG, 325MG
Clopidogrel	TABLET	75MG
<b>BPH AGENTS</b>		
Doxazosin	TABLET	1MG, 2MG, 4MG, 8MG
Tamsulosin	CAPSULE	0.4MG

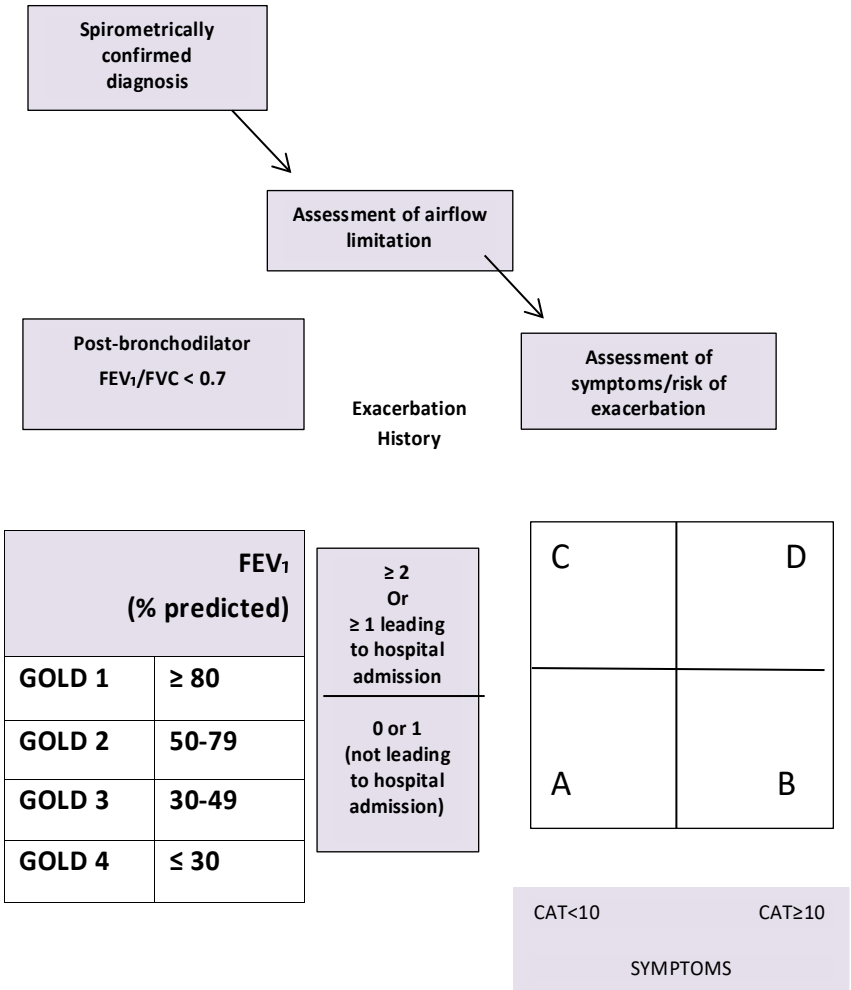
Terazosin	CAPSULE	1MG,2MG, 5MG, 10MG
<b>POTASSIUM AGENTS</b>		
Potassium Chloride ER	TABLET	8MEQ, 10MEQ, 20MEQ
Potassium Chloride ER	CAPSULE	10MEQ
<b>GOUT AGENTS</b>		
Allopurinol	TABLET	100MG, 300MG
<b>NSAIDS</b>		
Ibuprofen	TABLET	600MG, 800MG
<b>UROLOGICAL AGENTS</b>		
Oxybutynin	TABLET	5MG
<b>OTC MEDICATIONS</b>		
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.							
<b>Example:</b> 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->

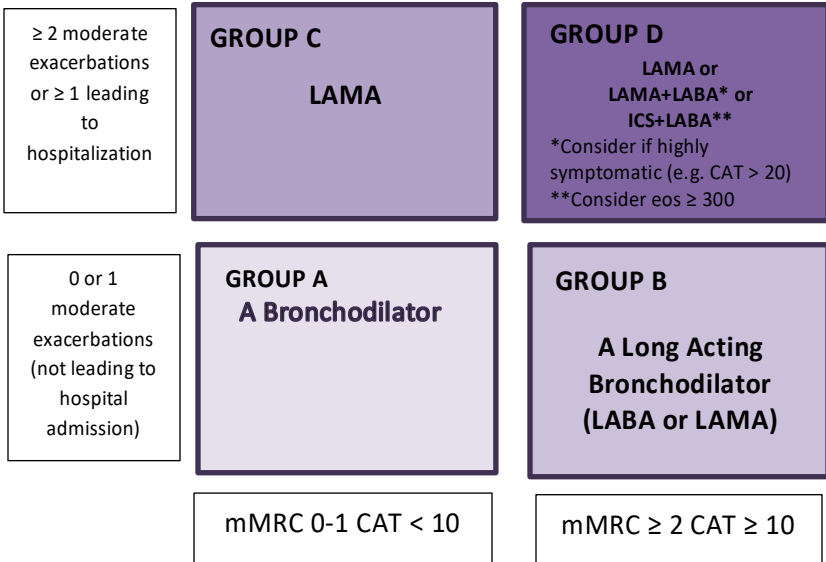
## The refined ABCD assessment tool



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

# GOLD COPD 2021 STRATEGY

## INITIAL PHARMACOLOGICAL TREATMENT

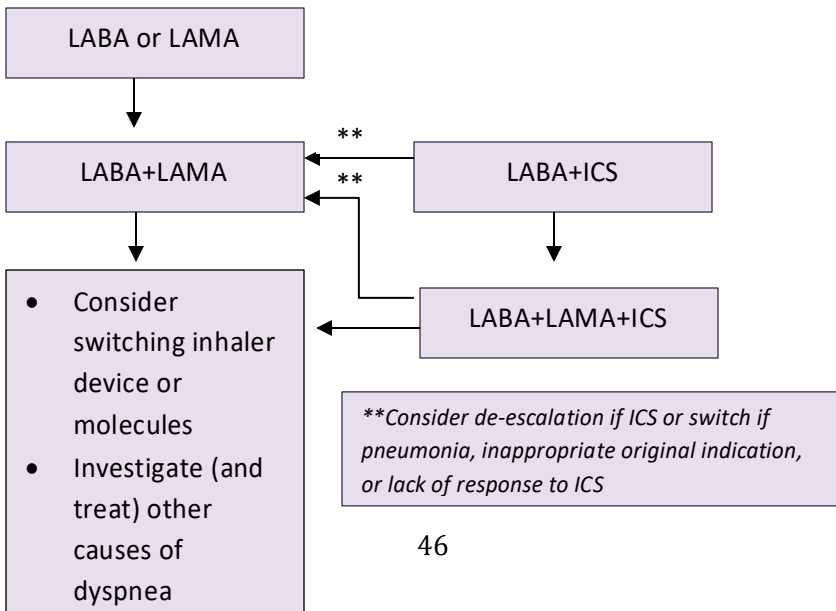


<https://goldcopd.org/wp-content/uploads/2020/11/GOLD-REPORT-2021-v1.1->

## FOLLOW-UP PHARMACOLOGICAL TREATMENT

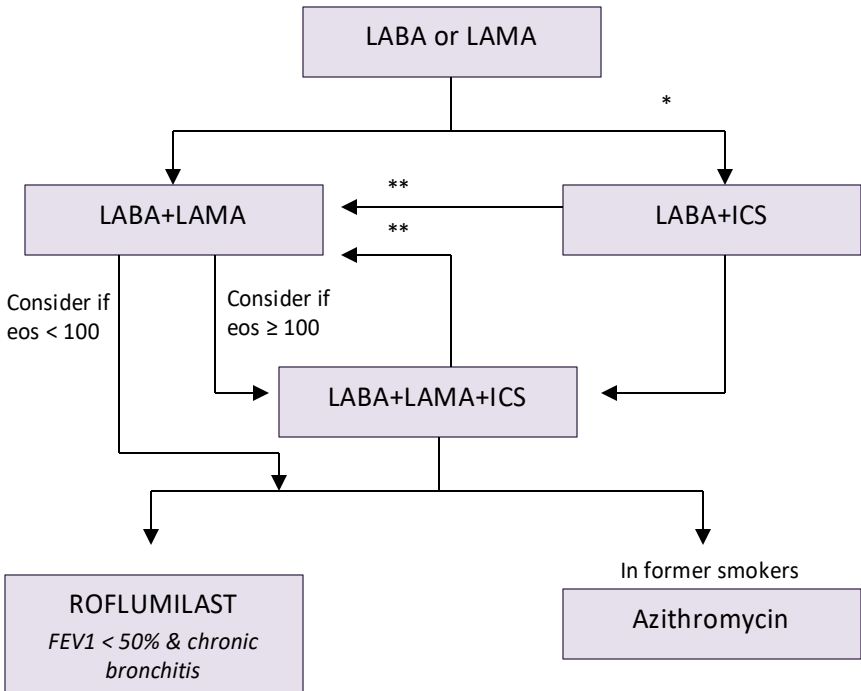
1. IF RESPONSE TO INITIAL TREATMENT IS APPROPRIATE, MAINTAIN IT.
2. IF NOT:
  - ✓ Consider the predominant treatable trait to target (dyspnea or exacerbations)  
-Use exacerbations pathways if both exacerbations and dyspnea need to be targeted
  - ✓ Place patient in box corresponding to current treatment & 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/ $\mu$ 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
**	<b>PA and Step Therapy required</b>

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, <b>Stiolto Respimat**</b>
LABA+ICS COMBO	Airduo, <b>Symbicort**</b> , <b>Dulera**</b> , <b>Advair Diskus**</b>



### ***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/ $\mu$ 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≥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

**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 contrindicated

For patients with T2D and CKD (e.g. eGFR <60 mL/min/1.73m<sup>2</sup>) and thus at increased risk of cardiovascular events

NO

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, <b>Onglyza**</b>
SGLT-2	Steglatro*, <b>Farxiga**</b>
GLP-1	Adlyxin*, Bydureon*
BASAL INSULIN	Semglee, <b>Basaglar**</b> , <b>Lantus**</b> , <b>Levemir**</b>
*PA REQUIRED	
<b>**PA and Step Therapy REQUIRED</b>	
Formulary Biguanides, TZD's, and SU's are part of CHA's Choice 90 Formulary and will pay at the point of sale for a 30 or 90-day supply. Note: claims for alogliptin will not require a prior authorization if a prior claim for a formulary metformin has been paid within 90 days.	

# 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!\*\*

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## Pharmacy References/Guides

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

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

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



## NORMAL CHOLESTEROL VALUES

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

## NORMAL DIABETES VALUES

Diabetes Test*	ADA Goal for	
	Diagnosis of Diabetes	Increased risk [Prediabetes]/IFG
<b>HbA1c</b> Using a method certified by NGSP and standardized to the DCCT assay. or	≥6.5%	5.7-6.4%
<b>Fasting Plasma Glucose</b> 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)
<b>2 Hour Plasma Glucose [OGTT]</b> 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