

CASCADE HEALTH ALLIANCE DRUG FORMULARY

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INTRODUCTION

Foreword

This document represents the efforts of the Cascade Comprehensive Care Pharmacy and Therapeutics (P & T) Committee to provide physicians and pharmacists with a method to begin to evaluate the various drug products available. The medical treatment of patients is frequently relative to the practical application of drug therapy. Due to the vast availability of medication therapy and treatment modalities, a reasonable program of drug product selection and drug usage must be developed. The goal of the Cascade Comprehensive Care Drug Formulary is to enhance the physician and pharmacist's abilities to provide optimal cost effective drug therapy for patients.

The development, maintenance, and improvement of this process are evolutionary and require constant attention. This is accomplished by the Cascade Comprehensive Care P & T and Formulary Committees. The Formulary is a continually reviewed and revised list of drug products, which mirror the prevailing clinical opinion of the P & T and Formulary Committees. Unfortunately, this dynamic process does not allow this document to be completely accurate at all times. To accommodate the necessary changes of this document, newsletters and updates are sent regularly. As you use this Formulary, you are encouraged to review the information and provide your input and comments to the Cascade Comprehensive Care P & T and Formulary Committees.

The Cascade Comprehensive Care P & T and Formulary Committees use the following criteria in the evaluation of product selection for the Cascade Comprehensive Care Drug Formulary:

- Product safety profile
- Product efficacy

- Product effectiveness
- Comparison of relevant product benefits to current formulary agents of similar use, while minimizing duplications
- Equitable cost and outcomes of the total cost of product and medical care

How to Use the Drug Formulary

The Drug Formulary is a list of covered and preferred drug agents for Cascade Comprehensive Care members. All products are listed by their generic names and most common proprietary (branded) name. The Drug Formulary may be accessed by using the index, either by generic or proprietary name (in small capital letters) and by therapeutic drug category. The brand names listed are for reference use only, and do not denote coverage, unless specifically noted. Any product not found in this Formulary listing, or any Formulary updates published by Cascade Comprehensive Care shall be considered a Non-Formulary drug.

\$	Least expensive
\$\$	More expensive
\$\$\$	Significantly more expensive
\$\$\$\$	Most Expensive

The prices used to calculate the relative dollar scale are based on the monthly cost of therapy or cost of treatment course to allow for dosing interval differences between various products. The number of dollar signs is a relative indication of cost and does not represent the true cost of the drug. For example, two dollar signs do not mean that a product is twice as expensive as a product with one dollar sign. They are intended only to provide general information regarding cost. Economics should not be the only factor involved with any therapeutic and clinical decision process. Price comparisons are reflective of pricing and contracts available through MedImpact. While this document can provide you with good information which can be used for non-

health plan patients, it may not accurately reflect the drug cost for non-health plan patients.

For certain agents within the Drug Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

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

Please refer to the prescribing guideline appendix within this document for details regarding specific agents.

Benefit Coverage and Limitations

The Formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the Drug Formulary.

The Drug Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact their Plan Sponsor or MedImpact at (800) 788-2949.

Depending upon a member’s specific benefit parameters, the following topics may apply:

1. Generic Substitution

When available, FDA approved generic drugs are to be used in all situations, regardless of the brand name indicated. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by CCC's Pharmacy and Therapeutics Committee. MedImpact approves such multi-source drugs for addition to the MAC list based on the following criteria:

- A multi-source product manufactured by at least one (1) nationally marketed company.
- There must be a significant price spread between the brand and the generic product.
- At least one (1) of the generic manufacturer's products must have an "A" rating.
- Product will be approved for generic substitution by the CCC's P & T Committee.
- Certain drug products with complex pharmacokinetics, dosage forms, narrow therapeutic efficacy or where blood level maintenance is crucial will not be subject to substitution. These products are:
 - Neoral Oral Solution
 - Premarin

This list is reviewed and updated periodically based on the clinical literature and available pharmacokinetic principles of the drug products.

If a member or physician requests a brand name product in lieu of an approved generic, the member, based upon their coverage, will typically be required to pay the difference in cost between the brand and the generic. If a physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

2. Preferred Branded Interchange

Certain cross-licensed or multi-source branded drug products may be excluded from coverage. For example, the Proventil HFA™ brand of albuterol sulfate

may not be covered while the Ventolin HFA™ brand is. If a member requests the non-covered brand, the member must pay the full price.

3. Medication Request Process

A. Formulary Agents

Drug products that are listed in the Formulary as Prior Authorization (PA) require evaluation, per Cascade Comprehensive Care P & T Committee guidelines, when the member presents a prescription to a network pharmacy. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the P & T Committee, the request will not be approved and alternative therapy may be recommended.

B. Non-Formulary Agents

Any product not found in the Formulary listing, or any Formulary updates published by Cascade Comprehensive Care, shall be considered a Non-Formulary drug. Coverage for non-formulary agents may be applied for in advance. When a member gives a prescription order for a non-formulary drug to a pharmacist, the pharmacist will evaluate the patient's drug history and contact the physician to determine if there is a legitimate medical need for a non-formulary drug. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of Formulary Drug Products is contraindicated in the patient.
- The patient has failed an appropriate trial of Formulary or related agents.
- The choices available in the Drug Formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a Formulary drug may provoke an underlying condition, which would be detrimental to patient care.
- If the request does not meet the guidelines established by the P & T Committee, the request will not be approved and alternative therapy may be recommended.

C. Obtaining Coverage

Coverage may be obtained by:

1. Faxing a completed Medication Request Form to CCC at 541-883-6104
2. Contacting CCC at 541-883-2947 and providing all necessary information requested.

Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity.

General Exclusions

- A. Over the Counter (OTC) medications or their equivalents are not covered, unless otherwise specified in the Formulary listing.
- B. Some Nicotine Smoking Cessation products (i.e. nicotine inhaler) require a Prior Authorization.
- C. Drug Products not listed in the Drug Formulary, or specifically listed as not covered are not covered.
- D. Any drug products used for cosmetic purposes are not covered.
- E. Experimental drug products, or any drug product used in an experimental manner, are not covered.
- F. Replacement of lost or stolen medication is not covered.
- G. Non self-administered injectable drug products, unless otherwise noted, are not covered.
- H. Foreign drugs or drugs not approved by the United States Food & Drug Administration are not covered.
- I. Mental Health medications are not included in CCC's formulary. These medications are covered directly by OHP.

The P & T Committee recognizes that not all medical needs can be met with this document and encourages inquiries about alternative therapies.

Pharmacist and Physician Communication

The Drug Formulary is a tool to promote cost-effective prescription drug use. The P & T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. CCC welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions, comments or formulary additions to CCC at the following address:

Pharmacy Services
Cascade Health Alliance
2909 Daggett Ave Suite 200
Klamath Falls, OR 97601
541-883-2947

Medication Request Form (MRF)

Cascade Health Alliance
Attn: Prior Authorization Department
2909 Daggett Ave. Suite 200
Klamath Falls OR 97601
Phone: 541-883-2947
Fax: 541-883-6104

Instructions:

This form is to be used by participating physicians and providers to obtain coverage for a non-formulary drug for which there is no suitable alternative available. Please complete this form and fax to CCC at 541-883-6104 or please

call 541-883-2947 with this information. If you have any questions regarding this process, please contact CCC Pharmacy Service at 541-883-2947.

Review Criteria:

The following guidelines are used in reviewing medication requests:

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

Medication Request Information (please complete each section of this form prior to transmittal):

Patient Name (required)	Patient Health Plan
Patient ID (required)	Provider Name/Specialty
	Provider NPI

Patient DOB (required)	Provider Phone#
ICD-10	Provider Fax#
Patient Pharmacy	Pharmacy Phone#
Drug Requested	Qty Per Month
Dose	Length of Treatment
Strength	Dosage Form (Oral, Topical)
Reason for Medication Request (be specific)	

Other Medications Tried/Failed (include date and duration of therapy, adverse or negative outcomes experienced)

Other supporting information

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Cardiovascular Agents			
Antiarrhythmic Agents			
\$	<i>amiodarone tablet (200mg Only)</i>	<i>Pacerone, Cordarone</i>	G
\$\$	<i>disopyramide phosphate capsule</i>	<i>Norpace</i>	G
\$	<i>flecainide tablet</i>	<i>Tambocor</i>	G
\$\$	<i>mexiletine tablet</i>	<i>Mexitil</i>	G
\$\$	<i>propafenone tablet (IR Only)</i>	<i>Rythmol</i>	G
\$	<i>quinidine sulfate tablet; tablet ER</i>	<i>Quinaglute</i>	G
Cardiac Glycoside Agents			
\$	<i>digoxin tablet</i>	<i>Lanoxin</i>	G
Thiazides and Related Diuretic Agents			
\$	<i>chlorthalidone tablet</i>	<i>Hygroton</i>	G
\$	<i>hydrochlorothiazide capsule, tablet</i>	<i>Microzide</i>	G
\$	<i>indapamide tablet</i>	<i>Lozol</i>	G
\$	<i>metolazone tablet</i>	<i>Zaroxolyn</i>	G
Potassium-sparing Diuretic Agents			
\$	<i>amiloride tablet</i>	<i>Midamor</i>	G
\$	<i>spironolactone tablet</i>	<i>Aldactone</i>	G
\$	<i>triamterene/hctz capsule; tablet</i>	<i>Dyazide, Maxzide</i>	G
Loop Diuretic Agents			
\$	<i>bumetanide tablet</i>	<i>Bumex</i>	G
\$	<i>furosemide tablet</i>	<i>Lasix</i>	G
\$	<i>torseamide tablet</i>	<i>Demadex</i>	G
Potassium Agents			
\$- \$\$\$\$	<i>Potassium chloride capsule ER; solution; packet; tablet ER</i>	<i>Klor-Con, K-Tabs</i>	G
\$\$	<i>Potassium citrate solution; tablet ER</i>	<i>Urocit-K</i>	G
Beta and Beta-Alpha blocker Agents			
\$	<i>atenolol tablet</i>	<i>Tenormin</i>	G

Class	Generic Name	Brand Name	Comment
Cardiovascular Agents			
\$	<i>carvedilol tablet</i>	<i>Coreg</i>	G
\$	<i>labetalol tablet</i>	<i>Normodyne</i>	G
\$	<i>metoprolol succinate tablet ER</i>	<i>Toprol XL</i>	G
\$	<i>metoprolol tartrate tablet</i>	<i>Lopressor</i>	G
\$\$	<i>nadolol tablet</i>	<i>Corgard</i>	G
\$-\$\$	<i>propranolol tablet; tablet ER</i>	<i>Inderal, Inderal LA</i>	G
\$	<i>sotalol tablet</i>	<i>Betapace</i>	G
Alpha-blockers and other Sympatholytic Agents			
\$	<i>clonidine tablet</i>	<i>Catapress</i>	G
\$	<i>doxazosin tablet</i>	<i>Cardura</i>	G
\$	<i>guanfacine tablet</i>	<i>Tenex</i>	G
\$	<i>prazosin capsule</i>	<i>Minipress</i>	G
\$	<i>terazosin capsule</i>	<i>Hytrin</i>	G
Vasodilator Agents			
\$	<i>hydralazine tablet</i>	<i>Apresoline</i>	G
\$	<i>minoxidil tablet</i>	<i>Loniten</i>	G
Angiotensin-Converting Enzyme Inhibitor (ACE) Agents			
\$	<i>Benazepril tablet</i>	<i>Lotensin</i>	G
\$\$	<i>Captopril tablet</i>	<i>Capoten</i>	G, ST
\$	<i>Enalapril tablet</i>	<i>Vasotec</i>	G
\$	<i>Lisinopril tablet</i>	<i>Zestril, Prinivil</i>	G
\$	<i>Lisinopril/hctz tablet</i>	<i>Zestoretic, Prinzide</i>	G
Angiotensin Receptor Blocker (ARB) Agents			
\$	<i>irbesartan tablet</i>	<i>Avapro</i>	G, ST
\$	<i>losartan tablet</i>	<i>Cozaar</i>	G
\$	<i>losartan/hctz tablet</i>	<i>Hyzaar</i>	G
\$	<i>valsartan tablet</i>	<i>Diovan</i>	G, ST
Calcium Channel Blocker Agents			
\$	<i>amlodipine tablet</i>	<i>Norvasc</i>	G
\$	<i>diltiazem capsule CD; capsule 12 ER; tablet</i>	<i>Cardizem CD</i>	G
\$\$	<i>nifedipine capsule; tablet ER</i>	<i>Procardia XL</i>	G
\$	<i>verapamil capsule ER; tablet</i>	<i>Calan SR</i>	G

Class	Generic Name	Brand Name	Comment
Cardiovascular Agents			
Nitrate Agents			
\$	<i>isosorbide dinitrate tablet</i>	<i>Isordil</i>	G
\$	<i>isosorbide mononitrate tablet ER; tablet</i>	<i>Monoket</i>	G
\$	<i>nitroglycerin patch;</i>	<i>Nitro-Dur</i>	G
\$	<i>nitroglycerin ointment</i>	<i>Nitro-Bid</i>	B
\$	<i>nitroglycerin sublingual</i>	<i>Nitrostat</i>	B
Anticoagulant and Antiplatelet Agents			
\$	<i>aspirin</i>	<i>Ecotrin, Halfprin</i>	G
\$	<i>cilostazol tablet</i>	<i>Pletal</i>	G
\$	<i>clopidogrel tablet</i>	<i>Plavix</i>	G
\$\$	<i>enoxaparin syringe</i>	<i>Lovenox</i>	G, PA > 7 day supply
\$\$\$\$	<i>fondaparinux syringe</i>	<i>Arixtra</i>	G, PA
\$\$\$\$	<i>rivaroxaban tablet</i>	<i>Xarelto</i>	B, PA
\$	<i>warfarin tablet</i>	<i>Coumadin</i>	G
\$\$\$\$	<i>apixiban</i>	<i>Eliquis</i>	B, PA
Cholesterol Lowering Agents			
Statins			
\$	<i>atorvastatin tablet</i>	<i>Lipitor</i>	G
\$	<i>lovastatin tablet</i>	<i>Mevacor</i>	G
\$	<i>pravastatin tablet</i>	<i>Pravachol</i>	G
\$	<i>rosuvastatin tablet</i>	<i>Crestor</i>	G, ST
\$	<i>simvastatin tablet</i>	<i>Zocor</i>	G
Fibrates			
\$\$	<i>fenofibrate (48mg, 54mg, 145mg, 160mg Only)</i>	<i>Tricor, Triglide</i>	G
\$	<i>gemfibrozil tablet</i>	<i>Lopid</i>	G
Bile Acid Sequestrants			
\$\$	<i>cholestyramine powder</i>	<i>Questran</i>	G, QL
\$\$	<i>cholestyramine light powder</i>	<i>Prevalite</i>	G, QL
\$\$	<i>colestipol packet; tablet</i>	<i>Colestid</i>	G, QL
Other Lipotropic Agents			
\$\$\$	<i>ezetimibe tablet</i>	<i>Zetia</i>	B, PA

Class	Generic Name	Brand Name	Comment
Cardiovascular Agents			
\$	<i>Fish Oil</i>		G
\$\$\$	<i>Niacin tablet ER 24hr</i>	<i>Niaspan</i>	G, PA
Dermatologic Agents			
Topical Antibacterial Agents			
\$	<i>bacitracin ointment</i>	<i>Baciguent</i>	G
Dermatologic Agents			
\$	<i>bacitracin/polymyxin ointment</i>	<i>Polysporin</i>	G
\$	<i>gentamicin cream; ointment</i>	<i>Garamycin</i>	G
\$	<i>mupirocin 2% ointment</i>	<i>Bactroban</i>	G
\$	<i>silver sulfadiazine cream</i>	<i>SSD</i>	G
Topical Antifungal			
\$	<i>clotrimazole cream</i>	<i>Lotrimin AF</i>	G, PA
\$	<i>clotrimazole/betamethasone cream</i>	<i>Lotrisone</i>	G, PA
\$	<i>ketconazole cream; shampoo</i>	<i>Nizoral</i>	G, PA
\$	<i>miconazole cream; spray</i>	<i>Monistat, Lotrimin AF</i>	G, PA
\$	<i>nystatin cream; ointment</i>	<i>Mycostatin</i>	G, QL - 3 fills in 365 days
\$\$	<i>nystatin powder</i>	<i>Nystop</i>	G, PA
\$	<i>terbinafine cream</i>	<i>Lamisil</i>	G, PA
\$	<i>tolnaftate cream</i>	<i>Tinactin</i>	G, PA
Antiviral			
\$\$	<i>podofilox solution</i>	<i>Condylox</i>	B, PA
Antiparasitics			
\$	<i>ivermectin tablet</i>	<i>Stromectol</i>	G
\$\$\$\$	<i>albendazole tablet</i>	<i>Albenza</i>	B, PA
\$	<i>permethrin 1% liquid</i>	<i>Nix</i>	G
\$\$	<i>permethrin 5% cream</i>	<i>Elimite</i>	G, PA
Topical Corticosteroids			
Lowest Potency			
\$	<i>hydrocortisone 2.5% cream; ointment; lotion</i>	<i>Hytone</i>	G, PA
\$	<i>hydrocortisone 1% cream</i>	<i>Hytone</i>	G, PA

Class	Generic Name	Brand Name	Comment
Dermatologic Agents			
Medium to Low Potency			
\$\$	<i>betamethasone dipropionate 0.05% lotion</i>	<i>Diprolene</i>	G, PA
\$	<i>betamethasone valerate 0.1%cream</i>	<i>Valisone</i>	G, PA
Medium Potency			
\$	<i>fluticasone propi- onate 0.05% cream</i>	<i>Cutivate</i>	G, PA
\$	<i>mometasone furate 0.1% cream; lotion</i>	<i>Elocon</i>	G, PA
\$	<i>triamcinolone 0.025%; 0.1% cream; ointment</i>	<i>Kenalog</i>	G, QL: 3 fills per 365 days
\$\$	<i>triamcinolone 0.025%; 0.1%; lotion</i>	<i>Kenalog</i>	G, QL: 3 fills per 365 days
Medium to High Potency			
\$	<i>fluticasone propionate 0.005% ointment</i>	<i>Cutivate</i>	G, PA
\$	<i>mometasone furoate 0.1% ointment</i>	<i>Elocon</i>	G, PA
\$	<i>triamcinolone acetonide 0.5% cream: ointment</i>	<i>Kenalog</i>	G, QL: 3 fills per 365 days
High Potency			
\$\$	<i>betamethasone dipropionate 0.05% cream</i>	<i>Diprosone</i>	G, PA
\$\$	<i>fluocinonide 0.05% gel; cream; solution</i>	<i>Lidex</i>	G, PA
Very High Potency			
\$\$	<i>betamethasone dipropionate 0.05% ointment</i>	<i>Diprosone</i>	G, PA
\$\$	<i>clobetasol propionate 0.05% cream; solution</i>	<i>Temovate</i>	G, PA

Class	Generic Name	Brand Name	Comment
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Dermatologic Agents

Other Dermatologic Agents

\$	<i>capsaicin cream</i>	<i>Zostrix</i>	G, PA
\$	<i>lidocaine/prilocaine cream</i>	<i>Emla</i>	G, PA
\$\$	<i>lidocaine patches</i>	<i>Lidoderm</i>	G, PA, QL
\$	<i>lidocaine 2% jelly</i>	<i>Xylocaine</i>	G
\$\$\$	<i>fluorouracil</i>	<i>Carac</i>	G, PA
\$	<i>salon-pas patches</i>	<i>Salon-pas</i>	G, PA, QL
\$	<i>selenium sulfide 2.5%</i>	<i>Selsun</i>	G, PA
\$	<i>zinc oxide</i>	<i>A&D Cream</i>	G, PA

Endocrine And Hormonal Agents

Oral Diabetic Agents

Sulfonylureas – 2nd Generation

\$	<i>glimepiride tablet</i>	<i>Amaryl</i>	G
\$	<i>glipizide tablet; tablet ER</i>	<i>Glucotrol</i>	G
\$	<i>glyburide tablet</i>	<i>Diabeta, Micronase</i>	G

Biguanides

\$	<i>metformin tablet</i>	<i>Glucophage</i>	G
\$	<i>metformin tablet XR (500mg XR only in original formulation)</i>	<i>Glucophage XR</i>	G

Thiazolidinediones

\$	<i>pioglitazone tablet</i>	<i>Actos</i>	G
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Alpha-Glucosidase Inhibitors

\$	<i>acarbose tablet</i>	<i>Precose</i>	G, PA
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DPP-4 Inhibitors

\$\$\$	<i>linagliptin tablet</i>	<i>Tradjenta</i>	B, PA
\$\$\$	<i>alogliptin</i>	<i>Nesina</i>	G, PA

Class	Generic Name	Brand Name	Comment
Endocrine and Hormonal Agents			
Meglitinides			
\$\$	<i>nateglinide tablet</i>	<i>Starlix</i>	G, QL; #90/30 days
SGLT-2 Inhibitors			
\$\$\$\$	<i>canogliflozin tablet</i>	<i>Invokana</i>	B, PA, QL
Injectable Diabetic Agents			
GLP-1 Agonists			
\$\$\$\$	<i>albigutide</i>	<i>Tanzeum</i>	B, PA
\$\$\$\$	<i>exenatide microspheres vial</i>	<i>Bydureon</i>	B, PA
Insulins			
Rapid-Acting Analogs			
\$\$\$	<i>insulin aspart vial</i>	<i>NovoLog</i>	B
\$\$\$\$	<i>insulin aspart cartridge; pen</i>	<i>NovoLog Flexpen</i>	B, PA
\$\$\$	<i>insulin glulisine vial</i>	<i>Apidra</i>	B
\$\$\$\$	<i>insulin glulisine pen</i>	<i>Apidra Solostar</i>	B, PA
\$\$\$	<i>insulin lispro vial</i>	<i>Humalog</i>	B
\$\$\$\$	<i>insulin lispro pen</i>	<i>Humalog Kwikpen</i>	B, PA
Short-Acting			
\$\$	<i>insulin regular vial</i>	<i>Humulin R, Novolin R</i>	B
\$\$\$\$	<i>insulin regular vial</i>	<i>Humulin R U-500</i>	B
Intermediate-Acting			
\$\$	<i>insulin NPH human isophane vial</i>	<i>Humulin N, Novolin N</i>	B
\$\$\$\$	<i>insulin NPH human isophane pen</i>	<i>Humulin N Kwikpen</i>	B, PA
Long-Acting Analogs			
\$\$\$	<i>insulin detemir vial</i>	<i>Levemir</i>	B, PA
\$\$\$\$	<i>insulin detemir pen</i>	<i>Levemir Flextouch</i>	B, PA
\$\$\$	<i>insulin glargine vial</i>	<i>Lantus</i>	B, PA
\$\$\$\$	<i>insulin glargine pen</i>	<i>Lantus Solostar</i>	B, PA
\$\$\$\$	<i>Insulin glargine</i>	<i>Basaglar</i>	B
Combination Insulins			
\$\$	<i>Insulin NPH/insulin human regular vial</i>	<i>Humulin 70:30 , Novolin 70:30</i>	B

Class	Generic Name	Brand Name	Comment
Endocrine and Hormonal Agents			
\$\$\$\$	<i>Insulin NPH/insulin human regular pen</i>	<i>Humulin 70:30 Kwikpen</i>	B, PA
\$\$\$	<i>Insulin lispro protamine/insulin lispro vial</i>	<i>Humalog mix 75:25</i>	B
\$\$\$	<i>Insuline lispro protamine/insulin lispro pen</i>	<i>Humalog mix 50:50</i>	B, PA
\$\$\$	<i>Insulin aspart protamine/insulin aspart vial</i>	<i>NovoLog mix 70: 30</i>	B

Insulin and Diabetic Supplies

All glucose monitoring supplies (meters, test strips and lancets) and diabetic supplies (insulin syringes, pen needles) are a covered benefit with OHP. These are obtained by coming directly to the offices of Cascade Health Alliance.

Thyroid and Anti-thyroid Agents

\$	<i>levothyroxine tablet</i>	<i>Synthroid</i>	G
\$	<i>liothyronine tablet</i>	<i>Cytomel</i>	G, ST
\$	<i>methimazole tablet</i>	<i>Tapazole</i>	G
\$	<i>propylthiouracil tablet</i>	<i>PTU</i>	G

Adrenal Corticosteroids/Mineralocorticoids

\$	<i>dexamethasone elixir; solution; tablet</i>	<i>Decadron</i>	G
\$	<i>fludrocortisone tablet</i>	<i>Florinef</i>	G
\$	<i>hydrocortisone tablet</i>	<i>Cortef</i>	G
\$	<i>methylprednisolone dose pack; tablet</i>	<i>Medrol</i>	G
\$	<i>prednisolone sodium phosphate solution</i>	<i>Orapred</i>	G
\$	<i>prednisolone dose pack; solution; tablet</i>	<i>Millipred</i>	G
\$\$	<i>prednisone oral concentrate</i>	<i>Prednisone Intensol</i>	G
\$	<i>prednisone dose pack; solution; tablet</i>	<i>Sterapred</i>	G

Androgens

\$-\$\$	<i>testosterone cypionate vial</i>	<i>Depo-Testosterone</i>	G, PA
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Class	Generic Name	Brand Name	Comment
Endocrine and Hormonal Agents			
Growth Hormone			
\$\$\$\$	<i>somatropin</i>	<i>Genotropin</i>	B, PA, SP
\$\$\$\$	<i>somatropin</i>	<i>Omnitrope</i>	B, PA, SP
Other Agents			
\$- \$\$\$\$	<i>desmopressin ampule; spray; solution; tablet; vial</i>	<i>DDAVP, Stimate</i>	G, PA
Osteoporosis Agents			
\$	<i>alendronate tablet</i>	<i>Actonel</i>	G
\$\$\$\$	<i>denusomab infusion</i>	<i>Prolia</i>	B, PA
\$	<i>ibandronate 150mg</i>	<i>Boniva</i>	G
\$\$	<i>raloxifen tablet</i>	<i>Evista</i>	G
\$\$\$\$	<i>zoledronic acid infusion</i>	<i>Reclast</i>	G, PA
Eye, Ear, Nose and Throat			
Ophthalmic Anti-Infectives			
\$	<i>bacitracin/poly-myxin eye ointment</i>	<i>Polycin</i>	G
\$	<i>ciprofloxacin drops</i>	<i>Ciloxan</i>	G
\$	<i>erythromycin base ointment</i>	<i>Ilotycin</i>	G
\$	<i>gentamicin drops</i>	<i>Genoptic</i>	G
\$	<i>gentamicin ointment</i>	<i>Gentak</i>	G
\$\$	<i>levofloxacin drops</i>	<i>Quixin</i>	G, PA
\$	<i>neomycin/bacitracin/polymyxin ointment</i>	<i>Neo-Polycin</i>	G
\$	<i>neomycin/polymyxin/dexamethasone drops; ointment</i>	<i>Maxitrol</i>	G
\$	<i>neomycin/polymyxin/gramicidin drops</i>	<i>Neosporin Eye Solution</i>	G
\$	<i>ofloxacin drops</i>	<i>Ocuflox</i>	G
\$	<i>polymyxin/trimethoprim drops</i>	<i>Polytrim</i>	G
\$	<i>sulfacetamide drops; ointment</i>	<i>Bleph-10</i>	G
\$	<i>tobramycin drops</i>	<i>Tobrex</i>	G
\$\$	<i>tobramycin/dexamethasone drops</i>	<i>Tobradex</i>	G

Class	Generic Name	Brand Name	Comment
Eye, Ear, Nose and Throat			
Ophthalmic Anti-Inflammatory			
\$	<i>dexamethasone drops</i>	<i>Maxidex</i>	G
\$	<i>diclofenac drops (0.1% only)</i>	<i>Voltaren</i>	G
\$\$	<i>fluorometholone suspension drops</i>	<i>FML</i>	G, PA
\$	<i>ketorolac drops (0.5% only)</i>	<i>Acular</i>	G
\$	<i>prednisolone drops</i>	<i>Pred Mild, Pred Forte</i>	G
Ocular Allergy Products			
<i>allergic conjunctivitis is not covered by OHP</i>			
\$	<i>cromolyn drops</i>	<i>Opticrom</i>	G, PA
\$	<i>tetrahydrozoline drops</i>	<i>Visine</i>	B, PA
Glaucoma			
\$\$	<i>acetazolamide tablet (250mg IR only)</i>	<i>Diamox</i>	G
\$	<i>atropine drops; ointment</i>	<i>Isopto Atropine</i>	G
\$	<i>betaxolol drops</i>	<i>Betoptic</i>	G
\$\$	<i>bimatoprost drops</i>	<i>Lumigan</i>	G
\$	<i>carteolol drops</i>	<i>Cartrol</i>	G
\$\$	<i>cyclopentolate drops (1% only)</i>	<i>Cyclogyl</i>	G
\$	<i>dorzolamide drops</i>	<i>Trusopt</i>	G
\$	<i>latanoprost drops</i>	<i>Xalatan</i>	G
\$	<i>levobunolol drops</i>	<i>Betagan</i>	G
\$-\$\$	<i>timolol maleate drops; sol-gel</i>	<i>Timoptic</i>	G
\$\$	<i>travoprost drops</i>	<i>Travatan</i>	G
Misc. Ophthalmic Agents			
\$	<i>dextran 70/hypromellose</i>	<i>Artificial Tears</i>	G, PA
\$	<i>mineral oil/white petrolatum ointment</i>	<i>Artificial Tears</i>	G, PA
\$	<i>sodium chloride drops</i>	<i>Muro 128</i>	G, PA
Otic Anti-Infectives			
\$\$	<i>acetic acid/hydrocortisone drops</i>	<i>VoSol HC</i>	G

Class	Generic Name	Brand Name	Comment
Eye, Ear, Nose and Throat			
\$	<i>ciprofloxacin drops</i>	<i>Use Generic Ciloxan Eye Drops</i>	G
\$\$\$	<i>ciprofloxacin/dexamethasone drops</i>	<i>CiproDex</i>	G, PA
\$\$	<i>neomycin/polymyxin/hydrocortisone drops</i>	<i>Cortisporin TC</i>	G

Misc. Otic Agents

\$	<i>antipyrine-benzocaine drops (5.4%/1.4% only)</i>	<i>Auralgan</i>	G
\$	<i>carbamide 6.5% drops</i>	<i>Debrox</i>	G, PA

Oral Mucous Membrane and Dental Products

\$\$\$	<i>cevimeline capsule</i>	<i>Evoxac</i>	G, PA
\$	<i>lidocaine viscous solution</i>	<i>Xylocaine</i>	G, PA
\$\$	<i>pilocarpine 5 mg tablet</i>	<i>Salagen</i>	G
\$\$	<i>triamcinolone acetate paste</i>	<i>Kenalog in Orabase</i>	G

Misc. Nasal Preparations

\$	<i>cromolyn nasal spray</i>	<i>Nasal crom</i>	G, PA
\$\$-\$\$\$	<i>desmopressin nasal solution; spray</i>	<i>Stimate</i>	G, PA
\$	<i>oxymetazoline mist; spray</i>	<i>Afrin</i>	G, PA
\$	<i>saline spray</i>	<i>Ocean</i>	G, PA
\$\$\$	<i>sumatriptan nasal spray</i>	<i>Imitrex</i>	G, PA

Nasal Corticosteroids

<i>allergic rhinitis is not covered by OHP</i>			
\$	<i>flunisolide</i>	<i>Nasalide</i>	G, ST
\$	<i>fluticasone</i>	<i>Flonase</i>	G, ST

Antihistamines

<i>allergic rhinitis in not covered by OHP</i>			
\$-\$\$	<i>cetirizine chew tabs; solution; tablets</i>	<i>Zyrtec</i>	G, PA
\$	<i>chlorpheniramine tablet (4mg only)</i>	<i>Chlor-Trimeton</i>	G
\$	<i>diphenhydramine syrup</i>	<i>Benadryl</i>	G
\$	<i>hydroxyzine HCL solution; tablet</i>	<i>Atarax</i>	G, PA

Class	Generic Name	Brand Name	Comment
Eye, Ear, Nose and Throat			
\$	<i>hydroxyzine pamoate capsule</i>	<i>Vistaril</i>	G, PA
\$	<i>loratadine solution; tablet;</i>	<i>Clartin</i>	G, PA
\$-\$\$	<i>promethazine suppository; tablet</i>	<i>Phenergan</i>	G

Cough and Cold Agents

<i>cough and cold is not covered by OHP</i>			
\$	<i>benzonatate capsules</i>	<i>Tessalon</i>	G, QL #30/ year
\$	<i>guaifenesin/codeine liquid</i>	<i>Robitussin AC</i>	G
\$	<i>guaifenesin/ codeine/ Pseudoephedrine syrup</i>	<i>Robitussin DAC</i>	G
\$	<i>promethazine/codeine syrup</i>	<i>Phenergan w/ Codeine</i>	G
\$	<i>promethazine/dextromethorphan syrup</i>	<i>Phenergan DM</i>	G
\$	<i>pseudoephedrine liquid; tablets; tablet ER 12 HR</i>	<i>Sudafed</i>	G, PA
Gastrointestinal Agents			

H2 Blockers

\$	<i>cimetidine solution</i>	<i>Tagamet</i>	G
\$	<i>famotidine tablet (20mg, 40mg only)</i>	<i>Pepcid</i>	G
\$	<i>ranitidine syrup; tablet (no capsules)</i>	<i>Zantac</i>	G

Proton-Pump Inhibitors (PPI)

\$	<i>lansoprazole capsule</i>	<i>Prevacid</i>	G
\$	<i>omeprazole capsule</i>	<i>Prilosec</i>	G
\$\$	<i>omeprazole suspension</i>	<i>First-Omeprazole</i>	B, PA >5 year old
\$	<i>pantoprazole tablet</i>	<i>Protonix</i>	G

Other GI Agents

\$	<i>misoprostol tablet</i>	<i>Cytotec</i>	G
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Class	Generic Name	Brand Name	Comment
Gastrointestinal Agents			
\$	<i>sucralfate tablet</i>	<i>Carafate</i>	G
Antiemetic Agents			
\$	<i>meclizine tablet</i>	<i>Antivert</i>	G
\$	<i>metoclopramide solution; tablet</i>	<i>Reglan</i>	G
\$	<i>ondansetron hcl tablet</i>	<i>Zofran</i>	G, QL: 30 per 24 days
\$	<i>ondansetron ODT</i>	<i>Zofran ODT</i>	G, QL: 30 per 24 days
\$-\$\$	<i>prochlorperazine suppository; tablet</i>	<i>Compazine</i>	G
\$-\$\$	<i>promethazine suppository; tablet</i>	<i>Phenergan</i>	G
Antispasmodics			
\$	<i>dicyclomine capsule; tablet</i>	<i>Bentyl</i>	G
Antidiarrheal			
\$	<i>bismuth subsalicylate suspension; tab chew</i>	<i>Pepto-Bismol</i>	G, PA
\$	<i>diphenoxylate/atropine liquid; tablet</i>	<i>Lomotil</i>	G, PA
\$	<i>loperamide capsule; liquid; tablet</i>	<i>Imodium</i>	G
Constipation			
\$	<i>bisacodyl suppository; tablet</i>	<i>Dulcolax</i>	G
\$	<i>docusate capsule; liquid</i>	<i>Colace</i>	G
\$	<i>glycerin suppository</i>	<i>Fleet, Pedia-Lax</i>	G, PA
\$	<i>lactulose solution</i>	<i>Kristalose</i>	G
\$	<i>polyethylene glycol (PEG) 3350 powder</i>	<i>Miralax</i>	G, PA
\$	<i>psyllium husk capsule</i>	<i>Metamucil</i>	G, PA
\$	<i>sennosides tablet</i>	<i>Senokot</i>	G, PA
Bowel Prep Agents			
\$	<i>peg 3350 – electrolytes</i>	<i>Gavilyte-C, Gavilyte-G, Golytely</i>	B

Class	Generic Name	Brand Name	Comment
Gastrointestinal Agents			
\$	<i>NaCl/NaHCO₃/KCl/peg</i>	<i>Gavilyte-N</i>	B
\$\$	<i>sodium, potassium and magnesium sulfates</i>	<i>Suprep</i>	B
\$	<i>NaC./NaHCO₃/KCl /peg</i>	<i>Trilyte</i>	B

Inflammatory Bowel Agents

\$\$\$\$	<i>mesalamine tablet (800mg only)</i>	<i>Asacol HD</i>	G, PA
\$\$	<i>mesalamine enema</i>	<i>Rowasa</i>	G, PA
\$\$\$	<i>balsalazide capsule</i>	<i>Colazal</i>	G, PA
\$	<i>sulfasalazine tablet; tablet DR</i>	<i>Azulfidine</i>	G
\$\$	<i>hydrocortisone enema</i>	<i>Cortenema</i>	G

Pancreatic Enzyme

\$\$-\$\$\$\$	<i>lipase/protease/amylase capsule DR</i>	<i>Creon</i>	B, PA
\$\$	<i>lipase/protease/amylase capsule DR</i>	<i>Pancreaze 5,000</i>	B
\$\$-\$\$\$\$	<i>lipase/protease/amylase capsule DR</i>	<i>Zenpep</i>	B, PA

Misc. GI Agents

\$	<i>simethicone tablet chew</i>	<i>Gas-X</i>	G
\$\$\$	<i>ursodiol capsule</i>	<i>Actigall</i>	G
\$	<i>lactulose solution</i>	<i>Kristalose</i>	G

Infectious Disease

Penicillins

\$	<i>amoxicillin</i>	<i>Amoxil</i>	G
\$	<i>amoxicillin/clavulanate</i>	<i>Augmentin</i>	G
\$	<i>ampicillin</i>	<i>Polycillin. Omnipen</i>	G
\$	<i>dicloxacillin</i>	<i>Dynapen</i>	G
\$	<i>penicillin VK</i>	<i>Beepen VK</i>	G

Class	Generic Name	Brand Name	Comment
Infectious Disease			
Cephalosporins-First Generation			
\$	<i>cefadroxil</i>	<i>Duricef</i>	G
\$	<i>cephalexin</i>	<i>Keflex</i>	G
Cephalosporins-Second Generation			
\$\$	<i>cefaclor</i>	<i>Ceclor</i>	G
\$	<i>cefprozil</i>	<i>Cefzil</i>	G
\$	<i>cefuroxime</i>	<i>Ceftin, Zinacef</i>	G
Cephalosporins-Third Generation			
\$	<i>cefdinir</i>	<i>Omnicef</i>	G
\$\$	<i>cefixime 100mg/5ml suspension</i>	<i>Suprax</i>	G
\$\$	<i>cefpodoxime</i>	<i>Vantin</i>	G
Macrolides			
\$	<i>azithromycin</i>	<i>Zithromax</i>	G
\$\$	<i>clarithromycin suspension; tablet</i>	<i>Biaxin</i>	G
\$\$\$\$	<i>erythromycin base</i>	<i>Eryc, Ery-Tab, PCE</i>	G, PA
\$\$\$\$	<i>erythromycin ethylsuccinate</i>	<i>E.E.S., EryPed</i>	G, PA
Quinolones			
\$	<i>ciprofloxacin</i>	<i>Cipro</i>	G
\$	<i>levofloxacin</i>	<i>Levaquin</i>	G
\$\$	<i>ofloxacin</i>	<i>Floxin</i>	G
Tetracyclines			
\$	<i>doxycycline hyclate</i>	<i>Vibramycin, Vibratabs</i>	G, QL
\$	<i>doxycycline monohydrate capsule; tablet</i>	<i>Monodox</i>	G, 50mg and 100mg only, QL
\$\$	<i>doxycycline monohydrate suspension</i>	<i>Adoxa</i>	G, QL
\$\$\$\$	<i>tetracycline Capsule</i>	<i>Sumycin</i>	G, QL, PA
Other Oral Antibiotics			
\$	<i>clindamycin capsule; suspension</i>	<i>Cleocin</i>	G
\$\$	<i>dapsone tablet</i>	<i>Aczone</i>	G

Class	Generic Name	Brand Name	Comment
Infectious Disease			
\$	<i>metronidazole tablet</i>	<i>Flagyl</i>	G
\$-\$\$	<i>nitrofurantoin capsule, suspension</i>	<i>Macrobid</i>	G
Other Oral Antibiotics			
\$	<i>nitrofurantoin/nitrofuran macrocrystals</i>	<i>Macro-dantin</i>	G
\$\$	<i>rifampin capsule</i>	<i>Rifadin</i>	G
\$\$	<i>sulfamethoxazole/trimethoprim suspension; tablet</i>	<i>Bactrim, Septra</i>	G
\$	<i>trimethoprim solution; tablet</i>	<i>Proloprim</i>	G
Oral Antifungals			
\$\$	<i>clotrimazole troche</i>	<i>Mycelex</i>	G, PA
\$	<i>fluconazole tablet</i>	<i>Diflucan</i>	G, QL: 3 per fill
\$	<i>fluconazole suspension</i>	<i>Diflucan</i>	G
\$\$	<i>griseofulvin suspension, 500mg tablet</i>	<i>Gris-Peg</i>	G, PA
\$\$	<i>ketoconazole tablet</i>	<i>Nizoral</i>	G, PA
\$-\$\$	<i>nystatin suspension; tablet</i>	<i>Mycostatin</i>	G, PA
\$	<i>terbinafine tablet</i>	<i>Lamisil</i>	G, PA
Vaginal Anti-Infectives			
\$\$	<i>clindamycin cream; suppository</i>	<i>Cleocin</i>	G, PA
\$	<i>clotrimazole cream</i>	<i>Gyne-Lotrimin</i>	G
\$\$	<i>metronidazole gel</i>	<i>Metro-Gel Vaginal</i>	G
\$	<i>miconazole cream</i>	<i>Monistat</i>	G
\$	<i>terconazole cream</i>	<i>Terazol</i>	G
Anti-Viral, Non HIV			
Herpes Simplex Virus			
\$-\$\$	<i>acyclovir capsule, suspension, tablet</i>	<i>Zovirax</i>	G
\$	<i>valacyclovir tablet</i>	<i>Valtrex</i>	G, PA
Hepatitis B Virus			
\$\$\$\$	<i>adefovir dipivoxil tablet</i>	<i>Hepsera</i>	G, PA, SP

Class	Generic Name	Brand Name	Comment
Infectious Disease			
\$\$\$\$	<i>entecavir tablet</i>	<i>Baraclude</i>	G, PA, SP
\$\$\$\$	<i>telbivudine tablet</i>	<i>Tyzeka</i>	B, PA, SP
Hepatitis C Virus			
\$\$\$\$	<i>daclatasvir tablet</i>	<i>Daklinza</i>	B, PA, SP
\$\$\$\$	<i>elbasvir/grazoprevir tablet</i>	<i>Zepatier</i>	B, PA, SP
\$\$\$\$	<i>sofosbuvir tablet</i>	<i>Sovaldi</i>	B, PA, SP
\$\$\$\$	<i>sofosbuvir/ledipasvir tablet</i>	<i>Harvoni</i>	B, PA, SP
\$\$\$\$	<i>sofosbuvir/velpatasvir tablet</i>	<i>Epclusa</i>	B, PA, SP
\$\$\$\$	<i>peginterferon alfa – 2a</i>	<i>Pegasys</i>	B, PA, SP
\$\$\$\$	<i>ribavirin capsule; tablet</i>	<i>Rebetol, Copegus</i>	G, PA, SP
Influenza Virus			
\$\$	<i>amantadine syrup; tablet</i>	<i>Symmetrel</i>	G
\$\$	<i>oseltamivir capsule</i>	<i>Tamiflu</i>	B
\$\$	<i>oseltamivir suspension</i>	<i>Tamiflu</i>	B
RSV			
\$\$\$\$	<i>palivizumab</i>	<i>Synagis</i>	B, PA
Antiviral, HIV			
\$\$-\$\$\$\$	<i>all HIV anti-retrovirals are covered; may require PA for approval.</i>		B, G, PA, SP
Antineoplastic			
\$\$\$\$	<i>all antineoplastic agents are covered; may require PA for approval.</i>		B, G, PA, SP
Immunosuppressant			
\$	<i>azathioprine tablet</i>	<i>Imuran</i>	G
\$\$\$\$	<i>cyclosporine capsule; solution</i>	<i>Sandimmune</i>	G
\$	<i>mycophenolate mofetil capsule; tablet</i>	<i>Cellcept</i>	G
\$-\$\$\$	<i>tacrolimus capsule</i>	<i>Prograf</i>	G
Anticonvulsants			
\$-\$\$	<i>carbamazepine chewable tablet; suspension; tablet; ER tablet</i>	<i>Tegretol, Tegretol XR</i>	G
\$	<i>clonazepam tablet</i>	<i>Klonopin</i>	G
\$\$\$	<i>ethosuximide capsule; solution</i>	<i>Zarontin</i>	G

Class	Generic Name	Brand Name	Comment
Neurologic Agents			
\$	<i>gabapentin capsule; tablet</i>	<i>Neurontin</i>	G
\$\$	<i>levetiracetam solution; tablet</i>	<i>Keppra</i>	G
\$	<i>levetiracetam ER tablet</i>	<i>Keppra XR</i>	G
\$\$	<i>oxcarbazepine suspension; tablet</i>	<i>Trileptal</i>	G
\$	<i>phenobarbital tablet</i>	<i>Luminal</i>	G
\$	<i>phenytoin chewable tablet; suspension</i>	<i>Dilantin Infatabs, Dilantin</i>	G
\$\$	<i>phenytoin sodium extended capsule</i>	<i>Phenytek</i>	G
\$	<i>primidone tablet</i>	<i>Mysoline</i>	G
\$	<i>topiramate tablet</i>	<i>Topamax</i>	G
\$	<i>zonisamide capsule</i>	<i>Zonegran</i>	G

Antiparkinsonian Agents

\$\$	<i>amantadine solution; tablet</i>	<i>Symmetrel</i>	G
\$	<i>benztropine tablet</i>	<i>Cogentin</i>	G
\$	<i>carbidopa/levodopa IR tablet; ER tablet</i>	<i>Sinemet, Sinemet CR</i>	G
\$	<i>pramipexole tablet</i>	<i>Mirapex</i>	G, PA
\$	<i>ropinirole tablet</i>	<i>Requip</i>	G, PA
\$\$	<i>selegiline capsule; tablet</i>	<i>Eldepryl</i>	G
\$	<i>trihexyphenidyl tablet</i>	<i>Artane</i>	G

Multiple Sclerosis Agents

\$\$\$\$	<i>dimethyl fumarate capsule</i>	<i>Tecfidera</i>	B, PA, SP
\$\$\$\$	<i>fingolimod capsule</i>	<i>Gilenya</i>	B, PA, SP
\$\$\$\$	<i>glatiramer syringe</i>	<i>Glatopa</i>	G, PA, SP
\$\$\$\$	<i>interferon beta-1 a kit; pen</i>	<i>Avonex</i>	B, PA, SP
\$\$\$\$	<i>interferon beta-1 b kit; vial</i>	<i>Extavia</i>	B, PA, SP

Dementia Agents

\$	<i>memantine IR tablets</i>	<i>Namenda</i>	G, PA
\$\$\$	<i>memantine solution</i>	<i>Namenda</i>	G, PA
\$	<i>donepezil ODT; tablet</i>	<i>Aricept</i>	G
\$\$	<i>galantamine tablet</i>	<i>Razadyne</i>	G, PA

Class	Generic Name	Brand Name	Comment
Neurologic Agents			
\$\$	<i>galantamine ER capsule</i>	<i>Razadyne ER</i>	G, PA
Nutritional Products/Vitamins and Minerals			
Fluoride			
\$	<i>fluoride/MV</i>	<i>Poly-Vi-Flor</i>	G, AGE
\$	<i>fluoride/vitamin A, D, C</i>	<i>Tri-Vi-Flor</i>	G, AGE
\$	<i>sodium fluoride</i>	<i>Fluor-A-Day</i>	G, AGE
Iron			
\$	<i>ferrous gluconate</i>	<i>Fergon</i>	G
\$	<i>ferrous sulfate</i>	<i>Feosol</i>	G
Vitamin B			
\$	<i>cyanocobalamin (vitamin B12)</i>	<i>Nascobal</i>	G, PA
\$	<i>folic acid</i>	<i>Folvite</i>	G
Vitamin D			
\$	<i>Calcitriol</i>	<i>Rocaltrol</i>	G
\$	<i>vitamin D2 (ergocalciferol)</i>	<i>Drisdol</i>	G
\$	<i>vitamin D3 (cholecalciferol) tablet; capsule</i>	<i>Delta D3</i>	G
Vitamin E			
\$	<i>vitamin E</i>	<i>E-400, E-600</i>	G
Vitamin K			
\$	<i>vitamin K</i>	<i>Mephyton</i>	B
Multi-vitamins			
\$	<i>calcium + vitamin D</i>	<i>Oscal</i>	G
\$	<i>MVC Fluoride chewable tablet</i>	<i>Poly-Vi-Flor</i>	G
\$	<i>MV with or without minerals</i>	<i>Therems, Therems-M</i>	G
\$	<i>pre-natal vitamins</i>	<i>Prenatal Plus</i>	G
Calcium			
\$	<i>calcium carbonate</i>	<i>Maalox, Tums</i>	G
\$	<i>calcium citrate</i>	<i>Citracal</i>	G
Other Nutritional Products/Vitamins/Minerals			
\$\$	<i>levocarnitine solution</i>	<i>Carnitor</i>	G, PA

Class	Generic Name	Brand Name	Comment
Nutritional Products/Vitamins and Minerals			
\$\$\$\$	<i>sevelamer hydrochloride</i>	<i>Renagel</i>	B, PA
\$	<i>nephrocaps</i>	<i>Renavite, Nephrovite</i>	G
\$\$	<i>calcium acetate tablet, capsule</i>	<i>Phoslo</i>	G
Pain, Musculoskeletal, and Inflammation			
Topical Anti-Inflammatory			
\$\$	<i>diclofenac gel</i>	<i>Voltaren 1% gel</i>	G, PA, QL: 1 tube in 30 days
Analgesic			
\$	<i>acetaminophen</i>	<i>Tylenol</i>	G
Anti-Inflammatory			
\$	<i>aspirin</i>	<i>Bufferin, Ecotrin</i>	G
\$\$	<i>celecoxib capsule</i>	<i>Celebrex</i>	G, PA
\$\$	<i>diclofenac sodium tablet</i>	<i>Voltaren</i>	G
\$\$	<i>etodolac capsule, tablet</i>	<i>Lodine</i>	G
\$\$	<i>etodolac ER tablet</i>	<i>Lodine ER</i>	G
\$	<i>flurbiprofen tablet</i>	<i>Ansaid</i>	G
\$	<i>ibuprofen suspension; tablets</i>	<i>Motrin, Advil</i>	G
\$	<i>indomethacin capsule</i>	<i>Indocin</i>	G
\$	<i>ketoprofen capsule</i>	<i>Orudis</i>	G
\$	<i>meloxicam tablet</i>	<i>Mobic</i>	G
\$	<i>nabumetone tablet</i>	<i>Relafen</i>	G
\$-\$\$\$	<i>naproxen suspension; tablet</i>	<i>Naprosyn</i>	G
\$	<i>piroxicam capsule</i>	<i>Feldene</i>	G
\$\$	<i>salsalate tablet</i>	<i>Salflex</i>	G
\$	<i>sulindac tablet</i>	<i>Clinoril</i>	G
Opioid/Analgesic Combination			
\$	<i>codeine/acetaminophen solution; tablet</i>	<i>Tylenol #3, #4</i>	G, QL

Class	Generic Name	Brand Name	Comment
Pain, Musculoskeletal, and Inflammation			
\$\$	<i>hydrocodone/acetaminophen solution; tablet</i>	<i>Norco, Hycet</i>	G, QL
\$	<i>oxycodone/acetaminophen tablet</i>	<i>Endocet, Percocet</i>	G, QL
\$\$	<i>Oxycodone/aspirin tablet</i>	<i>Percodan</i>	G, QL

Short-Acting Opioids

\$	<i>hydromorphone tablet</i>	<i>Dilaudid</i>	G, QL
-\$-\$	<i>morphine sulfate solution; tablet</i>	<i>Roxanol</i>	G, QL
-\$-\$	<i>oxycodone tablet</i>	<i>Roxicodone</i>	G, QL
\$	<i>tramadol hydrochloride</i>	<i>Ultram</i>	G, QL

Long-Acting Opioids

\$	<i>methadone tablet</i>	<i>Dolophine, Methadose</i>	G, QL, PA
-\$-\$	<i>morphine sulfate ER capsule; tablet</i>	<i>Kadian, MS Contin</i>	G, QL
\$\$	<i>fentanyl patch</i>	<i>Duragesic</i>	G, PA

Please note that any combination of opioids greater than 90 MED will require a PA.

QL = Quantity Limit of 27 day supply (any day supply greater will require a PA).

Migraine

\$	<i>sumatriptan succinate oral tablet</i>	<i>Imitrex</i>	G, QL: #9/30 days
\$\$\$	<i>sumatriptan succinate nasal spray</i>	<i>Imitrex</i>	G, PA, QL
\$	<i>rizatriptan ODT; tablet</i>	<i>Maxalt MLT, Maxalt</i>	G, QL: #12/30 days
\$	<i>Naratriptan tablet</i>	<i>Amerge</i>	G, QL #9/30 days
\$\$	<i>isometheptene/dichloralphenazone/acetaminophen capsule</i>	<i>Mldrin</i>	G, QL: 30/30 days

Class	Generic Name	Brand Name	Comment
Pain, Musculoskeletal, and Inflammation			
\$	<i>butalbital/acetaminophen/caffeine 50-325-40 tablet</i>	<i>Fioricet</i>	G, QL: 30/30 Days
\$	<i>butalbital/aspirin/caffeine 50-325-40 tablet</i>	<i>Fiorinal</i>	G, QL: 30/30 Days

Muscle Relaxants

\$	<i>baclofen tablet</i>	<i>Lioresal</i>	G, PA > 120 days per year
\$	<i>cyclobenzaprine 10mg tablet</i>	<i>Flexeril</i>	G, PA > 120 days per year
\$	<i>methocarbamol tablet</i>	<i>Robaxin</i>	G, PA > 120 days per year

Gout

\$	<i>allopurinol tablet</i>	<i>Zyloprim</i>	G
\$\$	<i>colchicine tablet</i>	<i>Colcrys</i>	G, QL: 30 in 180 days
\$	<i>probenecid tablet</i>	<i>Benemid</i>	G

Rheumatology Agents

\$\$\$\$	<i>adalimumab</i>	<i>Humira</i>	B, PA, SP
\$\$\$\$	<i>etanercept injection</i>	<i>Enbrel</i>	B, PA, SP
\$\$	<i>leflunomide tablet</i>	<i>Arava</i>	G
\$	<i>methotrexate</i>	<i>Trexall</i>	G
\$\$	<i>hydroxychloroquine tablet</i>	<i>Plaquenil</i>	G

Pulmonary Agents

Beta-Agonists, Short-Acting Agents

\$\$	<i>albuterol HFA</i>	<i>Proair HFA, Ventolin HFA</i>	B
\$\$	<i>levalbuterol HFA1</i>	<i>Xopenex HFA</i>	B
\$	<i>albuterol nebulizer solution</i>	<i>AccuNeb</i>	G

Class	Generic Name	Brand Name	Comment
Pulmonary Agents			
Beta-Agonist, Long-Acting (LABA) Agents			
\$\$\$\$	<i>salmeterol powder</i>	<i>Serevent Diskus</i>	B, PA
\$\$\$	<i>formetorol inhaler</i>	<i>Foradil</i>	B, PA
Inhaled Corticosteroids (ICS) Agents			
\$\$\$	<i>beclomethasone</i>	<i>QVAR</i>	B
\$\$\$	<i>budesonide</i>	<i>Pulmicort Flexhaler</i>	B
\$\$\$\$	<i>budesonide nebulizer solution</i>	<i>Pulmicort Respule</i>	G, PA > 5 yo
\$\$\$	<i>fluticasone propionate</i>	<i>Flovent HFA 44mcg, 110mcg</i>	B, PA
\$\$\$\$	<i>fluticasone propionate</i>	<i>Flovent HFA 220mcg</i>	B, PA
Beta-Agonist, Long-Acting (LABA) and Inhaled Corticosteroid Agents			
\$\$\$	<i>budesonide/formoterol fumarate</i>	<i>Symbicort</i>	B, PA
\$\$\$\$	<i>fluticasone/salmeterol</i>	<i>Advair Diskus</i>	B, PA
\$\$\$\$	<i>fluticasone/salmeterol</i>	<i>Advair Diskus 500/50</i>	B, PA
\$\$	<i>fluticasone/salmeterol</i>	<i>Airduo</i>	G
\$\$\$	<i>mometasone/formoterol</i>	<i>Dulera</i>	B, PA
Anticholinergic Agents			
\$\$\$\$	<i>tiotropium</i>	<i>Spiriva</i>	B, PA
\$\$\$\$	<i>ipratropium</i>	<i>Atrovent HFA</i>	B, PA
\$\$\$\$	<i>aclidinium</i>	<i>Tudorza</i>	B, PA
\$	<i>ipratropium/albuterol nebulizer solution</i>	<i>Duoneb</i>	G
Beta-Agonist, Long-Acting (LABA) and Anticholinergic, Long-Acting (LAMA)			
\$\$\$\$	<i>tiotropium/olodaterol</i>	<i>Stiolto Respimat</i>	B
\$\$\$\$	<i>umeclidinium/vilanterol</i>	<i>Anoro Ellipta</i>	B
Leukotriene Inhibitor Agents			
\$	<i>montelukast tablet</i>	<i>Singulair</i>	G, ST

Class	Generic Name	Brand Name	Comment
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Pulmonary Agents

Other Pulmonary Agents

\$	<i>saline inhalation 0.9%, 3%, 10% nebulizer vials</i>	<i>Modudose Saline Solution for Inhalation</i>	G
\$	<i>sildenafil 20mg tablet</i>	<i>Revatio</i>	G, PA
\$\$-\$\$\$	<i>theophylline capsule ER; elixir; solution; tablet ER</i>	<i>Theo-24, Elixophyllin, Uniphyll</i>	G

Inhaler Assist Devices

Masks, aerochambers, peak flow meters, and nebulizers are a covered benefit with OHP and are obtained by coming directly to the offices of Cascade Health Alliance.

Misc Pulmonary Agents

SSSS	<i>epinephrine injectable</i>	<i>Adrenacllick</i>	PA for > 4 pens per year
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Tobacco Cessation Agents

SSSS	<i>nicotine inhaler</i>	<i>Nicotrol</i>	B, PA
S	<i>nicotine gum</i>	<i>Nicorette</i>	G, QL
SS	<i>nicotine lozenges</i>	<i>Nicorette</i>	G, QL
S	<i>nicotine patches</i>	<i>Nicoderm CQ</i>	G, QL
SS	<i>nicotine nasal spray</i>	<i>Nicotrol NS</i>	B, PA
SSSS	<i>varenicline</i>	<i>Chantix</i>	B, QL
\$	<i>bupropion 150mg SR tablet</i>	<i>Zyban</i>	G, PA > 180 per year

Psychotherapeutic and CNS Agents

Mental Health medications are carved out to fee-for-service. Please call Oregon Pharmacy Call Center at 1 (888) 202-2126.

- **Antidepressants**
- **Antipsychotic Agents**
- **Bipolar Agents**
- **Anxiolytic Agents**
- **ADHD Agents (nonstimulants)**

Class	Generic Name	Brand Name	Comment
Psychotherapeutic and CNS Agents			

Stimulants

\$	<i>amphetamine/dextroamphetamine tablet</i>	<i>Adderall</i>	G
\$\$	<i>amphetamine/dextroamphet-amine ER</i>	<i>Adderall XR</i>	G, QL, AGE
\$	<i>dexmethylphenidate tablet</i>	<i>Focalin</i>	G
\$\$\$	<i>dexmethylphenidate ER</i>	<i>Focalin XR</i>	G, QL, AGE
\$	<i>methylphenidate solution; tablet</i>	<i>Ritalin</i>	G
\$\$\$	<i>methylphenidate ER tablet</i>	<i>Concerta, Ritalin SR 20mg</i>	G, QL, AGE
\$\$-\$\$\$\$	<i>methylphenidate LA 30:70; 50:50</i>	<i>Ritalin LA</i>	G, QL, AGE

All long-acting or extended release ADHD medications require a PA for members over 19 years old.

QL= Quantity Limit of 30 per 30 days on all ADHD extended release medications.

Agents for Opioid Addiction

\$\$	<i>buprenorphine/naloxone tablet</i>	<i>Suboxone</i>	G, PA
\$\$-\$\$\$\$	<i>buprenorphine/naloxone film</i>	<i>Suboxone Sublingual Film</i>	G, PA

Agents for Alcohol Dependence

\$\$\$	<i>acamprosate tablet</i>	<i>Campral</i>	G
\$	<i>naltrexone tablet</i>	<i>Revia, Vivitrol</i>	G

Agents for Opioid Overdose

\$	<i>naloxone syringe; vial</i>	<i>Evzio</i>	G, QL
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Urological Drugs

BPH

\$	<i>doxazosin tablet</i>	<i>Cardura</i>	G
\$	<i>tamsulosin capsule ER</i>	<i>Flomax</i>	G
\$	<i>terazosin capsule</i>	<i>Hytrin</i>	G

Other Urological Agents

\$	<i>bethanechol tablets</i>	<i>Urecholine</i>	G
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Class	Generic Name	Brand Name	Comment
Urological Drugs			
\$	<i>Citric acid/potassium solution</i>	<i>Cytra-K</i>	G
\$	<i>Oxybutynin syrup; tablet; tablet ER</i>	<i>Ditropan, Ditropan XL</i>	G
\$	<i>phenazopyridine tablet</i>	<i>Pyridium</i>	G
Vaccines			
Vaccines			
\$	<i>Flu vaccine</i>	<i>Fluvirin, Fluzone, Flulaval</i>	B
\$\$	<i>Pneumonia vaccine</i>	<i>Pneumovax</i>	B
\$\$\$	<i>Human Papillomavirus vaccine (HPV)</i>	<i>Gardasil</i>	B
\$	<i>Diphtheria/tetanus/pertussis Vaccine</i>	<i>Boostrix (tDAP)</i>	B
\$\$\$	<i>Varicella-zoster virus vaccine</i>	<i>Zostavax</i>	B
\$\$	<i>Menigococcal Conjugate Vaccine</i>	<i>Menactra (MCV4)</i>	B
\$	<i>Hepatitis A</i>	<i>Havrix</i>	B
\$	<i>Hepatitis B</i>	<i>Engerix-B</i>	B
Women's Health and Contraceptive Agents			
Hormone Replacement			
\$	<i>estradiol tablet</i>	<i>Estrace</i>	G
\$\$\$	<i>estradiol cream</i>	<i>Estrace Vaginal</i>	B, PA
\$\$\$	<i>estradiol vaginal tablet</i>	<i>Vagifem</i>	B, PA
\$\$	<i>estradiol patches</i>	<i>Climara</i>	G, PA
\$\$\$\$	<i>estradiol vaginal ring</i>	<i>Estring</i>	B, PA
\$	<i>estropipate tablet</i>	<i>Ogen</i>	G
\$	<i>medroxyprogesterone tablet</i>	<i>Provera</i>	G
\$\$	<i>norethidrone acetate tablet</i>	<i>Aygestin</i>	G
\$	<i>progesterone micronized capsule</i>	<i>Prometrium</i>	G
\$\$	<i>estradiol/norethidrone acetate tablet</i>	<i>Activella</i>	G, PA

Class	Generic Name	Brand Name	Comment
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Women's Health and Contraceptive Agents

Emergency Contraceptives

\$	<i>levonorgestrel tablet</i>	<i>My Way, Next Choice, Fallback Solo, Plan-B, Plan-B One Step</i>	G
\$	<i>ulipristal acetate</i>	<i>Ella</i>	B

Misc Women's Health/Contraceptive Agents

\$\$	<i>methylergonovine tablet</i>	<i>Methergine</i>	G
\$	<i>misoprostol tablet</i>	<i>Cytotec</i>	G

Oral Contraceptives

\$	<i>desogestrel/ethinyl estradiol</i>	<i>Kariva, Apri, Azurette, Caziant, Emoquette, Reclipsen, Velivet, Viorele</i>	G
\$\$	<i>drospirenone/ethinyl estradiol</i>	<i>Gianvi, Loryna, Nikki, Ocella, Syeda, Vestura, Zarah</i>	G
\$\$	<i>ethynodiol/ethinyl estradiol</i>	<i>Kelnor 1/35, Zovia 1/35, Zovia 1/50</i>	G
\$\$	<i>levonorgestrel/ethinyl estradiol</i>	<i>Altavera, Aviane-28, Falmina, Kurvelo, Lessina, Levlen 28, Lutera, Marlissa, Sronyx, Levora, Orsythia, Portia-28, Enpresse, Myzilra, Levonest, Trivora-28</i>	G

Class	Generic Name	Brand Name	Comment
Women's Health and Contraceptive Agents			
\$\$	<i>norethindrone/ethinyl estradiol</i>	<i>Alyacen, Cyclofem, Doseita, Necon, Nortrel, Junel, Junel Fe, Microgestin, Microgestin Fe, Gildess Fe, Tri-Legest Fe, Leena, Aranelle, Gildess, Wera</i>	G
\$	<i>norgestimate/ethinyl estradiol</i>	<i>Mononessa, Sprintec, Previfem, Trinessa, Tri-Previfem, Tri-Sprintec</i>	G
\$	<i>norgestrel/ethinyl estradiol</i>	<i>Cryselle, Elinest, Low-Ogestrel, Ogestrel</i>	G
\$	<i>norethindrone</i>	<i>Errin, Camila, Nora-Be, Jolivette, Heather</i>	G

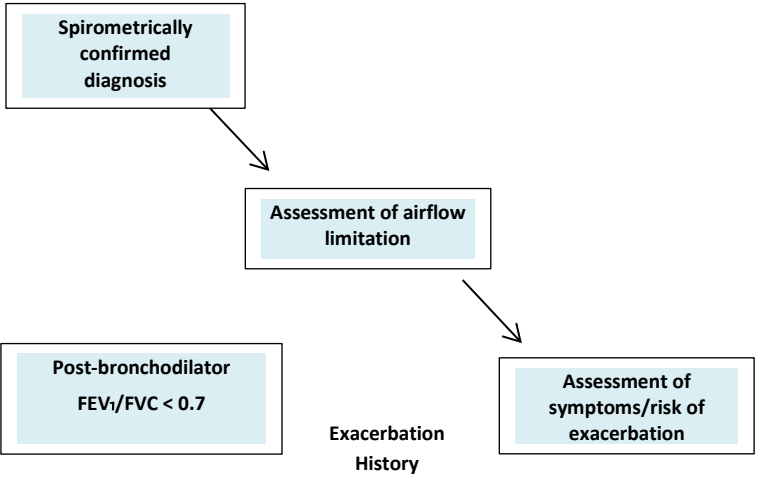
Other Contraceptives

\$\$	<i>norelgestromin/ethinyl estradiol patch</i>	<i>Xulane</i>	B, PA
\$\$	<i>etonogestrel/ethinyl estradiol vaginal ring</i>	<i>NuvaRing</i>	B
\$\$	<i>medroxyprogesterone acetate</i>	<i>Depro-Provera IM shot</i>	G
<i>levonorgestrel implants & IUDs – must be a covered DMAP service and obtained through provider office.</i>			

2017 GOLD COPD GUIDELINES

CAT ASSESSMENT							
For each item below, place a mark (X) in the box that best describes you currently. Be sure to only select one response for each question.							
Example: I am very happy	1	2	3	4	5	I am very sad	SCORE
I never cough	1	2	3	4	5	I cough all the time	
I have no phlegm (mucus) in my chest at all	1	2	3	4	5	My chest is completely full of phlegm (mucus)	
My chest does not feel tight at all	1	2	3	4	5	My chest feels tight	
When I walk up a hill or one flight of stairs I am not breathless	1	2	3	4	5	When I walk up a hill or one flight stairs I am very breathless	
I am not limited doing any activities at home	1	2	3	4	5	I am very limited doing activities at home	
I am confident leaving my home despite my lung condition	1	2	3	4	5	I am not confident leaving my home because of my lung condition	
I sleep soundly	1	2	3	4	5	I don't sleep soundly because of my lung condition	
I have lots of energy	1	2	3	4	5	I have no energy at all	
TOTAL SCORE							

The refined ABCD assessment tool



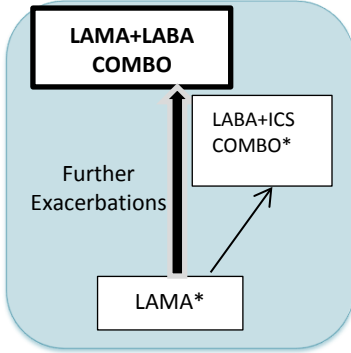
FEV ₁ (% predicted)	
GOLD 1	≥ 80
GOLD 2	50-79
GOLD 3	30-49
GOLD 4	≤ 30

≥ 2 Or ≥ 1 leading to hospital admission
0 or 1 (not leading to hospital admission)

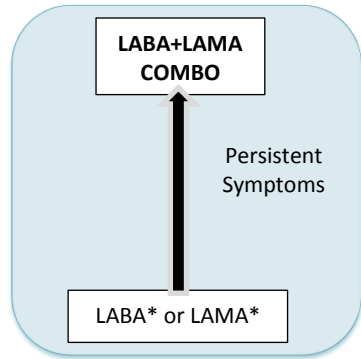
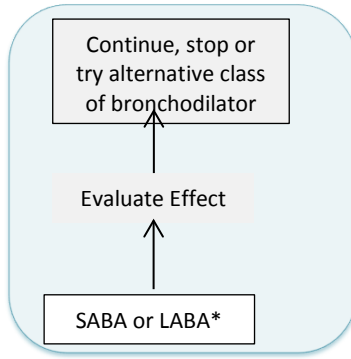
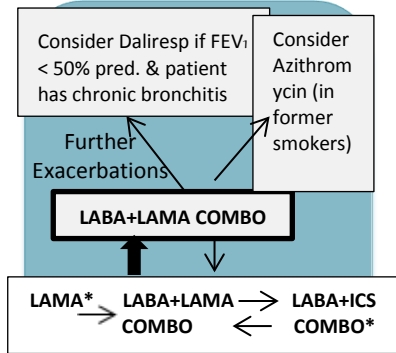
C	D
A	B

CAT < 10	CAT ≥ 10
SYMPTOMS	

GROUP C
HIGH RISK,
LESS SYMPTOMS



GROUP D
HIGH RISK,
MORE SYMPTOMS



GROUP A
LESS RISK,
LESS SYMPTOMS

GROUP B
LESS RISK,
MORE SYMPTOMS

LEGEND

SABA	short acting bronchodilator
LABA	long acting bronchodilator
LAMA	long acting muscarinic antagonist
ICS	Inhaled corticosteroid
*	PA required

CHA FORMULARY MEDICATIONS

SABA	Ventolin HFA, Proair HFA, Levalbuterol HFA
LABA*	Serevent*, Foradil*
LAMA*	Spiriva*, Tudorza*, Atrovent HFA*
ICS	QVAR, Pulmicort, Flovent HFA*
LABA+LAMA COMBO	Stiolto Respimat, Anoro Ellipta
LABA+ICS COMBO*	Airduo, Symbicort*, Dulera*, Advair Diskus*,

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 symptomatic benefit is documented.

Group B

- Initial therapy should consist of a long acting bronchodilator. Long-acting inhaled 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 persistent breathlessness on monotherapy the use of two bronchodilators is recommended.
- For patients with severe breathlessness initial therapy with two bronchodilators may be considered.
- If the addition of a second bronchodilator does not improve symptoms, it is suggested the treatment could be stepped down again to a single bronchodilator.
- Group B patients are likely to have comorbidities that may add to their symptomatology and impact their 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 therapy is started with a LAMA in this group.
- Patients with persistent exacerbations may benefit from adding a second long acting bronchodilator (LABA/LAMA) or using a combination of a long acting beta₂-agonist and an inhaled corticosteroid (LABA/ICS). As ICS increases the risk for developing pneumonia in some patients, the recommended primary choice is LABA/LAMA.

Group D

- It is recommended starting therapy with a LABA/LAMA combination because:
 - In studies with patient reported outcomes as the primary endpoint LABA/LAMA combinations showed superior results compared to the single substances. If a single bronchodilator is chosen as initial treatment, a LAMA is preferred for exacerbation prevention based on comparison to LABAs
 - A LABA/LAMA combination was superior to LABA/ICS combination in preventing exacerbations and other patient reported outcomes in Group D patients
 - Group D patients are at higher risk of developing pneumonia when receiving treatment with ICS.
- In some patients initial therapy with LABA/ICS may be the first choice. These patients may have a history and/or findings suggestive of asthma-COPD overlap. High blood eosinophil counts may also be considered as a parameter to support the use of ICS, although this is still under debate.
- In patients who develop further exacerbations on LABA/LAMA therapy we suggest two alternative pathways:

- Escalation to LABA/LAMA/ICS. Studies are underway comparing the effects of LABA/LAMA vs. LABA/LAMA/ICS for exacerbation prevention.
- Switch to LABA/ICS. However, there is no evidence that switching from LABA/LAMA to LABA/ICS results in better exacerbation prevention. If LABA/ICS therapy does not positively impact exacerbations/symptoms, a LAMA can be added.
- If patients treated with LABA/LAMA/ICS still have exacerbations the following options may be considered:
 - Add Daliresp (roflumilast). This may be considered in patients with an FEV₁ < 50% predicted and chronic bronchitis, particularly if they have experienced at least one hospitalization for an exacerbation the previous year.
 - Add Azithromycin (a macrolide). Consideration to the development of resistant organisms should be factored into decision making.
 - Stopping ICS. A reported lack of efficacy, an elevated risk of adverse effects (including pneumonia) and evidence showing no significant harm from withdrawal supports this recommendation

DIABETIC TREATMENT PLAN

Start with Monotherapy unless:

A1C is greater than or equal to 9%, move to Dual Therapy.

A1C is greater than or equal to 10%, move to Combination Injectable Therapy.

Monotherapy	Metformin
--------------------	------------------

Efficacy	High
Hypo Risk	Low Risk
Weight	Neutral/Loss
Side Effects	GI/Lactic Acidosis
Costs	Low

If A1C target not achieved after 3 months of compliant monotherapy, proceed to 2-drug combination.

Dual Therapy	Metformin +
---------------------	--------------------

	Sulfonylurea	Thiazolidinedione	GLP-1 RA	Insulin (Basal)
Efficacy	High	High	High	Highest
Hypo Risk	Moderate Risk	Low Risk	Low Risk	High Risk
Weight	Gain	Gain	Loss	Gain
Side Effects	Hypoglycemia	Edema, HF	GI	Hypoglycemia
Costs	Low	Low	High	High

If A1C target not achieved after 3 months of compliant dual therapy, proceed to 3-drug combination.

Triple Therapy	Metformin +
-----------------------	--------------------

Sulfonylurea +	TZD +	DPP-4 Inhibitor +	SGLT2 Inhibitor +	GLP-1 RA +	Insulin (Basal) +
<i>Add one additional medication from the appropriate column</i>					
TZD	SU	SU	SU	SU	TZD
DPP-4-I	DPP-4-I	TZD	TZD	TZD	DPP-4-I
SGLT2-I	SGLT2-I	SGLT2-I	DPP-4-I	SGLT2-I	SGLT2-I
GLP-1-RA	GLP-1-RA	Insulin (Basal)	GLP-1-RA	Insulin	GLP-1-RA
Insulin	Insulin		Insulin		

If A1C target not achieved after 3 months of compliant triple therapy and patient (1) on oral combination, move to basal insulin or GLP-1 RA, (2) on GLP-1 RA, add basal insulin, or (3) on optimally titrated basal Insulin, add GLP-1 RA or mealtime insulin. Metformin therapy should be maintained, while other oral agents may be discontinued on an individual basis to avoid unnecessarily complex or costly regimens (i.e., adding a fourth antihyperglycemic agent).

Combination Injectable Therapy	Metformin + Basal Insulin +
---------------------------------------	------------------------------------

Rapid-Acting Insulin	GLP-1 RA
-----------------------------	-----------------

Formulary Options:

Sulfonylurea	Thiazolidinediones	GLP-1 Receptor Agonists	Insulin (Basal)
glimepiride tablet	pioglitazone tablet	albigutid (Tanzeum*)	insulin detemir (Levemir*)
glipizide tablet; tablet ER		exenatide (Bydureon*)	insulin glargine (Basaglar, Lantus*)
glyburide tablet			

Additional Formulary Options:

DPP-4 Inhibitor	SGLT2 Inhibitor
alogliptin (Nesina) tablet*	canogliflozin (Invokana) tablet*
linagliptin (Tradjenta) tablet*	

* PA Required

DIABETIC 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
Syringe Magnifiers

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

We will send your provider a copy of your logbook, please bring your meter with you

PA criteria must be satisfied for insulin pens and pumps

We can also download your Animus, Medtronic, and T-Slim insulin pumps!

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

NORMAL CBC VALUES

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