

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

2020 Tobacco Cessation Class Schedule

Here is the schedule for the 2020 Tobacco Cessation Program. These are all consecutive Mondays unless exception noted. All are scheduled at the Community Health Education Center at 2200 N. Eldorado Avenue. Any questions, please don't hesitate to call Robyn or Kerri at 541-883-2947.

All Classes 1:30-3:00 pm

Session 1

Jan. 6
Jan. 13
Jan. 20
Jan. 27 (Quit day)
Feb. 3
Feb. 10
Feb. 17

Session 2

Mar. 2
Mar. 9
Mar. 16
Mar. 23 (Quit day)
Mar. 30
Apr. 6
Apr. 13

Session 3

May 4
May 11
May 18
May 26 (Tues)(Quit day)
June 1
June 8
June 15

Session 4

June 29
July 6
July 13
July 20 (Quit day)
July 27
Aug. 3
Aug. 10

Session 5

Aug. 31
Sept. 8(Tues)
Sept. 14
Sept. 21 (Quit day)
Sept. 28
Oct. 5
Oct. 12

Session 6

Nov. 2
Nov. 9
Nov. 16
Nov. 23 (Quit Day)
Nov. 30
Dec. 7
Dec. 14

TABLE OF CONTENTS

TABLE OF CONTENTS.....	3
CARDIOVASCULAR AGENTS	11
ANTIARRHYTHMIC AGENTS	11
CARDIAC GLYCOSIDE AGENTS.....	11
THIAZIDES AND RELATED DIURETIC AGENTS.....	11
POTASSIUM-SPARING DIURETIC AGENTS.....	11
LOOP DIURETIC AGENTS	11
POTASSIUM AGENTS.....	11
BETA AND BETA-ALPHA BLOCKER AGENTS.....	12
ALPHA-BLOCKERS AND OTHER SYMPATHOLYTIC AGENTS	12
VASODILATOR AGENTS	12
ANGIOTENSIN-CONVERTING ENZYME INHIBITOR (ACE) AGENTS	12
ANGIOTENSIN RECEPTOR BLOCKER (ARB) AGENTS	12
CALCIUM CHANNEL BLOCKER AGENTS	13
NITRATE AGENTS	13
ANTICOAGULANT AND ANTIPLATELET AGENTS	13
CHOLESTEROL AGENTS	13
STATINS.....	13
FIBRATES	14

BILE ACID SEQUESTRANTS	14
OTHER LIPOTROPIC AGENTS	14
DERMATOLOGIC AGENTS	14
TOPICAL ANTIBACTERIAL AGENTS	14
TOPICAL ANTIFUNGAL AGENTS	14
TOPICAL ANTIVIRAL AGENTS	15
ANTIPARASITIC AGENTS	15
TOPICAL CORTICOSTEROIDS LOWEST POTENCY	15
TOPICAL CORTICOSTEROIDS MEDIUM TO LOW POTENCY	15
TOPICAL CORTICOSTEROIDS MEDIUM POTENCY ...	15
TOPICAL CORTICOSTEROIDS MEDIUM TO HIGH POTENCY	15
TOPICAL CORTICOSTEROIDS HIGH POTENCY	16
TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY	16
OTHERS	16
ENDOCRINE AND HORMONAL AGENTS	16
2ND GENERATION SULFONYLUREAS	16
BIGUANIDES	16
THIAZOLIDINEDIONES	16
ALPHA-GLUCOSIDASE INHIBITORS	17
DPP-4 INHIBITORS	17
MEGLITINIDES	17

SGLT-2 INHIBITORS	17
GLP-1 Agonists	17
RAPID-ACTING INSULIN	17
SHORT-ACTING INSULIN	17
INTERMEDIATE-ACTING INSULIN	17
LONG-ACTING INSULIN	18
COMBINATION INSULIN.....	18
ANTHYPOGLYCEMIC AGENTS.....	18
THYROID AND ANTI-THYROID AGENTS.....	18
ADRENAL	
CORTICOSTEROIDS/MINERALOCORTICIDS	18
ANDROGENS	19
GROWTH HORMONES	19
OSTEOPOROSIS AGENTS	19
EYE, EAR, NOSE, AND THROAT	19
OPHTHALMIC ANTI-INFECTIVES	19
OPHTHALMIC ANTI-INFLAMMATORY	20
OCULAR ALLERGY PRODUCTS	20
GLAUCOMA AGENTS.....	20
MISC. OPHTHALMIC AGENTS	21
OTIC ANTI-INFECTIVES	21
MISC. OTIC AGENTS	21
ORAL MUCOUS MEMBRANE AGENTS.....	21

MISC. NASAL PREPARATIONS	21
NASAL CORTICOSTEROIDS	22
ANTIHISTAMINES	22
COUGH AND COLD AGENTS	22
GASTROINTESTINAL AGENTS	22
H2 BLOCKERS	22
PROTON-PUMP INHIBITORS	23
OTHER GI AGENTS.....	23
GASTROINTESTINAL AGENTS	23
ANTIEMETIC AGENTS	23
ANTISPASMODICS.....	23
ANTIDIARRHEAL.....	23
CONSTIPATION.....	24
BOWEL PREP AGENTS	24
INFLAMMATORY BOWEL AGENTS	24
PANCREATIC ENZYMES	24
MISC. GI AGENTS	25
INFECTIOUS DISEASE	25
PENICILLINS.....	25
CEPHALOSPORINS-FIRST GENERATION	25
CEPHALOSPORINS-SECOND GENERATION.....	25
CEPHALOSPORINS-THIRD GENERATION	25
MACROLIDES.....	26

QUINOLONES	26
TETRACYCLINES.....	26
OTHER ORAL ANTIBIOTICS.....	26
ORAL ANTIFUNGALS	27
VAGINAL ANTI-INFECTIVES	27
HERPES SIMPLEX ANTI-VIRALS.....	27
HEPATITIS B VIRUS AGENTS	27
HEPATITIS C VIRUS AGENTS	28
INFLUENZA VIRUS AGENTS	28
RSV AGENTS	28
HIV ANTIVIRALS	28
ANTINEOPLASTIC AGENTS	28
IMMUNOSUPPRESSANT AGENTS	29
NEUROLOGIC AGENTS	29
ANTICONVULSANTS	29
ANTIPARKINSONIAN AGENTS	29
MULTIPLE SCLEROSIS AGENTS	30
DEMENTIA AGENTS.....	30
DENTAL AGENTS	30
MISC. DENTAL AGENTS	30
NUTRITIONAL PRODUCTS/VITAMINS AND MINERALS.....	30
IRON SUPPLEMENTS	30

VITAMIN B	31
VITAMIN D	31
VITAMIN E	31
VITAMIN K.....	31
MULTIVITAMINS	31
CALCIUM	31
OTHERS	32
PAIN, MUSCULOSKELETAL, AND INFLAMMATION	32
TOPICAL ANTI-INFLAMMATORY AGENTS	32
ANALGESIC AGENTS	32
ORAL ANTI-INFLAMMATORY AGENTS	32
OPIOID/ANALGESIC COMBINATIONS	33
LONG-ACTING OPIOIDS.....	33
MIGRAINE AGENTS	33
CGRP INHIBITORS.....	34
MUSCLE RELAXANTS	34
GOUT.....	34
RHEUMATOLOGY AGENTS	34
PULMONARY AGENTS.....	34
BETA-AGONIST, SHORT-ACTING AGENTS	34
BETA-AGONIST, LONG-ACTING (LABA) AGENTS	35
INHALED CORTICOSTEROIDS (ICS) AGENTS	35

BETA AGONIST, LONG ACTING (LABA) & INHALED CORTICOSTEROID AGENTS.....	35
ANTICHOLINERGIC AGENTS	35
BETA-AGONIST, LONG ACTING (LABA) & ANTICHOLINERGIC, LONG ACTING (LAMA) AGENTS	35
LEUKOTRIENE INHIBITOR AGENTS	36
OTHER PULMONARY AGENTS	36
INHALER ASSIST DEVICES	36
MISC.....	36
TOBACCO CESSATION AGENTS	36
PSYCHOTHERAPEUTIC AND CNS AGENTS.....	37
STIMULANTS	37
AGENTS FOR OPIOID ADDICTION	38
AGENTS FOR ALCOHOL DEPENDENCE.....	38
AGENTS FOR OPIOID OVERDOSE	38
UROLOGICAL DRUGS	38
BPH AGENTS.....	38
OTHERS	38
VACCINES.....	38
VACCINES	38
WOMEN’S HEALTH AND CONTRACEPTIVE AGENTS 	39
HORMONE REPLACEMENT THERAPY	39

EMERGENCY CONTRACEPTIVES	39
MISC.....	39
ORAL CONTRACEPTIVES.....	39
OTHER CONTRACEPTIVES	40
CHOICE 90 FORMULARY.....	42
No PA required; must be written for 90 days*	42
GOLD COPD 2019 STRATEGY	44
.....	44
 The refined ABCD assessment tool	45
.....	47
CHA 2019 DIABETIC TREATMENT PLAN	50

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

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

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

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

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

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

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

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

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Methylprednisolone Tablet/Dose Pak (4mg and 16mg Only)	Medrol	
\$	Prednisolone Sodium Phosphate Solution	Orapred	
\$\$	Prednisone Oral Concentrate	Prednisone Intensol	
\$	Prednisone Dose Pak/Solution/Tablets	Sterapred	
ANDROGENS			
\$\$-\$	Testosterone Cypionate Vial	Depo-Testosterone	PA
GROWTH HORMONES			
\$\$\$\$	Somatropin	Genotropin	PA, SP
\$\$\$\$	Somatropin	Omnitrope	PA, SP
OSTEOPOROSIS AGENTS			
\$	Alendronate Tablet	Fosamax	
\$	Ibandronate Tablet	Boniva	
\$\$	Raloxifen Tablet	Evista	
EYE, EAR, NOSE, AND THROAT			
OPHTHALMIC ANTI-INFECTIVES			
\$	Bacitracin-Polymyxin Ointment	Polycin	
\$	Ciprofloxacin Drops	Ciloxan	
\$	Erythromycin Base Ointment	Ilotycin	
\$	Gentamicin Drops	Genoptic	
\$	Gentamicin Ointment	Gentak	
\$	Neomycin-Bacitracin Polymyxin Ointment	Neo-Polycin	
\$	Neomycin-Polymyxin- Dexamethasone Drops and Ointment	Maxitrol	
\$	Neomycin-Polymyxin Gramicidin Drops	Neosporin Eye Solution	
\$	Ofloxacin Drops	Ocuflox	

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

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

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

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Ranitidine Syrup	Zantac	AGE<=5
\$	Ranitidine Tablet (150mg and 300mg Only)	Zantac	
PROTON-PUMP INHIBITORS			
\$	Lansoprazole Capsule	Prevacid	
\$	Omeprazole Capsule	Prilosec	
\$	Omeprazole Suspension	First-Omeprazole	PA
\$	Pantoprazole Tablet	Protonix	
OTHER GI AGENTS			
\$	Misoprostol Tablet	Cytotec	
GASTROINTESTINAL AGENTS			
\$	Sucralafate Tablet	Carafate	
ANTIEMETIC AGENTS			
\$	Meclizine Tablet	Antivert	
\$	Metoclopramide Solution/Tablet	Reglan	
\$	Ondansetron HCL Tablet	Zofran	QL-30 per 24 days
\$	Ondansetron ODT Tablet	Zofran ODT	QL-30 per 24 days
\$\$	Prochlorperazine Suppository/Tablet	Compazine	
\$	Promethazine Tablet	Phenergan	
\$\$	Promethazine Suppository 12.5mg and 25mg Only	Phenergan	
ANTISPASMODICS			
\$	Dicyclomine Tablet	Bentyl	
ANTIDIARRHEAL			
\$	Bismuth Subsalicylate Suspension/Chew Tabs	Pepto-Bismol	PA
\$	Diphenoxylate-Atropine Liquid/Tablet	Lomotil	

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

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

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

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

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

PRICE	DRUG(generic)	(brand)	COMMENT
IMMUNOSUPPRESSANT AGENTS			
\$	Azathioprine Tablet	Imuran	
\$\$\$\$	Cyclosporine Capsule/ Solution	Sandimmune	
\$	Mycophenolate Mofetil Capsule/Tablet	Cellcept	
\$\$-\$\$\$	Tacrolimus Capsule	Prograf	
NEUROLOGIC AGENTS			
ANTICONVULSANTS			
\$\$-\$\$	Carbamazepine Chewable Tablet/Suspension/Tablet/ ER Tablet	Tegretol/ Tegretol XR	
\$	Clonazepam Tablet	Klonopin	PA>30 days use
\$\$\$	Ethosuximide Capsule/ Solution	Zarontin	
\$	Gabapentin Capsule/Tablet	Neurontin	QL-90/30 days
\$\$-\$\$	Levetiracetam Solution/ Tablet/ ER Tablet	Keppra/Keppra XR	
\$\$-\$\$	Oxcarbazepine Suspension/ Tablet	Trileptal	
\$	Phenobarbital Tablet	Luminol	
\$	Phenytoin Chewable Tablet/ Suspension	Dilantin Infatabs/ Dilantin	
\$	Phenytoin Sodium Extended Capsule	Phenytek	
\$	Primidone Tablet	Mysoline	
\$	Topiramate Tablet	Topamax	
\$	Zonisamide Capsule	Zonegran	
ANTIPARKINSONIAN AGENTS			
\$\$-\$\$	Amantadine Solution	Symmetrel	
\$	Benzotropine Tablet	Cogentin	
\$	Carbidopa-Levodopa IR Tablet/ER Tablet	Sinemet/ Sinemet CR	
\$	Pramipexole Tablet	Mirapex	PA

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

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

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

PRICE	DRUG(generic)	(brand)	COMMENT
\$\$	Salsalate Tablet	Salflex	PA
\$	Sulindac Tablet	Clinoril	
OPIOID/ANALGESIC COMBINATIONS			
DAYS SUPPLY GREATER THAN 7 REQUIRE PRIOR AUTHORIZATION ANY COMBINATION OF OPIOIDS GREATER THAN 90MED REQUIRE PRIOR AUTHORIZATION (DOES NOT APPLY TO CANCER/PALLIATIVE CARE)			
\$	Codeine-Acetaminophen Tablet	Tylenol With Codeine	
\$	Codeine-Acetaminophen 120-12.5-5ml Solution	Tylenol With Codeine	AGE<=5
\$\$	Hydrocodone-Acetaminophen 7.2-325mg/15ml Solution	Hycet	AGE<=5
\$	Hydrocodone-Acetaminophen Tablet (5-325/7.5-325/10-325mg)	Norco	
\$	Oxycodone-Acetaminophen Tablet (5-325mg Only)	Endocet/Percocet	
\$	Oxycodone-Aspirin Tablet	Percodan	
\$	Hydromorphone Tablet (2mg and 4mg Only)	Dilaudid	
-\$-\$\$	Morphine Sulfate IR Tablet	Roxanol	
\$	Morphine Sulfate 20mg/5ml Solution	Roxanol	
-\$-\$\$	Oxycodone 5mg Tablet	Roxidone	
\$	Tramadol Tablet	Ultram	QL-8 per day
LONG-ACTING OPIOIDS			
-\$-\$\$	Morphine Sulfate ER Tablet	MS Contin	PA
\$\$	Fentanyl Patch (12, 25, 50, 75, 100mcg Only)	Duragesic	PA
MIGRAINE AGENTS			
\$	Sumatriptan Succinate Oral Tablet	Imitrex	QL-9/30 days
\$\$\$	Sumatriptan Succinate Nasal Spray	Imitrex	PA, QL-6/30 days
\$	Rizatriptan ODT/Tablet	Maxalt MLT/Maxalt	QL-12/30 days

PRICE	DRUG(generic)	(brand)	COMMENT
\$	Naratriptan Tablet	Amerge	QL-9 per 30 days
\$	Butalbital-Acetaminophen Caffeine 50-325-40mg Tablet	Fioricet	QL-30 per 30 days
\$	Butalbital-Aspirin-Caffeine 50-325-40 Tablet	Fiorinal	QL-30 per 30 days
CGRP INHIBITORS			
\$\$\$	Erenumab Injection	Aimovig	PA
\$\$\$	Fremanezumab Injection	Ajovy	PA
MUSCLE RELAXANTS			
\$	Baclofen Tablet (10 and 20mg Only)	Lioresal	
\$	Cyclobenzaprine Tablet (5mg or 10mg Only)	Flexeril	
\$	Methocarbamol Tablet	Robaxin	
GOUT			
\$	Allopurinol Tablet	Zyloprim	
\$\$	Colchicine Tablet	Colcrys	QL-30 in 180 days
\$	Probenecid Tablet	Benemid	
RHEUMATOLOGY AGENTS			
\$\$\$\$	Adalimumab Injection	Humira	PA, SP
\$\$\$\$	Etanercept Injection	Enbrel	PA, SP
\$	Leflunomide Tablet	Arava	
\$	Methotrexate Tablet/Vial	Trexall	
\$\$	Hydroxychloroquine Tablet	Plaquenil	
PULMONARY AGENTS			
BETA-AGONIST, SHORT-ACTING AGENTS			
\$\$	Albuterol HFA	Proair HFA	QL1 per 25 days
\$\$	Albuterol HFA	Ventolin HFA	QL:1 per 25 days
\$\$	Levalbuterol HFA	Xopenex HFA	QL:1 per 25 days
\$	Albuterol Nebulizer Solution	AccuNeb	QL:90mL per 25 days

PRICE	DRUG(generic)	(brand)	COMMENT
BETA-AGONIST, LONG-ACTING (LABA) AGENTS			
\$\$\$\$	Olodaterol	Striverdi Respimat	PA
INHALED CORTICOSTEROIDS (ICS) AGENTS			
\$\$\$	Beclomethasone	Qvar Qvar Redihaler	
\$\$\$	Budesonide	Pulmicort Flexhaler	
\$\$\$\$	Budesonide Nebulizer Solution	Pulmicort Respule	PA>5 years old
\$\$\$	Fluticasone Propionate (44mcg and 110mcg)	Flovent HFA	PA
\$\$\$\$	Fluticasone Propionate (220mcg)	Flovent HFA	PA
BETA AGONIST, LONG ACTING (LABA) & INHALED CORTICOSTEROID AGENTS			
\$\$\$\$	Mometasone-Formoterol	Dulera	PA
\$\$\$	Budesonide-Formoterol Fumarate	Symbicort	PA
\$\$\$\$	Fluticasone-Salmeterol (100-50mcg and 250-50mcg)	Advair Diskus	PA
\$\$\$\$	Fluticasone-Salmeterol (500-50mcg)	Advair Diskus	PA
\$\$	Fluticasone-Salmeterol	Airduo Resplick	
ANTICHOLINERGIC AGENTS			
\$\$\$\$	Tiotropium	Spiriva	PA
\$\$\$\$	Ipratropium	Atrovent HFA	PA
\$\$\$\$	Umeclidinium	Incruse Ellipta	PA
\$	Ipratropium Albuterol Nebulizer Solution	Duoneb	QL-90ml per fill
BETA-AGONIST, LONG ACTING (LABA) & ANTICHOLINERGIC, LONG ACTING (LAMA) AGENTS			
\$\$\$\$	Tiotropium-Olodaterol	Stiolto Respimat	PA
\$\$\$\$	Glycopyrrolate-Formoterol	Bevespi Aerosphere	

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

PRICE	DRUG(generic)	(brand)	COMMENT
PSYCHOTHERAPEUTIC AND CNS AGENTS			
<p>MENTAL HEALTH MEDICATIONS ARE CARVED OUT TO FEE-FOR-SERVICE. PLEASE CALL OREGON PHARMACY CALL CENTER AT 1(888)202-2126 FOR THE FOLLOWING MEDICATION CLASSES:</p> <ul style="list-style-type: none"> • ANTIDEPRESSANTS • ANTIPSYCHOTIC AGENTS • BIPOLAR AGENTS • ANXIOLYTIC AGENTS • ADHD AGENTS (NONSTIMULANTS) 			
STIMULANTS			
<p>ALL LONG-ACTING OR EXTENDED RELEASE ADHD MEDICATIONS REQUIRE A PRIOR AUTHORIZATION FOR MEMBERS 19 YEARS OLD AND OLDER LONG ACTING FORMULATIONS ARE SUBJECT TO QUANTITY LIMITATIONS</p>			
\$	Amphetamine-Dextroamphetamine Tablet	Adderall	
\$\$	Amphetamine-Dextroamphetamine ER 24H Capsule	Adderall XR	QL-30 per 30 days AGE<=18
\$	Methylphenidate Solution/ Tablet	Ritalin	
\$\$\$	Methylphenidate ER 24H Tablet	Concerta	QL-30 per 30 days AGE<=18
\$\$-\$\$\$	Methylphenidate CD Capsule	Metadate CD	QL-30 per 30 days AGE<=18
\$\$-\$\$\$	Methylphenidate LA Capsule	Ritalin LA	QL-30 per 30 days AGE<=18
\$\$	Methylphenidate SR 20mg Tablet	Ritalin-SR 20	QL-30 per 30 days AGE<=18
\$	Dexmethylphenidate Tablet	Focalin	
\$\$\$	Dexmethylphenidate ER Capsule	Focalin XR	QL-30 per 30 days AGE<=18

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

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

WOMEN'S HEALTH AND CONTRACEPTIVE AGENTS

HORMONE REPLACEMENT THERAPY

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

EMERGENCY CONTRACEPTIVES

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

MISC

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

ORAL CONTRACEPTIVES

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

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

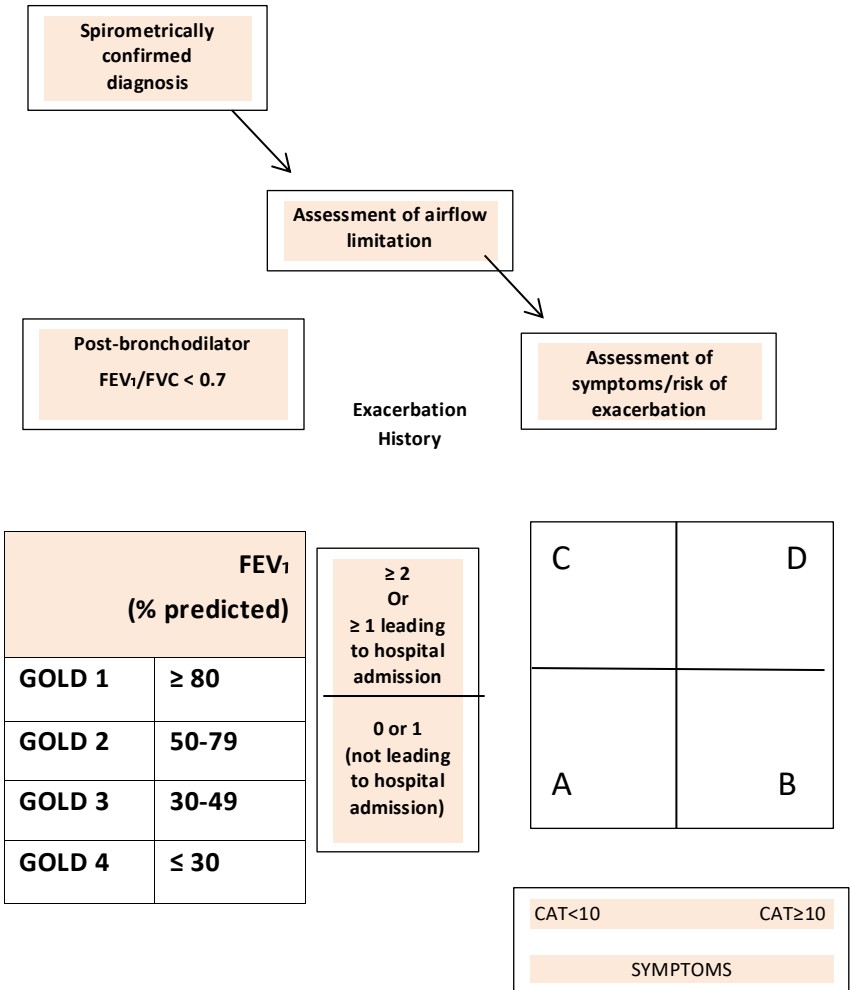
CHOICE 90 FORMULARY		
No PA required; must be written for 90 days*		
Drug Name	Form	Strength
ANTIHYPERTENSIVES		
Amiloride	TABLET	5MG
Amlodipine	TABLET	2.5MG, 5MG, 10MG
Amlodipine-Benazepril	CAPSULE	2.5-10MG, 5-10MG, 5-20MG, 10-20MG, 10-40MG
Atenolol	TABLET	25MG, 50MG, 100MG
Benazepril	TABLET	5MG, 10MG,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

Trandolapril	TABLET	1MG, 2MG, 4MG
Triamterene-HCTZ	TABLET	37.5-25MG, 75-50MG
Valsartan	TABLET	40MG, 80MG 160MG, 320MG
Valsartan-HCTZ	TABLET	80-12.5MG, 160-12.5MG, 160-25MG
Verapamil HCL ER	TABLET	120MG, 180MG, 240MG
ANTHYPERLIPEMICS		
Atorvastatin	TABLET	10MG, 20MG, 40MG, 80MG
Lovastatin	TABLET	10MG, 20MG, 40MG
Pravastatin	TABLET	10MG, 20MG, 40MG, 80MG
Rosuvastatin	TABLET	5MG, 10MG, 20MG, 40MG
Simvastatin	TABLET	5MG, 10MG, 20MG, 40MG, 80MG
ANTIDIABETICS		
Glimepiride	TABLET	1MG, 2MG, 4MG
Glipizide	TABLET	5MG, 10MG
Glipizide ER 24hr	TABLET	2.5MG, 5MG, 10MG
Glyburide Micronized	TABLET	1.5MG, 3MG, 6MG
Glyburide	TABLET	1.25MG, 2.5MG, 5MG
Metformin	TABLET	500MG, 850MG, 1,000MG
Metformin ER 24 Hour (Glucophage XR)	TABLET	500MG, 750MG
Pioglitazone	TABLET	15MG, 30MG, 45MG
BIPHOSPHONATES		
Alendronate	TABLET	5MG, 10MG, 35MG*, 40MG, 70MG*
Ibandronate	TABLET	150MG
THYROID HORMONES		
Levothyroxine	TABLET	25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG
*Claim will pay for 12 tablets for an 84-day supply		

GOLD COPD 2019 STRATEGY

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

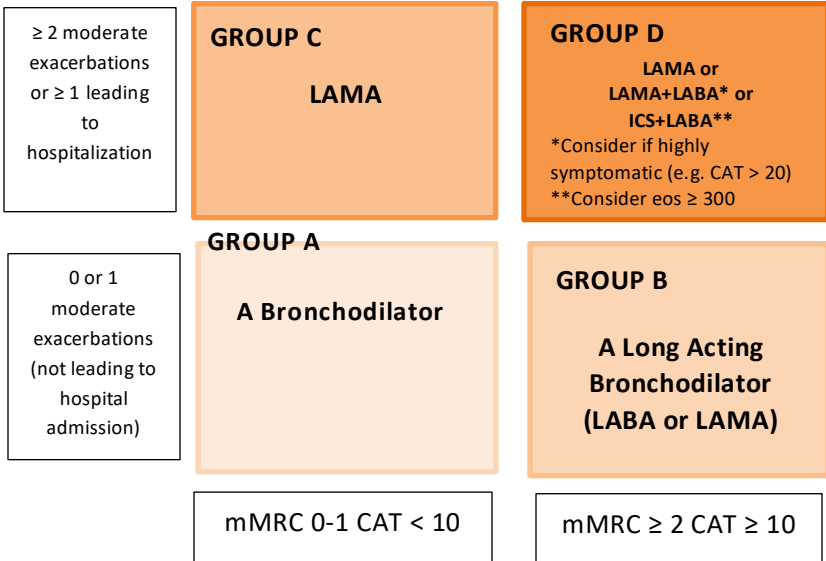
The refined ABCD assessment tool



https://goldcopd.org/wp-content/uploads/2018/11/GOLD-2019-POCKET-GUIDE-FINAL_WMS.pdf

GOLD COPD 2019 STRATEGY

INITIAL PHARMACOLOGICAL TREATMENT



https://goldcopd.org/wp-content/uploads/2018/11/GOLD-2019-POCKET-GUIDE-FINAL_WMS.pdf

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

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

Initial pharmacological management

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

GROUP A

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

Group B

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

Group C

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

Group D

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

https://goldcopd.org/wp-content/uploads/2018/11/GOLD-2019-POCKET-GUIDE-FINAL_WMS.pdf

CHA 2019 DIABETIC TREATMENT PLAN

*Adapted from the ADA

**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

50

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

ESTABLISHED ASCVD OR CKD

ASCVD PREDOMINATES

SGLT2 with proven CVD benefit
If eGFR adequate

—————
If SGLT2 not tolerated or contraindicated or if eGFR less than adequate add GLP-1 RA with proven CVD benefit

if HbA1C above target

If further intensification is required or SGLT2/GLP-1 RA is intolerable choose agents demonstrating CV safety:

- DPP-4 (if not on GLP-1 RA)
- Basal Insulin
- TZD
- SU

HF OR CKD PREDOMINATES

SGLT2 with evidence of reducing HF and/or CKD progression
if eGFR adequate

—————
If SGLT2 not tolerated or contraindicated or if eGFR less than adequate add GLP-1 RA with proven CVD benefit

if HbA1C above target

- Avoid TZD in the setting of HF

Choose agents demonstrating CV safety:

- DPP-4 (if not on GLP-1 RA)
- Basal Insulin
- SU

CHA

2019 DIABETES

TREATMENT PLAN

*Adapted from the ADA

<https://clinical.diabetesjournals.org/content/37/1/11.figures-only>

FORMULARY OPTIONS	
BIGUANIDES	Metformin, Metformin XR
TZD	Pioglitazone
SU	Glimepiride, Glipizide, Glipizide ER, Glyburide, Glyburide Micronized
DPP-4	Alogliptin*, Tradjenta*
SGLT-2	Steglatro*
GLP-1	Adlyxin*, Bydureon*
BASAL INSULIN	Basaglar, Lantus*, Levemir*
*PA REQUIRED	
Formulary Biguanides, TZD's, and SU's are part of CHA's Choice 90 Formulary and will pay at the point of sale for a 30 or 90 day supply.	

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!**

Acamprosate	38	Alogliptin	17
Acarbose	17	Altace	12
Accolate	36	Altavera.....	40
AccuNeb	34	Alyacen.....	40
Acetaminophen.....	32	Amantadine.....	28, 29
Acetazolamide.....	20	Amaryl.....	16
Actigall	25	Amerge.....	34
Activella.....	39	Amiloride.....	11, 42
Actos	16	Amiodarone	11
Acular	20	Amlodipine	42
Acyclovir	27	Amlodipine-Benazepril	
Aczone.....	26	.....	13, 42
Adalimumab	34	Amoxicillin	25
Adderall.....	37	Amoxicillin-Clavulanic	
Adderall XR.....	37	Acid	25
Ademelog.....	17	Amoxil	25
Adlyxin	17	Amphetamine-	
Adoxa	26	Dextroamphetamine	
Adreناclick.....	36	.....	37
Advair Diskus.....	35	Amphetamine-	
Advil	32	Dextroamphetamine	
Afrin	21	ER	37
Aimovig	34	Ampicillin	25
Airduo Respiclick	35	Ansaid	32
Ajovy	34	Antivert	23
Albendazole.....	15	Apidra.....	17
Albenza	15	Apixaban	13
Albuterol HFA	34	Apresoline	12
Albuterol Nebulizer		Apri.....	39
Solution	34	Aranelle.....	40
Aldactone	11	Arava	34
Aldara.....	15	Aricept.....	30
Alendronate	19, 43	Arixtra	13
Allopurinol.....	34	Artane	30

Asacol HD	24	Benzonatate	22
Aspirin	13, 32	Benzotropine	29
Atarax.....	22	Betagan	20
Atenolol.....	12, 42	Betamethasone ..	15, 16
Atorvastatin.....	13, 43	Betapace	12
Atropine	20, 23	Betaxolol	20
Atrovent HFA.....	35	Bethanechol	38
Augmentin.....	25	Betoptic.....	20
Avapro.....	12	Bevespi Aerosphere .	35
Aviane-28	40	Biaxin.....	26
Avonex	30	Bimatoprost	20
Aygestin.....	39	Bisacodyl	24
Azathioprine	29	Bismuth Subsalicylate	
Azithromycin	26	.....	23
Azulfidine	24	Bleph-10.....	20
Azurette	39	Boniva	19
Baciguent	14	Budesonide	35
Bacitracin	14	Budesonide-Formoterol	
Bacitracin/Polymyxin	14	.....	35
Bacitracin-Polymyxin	19	Bufferin	32
Baclofen	34	Bumetanide.....	11
Bactrim.....	27	Bumex	11
Bactroban.....	14	Buprenorphine-	
Balsalazide.....	24	Naloxone	38
Baqsimi.....	18	Bupropion	36
Basaglar.....	18	Butalbital-	
Beclomethasone.....	35	Acetaminophen	
Beepen VK	25	Caffeine	34
Benadryl	22	Butalbital-Aspirin-	
Benazepril	12, 42	Caffeine	34
Benemid	34	Bydureon.....	17
Benicar	12	Calan	13
Benicar-HCT.....	12	Calan SR.....	13
Bentyl.....	23	Calcitriol	31

Calcium Acetate	32	Celebrex	32
Calcium Carbonate ...	31	Celecoxib	32
Calcium+Vitamin D ..	31	Cellcept	29
Camila	40	Cephalexin.....	25
Campral.....	38	Cetirizine	22
Capoten.....	12	Cevimeline.....	21
Capsaicin	16	CHA 2019 DIABETIC	
Captopril.....	12	TREATMENT PLAN	50
Carafate.....	23	Chantix	36
Carbamazepine	29	Chlorhexidine	
Carbamoxide	21	Gluconate	30
Carbidopa-Levodopa	29	Chlorthalidone.....	11
Cardizem	13	CHOICE 90 FORMULARY	
Cardizem CD.....	13	.....	42
Cardizem LA	13	Cholecalciferol.....	31
Cardura	12, 38	Cholestyramine	14
Carnitor	32	Cilostazol	13
Carteolol.....	20	Ciloxan.....	19, 21
Cartia XT	13	Cimetidine	22
Cartrol	20	Cipro.....	26
Carvedilol	12, 42	Ciprodex	21
CAT ASSESSMENT	44	Ciprofloxacin .	19, 21, 26
Catapress.....	12	Citracal	31
Caziant	39	Citric Acid/Potassium	38
Ceclor	25	Clacium Citrate	31
Cefaclor	25	Clarithromycin.....	26
Cefadroxil	25	Claritin.....	22
Cefdinir.....	25	Cleocin.....	26, 27
Cefixime	25	Climara	39
Cefpodoxime	25	Clindamycin	27
Cefprozil	25	Clinoril	33
Ceftin.....	25	Clobetasol	16
Cefuroxime.....	25	Clonazepam.....	29
Cefzil.....	25	Clonidine	12, 42

Clopidogrel	13	Cyclopentolate	20
Clotrimazole	14, 27	Cyclosporine	29
Clotrimazole/Betameth asone	14	Cytomel	18
Codeine-		Cytotec	23, 39
Acetaminophen	33	Cytra-K	38
Cogentin	29	Dapsone	26
Colace	24	Debrox.....	21
Colazal	24	Decadron	18
Colchicine	34	Delta D3	31
Colcrys.....	34	Demadex	11
Colestid	14	Denta 5000 Plus	30
Colestipol	14	Dentagel	30
Compazine	23	Depo-Testosterone... 19	
Concerta	37	Depro-Provera.....	41
Condylox	15	Desmopressin.....	21
Copegus.....	28	Desogestrel-Ethinyl Estradiol	39
Coradarone	11	Dexamethasone .18, 20, 21	
Coreg.....	12	Dexmethylphenidate 37	
Corgard	12	Dexmethylphenidate ER	37
Cortef	18	Diabeta.....	16
Cortenema	24	DIABETIC SUPPLY	
Cortisporin TC.....	21	POLICY	53
Coumadin	13	DIABETIC TREATMENT	
Cozaar	12	PLAN.....	50
Creon.....	24	Diamox	20
Crestor	14	Diclofenac	20, 32
Cromolyn.....	20, 21	Dicloxacillin	25
Cryselle	40	Dicyclomine	23
Cutivate	15	Diflucan	27
Cyanocobalamin	31	Digoxin	11
Cyclafem.....	40	Dilantin.....	29
Cyclobenzaprine	34		
Cyclogyl	20		

Dilantin Infatabs	29	Elinest.....	40
Dilaudid	33	Eliquis.....	13
Diltiazem	13	Ella.....	39
Dilt-XR	13	Elocon	15
Dimethyl Fumarate... 30		Emla	16
Diovan	13	Emoquette	39
Diovan-HCT	13	Enalapril	12, 42
Diphenhydramine..... 22		Enbrel.....	34
Diprosone.....	16	Endocet	33
Disopyramide		Enoxaparin	13
Phosphate	11	Enpresse	40
Ditropan	38	Epclusa	28
Ditropan XL.....	38	Epinephrine	36
Docusate	24	Epipen	36
Donepezil	30	Epivir HBV.....	27
Dorzolamide	20	Erenumab Injection ..	34
Doxazosin	12, 38	Errin.....	40
Doxycycline Hyclate.. 26		Ertugliflozin	17
Doxycycline		Eryc	26
Monohydrate	26	EryPed	26
Drospirenone-Ethinyl		Ery-Tab	26
Estradiol	40	Erythromycin	19, 26
Dulcolax.....	24	Estrace.....	39
Dulera.....	35	Estrace Vaginal	39
Duoneb.....	35	Estradiol	39
Duragesic.....	33	Estradiol Cream	39
Duricef.....	25	Estradiol Patches	39
Dyazide.....	11	Estradiol Vaginal Ring	39
Dynapen	25	Estradiol Vaginal Tablet	
E.E.S	26	.....	39
E-400/E-600.....	31	Estradiol-	
Ecotrin.....	13, 32	Norethindrone	
Efudex	16	Acetate	39
Elimite	15	Estring	39

Estropipate	39	Florinef	18
Etanercept.....	34	Flovent HFA	35
Ethosuximide.....	29	Flu Vaccine	38
Ethinodiol-Ethinyl		Fluconazole	27
Estradiol	40	Fludrocortisone	18
Etodolac	32	Flulaval	38
Etonogestrel-Ethinyl		Flunisolide	22
Estradiol	40	Fluoritab	30
Evista	19	Fluorometholone	20
Evoxac	21	Fluorouracil	16
Exenatide	17	Flurbiprofen	32
Extavia	30	Fluticasone	15, 22, 35
Ezetimibe	14	Fluticasone-Salmeterol	
Fallback	39	.....	35
Falmina.....	40	Fluvirin	38
Famotidine	22	Fluzone	38
Feldene	32	FML	20
Fenofibrate.....	14	Focalin	37
Fentanyl Patch.....	33	Focalin XR.....	37
Feosol.....	31	Folic Acid	31
Fergon	30	Folvite	31
Ferrous Gluconate	30	Fondaparinux	13
Ferrous Sulfate	31	Fosamax	19
Fingolimod	30	Fosinopril.....	12, 42
Fioricet	34	Fremanezumab	
Fiorinal	34	Injection	34
First-Omeprazole.....	23	Furosemide	11, 42
Fish Oil.....	14	Gabapentin.....	29
Flagyl	26	Galantamine	30
Flecainide	11	Garamycin	14
Fleet	24	Gas-X	25
Flexeril.....	34	Gavilyte-C	24
Flomax.....	38	Gavilyte-G.....	24
Flonase	22	Gavilyte-N	24

Gemfibrozil.....	14	Gyne-Lotrimin	27
Genoptic.....	19	Halfprin	13
Genotropin.....	19	Heather	40
Gentak.....	19	Humalog.....	17
Gentamicin.....	14, 19	Humalog Mix	18
Gianvi	40	Humira	34
Gildess.....	40	Humulin 70:30.....	18
Gildess Fe	40	Humulin N	17
Gilenya	30	Humulin R U-500	17
Glatiramer	30	Humulin-R	17
Glatopa.....	30	Hycet.....	33
Glecaprevir-		Hydralazine	12
Pibrentasvir	28	Hydrochlorothiazide	11,
Glimepiride.....	16, 43	42	
Glipizide	16, 43	Hydrocodone-	
Glipizide ER 24hr	43	Acetaminophen	33
Glucagon Nasal Spray	18	Hydrocortisone...15,	18,
Glucophage	16	21, 24	
Glucophage XR ...	16, 43	Hydrocortisone 1%... 15	
Glucotrol	16	Hydrocortisone 2.5 ... 15	
Glyburide.....	16, 43	Hydrodiuril	11
Glyburide Micronized	43	Hydromorphone.....	33
Glycerin	24	Hydroxychloroquine .	34
Glycopyrrolate-		Hydroxyzine.....	22
Formoterol	35	Hygroton	11
GOLD COPD 2019		Hytone.....	15
STRATEGY	46	Hytrin	12, 38
Golytely	24	Hyzaar	12
Griseofulvin	27	Ibandronate.....	19, 43
Gris-Peg.....	27	Ibuprofen	32
Guaifenesin-Codeine	22	Ilotycin	19
Guaifenesin-Codeine-		Imiquimod	15
Pseudoephedrine .	22	Imitrex.....	33
Guanfacine	12, 42	Imuran.....	29

Incruse Ellipta	35	Jolivette	40
Indapamide	11, 42	Junel	40
Inderal	12	Junel Fe	40
Inderal LA	12	Kariva	39
Indocin	32	Keflex	25
Indomethacin	32	Kelnor 1/35	40
Insulin Aspart	17	Kenalog	15
Insulin Detemir	18	Kenalog In Orabase ..	30
Insulin Glargine	18	Keppra	29
Insulin Glulisine	17	Keppra XR	29
Insulin Lispro	17	Ketoconazole	14, 27
Insulin Lispro		Ketorolac	20
Protamine-Insulin		Klonopin	29
Aspart	18	Klor-Con	11
Insulin Lispro		Kristalose	24
Protamine-Insulin		K-Tabs	11
Lispro	18	Kurvelo	40
Insulin NPH-Insulin		Labetalol	12
Human Regular	18	Lactulose	24
Insulin Regular	17	Lamisil	14, 27
Interferon Beta-1 a ...	30	Lamuvidine	27
Interferon Beta-1 b ...	30	Lanoxin	11
Introvale	40	Lansoprazole	23
Ipratropium	35	Lantus	18
Ipratropium Albuterol		Lasix	11
.....	35	Latanoprost	20
Irbesartan	12, 42	Leena	40
Isopto Atropine	20	Leflunomide	34
Isordil	13	Lessina	40
Isosorbide Dinitrate ..	13	Levalbuterol	34
Isosorbide Mononitrate		Levaquin	26
.....	13, 42	Levemir	18
Ivermectin	15	Levetiracetam	29
Jolessa	40	Levobunolol	20

Levocarnitine	32	Lovastatin	13, 43
Levofloxacin	26	Lovenox	13
Levonest	40	Low-Ogestrel	40
Levonorgestrel	39	Lozol	11
Levonorgestrel-Ethinyl Estradiol	40	Lumigan.....	20
Levora	40	Luminol	29
Levothyroxine.....	18, 43	Luride	30
Lidex.....	16	Lutera	40
Lidocaine	16, 21	Maalox	31
Lidocaine/Prilocaine .	16	Macrobid	26
Lidoderm	16	Macrodantin.....	26
Linagliptin.....	17	Marlissa	40
Lioresal	34	Matzim LA	13
Liothyronine	18	Mavik	12
Lipase-Protease- Amylase	24	Mavyret.....	28
Lipitor.....	13	Maxalt	33
Lisinopril.....	12, 42	Maxalt MLT	33
Lisinopril-HCTZ ...	12, 42	Maxidex.....	20
Lixisenatide	17	Maxitrol.....	19
Lodine	32	Maxzide	11
Lomotil	23	Meclizine	23
Loniten	12	Medrol	19
Lopid	14	Medroxyprogesterone	39
Lopressor.....	12	Medroxyprogesterone Acetate	41
Loratadine	22	Meloxicam.....	32
Loryna	40	Memantine.....	30
Losartan	12, 42	Mephyton.....	31
Losartan-HCTZ....	12, 42	Mesalamine.....	24
Lotensin.....	12	Metadate CD	37
Lotrel.....	13	Metamucil	24
Lotrimin AF.....	14	Metformin	16, 43
Lotrisone	14	Metformin ER	43

Methergine	39	Modulose Saline	
Methimazole	18	Solution	36
Methocarbamol.....	34	Mometasone	15
Methotrexate	34	Mometasone-	
Methylergonovine	39	Formoterol	35
Methylphenidate.....	37	Monistat.....	27
Methylphenidate CD	37	Monodox.....	26
Methylphenidate ER.	37	Monoket.....	13
Methylphenidate LA.	37	Mononessa.....	40
Methylphenidate SR.	37	Monopril	12
Methylprednisolone .	19	Montelukast	36
Metoclopramide.....	23	Morphine Sulfate	33
Metolazone	11	Morphine Sulfate ER.	33
Metoprolol Succinate		Motrin	32
.....	12, 42	MS Contin.....	33
Metoprolol Tartrate	12,	Multivitamin and	
42		Fluoride	31
Metro-Gel Vaginal	27	Mupirocin.....	14
Metronidazole	26, 27	MV with or without	
Mevacor	13	minerals.....	31
Mexiletine	11	My Way	39
Micardis	12	Mycophenolate	29
Miconazole	14, 27	Mycostatin	14, 27
Microgestin	40	Mysoline.....	29
Microgestin Fe.....	40	Myzilra	40
Micronase	16	NaCl-NaHCO ₃ -KCL-PEG	
Midamor	11	.....	24
Minipress.....	12	NaC-NaHCO ₃ /KCL/PEG	
Minoxidil	12, 42	.....	24
Miralax	24	Nadolol.....	12
Mirapex.....	29	Naloxone	38
Misoprostol	23, 39	Naltrexone	38
Mobic	32	Namenda.....	30
		Naprosyn	32

Naproxen.....	32	Nitrofurantoin-	
Naratriptan.....	34	Nitrofuran	
Narcan.....	38	Macrocrystals	26
Nasal crom	21	Nitroglycerin Ointment	
Nasalide.....	22	.....	13
Nateglinide	17	Nitroglycerin Patch ...	13
Necon	40	Nitroglycerin Tablet..	13
Neomycin-Bacitracin		Nitrostat	13
Polymyxin	19	Nix	15
Neomycin-Polymyxin		Nizoral	14
Gramicidin	19	Nora-Be	40
Neomycin-Polymyxin-		Norco	33
Dexamethasone ...	19	Norelgestromin-Ethinyl	
Neo-Polycin	19	Estradiol	40
Neosporin Eye Solution		Norethindrone	40
.....	19	Norethindrone Acetate	
Nephro-Vite.....	32	.....	39
Nesina	17	Norethindrone-Ethinyl	
Neurontin	29	Estradiol	40
Next Choice	39	Norgestimate-Ethinyl	
Niacin	14	Estradiol	40
Nicoderm CQ.....	36	Norgestrel-Ethinyl	
Nicorette	36	Estradiol	40
Nicotine Gum	36	Normodyne	12
Nicotine Inhaler.....	36	Norpace.....	11
Nicotine Lozenge	36	Nortrel.....	40
Nicotine Patch	36	Novolin 70:30	18
Nicotrol	36	Novolin N	17
Nifedipine.....	13	Novolin-R.....	17
Nikki	40	Novolog	17
Nitro-BID	13	Novolog Mix	18
Nitro-DUR.....	13	NuvaRing	40
Nitrofurantoin	26	Nystatin	14, 27
		Nystop.....	14

Ocean	21	Pegasys.....	28
Ocella	40	Peginterferon Alfa-2a28	
Ocuflox	19	Penicillin VK.....	25
Ofloxacin	19	Pepcid	22
Ogen.....	39	Pepto-Bismol	23
Ogestrel.....	40	Percocet	33
Olmesartan.....	12, 42	Percodan	33
Olmesartan-HCTZ	12, 42	Periogard.....	30
Olodaterol	35	Permethrin 1%	15
Omeprazole.....	23	Permethrin 5%	15
Omnicef.....	25	Pharmacy	
Omnipen	25	References/Guides	
Omnitrope.....	19	.....	71
Ondansetron	23	Phenazopyridine.....	38
Opticrom	20	Phenergan	23
Orapred	19	Phenergan DM	22
Orsythia.....	40	Phenergan w/ Codeine	
Oscal.....	31	.....	22
Oseltamivir	28	Phenobarbital.....	29
Oxcarbazepine.....	29	Phenytoin	29
Oxybutynin	38	Phoslo	32
Oxycodone	33	Pilocarpine	21
Oxycodone-		Pioglitazone.....	16, 43
Acetaminophen ...	33	Piroxicam.....	32
Oxycodone-Aspirin ...	33	Plan-B	39
Oxymetazoline	21	Plan-B One Step.....	39
Pacerone	11	Plaquenil	34
Palivizumab	28	Plavix	13
Pancrease 5,000	24	Pletal	13
Pantoprazole	23	Pneumonia Vaccine ..	39
PCE	26	Pneumovax.....	39
Pedia-Lax	24	Podofilox	15
PEG-3350-Electrolytes		Polycillin	25
.....	24	Polycin.....	19

Polyethylene Glycol (PEG) 3350.....	24	Prograf	29
Polymyxin- Trimethoprim	20	Proloprim	27
Polysporin	14	Promethazine	23
Polytrim.....	20	Promethazine Suppository	23
Poly-Vi-Flor.....	31	Promethazine-Codeine	22
Portia-28	40	Promethazine- Dextromethorphan	22
Potassium Chloride... 11		Prometrium.....	39
Potassium Citrate 11		Propranolol	12
Pramipexole	29	Propylthiouracil	18
Pravachol.....	14	Protonix.....	23
Pravastatin	14, 43	Provera.....	39
Prazosin	12	Pseudoephedrine	22
Precose.....	17	Psyllium Husk	24
Pred Forte	20	PTU.....	18
Pred Mild.....	20	Pulmicort Flexhaler ..	35
Prednisolone	19, 20	Pulmicort Respule	35
Prednisone	19	Pyridium	38
Prenatal Plus	31	Questran	14
Prenatal Vitamin.....	31	Questran Lite.....	14
Prevacid.....	23	Quinaglute.....	11
Prevident.....	30	Quinidine	11
Previfem.....	40	Qvar	35
Prilosec.....	23	Qvar Redihaler	35
Primidone.....	29	Raloxifen	19
Prinivil	12	Ramipril	12, 42
Prinizide	12	Ranitidine	23
Proair HFA	34	Razadyne	30
Probenecid	34	Razadyne ER.....	30
Procardia	13	Rebetal	28
Procardia XL	13	Reclipsen	39
Prochlorperazine	23		
Progesterone.....	39		

Reglan	23	Selsun	16
RenaCaps.....	32	Sennosides	24
Renagel	32	Senokot	24
Renal Vitamin	32	Sepra.....	27
Rena-Vite.....	32	Setlakin.....	40
Requip	30	Sevelamer	32
Revatio	36	Shingrix.....	39
Revia	38	Sildenafil.....	36
Ribavirin 200mg	28	Silver Sulfadiazine.....	14
Rifadin	26	Simethicone	25
Rifampin	26	Simvastatin.....	43
Ritalin	37	Sinemet	29
Ritalin LA	37	Sinemet CR.....	29
Ritalin-SR 20	37	Singulair	36
Rivaroxaban	13	Sodium Fluoride	30
Rizatriptan.....	33	Sodium-Potassium- Magnesium Sulfates	24
Robaxin	34	Sofosbuvir-Velpatasvir	28
Robitussin AC	22	Sofosbuvir-Velpatasvir- Voxilprevir	28
Robitussin DAC.....	22	Solo	39
Rocaltrol.....	31	Somatropin.....	19
Ropinirole	30	Sotalol	12
Rosuvastatin	14, 43	Spirinolactone	11, 42
Rowasa.....	24	Spiriva	35
Roxanol	33	Sprintec	40
Roxidone	33	Sronyx	40
Rythmol.....	11	SSD	14
Salagen.....	21	Starlix	17
Salflex.....	33	Steglatro.....	17
Saline Inhalation.....	36	Sterapred	19
Saline Spray	21	Stimate.....	21
Salon-Pas.....	16		
Salsalate	33		
Sandimmune	29		
Selenium Sulfide.....	16		

Stiolto Respimat	35	Tenofovir	27
Striverdi Respimat	35	Tenormin	12
Stromectol	15	Terazol	27
Suboxone	38	Terazosin	12, 38, 42
Sucralafate	23	Terbinafine	14, 27
Sudafed	22	Terconazole	27
Sulfacetamide	20	Tessalon	22
Sulfamethoxazole-		Testosterone Cypionate	
Trimethoprim	27	.....	19
Sulfasalazine	24	Tetracycline	26
Sulindac	33	Tetrahydrozoline	20
Sumatriptan	33	The refined ABCD	
Sumycin	26	assessment tool	45
Suprax	25	Theo-24	36
Suprep	24	Theophylline ER	36
Syeda	40	Therems	31
Symbicort	35	Therems-M	31
Symmetrel	28, 29	Tiazac	13
Synagis	28	Timolol	20
Synthroid	18	Timoptic	20
Tacrolimus	29	Tinactin	15
Tagament	22	Tiotropium	35
Tambocor	11	Tiotropium-Olodaterol	
Tamiflu	28	.....	35
Tamsulosin	38	Tobradex	20
Tapazole	18	Tobramycin	20
Taztia XT	13	Tobramycin-	
Tecfidera	30	Dexamethasone ...	20
Tegretol	29	Tobrex	20
Tegretol XR	29	Tolnaftate	15
Telmisartan	12, 42	Topamax	29
Telmisartan-HCTZ	42	Topiramate	29
Temovate	16	Toprol XL	12
Tenex	12	Torseamide	11, 42

Tradjenta	17	Valisone	15
Tramadol	33	Valsartan	13, 43
Trandolapril	12, 43	Valsartan-HCTZ	13
Travatan	20	Valtrex	27
Travoprost	20	Vantin	25
Trexall	34	Varenicline	36
Triamcinolone	15, 30	Vasotec	12
Triamterene/HCTZ	11	Velivet	39
Tricor	14	Ventolin HFA	34
Triglide	14	Verapamil	13, 43
Trihexyphenidyl	30	Vestura	40
Tri-Legest Fe	40	Vibramycin	26
Trileptal	29	Vibratab	26
Trilyte	24	Viorele	39
Trimethoprim	27	Viread	27
Trinessa	40	Visine	20
Tri-Previfem	40	Vistaril	22
Tri-Sprintec	40	Vitamin E	31
Tri-Vi-Flor	31	Vitamin K	31
Tri-Vitamin (A, C, D3) With Fluoride	31	Voltaren	20, 32
Trivora-28	40	Vosevi	28
Trusopt	20	Warfarin	13
Tums	31	Wera	40
Tylenol	32	Xalatan	20
Tylenol With Codeine	33	Xarelto	13
Ullipristal	39	Xopenex HFA	34
Ultram	33	Xulane	40
Umeclidinium	35	Xylocaine	21
Urecholine	38	Zafirlukast	36
Urocit-K	11	Zantac	23
Ursodiol	25	Zarah	40
Vagifem	39	Zarontin	29
Valacyclovir	27	Zaroxolyn	11
		Zenpep	24

Zestoretic	12	Zonisamide	29
Zestril	12	Zoster Vaccine,	39
Zetia	14	Zostrix	16
Zinacef.....	25	Zovia 1/35	40
Zithromax	26	Zovia 1/50	40
Zithromax Tri-Pak	26	Zovirax.....	27
Zofran.....	23	Zyban.....	36
Zofran ODT	23	Zyloprim	34
Zonegran	29	Zyrtec	22

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 tablespoons (tbsp) = 1 ounce (oz)	
1 cup (c) = 8 ounces (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 grains = 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