

This guide lists the co-pay tier levels for formulary/preferred medications for participating plans.

This guide is current as of March 2003. Coverage of prescription medications is subject to each member's health plan benefits. (Please note: A formulary/preferred product may be a benefit exclusion under a member's contract). For the most complete and current information about prescription benefit coverage, please contact the member's health plan directly (please see Health Plan Contact Information at the back of this guide).

The Oregon Medical Association (OMA) and the Oregon State Pharmacists Association (OSPA) endorse this guide.

The information in this guide has been provided by the participating health plans. The OMA and OSPA accept no responsibility for the accuracy and timeliness of the information contained herein.



Robert L. Dervedde  
*Executive Director*  
OMA

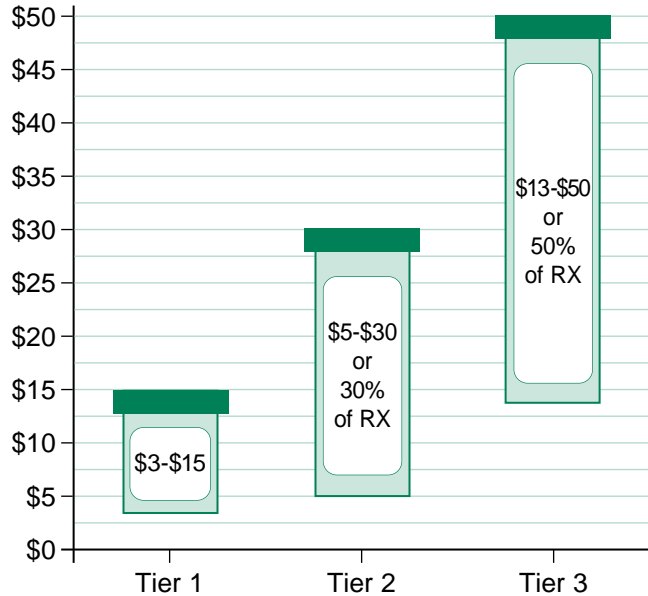


Tom Holt  
*Executive Director*  
OSPA

This Prescription Medication Benefit Formulary Guide is a partial list of formulary/preferred medications for the participating Health Plans in Oregon and SWWashington. This guide is intended to help increase awareness of preferred medication lists, tiered benefit co-pays, and improve communication between plans, prescribers, pharmacists, and members.

The use of tiered co-pays for pharmacy benefits continues to increase. With tiered pharmacy benefits, the member's co-pay depends on the tier to which the medication is assigned. Typically, members pay the lowest co-pay for generic medications (Tier 1), the middle co-pay for formulary/preferred brand medications (Tier 2), and the highest co-pay for non-formulary/non-preferred brands (Tier 3). The following graph illustrates the common co-pay amounts for each tier:

**Tier Co-Pay Range<sup>1</sup>**



<sup>1</sup>Source: Participating Plans

**Calcium Channel Blockers**

diltiazem diltiazem ext rel 12H diltiazem ext rel 24H (generic Cardizem CD)	diltiazem ext rel 24H (generic Dilacor XR) nifedepine XL (generic Adalat CC)*	verapamil verapamil SR
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**Estrogen Replacement**

estradiol estropipate	Femhrt Premarin	Premphase Prempro
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**GI Drugs (Anti-Ulcer, GERD, Motility)**

amoxicillin cimetidine Cytotec	metoclopramide metronidazole ranitidine	sucralfate tetracycline
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**Lipid Lowering Agents – HMGs**

Lipitor	lovastatin
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**Nasal Corticosteroids**

Flonase	Rhinocort	Rhinocort AQ
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**NSAIDs**

choline mag trisaliclylate diclofenac etodolac ibuprofen	indomethacin ketorolac nabumetone naproxen	naproxen sodium piroxicam salsalate sulindac
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**Respiratory Oral Steroid Inhalers**

Azmacort Becloment	Flovent Flovent Rotadisk	Vanceril Vanceril DS
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**Oral Broncodilator Inhalers**

albuterol Combivent	Serevent	Serevent Diskus
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**Oral Inhalers, Miscellaneous**

Atrovent	Tilade
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**Oral Antidiabetic**

Actos Avandia	glipizide glyburide	metformin
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Coverage of prescription drugs is subject to each member's health plan benefits. Current as of March 2003. Please contact health plan for additional information or benefits.

2003 Physician & Pharmacist  
**Formulary Guide for  
 Drugs Common to  
 Commercial Health Plans  
 Oregon & SW Washington**

Participating Plans: **Health Net Oregon, LifeWise,  
 ODS Health Plans, PacifiCare, PacificSource,  
 Regence BlueCross BlueShield of Oregon**

**ACE Inhibitors**

Accupril captopril	enalapril lisinopril	Monopril
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**ACE II Receptor Antagonists**

Micardis
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**Antibiotics**

amoxicillin	erythromycin base Caps	neomycin
ampicillin	erythromycin Delayed- rel tab	nitrofurantoin
Augmentin	erythromycin estolate	penicillin V pot
Avelox	erythromycin	sulfamethoxazole/ trimethoprim
cephalexin	erythromycin ethylsuccinate	sulfisoxazole
chloramphenicol	erythromycin stearate	tetracycline
Cipro	erythromycin/ sulfisoxazole	trimethoprim
clindamycin	metronidazole	Zithromax
dapsone	minocycline	
dicloxacillin		
doxycycline		

**Antidepressants**

amitriptyline	Effexor	Parnate
amoxapine	Effexor XR	Paxil
bupropion	fluoxetine	protriptyline
Celexa	imipramine hcl	Remeron
clomipramine	maprotiline	trazadone
desipramine	Nardil	Wellbutrin SR
doxepin	nortriptyline	Zoloft

**Antihistamines**

clemastine	promethazine
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**Attention Deficit Disorder**

dextroamphetamine	methylphenidate ER	Metadate CD
methylphenidate		



2003 Physician & Pharmacist  
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Participating Plans:  
**Health Net Oregon**

**LifeWise**

**ODS Health Plans**

**PacifiCare**

**PacificSource**

**Regence BlueCross BlueShield of Oregon**

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*Information regarding tiered benefit co-pays*

*Common Drug List – See Inside Back Cover*



*User-Friendly Format*

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**Drugs Common to All Plans**    See Inside Back Cover

1 = lowest co-pay  
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 bold = generic name  
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 green = common to all plans

	Regence BCBSO	Health Net of Oregon	LifeWise	ODS Health Plan	PacifiCare	PacificSource Health Plans	
<b>ACE INHIBITORS</b>							
Accupril	2	2	2	2	3	2	
Aceon		3		2	3	3	
Altace		2*	2	2	3	2	
<b>captopril</b>	1	1	1	1	1	1	
<b>enalapril</b>	1	3	1	1	3	1	
<b>lisinopril</b>	1	1	1	1	1	1	
Lotensin		2	2	2	2	3	
Mavik	2	3		2	3	2	
Monopril	2	2	2	3	3	3	
Prinivil		3	3	3	3	3	
Univasc	2	2		2	2	2	
Zestril		3	3	3	3	3	
<b>ANGIOTENSION RECEPTOR BLOCKERS</b>							
Atacand		3		3	3	3	
Avapro	3	3		3	3	2	
Cozaar	3	3		2	3	2	
Diovan		2*	2	2	3	2	
Micardis	3	3	2	3	3	3	
Teveten		3		3	3	3	
<b>ANTIBIOTICS</b>							
<b>amoxicillin</b>	1	1	1	1	1	1	
Amoxil 875		3	3	3	2	3	
<b>ampicillin</b>	1	1	1	1	1	1	
<b>Augmentin</b>	2	2	2	2	2	2	
Augmentin ES	2	2		2	2	2	
Augmentin XR		2		2	2		
<b>Avelox</b>	2	2	2	2	2	2	
<b>bacampicillin</b>	1	3		1	1	1	
Biaxin		2	2	3	2	2	
Biaxin XL		2	2	3	2	2	
<b>carbencillin</b>	1	3		1	1	1	
Cedax		3		2	3	3	
<b>cefaclor</b>	1	1		1	1	1	
<b>cefadroxil</b>	1	1		1	1	1	
<b>cefuroxime</b>	1	1		1	1	1	
Cefzil		2	2 susp.	2	2	2	
<b>cephalexin</b>	1	1	1	1	1	1	
<b>cephradine</b>	1	1		1	2	3	
<b>chloramphenicol</b>	1	1	1	1	1	3	
<b>cinoxacin</b>	1	3		1	3	3	
Cipro	2	2	2	2	2	2	
<b>clindamycin</b>	1	1	1	1	1	2	
<b>cloxacillin</b>	1	1		1	1	3	

Antibiotics continued on page 2

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	Regence BCBSO	Health Net of Oregon	LifeWise	ODS Health Plan	PacifiCare	PacificSource Health Plans	
<b>ANTIBIOTICS (continued)</b>							
<b>dapsone</b>	1	2	1	1	1	2	
Declomycin		2		2	3		
<b>dicloxacillin</b>	1	1	1	1	1	1	
<b>doxycycline</b>	1	1	1	1	1	1	
Dynabac		3		2	3		
<b>erythromycin base Caps</b>	1	1	1	1	1	1	
<b>erythromycin Delayed-rel tab</b>	1	1	1	1	1	1	
<b>erythromycin estolate</b>	1	1	1	1	1	1	
<b>erythromycin ethylsuccinate</b>	1	1	1	1	1	1	
<b>erythromycin stearate</b>	1	1	1	1	1	1	
<b>erythromycin/sulfisoxazole</b>	1	1	1	1	1	1	
Floxin		3	2	2	3	3	
Furadantin	2	2	2	2	2		
Gantanol		2	2	2	2		
Humatin		3		2	3		
Kantrex		3		2	3		
Keftab		3		2	3		
Levaquin		3		3	3	2	
<b>lincomycin</b>	1	3		1	3		
Lorabid		3		3	3	3	
Maxaquin		3		3	3	3	
<b>methenamine mandelate</b>	1	3		1	1	1	
<b>metronidazole</b>	1	1	1	1	1	1	
<b>minocycline</b>	1	1	1	1	1	1	
<b>nafcillin</b>	1	3		1	1	1	
<b>neomycin</b>	1	1	1	1	1	1	
NegGram		3		2	3		
<b>nitrofurantoin</b>	1	1	1	1	1	2	
Noroxin		3		3	3	2	
Omnicef		2	2 susp.	3	2	2	
<b>oxacillin</b>	1	1		1	1		
<b>oxytetracycline</b>	1	3		1	1		
Penetrex		3		3	3		
<b>penicillin G pot</b>	1	1	1	1	1		
<b>penicillin V pot</b>	1	1	1	1	1	2	
<b>sulfamethoxazole/trimethoprim</b>	1	1	1	1	1	1	
<b>sulfisoxazole</b>	1	1	1	1	1	1	
Suprax		3	2 susp.	2	3		
Tao		3		2	3		
<b>tetracycline</b>	1	1	1	1	1	1	
Tequin		3	2	2	3	3	
<b>trimethoprim</b>	1	1	1	1	1	2	
Trovan		3		3	3		
<b>vancomycin</b>	1	2	1	1	1		
Vantin		3		3	3	3	

Antibiotics continued on page 3

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	Regence BCBSO	Health Net of Oregon	LifeWise	ODS Health Plan	PacifiCare	PacificSource Health Plans	
<b>ANTIBIOTICS (continued)</b>							
Zithromax	2	2	2	2	2	2	
Zyvox		2*		3	3	2	
<b>ANTIDEPRESSANTS</b>							
<b>amitriptyline</b>	1	1	1	1	1	1	
<b>amoxapine</b>	1	1	1	1	1	1	
<b>bupropion</b>	1	1	1	1	1	1	
Celexa	2	2	2	2	3	2	
<b>clomipramine</b>	1	1	1	1	1	1	
<b>desipramine</b>	1	1	1	1	1	1	
<b>doxepin</b>	1	1	1	1	1	1	
Effexor	2	2	2	3	2	2	
Effexor XR	2	2	2	2	2	2	
<b>fluoxetine</b>	1	1	1	1	1	1	
<b>imipramine hcl</b>	1	1	1	1	1	1	
Lexapro		2	2	2	2	2	
Luvox		3		3		3	
<b>maprotiline</b>	1	1	1	1	1	1	
Marplan		3		2	3	3	
Nardil	2	2	2	2	2	2	
<b>nortriptyline</b>	1	1	1	1	1	1	
Parnate	2	2	2	2	2	2	
Paxil	2	2	2	2	2	2	
Paxil CR	2	2		2	2	2	
<b>protriptyline</b>	1	1	1	1	1	1	
Prozac weekly	2	2		3		3	
Remeron	2	3	3	2	3	2	
Remeron Soltab		2	3	2	2	2	
Serzone	2	2		2	2	3	
Sermontil	2	2		2		2	
Tofranil-PM		3		3		3	
<b>trazodone</b>	1	1	1	1	1	1	
Wellbutrin SR	2	2*	2	2	2	2	
Zoloft	2	2	2	2	3	2	
<b>ANTIHISTAMINES</b>							
Allegra	3	3		3	3	2	
Astelin	3	2		2	2	2	
Clarinx		3		3	2	2	
Claritin	3	Excluded		Excluded	3	2	
Claritin OTC		Excluded		Excluded			
<b>clemastine</b>	1	1	1	1	1	3	
<b>cyproheptadine</b>	1	1	1	1	1		
<b>dexchlorpheniramine</b>	1	1		1	1		
<b>diphenhydramine</b>	1	1		Excluded		3	

Antihistamines continued on page 4

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	Regence BCBSO	Health Net of Oregon	LifeWise	ODS Health Plan	PacifiCare	PacificSource Health Plans	
<b>ANTI-HISTAMINES (continued)</b>							
hydroxyzine	1	1	1	1	1		
Nolahist		3		2			
Optimine		3		2			
PBZ		2		2			
PBZ-SR		2		2	2		
Poly-Histine		2		2	2		
<b>promethazine</b>	1	1	1	1	2	1	
Zyrtec	3	3		3	3	3	
<b>ATTENTION DEFICIT DISORDER</b>							
Adderall	2	3		2*	1		
Adderall XR		3*	2	2*	2		
Concerta		3*	2	2*	2	2	
<b>dextroamphetamine</b>	1	1	1	1*	1	1	
Dexadrine Spansules	2	3		2*	2	2	
<b>methylphenidate</b>	1	1	1	1*	1	1	
<b>methylphenidate ER</b>	1	1	1	1*	1	1	
Methylin		1		2*	3	2	
Methylin ER		3		2*	3	2	
Methylin ER 10 mg		3		2*	3		
Methylin ER 20 mg		1		2*	3		
Metadate ER		3		2*	3	2	
Metadate ER 10 mg		3		2*	3		
Metadate ER 20 mg		1		2*	3		
<b>Metadate CD</b>	2	3	2	2*	3	2	
Ritalin		3		2*	3	2	
Ritalin SR		3		2*	3	2	
<b>CALCIUM CHANNEL BLOCKERS</b>							
Cardene SR		3		2	2		
Covera-HS		3		2	3		
<b>diltiazem</b>	1	1	1	1	1	1	
<b>diltiazem ext rel 12H</b>	1	1	1	1	1	1	
<b>diltiazem ext rel 24H (generic Cardizem CD)</b>	1	1	1	1	1	1	
<b>diltiazem ext rel 24H (generic Dilacor XR)</b>	1	1	1	1	1	1	
DynaCirc		3		2	2		
DynaCirc CR		3		2	3		
<b>nicardipine</b>	1	3	1	1	1		
<b>nifedipine</b>	1	1	1	1		1	
<b>nifedepine XL (generic Adalat CC)*</b>	1	1	1	1	1	1	
<b>nifedepine XL (generic Procardia XL)*</b>	1	1	1	1		1	
Nimotop		2	2	2	3		
Norvasc	2	2*		2	3	2	
Plendil	2	2		2	2	2	
Sular	2	2		2	2	3	

Calcium Channel Blockers continued on page 5

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	Regence BCBSO	Health Net of Oregon	LifeWise	ODS Health Plan	PacifiCare	PacificSource Health Plans	
<b>CALCIUM CHANNEL BLOCKERS (continued)</b>							
Tiamate		3		3	3		
Tiazac		2		2	3	3	
Vascor		3		2	3		
<b>verapamil</b>	1	1	1	1	1	1	
<b>verapamil SR</b>	1	1	1	1	1	1	
Verelan*		3		3	3		
Verelan PM		3		3	3		
<b>ESTROGEN REPLACEMENT</b>							
Activella		3		2	3	3	
Alora (transdermal patch)		2	2	2	2	3	
Cenestin	2	3		2	3	2	
Climara (transdermal patch)		2	2	3	3	3	
Combipatch (transdermal patch)		3	2	2	3	2	
Esclim (transdermal patch)		3		3	3	2	
Estinyl		3		2	3	3	
Estraderm (transdermal patch)		3	2	3	2	2	
<b>estradiol</b>	1	1	1	1	1	1	
Estratab		3		2	2	3	
Estratest		3	2	2	2	2	
Estratest HS		3		2	2	2	
<b>estrone</b>	1	3		1			
<b>estropipate</b>	1	1	1	1	1	1	
<b>Femhrt</b>	2	3	2	2	3	2	
FemPatch (transdermal patch)				2	3	2	
Menest		2		2	3	3	
<b>Premarin</b>	2	2	2	2	2	2	
<b>Premphase</b>	2	2	2	2	2	2	
<b>Prempro</b>	2	2	2	2	2	2	
Vivelle (transdermal patch)		3	2	2	2	2	
Vivelle DOT (transdermal patch)		3	2	2	2	2	
<b>GI – ANTI-ULCER, GERD, MOTILITY</b>							
<b>amoxicillin</b>	1	1	1	1	1	1	
<b>antacids (non-calcium)</b>	1	Excluded		Excluded			
Aciphex		2		3	2	2	
Axid		3		3			
Biaxin		2	2	3	2	2	
<b>cimetidine</b>	1	1	1	1	1	1	
<b>Cytotec</b>	2	3	2	2	1	2	
<b>famotidine</b>	1	3	1	1	3		
Helidac		2		2	2	2	
<b>metoclopramide</b>	1	1	1	1	1	1	
<b>metronidazole</b>	1	1	1	1	1	1	
Nexium		3		3	3	2	

GI – Anti-Ulcer, GERD, Motility continued on page 6

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	Regence BCBSO	Health Net of Oregon	LifeWise	ODS Health Plan	PacifiCare	PacificSource Health Plans	
<b>GI – ANTI-ULCER, GERD, MOTILITY (continued)</b>							
<b>nizatidine</b>		3	1	1	3		
omeprazole	1	3	1	1	3		
Pepcid	2	3		3	3		
Prevacid	2	3		3	3	3	
Prevpac	2	3		3	2	2	
Prilosec		3	2	3	3	3	
Propulsid				2			
Protonix		2	2	2	2	3	
<b>ranitidine</b>	1	1	1	1	1	1	
<b>sucralfate</b>	1	1	1	1	1	1	
<b>tetracycline</b>	1	1	1	1	1	1	
Tritec		3		2	2		
Zantac syrup	2	3		2	2		
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>							
Accolate	2*	3		2	2	2	
Singulair	2*	2*		3	2	2	
Zyflo		3		3	3		
<b>LIPID LOWERING AGENTS – HMGs</b>							
Lescol	2	2		2	3	2	
Lescol XL	2	2		2	3	2	
Lipitor	2	2	2	2	3	2	
<b>lovastatin</b>	1	3	1	1	1	1	
Pravachol		2	2	3	2	2	
Zetia		3*		3	3		
Zocor		3		3	2	3	
<b>NASAL CORTICOSTEROIDS</b>							
Beconase		3		2		3	
Beconase AQ		3		2	2	3	
Dexacort Tubinaire		3		2			
Flonase	2	2	2	2	2	2	
flunisolide	1	3		1	1	1	
Nasacort	2	2		2	3	2	
Nasacort AQ	2	2		2	3	2	
Nasalide		3		3	3	3	
Nasonex	2	2		3	2	2	
Rhinocort	2	3	2	2	2	2	
Rhinocort AQ	2	3	2	2	2	2	
Tri-Nasal		3		3		2	
Vancenase	2	3		3	2	3	
Vancenase AQ	2	3		3	2	3	

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<b>NSAIDs</b>							
Arthrotec		3*		3	3		
Bextra		3*		2*	3*	3	
Celebrex		3*		2*	3*	2	
<b>choline mag trisalicylate</b>	1	1	1	1	1	1	
Daypro		3		3	3	3	
<b>diclofenac</b>	1	1	1	1	1	1	
<b>etodolac</b>	1	1	1	1	1	1	
<b>fenoprofen</b>	1	1	1	1	1		
<b>flurbiprofen</b>	1	1	1	1	1		
<b>ibuprofen</b>	1	1	1	1	1	1	
<b>indomethacin</b>	1	1	1	1	1	1	
<b>ketoprofen</b>	1	1	1	1	1		
<b>ketorolac</b>	1	1	1	1	1	3	
<b>meclofenamate</b>	1	1	1	1	1		
Mobic		3		3	3	3	
<b>nabumetone</b>	1	1	1	1	3	1	
<b>naproxen</b>	1	1	1	1	1	1	
<b>naproxen sodium</b>	1	1	1	1	1	1	
Naproxyn EC		3		3	3		
<b>piroxicam</b>	1	1	1	1	1	1	
Ponstel		3		3	3		
<b>salicylate combination</b>	1	1	1	2	1		
<b>salsalate</b>	1	1	1	2	1	1	
<b>sulindac</b>	1	1	1	2	1	1	
<b>tolmetin</b>	1	1	1	2	1		
Vioxx	3*	3*		2*	3*	2	
<b>RESPIRATORY ORAL STEROID INHALERS</b>							
Advair		2		2	2	2	
Aerobid		3	2	3	3		
Aerobid M		3	2	3	3		
Azmacort	2	2	2	2	3	2	
Beclovent	2	3	2	2	2	2	
Flovent	2	2	2	2	2	2	
Flovent Rotadisk	2	2	2	2	2	2	
flunisolide		3		1	2		
Pulmicort	2	2	2	2		2	
QVAR		2		2	2	2	
Vanceril	2	2	2	3	2	2	
Vanceril DS	2	2	2	3	2	2	

1 = lowest co-pay  
 2 = lowest brand co-pay  
 3 = highest co-pay  
 bold = generic name  
 blank = non-formulary  
 \* = prior authorization  
 green = common to all plans

	Regence BCBSO	Health Net of Oregon	LifeWise	ODS Health Plan	PacifiCare	PacificSource Health Plans	
<b>ORAL BRONCODILATOR INHALERS</b>							
<b>albuterol</b>	1	1	1	1	1	1	
Brethaire		3		2	2		
Combivent	2	3	2	2	2	2	
Foradil		3	2	2			
Isuprel Mistometer		3		2			
Maxair	2	3		2	2	2	
Maxair autohaler	2	3		2		2	
Medihaler-iso		3		2			
<b>metaproterenol</b>	1	1		1	1		
Proventil HFA	2	2		2	3	2	
Serevent	2	2	2	2	2	2	
Serevent Diskus	2	2	2	2	2	2	
Tornalate		3		2	3		
<b>ORAL INHALERS MISCELLANEOUS</b>							
Atrovent	2	2	2	2	2	2	
Intal	2	2		2	2	2	
Tilade	2	2	2	2	2	2	
<b>ORAL ANTIDIABETIC</b>							
<b>acetoexamide</b>	1	3	1	1	1		
Actos	3	2*	2	2	3	2	
Amaryl		2		3	3	2	
Avandamet		2*		3	3	2	
Avandia	3	2*	2	2	2	2	
<b>chlorpropamide</b>	1	1		1	1		
<b>glipizide</b>	1	1	1	1	1	1	
Glucotrol XL	2	2		2	3	2	
Glucophage XR		2		3	3	3	
Glucovance		2	2	3	3	2	
<b>glyburide</b>	1	1	1	1	1	1	
Glyset		3		3	3		
Metaglip		3		3	3		
<b>metformin</b>	1	1	1	1	1	1	
Prandin		2		3	3	2	
Precose		2		2	3	2	
<b>Starlix</b>		3		3	3		
<b>tolazamide</b>	1	1	1	1	1		
<b>tolbutamide</b>	1	1		1	1		

**Regence BCBSO**

Accolate  
 Actiq (Qty limit)  
 Actonel Weekly (Qty limit)  
 Advair  
 Ambien (Qty limit)  
 Amerge (Qty limit)  
 Anzemet (Qty limit)  
 Axert (Qty limit)  
 Bextra  
 Botulinum Toxin  
 Butorphanol (Stadol) Nasal Spray (Qty limit)  
 Celebrex  
 Cerezyme  
 Diflucan 150mg only (Qty limit)  
 Enbrel  
 Fosamax 35mg and 70mg (Qty limit)  
 Frova (Qty limit)  
 Growth Hormone  
 Humira  
 Imitrex tab, nasal spray, injection (Qty limit)  
 IVIG  
 Kineret  
 Kytril (Qty limit)  
 Lamisil  
 Maxalt (Qty limit)  
 Nexium  
 Oxycontin SR (Qty limit)  
 Pegasys  
 PEG-Intron  
 Penlac  
 Provigil  
 Prozac Weekly 90mg  
 Relenza (Qty limit)  
 Remicade  
 Singulair  
 Sonata (Qty limit)  
 Sporanox  
 Tamiflu (Qty limit)  
 Tracleer  
 Viagra (Qty limit) under most plans,  
 Viagra is not covered  
 Vioxx  
 Zelnorm (Qty limit)  
 Zofran (Qty limit)  
 Zomig (Qty limit)

**Health Net of Oregon**

Accutane  
 Actonel  
 Androderm  
 Androgel  
 Aricept  
 Avonex  
 Betaseron  
 Copaxone  
 Copegus  
 DDAVP  
 Diflucan 50, 100, 200mg  
 Diovan HCT  
 Enbrel  
 Evista  
 Fosamax  
 Gleevec  
 Hepsera  
 Lamisil Tablet  
 Lotronex  
 Proscar  
 Provigil  
 Rebetal  
 Relpax  
 Renagel  
 Sporanox  
 Straterra  
 Testoderm  
 Testoderm TTS  
 Tracleer  
 Tricor  
 Vfend  
 Xyrem  
 Zelnorm  
 Zomig

**LifeWise**

All PPIs: Limit 90 days without authorization.  
 Triptans, Migranal and Stadol Nasal: Quantity limits per 30 days.

For details see our website:  
[www.lifewisehealth.com](http://www.lifewisehealth.com)

**OTHER DRUGS REQUIRING PRIOR AUTHORIZATION****ODS Health Plan**

Adderall  
Bextra  
Celebrex  
Concerta  
Cylert  
Desoxyn  
Dexedrine  
Enbrel  
Forteo  
Gleevec  
Growth Hormone  
Humira  
Infertility treatment  
Meridia  
Pegintron  
Pemoline  
Rebetrol  
Relenza  
Remicade  
Renova  
Retin A  
Ritalin  
Strattera  
Tamiflu  
Tracleer  
Vfend  
Vioxx  
Xenical  
Zelnorm

Quantity limits apply to PDIs  
and triptans. See ODS  
website for complete PA list.  
[www.odshealthplans.com](http://www.odshealthplans.com)

**PacifiCare**

Aciphex >8 weeks  
Amerge >#9/month  
Axert >#6/month  
Azelex >35  
Bextra  
Celebrex  
Compounded prescriptions  
Differin >35  
Gleevec  
Imitrex >#9/month  
Insulin penfills (after age 18)  
Lamisil  
Maxalt >#6/month  
Nexium >8 weeks  
Prevacid >8 weeks  
Prilosec >8 weeks  
Protonix >8 weeks  
Retin-A >age 35  
Sporonox  
Stadol >3 per month  
Tazovac >age 35  
Vioxx  
Zomig >#6/month

**PacificSource  
Health Plans**

Androgel  
Androderm  
Aranesp  
Arava  
Avonex  
Betaseron  
Botox  
Ceredase  
Cerezyme  
Copaxone  
Diflucan (except 150 mg)  
Enbrel  
Epogen  
Flolan  
Genotropin  
Humatrope  
Humira  
Hyalgan  
Imfergen  
Intron-A  
IVIG  
Kineret  
Lamisil  
Norditropin  
Nutropin AQ  
Nutropin  
Nutropin Depot  
Palivizumab  
Pegasys  
Peg-Intron  
Procrit  
Prolastin  
Protropin  
Pulmozyme  
Rebif  
Rebetol  
Rebetron  
Remicade  
Roferon-A  
Saizen  
Serostim  
Sporanox  
Strattera  
Testoderm  
Testoderm TTS  
Tracleer

**Regence BCBSO****Pharmacy Department**

Phone: 1-800-643-5918

Fax: (503) 391-4560

**Customer Services Relations:**

Phone: 1-800-643-5918

Fax: (503) 391-4560

**Prior Authorization**

Phone: 1-800-643-5918

Fax: (503) 391-4560

[www.or.regence.com](http://www.or.regence.com)**Health Net of Oregon****Pharmacy Department:**

(888) 802-7001

(503) 802-7000

**Provider Relations:**

(888) 802-7001

(503) 802-7000

**Prior Authorization: (HNPS)**

Phone: (800) 867-6564

Fax: (800) 977-8226

[www.health.net](http://www.health.net)**LifeWise**

Pharmacy services and POS approvals:

(M-F 8 am to 5 pm)

Phone: (888) 261-1756

Fax: (888) 260-9836

[www.lifewisehealth.com](http://www.lifewisehealth.com)**ODS Health Plan**

This list is based on our Preferred Drug List and is not representative of all plans covered by ODS.

**For specific plan coverage** please call

(503) 228-6554

[www.odshealthplans.com](http://www.odshealthplans.com)**Prior Authorization:**

Phone:

Fax: (503) 948-5556

**Preferred Drug List** online at:[odshealthplans.com](http://odshealthplans.com)**PacifiCare****Pharmacy Department**

(206) 230-7121

**Prior Authorization:**

Prescription solutions

(6 am to 6 pm)

Phone: 1-800-711-4555

Fax: 1-800-527-0531

Formulary is available online at

[www.pacificare.com](http://www.pacificare.com)**PacificSource Health Plans****Pharmacy Department**

(541) 686-1242

**Provider Relations**

(541) 686-1242

**Prior Authorization**

Phone: (541) 686-1242

Fax: (541) 431-3806

**[www.benefitscheckup.org](http://www.benefitscheckup.org)**

The BenefitsCheckUp is the nation's most comprehensive online service to screen for federal, state and some local private and public benefits for older adults (55 and over). It contains 1,100 different programs from all fifty states. It also provides a detailed description of the program, local contacts for additional information and materials to help successfully apply for each program.

**[www.drugstore.com](http://www.drugstore.com)**

Offers customized prescription records for insurance and/or tax records. eMedAlert informs of drug recalls and other safety notices. The Ask Your Pharmacist service means that licensed pharmacists are on-hand to answer questions at any time. Its Drug Interaction Checker lets one discover how herbs, vitamins, other medications, and more react with their prescription.

**[www.epocrates.com](http://www.epocrates.com)**

Contains Alternative Medicine with Monographs and Interactions; Clinical Tables and Guidelines; Drug Database with over 2,800 monographs, off-label indications, and is updated daily; MedTools with ePocrates ID, MedMath, and DocAlerts; Formulary Information; AutoUpdate with Drug updates daily; and MultiCheck that checks interactions among up to 30 drugs at a time.

**[www.helpingpatients.org](http://www.helpingpatients.org)**

An interactive web site by the PhRMA and 48 of its member companies. This site was designed to help find patient assistance programs.

**[www.medicare.gov](http://www.medicare.gov)**

Screens many public and private programs based on state or zip code and allows searches for up to five drug makers or conditions at a time.

**[www.needymeds.com](http://www.needymeds.com)**

A place for the many millions of people who have no insurance and can't afford to purchase their medicines. NeedyMeds is the place to learn about patient assistance programs and other programs designed to help those who can't afford their medicines. NeedyMeds is not a program, it is an information source.

**[www.oregonrx.org](http://www.oregonrx.org)**

Developing evidence-based evaluations on the effectiveness of similar prescription drugs. This is an attempt to create a new way to understand and evaluate the cost and effectiveness of prescription drugs. The office for Oregon Health Policy and Research has been directed to offer all of Oregon's information concerning prescription drugs to consumers and health professionals worldwide.

**[www.phrma.org](http://www.phrma.org)**

Screens by drug name for manufacturer's patient-assistance programs.