



Formulary Options for Commonly Prescribed Restricted Drugs

Introduction

- Formulary decisions are made by the Pharmacy and Therapeutics Committee. Drug selection is based on the Oregon Health Plan (OHP) Prioritized List of Health Services and best available evidence for efficacy, safety, outcomes, and cost-effectiveness.
- As a value-added benefit, CareOregon covers a limited number of cost-effective agents for conditions not covered by the OHP. Non-formulary agents are not covered for non-covered conditions. Common diagnoses that are not covered include, but are not limited to the following:
 - Allergic rhinitis
 - Benign prostatic hyperplasia without obstruction
 - Insomnia
 - Constipation
 - Certain chronic pain conditions: chronic low back pain, neck pain, joint pain, chest pain, abdominal pain, pelvic pain; sciatica; degenerative disc disease without neurologic impairment; cervicgia without neurologic impairment; fibromyalgia; myofascial pain syndrome; complex regional pain syndrome.
- Mental health drugs are not included because they are covered by the Department of Medical Assistance Programs (DMAP).
- Costs are based on CareOregon's average monthly cost unless indicated otherwise and is current as of 3/2009.
- When a generic is available for a brand name drug, only the generic drug is covered.
- Definitions of certain abbreviations:
 - PA: Prior authorization required
 - NF: Non-formulary
 - ST: Step therapy required
 - PA[†] or ST[†]: Refer to the "Use Criteria for Selected Prior Authorization Drugs" document for authorization criteria.
- This document and the "Use Criteria for Selected Prior Authorization Drugs" document can be found at the Provider website at <http://www.careoregon.org/provider/pharmacy.html>.

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Actonel (\$92)	ST	Alendronate (\$8)	
Allegra-D 12 hour/24hour (\$123)	NF	Chlorpheniramine (\$3) Diphenhydramine (\$4) Loratadine OTC (\$5)	Allergic rhinitis is not covered. Refer to the introduction.
Aciphex (\$169)	NF	Omeprazole (\$10) Prilosec OTC (\$21) Pantoprazole – PA (\$88) Prevacid – PA [†] (\$158)	See A below
Amitiza (\$204)	NF	Senna (\$2) Bisacodyl (\$2) Lactulose (\$16) Polyethylene glycol 3350 powder (\$17)	Constipation is not covered. Refer to the introduction.
Amlodipine/benazepril (\$61)	NF	Amlodipine and benazepril as single agents (\$9)	
Avinza (\$237)	NF	Hydrocodone/acetaminophen (\$5) Oxycodone/acetaminophen (\$7) Methadone (\$16) Oxycodone immediate release (\$19) Morphine sulfate immediate release (\$32) Morphine sulfate sustained release (\$42 for #90/30days of 15mg, 30mg, or 60mg strength)	See B below
Beconase AQ (\$118)	NF	Fluticasone nasal spray – PA [†] (\$11) Flunisolide nasal spray – PA [†] (\$22)	Allergic rhinitis is not covered. Refer to the introduction.

^A Overall, there is no clinically significant difference between PPIs for esophagitis healing, relief of symptoms or prevention of relapse in patients with GERD. There is also no evidence that one PPI is superior to another for treatment of gastric ulcer disease, NSAID drug-induced ulcer, duodenal ulcer or eradication of *Helicobacter pylori*. Please refer to the Human Resources Commission Evidence Based Report on PPIs for more information:

<http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/PPI.7.2006.Update4.pdf>

^B There is insufficient evidence to support differences in efficacy or adverse effects among long-acting opioids. For more information, refer to <http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/OPIOID.5.2005.Update2.pdf>. For prescribing information including opioid conversions and managing adverse effects, refer to http://www.careoregon.org/provider/documents/Opioids_Pain_Management.pdf

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Benicar (\$64)	ST [†]	Benazepril (\$5) Captopril (\$4) Enalapril (\$4) Lisinopril (\$4)	See C below
Benicar HCT (\$78)	ST [†]	Lisinopril/HCTZ (\$6) Enalapril/HCTZ (\$8) Captopril/HCTZ (\$9) Benazepril/HCTZ (\$10)	See C below
Butalbital-acetaminophen-caffeine (\$34)	NF	Acetaminophen (\$5) NSAIDS (\$10) Short acting opioids (\$22) Triptans: Axert, Imitrex and Zomig (\$118 - \$187)	See D below
Butalbital-aspirin-caffeine (\$46)	NF	Acetaminophen (\$5) NSAIDS (\$10) Short acting opioids (\$22) Triptans: Axert, Imitrex and Zomig (\$118 - \$187)	See D below
Byetta (\$208)	PA [†]	Metformin immediate or extended release (\$8) Sulfonylureas: glimepiride, glyburide, glipizide (\$6) Actos – PA [†] (\$186) Insulin: Humulin R, Novolin R vials (\$42) Humulin N, Novolin N vials (\$42) Humalog, Novolog vials (\$98) Lantus vials (\$91)	See E below
Campral (\$134)	PA	Naltrexone (\$42) Antabuse (\$92)	

^C In patients with hypertension, high cardiovascular risk factors, recent MI, heart failure or nephropathy there is no data to suggest that one ARB is superior to another for efficacy or safety. For more information refer to www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/AllRA.3.2006.pdf. Some patients who experience a persistent dry cough with one ACE inhibitor do not experience the same symptoms when switched to a different ACE inhibitor. Caution should be used in patients who experienced angioedema with an ACE inhibitor since this is also a risk with ARBs.

^D The U.S. Headache Consortium and the American Academy of Neurology recommend limited use of butalbital-containing analgesics due to concerns of medication overuse, rebound headaches, withdrawal and physical/psychological dependence.

^E Byetta offers modest HbA1c-lowering and lacks long-term outcomes data in comparison to available alternatives. Metformin, sulfonylureas and insulin in combination with lifestyle modifications offer the best value. Byetta should not be considered a substitute for insulin and evidence does not support concurrent use with insulin. Although weight reduction was observed in clinical trials, there is no evidence that the weight loss is clinically relevant or confers long-term benefits.

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Carisoprodol (\$8)	NF	Cyclobenzaprine (\$7) Chlorzoxazone (\$7) Methocarbamol (\$9)	See F below
Catapres-TTS (\$167)	NF	Clonidine tablets (\$4)	
Celebrex (\$145)	PA [†]	Acetaminophen (\$5) NSAID w/ low GI toxicity, e.g. ibuprofen, etodolac, meloxicam (\$4-\$14) Formulary NSAID w/ omeprazole including: diclofenac potassium, diclofenac sodium delayed release, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, naproxen, piroxicam, salsalate and sulindac (\$14-\$26)	See G below
Cetirizine (\$6)	NF	Chlorpheniramine (\$3) Diphenhydramine (\$4) Loratadine OTC (\$5)	Allergic rhinitis is not covered. Refer to the introduction.
Cetirizine-pseudoephedrine (\$39)	NF	Chlorpheniramine (\$3) Diphenhydramine (\$4) Loratadine OTC (\$5)	Allergic rhinitis is not covered. Refer to the introduction.
Cipro HC (\$105 per 7.5ml) Ciprodex (\$105 per 10ml)	NF	For treatment of otitis externa: Hydrocortisone/acetic acid otic solution (\$20 per 10ml) Neomycin/polymixin B/HC otic suspension (\$12 per 10ml) Acetic acid 2% otic solution (\$28 per 15ml) Ofloxacin otic solution – PA (\$13 per 5ml)	

^F Carisoprodol is metabolized to meprobamate and is prone to abuse. It has limited efficacy for short-term treatment of acute musculoskeletal conditions, lacks evidence for a clinically significant effect other than sedation, and is associated with dependence when used on a long-term basis.

^G Celebrex may increase INR and the risk of bleeding when used with warfarin. In patients on warfarin therapy, consider prescribing acetaminophen. Formulary alternatives for members at low risk for NSAID-induced GI toxicity include acetaminophen, salsalate or a non-selective NSAID with omeprazole. The formulary alternative for members taking aspirin for cardioprotection is a non-selective NSAID with omeprazole. The formulary alternative for members who are currently taking a PPI for other indications is a non-selective NSAID. There is no evidence to support demonstrate a significant difference in efficacy among NSAIDs. For more information, please refer to <http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/NSAID2.2007.Update3.pdf>

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Clarinetx (\$114)	NF	Chlorpheniramine (\$3) Diphenhydramine (\$4) Loratadine OTC (\$5)	Allergic rhinitis is not covered. Refer to the introduction.
Cozaar (\$73)	ST [†]	Benazepril (\$5) Captopril (\$4) Enalapril (\$4) Lisinopril (\$4)	See H below
Crestor (\$111)	ST	Simvastatin (\$5) Pravastatin (\$8) Lovastatin (\$10)	See I below
Daytrana (\$149)	NF	Methylphenidate immediate release (\$13) Mixed amphetamine salts (\$16) Dexmethylphenidate (\$43) Methylphenidate controlled release (\$32) Concerta (\$126) Adderall XR (\$174)	See J below
Detrol (\$140) Detrol LA (\$124)	NF	Oxybutynin (\$7)	See K below

^H In patients with hypertension, high cardiovascular risk factors, recent MI, heart failure or nephropathy there is no data to suggest that one ARB is superior to another for efficacy or safety. For more information refer to www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/AIIRA.3.2006.pdf. Some patients who experience a persistent dry cough with one ACE inhibitor do not experience the same symptoms when switched to a different ACE inhibitor. Caution should be used in patients who experienced angioedema with an ACE inhibitor since this is also a risk with ARBs.

^I Generic statins are more cost-effective when seeking LDL reductions of less than 40% since all statins at equipotent doses are effective in reducing LDL up to 40%. CareOregon's preferred statin, simvastatin, can reduce LDL up to 50%. Lipitor doses > 40mg and Crestor doses > 20mg can achieve LDL reductions of greater than 50%. Evidence supports the ability of Lipitor, Lescol, lovastatin, pravastatin and simvastatin to improve coronary heart disease outcomes. For more information, please refer to the Human Resources Commission Evidence Based Report on statins:

<http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/STATIN.10.2006.Update4.pdf>

^J Adderall XR and Concerta are restricted to age < 19 years and a quantity limit of #30 per month. Adderall XR can be opened and sprinkled on applesauce or other soft foods if unable to swallow pills.

^K For patients with urge incontinence or overactive bladder, there is no overall clinically significant difference between anticholinergic incontinence drugs in efficacy or safety. Please refer to the Human Resources Commission Evidence Based Report for more information:

<http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/OAB.3.2006.Update3.pdf>

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Fentanyl patches (\$195)	PA [†]	Hydrocodone/acetaminophen (\$5) Oxycodone/acetaminophen (\$7) Methadone (\$16) Oxycodone immediate release (\$19) Morphine sulfate immediate release (\$32) Morphine sulfate sustained release (\$42 for #90/30days of 15mg, 30mg, or 60mg strength)	See L below
Fexofenadine (\$32)	NF	Chlorpheniramine (\$3) Diphenhydramine (\$4) Loratadine OTC (\$5)	Allergic rhinitis is not covered. Refer to the introduction.
Flomax (\$98)	NF	Doxazosin (\$2) Terazosin (\$4)	See M below
Flunisolide nasal spray (\$22)	PA [†]	Chlorpheniramine (\$3) Diphenhydramine (\$4) Loratadine OTC (\$5)	Allergic rhinitis is not covered. Refer to the introduction.
Fluticasone nasal spray (\$11)	PA [†]	Chlorpheniramine (\$3) Diphenhydramine (\$4) Loratadine OTC (\$5)	Allergic rhinitis is not covered. Refer to the introduction.
Focalin XR (\$154)	NF	Methylphenidate immediate release (\$18) Mixed amphetamine salts (\$19) Dexmethylphenidate (\$41) Methylphenidate controlled release (\$43) Concerta (\$121) Adderall XR (\$138)	See N below

^L There is insufficient evidence to support differences in efficacy or adverse effects among long-acting opioids. For more information, refer to <http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/OPIOID.5.2005.Update2.pdf>. For prescribing information including opioid conversions and managing adverse effects, refer to http://www.careoregon.org/provider/documents/Opioids_Pain_Management.pdf

^M Current evidence suggests that Uroxatral, Flomax, doxazosin, and terazosin are equally effective in reducing lower urinary tract symptoms (<http://www.auanet.org/guidelines/bph.cfm>). The orthostatic hypotension and dizziness associated with doxazosin and terazosin can be minimized by dosing at bedtime and slow titration over several weeks.

^N Adderall XR and Concerta are restricted to age <19 years and a quantity limit of #30 per month.

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Glumetza (\$142)	NF	Metformin immediate release (\$6) Metformin sustained release (\$9)	See O below
Hydroxyzine hcl tablets (\$68)	NF	Hydroxyzine pamoate capsules (\$12)	
Hyzaar (\$71)	ST [†]	Lisinopril/HCTZ (\$6) Enalapril/HCTZ (\$8) Captopril/HCTZ (\$9) Benazepril/HCTZ (\$10)	See P below
Januvia (\$184)	NF	Metformin immediate or extended release (\$8) Sulfonylureas: glimepiride, glyburide, glipizide (\$6) Actos – PA [†] (\$186)	See Q below
Kadian (\$249)	NF	Hydrocodone/acetaminophen (\$5) Oxycodone/acetaminophen (\$7) Methadone (\$16) Oxycodone immediate release (\$19) Morphine sulfate immediate release (\$32) Morphine sulfate sustained release (\$42 for #90/30days of 15mg, 30mg, or 60mg strength)	See R below

^O For both immediate release and extended release metformin, low starting doses and slow dose titration over several weeks is recommended to minimize gastrointestinal side effects. The manufacturers of Glumetza, Fortamet and metformin extended release (generic Glucophage XR) recommend twice daily dosing if glycemic control is not achieved with once daily dosing.

^P In patients with hypertension, high cardiovascular risk factors, recent MI, heart failure or nephropathy there is no data to suggest that one ARB is superior to another for efficacy or safety. For more information refer to www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/AIIRA.3.2006.pdf. Some patients who experience a persistent dry cough with one ACE inhibitor do not experience the same symptoms when switched to a different ACE inhibitor. Caution should be used in patients who experienced angioedema with an ACE inhibitor since this is also a risk with ARBs.

^Q In clinical trials, monotherapy with Januvia provided modest HbA1c reductions of 0.79%. Currently there is no evidence for diabetes morbidity and mortality outcomes.

^R There is insufficient evidence to support differences in efficacy or adverse effects among long-acting opioids. For more information, refer to <http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/OPIOID.5.2005.Update2.pdf>. For prescribing information including opioid conversions and managing adverse effects, refer to http://www.careoregon.org/provider/documents/Opioids_Pain_Management.pdf

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Lidoderm Patch 5% (\$197)	NF	Tricyclic antidepressants*: Amitriptyline (\$4) Nortriptyline (\$5) Desipramine (\$22) Gabapentin (\$15) *Drug covered by DMAP.	
Lipitor (\$62 per 15 tablets)	ST	Simvastatin (\$5) Pravastatin (\$8) Lovastatin (\$10)	See S below
Lotrel 5-40mg and 10-40mg (\$116)	NF	Amlodipine and benazepril as single agents (\$7)	
Lovaza (\$157)	NF	Gemfibrozil (\$8) Omega-3 fatty acids (\$7) Niacin and niacin controlled release (\$6) Niaspan (\$109)	
Lunesta (\$150)	NF	Zolpidem (\$3) Trazodone (\$4) Temazepam (\$5) Triazolam (\$8)	Insomnia not covered. Refer to the introduction.
Lyrica (\$167)	PA [†]	For treatment of diabetic peripheral neuropathy or postherpetic neuralgia: Tricyclic antidepressants: Amitriptyline (\$4)* Nortriptyline (\$5)* Desipramine (\$22)* Gabapentin (\$15) *Drug covered by DMAP.	

^S Lipitor 10, 20 and 40mg are limited to 15 tablets per 30 days. Generic statins are more cost-effective when seeking LDL reductions of less than 40% since all statins at equipotent doses are effective in reducing LDL up to 40%. CareOregon's preferred statin, simvastatin, can reduce LDL up to 50%. Lipitor doses > 40mg and Crestor doses > 20mg can achieve LDL reductions of greater than 50%. Evidence supports the ability of Lipitor, Lescol, lovastatin, pravastatin and simvastatin to improve coronary heart disease outcomes. For more information, please refer to the Human Resources Commission Evidence Based Report on statins: <http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/STATIN.10.2006.Update4.pdf>

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Maxalt and Maxalt MLT (\$168)	NF	Axert (po) QL #9/30 days (\$164) Imitrex (po) QL #9/30 days (\$176) Zomig 2.5mg (po) QL #9/30 day (\$187) Zomig 5mg (po) QL #6/30 (\$140)	See T below
Metadate CD (\$153)	PA	Methylphenidate immediate release (\$13) Mixed amphetamine salts (\$16) Dexmethylphenidate (\$43) Methylphenidate controlled release (\$32) Concerta (\$126) Adderall XR (\$174)	See U below
Nabumetone (\$22)	NF	Meloxicam (\$4) Piroxicam (\$4) Ibuprofen (\$5) Salsalate (\$5) Naproxen (\$7) Etodolac immediate release (\$14) Diclofenac (\$16)	See V below
Nasacort AQ (\$92)	NF	Fluticasone nasal spray – PA [†] (\$11) Flunisolide nasal spray – PA [†] (\$22)	Allergic rhinitis is not covered. Refer to the introduction.
Nasonex (\$84)	NF	Fluticasone nasal spray – PA [†] (\$11) Flunisolide nasal spray – PA [†] (\$22)	Allergic rhinitis is not covered. Refer to the introduction.

^T Imitrex Injections, Imitrex Nasal Spray and Zomig Nasal Spray are also on the formulary.

^U Adderall XR and Concerta are restricted to age < 19 years and a quantity limit of #30 per month.

^V There is no evidence to demonstrate a significant difference in efficacy among NSAIDs. For more information, please refer to <http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/NSAID2.2007.Update3.pdf>

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Nexium (\$162)	NF	Omeprazole (\$10) Prilosec OTC (\$21) Pantoprazole – PA (\$88) Prevacid – PA [†] (\$158)	See W below
Nizatidine tablets (\$42)	NF	Famotidine (\$5) Cimetidine (\$6) Ranitidine (\$8)	
Ofloxacin Otic Drops (\$13 per 5ml)	PA	For treatment of otitis externa: Hydrocortisone/acetic acid otic solution (\$20 per 10ml) Neomycin/polymixin B/HC otic suspension (\$13 per 10ml) Acetic acid 2% otic solution (\$28 per 15ml)	
Ondansetron (\$36)* Ondansetron ODT (\$23)* *Based on monthly quantity limits of 72 tablets for 4mg and 36 tablets for 8mg.	PA [†]	Dimenhydrinate (\$6) Meclizine (\$9) Metoclopramide (\$9) Promethazine (\$32) Prochlorperazine (\$17)	
Opana ER (\$311)	NF	Hydrocodone/acetaminophen (\$5) Oxycodone/acetaminophen (\$7) Methadone (\$16) Oxycodone immediate release (\$19) Morphine sulfate immediate release (\$32) Morphine sulfate sustained release (\$42 for #90/30days of 15mg, 30mg, or 60mg strength)	See X below
Ortho Tri-Cyclen Lo (\$57)	NF	Generic contraceptives (\$30) (e.g. Kariva, Apri, Luter, Portia, Levora, Trivora, Nortrel, Necon, Microgestin, Sprintec, Trinessa, Low-ogestrel)	

^W Overall, there is no clinically significant difference between PPIs for esophagitis healing, relief of symptoms or prevention of relapse in patients with GERD. There is also no evidence that one PPI is superior to another for treatment of gastric ulcer disease, NSAID drug-induced ulcer, duodenal ulcer or eradication of *Helicobacter pylori*. Please refer to the Human Resources Commission Evidence Based Report on PPIs for more information: <http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/PPI.7.2006.Update4.pdf>

^X There is insufficient evidence to support differences in efficacy or adverse effects among long-acting opioids. For more information, refer to <http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/OPIOID.5.2005.Update2.pdf>. For prescribing information including opioid conversions and managing adverse effects, refer to http://www.careoregon.org/provider/documents/Opioids_Pain_Management.pdf

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Oxybutynin extended release (\$63)	NF	Oxybutynin (\$7)	
OxyContin (\$320)	NF	Hydrocodone/acetaminophen (\$5) Oxycodone/acetaminophen (\$7) Methadone (\$16) Oxycodone immediate release (\$19) Morphine sulfate immediate release (\$32) Morphine sulfate sustained release (\$42 for #90/30days of 15mg, 30mg, or 60mg strength)	See Y below
Pantoprazole (\$88)	PA	Omeprazole (\$10) Prilosec OTC (\$21)	See Z below
Prevacid (\$158)	PA [†]	Omeprazole (\$10) Prilosec OTC (\$21)	See Z below
Omeprazole 40mg (\$97)	NF	Omeprazole (#60 - \$20) Prilosec OTC (#60 - \$42) Pantoprazole – PA (\$88) Prevacid – PA [†] (\$158)	See Z below
Quasense (\$109)	NF	Portia-28 Levora-28 *Active pills taken daily for 84 days then off 7 days (\$91)	
Ramipril (\$8)	NF	Benazepril (\$5) Captopril (\$4) Enalapril (\$4) Lisinopril (\$4)	See AA below

^Y There is insufficient evidence to support differences in efficacy or adverse effects among long-acting opioids. For more information, refer to <http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/OPIOID.5.2005.Update2.pdf>. For prescribing information including opioid conversions and managing adverse effects, refer to http://www.careoregon.org/provider/documents/Opioids_Pain_Management.pdf

^Z Overall, there is no clinically significant difference between PPIs for esophagitis healing, relief of symptoms or prevention of relapse in patients with GERD. There is also no evidence that one PPI is superior to another for treatment of gastric ulcer disease, NSAID drug-induced ulcer, duodenal ulcer or eradication of *Helicobacter pylori*. Please refer to the Human Resources Commission Evidence Based Report on PPIs for more information: <http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/PPI.7.2006.Update4.pdf>

^{AA} In patients with hypertension, recent MI, chronic heart failure, or nephropathy, there is no evidence that one ACE inhibitor is more effective or safer than another. For more information, please refer to the Human Resources Commission Evidence Based Report on ACE inhibitors. <http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/ACEI.7.2005.Update2.doc>

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Ranitidine 15mg/ml solution (\$40 per 300ml)	ST	Ranitidine tablets (\$3) Famotidine tablets (\$4) Cimetidine tablets (\$6) Cimetidine 300mg/5ml solution (\$12 per 300ml)	See BB below
Rhinocort AQ (\$96)	NF	Fluticasone nasal spray – PA [†] (\$11) Flunisolide nasal spray – PA [†] (\$22)	Allergic rhinitis is not covered. Refer to the introduction.
Ritalin LA (\$107)	NF	Methylphenidate immediate release (\$13) Mixed amphetamine salts (\$16) Dexmethylphenidate (\$43) Methylphenidate controlled release (\$32) Concerta (\$126) Adderall XR (\$174)	See CC below
Rozerem (\$114)	NF	Zolpidem (\$3) Trazodone (\$4) Temazepam (\$5) Triazolam (\$8)	Insomnia not covered. Refer to the introduction.
Skelaxin (\$286)	NF	Cyclobenzaprine (\$7) Chlorzoxazone (\$7) Methocarbamol (\$9) Baclofen (\$12) Tizanidine (\$26)	
Singulair (\$111)	ST	Chlorpheniramine (\$3) Diphenhydramine (\$4) Loratadine OTC (\$5)	Allergic rhinitis is not covered. Refer to the introduction.

^{BB} PA not required if age less than 2. Potentially severe drug interactions with cimetidine include warfarin, theophylline, carbamazepine, and phenytoin. The costs of the solution preparations are calculated based on a 15 kilogram child, nizatidine 10mg/kg/day, cimetidine 40mg/kg/day, famotidine 1mg/kg/day, and ranitidine 10mg/kg/day.

^{CC} Adderall XR and Concerta are restricted to age < 19 years and a quantity limit of #30 per month.

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Symbicort (\$189)	NF	Qvar (\$75) Aerobid and Aerobid-M (\$84) Asmanex (\$114) Pulmicort Flexhaler (\$124) Flovent HFA (\$123) Azmacort (\$138) Alvesco (\$140) Serevent – ST (\$142) Advair Diskus and HFA (\$208)	See DD below
Topamax (\$345) Topamax Sprinkles (\$366)	PA [†]	For treatment of bipolar disorder: Lithium (\$41)* Carbamazepine (\$12) Divalproex sodium delayed release (\$16)* For migraine prophylaxis: Propranolol (\$8) Verapamil (\$15) TCAs: amitriptyline, nortriptyline or desipramine (\$10)* Divalproex sodium delayed release (\$16)* *Note: Drug is covered by DMAP.	
Tramadol-acetaminophen (\$106)	NF	Tramadol and acetaminophen as single agents (\$15)	
Trandolapril (\$16)	NF	Benazepril (\$5) Captopril (\$4) Enalapril (\$4) Lisinopril (\$4)	See EE below

^{DD} The 2007 National Heart, Lung and Blood Institute (NHLBI) “Guidelines for the Diagnosis and Management of Asthma” recommends reserving combination therapy with an inhaled corticosteroid steroid (ICS) and a long-acting beta-agonist for patients whose asthma are not adequately controlled by ICSs. For more information, please refer to <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf>

^{EE} In patients with hypertension, recent MI, chronic heart failure, or nephropathy, there is no evidence that one ACE inhibitor is more effective or safer than another. For more information, please refer to the Human Resources Commission Evidence Based Report on ACE inhibitors. <http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/ACEI.7.2005.Update2.doc>

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Tricor (\$100)	NF	Gemfibrozil (\$8) Omega-3 fatty acids (\$7) Niacin and niacin controlled release (\$6) Niaspan (\$109)	
Ultram ER (\$178)	NF	Tramadol (\$13)	
Vesicare (\$114)	NF	Oxybutynin (\$7)	See FF below
Vigamox (\$65 per 3ml)	NF	Ofloxacin Ophthalmic Drops (\$7 per 5ml) Ciprofloxacin Ophthalmic Drops (\$13 per 5ml) Non-quinolone alternatives: gentamicin, tobramycin, sulfacetamide, polymixin/trimethoprim (\$4 per bottle)	See GG below
Vytorin (\$91)	ST	Simvastatin (\$7) Lovastatin (\$10) Pravastatin (\$10)	See HH below
Vyvanse (\$123)	NF	Methylphenidate immediate release (\$13) Mixed amphetamine salts (\$16) Dextroamphetamine sustained release (\$47) Dexmethylphenidate (\$43) Methylphenidate controlled release (\$32) Concerta (\$126) Adderall XR (\$174)	See II below

^{FF} For patients with urge incontinence or overactive bladder, there is no overall clinically significant difference between anticholinergic incontinence drugs in efficacy or safety. Please refer to the Human Resources Commission Evidence Based Report for more information:

<http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/OAB.3.2006.Update3.pdf>

^{GG} There is insufficient evidence to support the superiority of Vigamox or Zymar over available formulary alternatives for uncomplicated bacterial conjunctivitis.

^{HH} The ENHANCE study showed that there was no difference in the rate of atherosclerosis progression between Vytorin and simvastatin alone. Currently, there is no available evidence that Vytorin reduces the risk of cardiovascular events.

^{II} Adderall XR and Concerta are restricted to age < 19 years and a quantity limit of #30 per month. Vyvanse is a pro-drug of dextroamphetamine and was designed to reduce abuse potential. However, Vyvanse is classified as a schedule II controlled substance by the DEA and is contraindicated in patients with a history of drug abuse.

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Welchol (\$199)	NF	Simvastatin (\$5) Pravastatin (\$8) Lovastatin (\$10) Niacin and niacin controlled release (\$6) Niaspan (\$109) Colestipol (\$66) Cholestyramine powder (\$69)	
Xopenex HFA (\$49) Xopenex Nebulizer (\$92)	NF NF	Ventolin HFA (\$35) Proair HFA (\$45) Proventil HFA (\$45) Albuterol nebulizer 0.083%, 0.5% and 1.25mg/3ml (\$12)	See JJ below
YAZ (\$56)	NF	Generic oral contraceptives (\$30) (e.g. Kariva, Apri, Lutera, Portia, Levora, Trivora, Nortrel, Necon, Microgestin, Sprintec, Trinessa, Low-ogestrel)	
Zaleplon (\$15)	NF	Zolpidem (\$3) Trazodone (\$4) Temazepam (\$5) Triazolam (\$8)	Insomnia not covered. Refer to the introduction.
Zetia (\$98)	PA [†]	Simvastatin (\$5) Pravastatin (\$8) Lovastatin (\$10) Niacin and niacin controlled release (\$6) Niaspan (\$109) Colestipol (\$66) Cholestyramine powder (\$69)	See KK below

^{JJ} Randomized, double-blind, placebo-controlled trials have consistently shown that albuterol and levalbuterol cause significant increases in FEV1 in pediatric and adult patients. Furthermore, multiple randomized, controlled trials comparing equipotent doses of albuterol and levalbuterol have not demonstrated significant differences in the rate of adverse events, including heart rate. Please note that after 12/31/2008, CFC-containing albuterol MDIs will no longer be available.

^{KK} Currently there is no available evidence that Zetia reduces the risk of cardiovascular events.

Drug Name	Formulary Status	Selected Formulary Alternatives	Comments
Zymar (\$68 per 5ml)	NF	Ofloxacin Ophthalmic Drops (\$7 per 5ml) Ciprofloxacin Ophthalmic Drops (\$13 per 5ml) Non-quinolone alternatives: gentamicin, tobramycin, sulfacetamide, polymixin/trimethoprim (\$4 per bottle)	See LL below

^{LL} There is insufficient evidence to support the superiority of Vigamox or Zymar over available formulary alternatives for uncomplicated bacterial conjunctivitis.