



# Advanced Health Formulary 2018: **Alphabetical**

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**Bold Items Are the Most Cost-Effective Choices Within a Drug Class.**

|   |
|---|
| <b>A</b>  |
| Acetazolamide   |
| Acyclovir tablets   |
| <b>Albuterol (Ventolin HFA, Nebulizer Solution) (Quantity Limit 2 Inhalers per 30 Days)</b> |
| Alendronate (Weekly)  |
| Allopurinol   |
| Amantadine  |
| Amiloride (HCTZ)  |
| Amiodarone  |
| Amlodipine  |
| Amoxicillin   |
| Amoxicillin/Clavulanic Acid   |
| Amphetamine Salt Combo (IR) (See Stimulant Criteria)*                                       |
| <b>Amphetamine Salt Combo (XR)*</b> (See Stimulant Criteria)                                |
| Ampicillin  |
| Apixiban (PA required if used greater than 90 days)*  |
| Aspirin (Up to 90-day supply)   |
| Atenolol (HCTZ)   |
| <b>Atorvastatin</b>   |
| Azathioprine  |
| Azithromycin  |
| <b>B</b>  |
| B-12 (Injections)   |
| Bacitracin Ophthalmic   |
| Bacitracin/Polymixin B Ophthalmic   |
| Baclofen  |
| Balsalazide   |
| <b>Beclomethasone (QVAR Redihaler)</b>  |
| Benzotropine  |
| Bethanechol   |
| Bexsero (Age 19-25) (Vaccine)   |
| Bimatoprost Ophthalmic  |
| Bismuth Tabs (Limit #112/year)  |
| Bisoprolol (HCTZ)   |
| <b>Breo Ellipta*</b>  |

|   |
|---|
| Brimonidine P (Alphagan P)  |
| Brinzolamide Ophthalmic   |
| Bromocriptine   |
| Budesonide (Pulmicort)  |
| <b>Budesonide Nebulizer Solution* (4 years old and younger)</b>                                   |
| <b>Budesonide/Formoterol* (Symbicort)</b>   |
| Bumetanide  |
| <b>Buprenorphine*</b> (Covered for Opioid Use Disorder Treatment. Not Covered for Pain.)          |
| <b>Buprenorphine/Naloxone*</b> (Covered for Opioid Use Disorder Treatment. Not Covered for Pain.) |
| Bupropion SR  |
| <b>C</b>  |
| Calcitonin Spray  |
| Capsaicin Cream   |
| Captopril (HCTZ)  |
| Carbamazepine   |
| Carbidopa/Levodopa & SR   |
| Carvedilol  |
| Cefdinir (Suspension Only)  |
| Cefpodoxime   |
| Cefuroxime  |
| <b>Celecoxib*</b>   |
| Cephalexin  |
| Cetirizine (10 mg tabs, Soln)   |
| Chlorhexedine Oral Rinse  |
| Cholestyramine Powder (Not Packets)   |
| Cilostazol  |
| Cimetidine  |
| Ciprofloxacin (HC) Otic   |
| Ciprofloxacin Ophthalmic  |
| Ciprofloxacin Tabs  |
| Clindamycin   |
| Clobetasol (Cream, Ointment)  |
| Clonazepam (PA required for use greater than 28 days)*  |

|  |
|--|
| Clonidine  |
| Clopidogrel  |
| Clotrimazole   |
| <b>Codeine/APAP*</b> (See Opioid Criteria)   |
| <b>Codeine/ASA*</b> (See Opioid Criteria)  |
| Contraceptive Products (Injectable, Oral, Patches, Ring, Spermicide, Cervical Cap with Spermicide, and Female/Male Condom) Preferred Oral Agents: <b>Sprintec (Ortho Cyclen)</b> , Seasonale for extended cycle, Levlen/Nordette, Lo Ovral, Nor QD/Micronor<br><i>12 months of formulary oral contraceptives are a covered benefit after an initial 3 month trial.</i> |
| Cromolyn Sodium (Nebulizer Solution)   |
| Cyclobenzaprine  |
| <b>Cyclophosphamide*</b> (Specialty Pharmacy)  |
| <b>Cyclosporine*</b>   |
| Cyproheptadine   |
| <b>D</b>   |
| Dabigatran (PA required if used greater than 90 days)*   |
| <b>Danazol*</b> (Specialty Pharmacy)   |
| <b>Dantrolene*</b>   |
| Dexamethasone  |
| <b>Dexmethylphenidate (XR)*</b> (See Stimulant Criteria)   |
| Diclofenac Sodium  |
| Diclofenac 1% Topical Gel (Quantity limit 100 gm/30 days)  |
| Dicloxacillin  |
| Dicyclomine  |
| Digoxin (Up to 90-day supply)  |
| Diltiazem (ER)   |
| Diphenhydramine  |



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|  |
|--|
| Diphenoxylate/Atropine   |
| Disulfiram   |
| Docusate (w/Casanthranol)  |
| <b>Donepezil*</b>  |
| Dorzolamide Ophthalmic   |
| Dorzolamide/Timolol Ophthalmic   |
| Doxazosin  |
| <b>Doxycycline*</b> (Covered for 14 days without a PA for infectious conditions. <b>PA for chronic use</b> ) |
| Doxylamine   |
| <b>Drospirenone/EE Contraceptives*</b>   |
| <b>E</b>   |
| Edoxaban ( <b>PA required if used greater than 90 days*</b> )  |
| Emergency Contraception  |
| Enalapril (HCTZ)   |
| Enoxaparin ( <b>PA if used longer than 10 days, Specialty Pharmacy for long term use*</b> )                  |
| <b>Entanercept*</b> (Specialty Pharmacy)   |
| <b>Epclusa*</b> (Specialty Pharmacy)   |
| Epinephrine (Quantity limit 2 fills per year) Generic Adrenaclick  |
| Ergonovine   |
| Erthromycin/Sulfa  |
| Erythromycin   |
| Esterified Estrogen/MT   |
| <b>Estraderm Patch (0.5mg,1mg)*</b>  |
| Estradiol (1mg & 2mg Tabs / Vaginal Tabs / Vaginal Cream)  |
| Estropipate  |
| Ethacrynic Acid  |
| <b>Exenatide*</b>  |
| <b>F</b>   |
| Famotidine   |
| Felodipine   |
| Fenofibrate (43,54,67,134,& 200mg)   |
| <b>Fentanyl Patch*</b> (PA Required See Opioid Criteria)   |
| Ferrous Sulfate/Gluconate (OTC)  |
| Finasteride (5 mg)   |

|  |
|--|
| Flecainide                                       |
| Fluconazole (#14 per 30 days)                    |
| Fludrocortisone                                  |
| Fluocinonide (Cream,Ointment)                    |
| Fluoride (less than 18 years old)                |
| <b>Fluorouacil*</b>                              |
| Flurometholone Ophthalmic                        |
| Fluticasone ( <i>Flovent</i> )                   |
| <b>Fluticasone Nasal Spray*</b>                  |
| <b>Fluticasone/Salmeterol (Advair)*</b>          |
| Folic Acid                                       |
| <b>Formoterol* (Foradil)</b>                     |
| Fosinopril (HCTZ)                                |
| Furosemide                                       |
| <b>G</b>   |
| Gabapentin (100mg, 300mg, 400mg Caps)            |
| Ganciclovir Ophthalmic                           |
| Gemfibrozil                                      |
| <b>Glitiramer*</b> (Specialty Pharmacy)          |
| Glimepiride                                      |
| Glipizide  |
| Glucagon (limit #2 per 30 days)                  |
| Glyburide  |
| Glycolax   |
| Guanfacine                                       |
| <b>H</b>   |
| HC/Neomycin/Polymixin B Ophthalmic               |
| Hydralazine                                      |
| Hydrochlorothiazide (HCTZ) (Up to 90-day supply) |
| <b>Hydrocodone/APAP*</b> (See Opioid Criteria)   |
| Hydrocortisone (Cream/Ointment) (1% & 2.5%)      |
| Hydrocortisone (Oral)                            |
| <b>Hydromorphone*</b> (See Opioid Criteria)      |
| Hydroxychloroquine                               |
| Hydroxyzine                                      |
| <b>I</b>   |

|   |
|---|
| Ibuprofen   |
| Indomethacin (25, 50 mg)  |
| Influenza (Age 19 and older) (Vaccine)                          |
| Insulin (R,NPH,70/30) (Vials Only, Pens Require PA)             |
| <b>Insulin Glargine (Basaglar)*</b>                             |
| Insulin Lispro ( <i>Admelog</i> ) (Vials Only, Pens Require PA) |
| <b>Interferon*</b> (Specialty Pharmacy)                         |
| <b>Ipratropium (Atrovent)*</b>                                  |
| Ipratropium (Nebulizer Solutions)                               |
| <b>Ipratropium/Albuterol (Combivent)*</b>                       |
| Ipratropium/Albuterol (Nebulizer Solution)                      |
| Isoniazid   |
| IsoptoAtropine  |
| Isopto Carbachol  |
| Isopto Hyosine  |
| Isosorbide Dinitrate (ER)                                       |
| Isosorbide Mononitrate (ER)                                     |
| Ivermectin  |
| <b>J</b>  |
| <b>K</b>  |
| Kayexelate  |
| <b>L</b>  |
| Lactulose Suspension  |
| Latanoprost Ophthalmic  |
| Leflunomide   |
| Levetiracetam   |
| Levofloxacin  |
| Levothyroxine (Up to a 90-day supply)                           |
| <b>Lidocaine Ointment*</b> (60gms per 30 days)                  |
| Lidocaine Viscous Solution                                      |
| <b>Lisdexamfetamine*</b> (See Stimulant Criteria)               |
| Lisinopril (HCTZ)   |
| Loperamide  |
| Loratadine (OTC)  |
| Losartan (HCTZ)   |
| <b>Lovastatin</b>   |
| <b>M</b>  |



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|   |
|---|
| Macrochantin  |
| Magnesium Oxide 400 mg tab  |
| <b>Mavyret*</b> (Specialty Pharmacy)  |
| Medroxyprogesterone<br>(Up to a 90-day supply)  |
| Meloxicam   |
| <b>Memantine*</b>   |
| Metformin (XR)  |
| <b>Methadone*</b><br>(See Opioid Criteria)  |
| Methimazole   |
| Methocarbamol   |
| Methotrexate  |
| Methyl dopa   |
| Methylgonovine  |
| Methylphenidate (IR)<br>(See Stimulant Criteria)  |
| <b>Methylphenidate (Methylin)<br/>ER</b> (10mg & 20mg Tabs)<br>(See Stimulant Criteria)   |
| Methylphenidate (XR,CR,CD,<br>LA) (See Stimulant Criteria<br>Step Care) <b>**</b> (Products are<br>covered under step therapy edit) |
| Methylprednisolone  |
| Metoclopramide  |
| Metolazone  |
| Metoprolol (XL)   |
| Metronidazole (Tabs, Vaginal)   |
| Miconazole  |
| Misoprostol   |
| Mometasone ( <i>Asmanex</i> )   |
| <b>Montelukast</b>  |
| <b>Morphine Elixir*</b><br>(See Opioid Criteria)  |
| <b>Morphine Sulfate IR/ER*</b><br>(See Opioid Criteria)   |
| Moxifloxacin Ophthalmic   |
| Mupirocin Ointment<br>(22g per 180 days, not nasal)   |
| <b>N</b>  |
| Naproxen Sodium   |
| Naloxone (Injection/Nasal Spray)  |

|   |
|---|
| <b>Naltrexone Injection*</b>  |
| Naltrexone Tab  |
| Neomycin/Polymixin/<br>Dexamethasone Ophthalmic                                 |
| Niacin (OTC)  |
| Nicotine Gum  |
| <b>Nicotine Inhaler *</b>   |
| Nicotine Lozenges   |
| <b>Nicotine Nasal Spray*</b>  |
| Nicotine Patches  |
| Nystatin<br>(Suspension, Powder, Cream)   |
| <b>O</b>  |
| Ofloxacin Ophthalmic  |
| Ofloxacin Otic  |
| <b>Omeprazole</b>   |
| Ondansetron tabs<br>(3 Fills of #20 tabs per year,<br><b>then requires PA</b> ) |
| Oxcarbazepine<br>(150 mg, 300 mg, 600 mg Tabs)                                  |
| Oxybutynin (IR)   |
| <b>Oxycodone 5mg*</b><br>(See Opioid Criteria)                                  |
| <b>Oxycodone/APAP*</b><br>(See Opioid Criteria)                                 |
| <b>Oxycodone/ASA*</b><br>(See Opioid Criteria)                                  |
| <b>P</b>  |
| <b>Pancreatic Enzymes*</b>  |
| <b>Pantoprazole</b>   |
| Penicillin  |
| Permethrin 1% (Cream, Liquid)   |
| Phenazopyridine   |
| Phenobarbital   |
| Phenytoin   |
| Pilocarpine Ophthalmic  |
| Pioglitazone  |
| Podofilox   |
| Polyethylene Glycol   |
| Potassium Chloride  |
| <b>Pramipexole*</b>   |
| Pravastatin   |

|   |
|---|
| Prazosin  |
| Prednisolone ODT<br>(7 years old and younger)                         |
| Prednisolone Ophthalmic<br>(Mild and Forte)                           |
| Prednisolone Solution   |
| Prednisone Tabs   |
| Prenatal Vitamins<br>(approved for women 49 years<br>old and younger) |
| Probenicid  |
| Prochlorperazine  |
| Progesterone Tabs   |
| Promethazine  |
| Propranolol (XR)  |
| Propylthiouracil  |
| Pyrantel Pamoate Tabs   |
| Pyridoxine 25 mg Tabs   |
| <b>Q</b>  |
| Quinapril (HCTZ)  |
| <b>R</b>  |
| Raloxifene  |
| Ramipril Caps   |
| Ranitidine (Tablet, Solution)   |
| Reserpine   |
| Riboflavin (OTC)  |
| Rifampin  |
| Rivaroxaban ( <b>PA required if<br/>used greater than 90 days</b> )*  |
| Rizatriptan Tabs & MLT<br>(Qty limit #9 tabs per 30 days)             |
| <b>Rosuvastatin (Crestor)*</b><br>(Tablet Splitter)                   |
| <b>S</b>  |
| Salon-pas Patches   |
| <b>Salsalate*</b>   |
| Scopolamine Ophthalmic  |
| Selegiline  |
| Silver Sulfadiazine   |
| <b>Simvastatin</b>  |
| Sotalol   |
| Spironolactone (HCTZ)   |
| Sucralfate Tabs   |



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|   |
|---|
| Sulfacetamide Ophthalmic  |
| Sulfacetamide/Prednisolone Ophthalmic                                     |
| Sulfamethoxazole/Trimethoprim   |
| Sulfasalazine Tabs  |
| Sulindac  |
| <b>Sumatriptan (Injection, Nasal Spray)*</b><br>(Limit 1 box per 30 days) |
| <b>Sumatriptan Tabs</b><br>(Qty limit #9 tabs per 30 days)                |
| Suprep  |
| <b>T</b>  |
| Tamsulosin  |
| Terazosin   |
| Terconazole Vaginal   |
| Testosterone Injections   |
| Theophylline ER   |
| Thyroid   |
| Timolol Ophthalmic  |
| Tiotropium ( <i>Spiriva</i> )   |
| Tobramycin Ophthalmic   |
| <b>Tolterodine (LA)*</b>  |
| Topiramate  |
| <b>Tramadol*(See Opioid Criteria)</b>                                     |
| Travaprost Ophthalmic   |
| Triamcinolone (Cream,Ointment)  |
| Triamterene/ HCTZ   |
| Trifluridine Ophthalmic   |
| Trihexyphenidyl   |
| Trimethoprim  |
| Trimethoprim/Polymyxin B Ophthalmic                                       |
| Triple Antibiotic Oint (OTC)  |
| Tri-vi-sol (w/Iron)   |
| Trumenba (Age 19-25)<br>(Vaccine)   |
| <b>U</b>  |
| <b>V</b>  |
| Varenicline   |
| Verapamil   |
| Vidarabine Ophthalmic   |
| Vitamin D (OTC/Susp/Drops)  |

|                                       |
|---------------------------------------|
| Vitamin K                             |
| <b>Vosevi*</b> (Specialty Pharmacy)   |
| <b>WXYZ</b>                           |
| Warfarin                              |
| <b>Zepatier*</b> (Specialty Pharmacy) |



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**Mental Health Medications**, such as antidepressants, anti-psychotics, and mood stabilizers are covered for Advanced Health members directly by Oregon Medicaid. Pharmacies should bill these prescriptions to DMAP. Call 888-202-2126 or fax 888-346-0178 for questions.

**Liquid Oral Medications** will be covered for members 12 years of age and younger. **All others will require a PA**

**HIV Medications** approved by the FDA for treatment of HIV disease are covered (Must use Specialty Pharmacy)

**MedImpact Direct Specialty** is our Specialty Pharmacy Provider. You may reach them at: (Phone) 1-877-391-1103 or (Fax) 1-888-807-5716 [www.medimpactdirect.com/Providers](http://www.medimpactdirect.com/Providers)

**Tablet Splitting** of some medications offer significant cost savings. Tablet splitters are available at no cost to Advanced Health members. Call (541)-269-7400

**All Stimulants require a PA for age 23 years and older.**  
\*\* (Products are covered under step therapy edit for members less than 23 years of age)

**Vitamin/Mineral Supplements** are covered for prescription strength only unless otherwise specified.

**Insulin Pens** **All Insulin pen prescriptions require PA**

**Opioids** are subject to Advanced Health quantity limits and prior authorization criteria. Up to 60 tablets per 180-day period may be covered without a PA for acute conditions. **Opioid use beyond 60 tablets within a 180-day period requires PA. PA will also be required for all long-acting opioids. Local Oncology providers are excluded from PA requirement for formulary opioids.**

### **Contraceptive Products**

12 months of formulary oral contraceptives are a covered benefit after an initial 3 month trial.

Preferred agents: **Sprintec (Ortho Cyclen)**, Seasonale for extended cycle, Levlén/Nordette, Lo Ovral, Nor QD/Micronor

### **Smoking Cessation**

Nicotine Patches/Gum/Lozenges, Varenicline, and Bupropion SR are available without a prior authorization for up to two quit attempts per year. One quit attempt equals a 90-day supply of medication dispensed in 30 day increments. Pharmacy provider may contact Advanced Health at 541-269-0388 for information.

**Hospital, ER, or Urgent Care Discharge Override** Please contact the MedImpact Pharmacy Helpdesk at 1-800-788-2949 (Phone) for a 5-day supply of any medication prescribed at discharge for Advanced Health members. Mental health medications should be billed directly to the State (see **Mental Health Medications** above). Please fax prescribing provider to submit prior authorization for any medications that required 5-day override AND Advanced Health Attn: Stacy or Lisa D. at (541) 269-7147.

**Vaccinations** If patients are less than 19 years of age their vaccine is covered through the Vaccines for Children (VFC) program. Members should be instructed to see their PCP or the Public Health Department for vaccine administration. Pharmacies are NOT VFC providers, therefore they may not administer vaccines to Advanced Health members that are 18 years of age or less.