



# Advanced Health Formulary 2018: **By Therapeutic Class**

This is A Mandatory Generic Plan. Generics Must Be Used When Commercially Available.

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

## ACE Inhibitors

Captopril (HCTZ)
Enalapril (HCTZ)
Fosinopril (HCTZ)
Lisinopril (HCTZ)
Quinapril (HCTZ)
Ramipril (Caps)

## Alpha Blockers

Doxazosin
Prazosin
Tamsulosin
Terazosin

## Angiotensin II Receptor Blockers

Losartan (HCTZ)
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## Anti-Infective Agents

Medications approved by the FDA for treatment of HIV disease are covered (Specialty Pharmacy)
Acyclovir tablets
Amantadine
Amoxicillin
Amoxicillin/Clavulanic Acid
Ampicillin
Azithromycin
Cefdinir (Suspension Only)
Cefpodoxime
Cefuroxime
Cephalexin
Ciprofloxacin Tabs
Clindamycin
Dicloxacillin
<b>Doxycycline*</b> (Covered for 14 days without a PA for infectious conditions. <b>PA for chronic use</b> )
Erythromycin/Sulfa
Erythromycin
Fluconazole (#14 per 30 days)
Isoniazid
Ivermectin

## Anti-Infective Agents Cont.

Levofloxacin
Macroclantin
Metronidazole (Tabs, Vaginal)
Nitrofurantoin
Nystatin (Suspension, Powder, & Cream)
Penicillin
Pyrantel Pamoate Tabs
Rifampin
Sulfamethoxazole/Trimethoprim
Sulfasalazine
Trimethoprim

## Anti-Migraine Agents

Rizatriptan Tabs & MLT (Qty limit #9 tabs per 30 days)
<b>Sumatriptan Tabs</b> (Qty limit #9 tabs per 30 days)
<b>Sumatriptan (Injection, Nasal Spray)*</b> (Limit 1 box per 30 days)
Topiramate

## Beta Blockers

Atenolol (HCTZ)
Bisoprolol (HCTZ)
Carvedilol
Metoprolol (XL)
Propranolol (XR)

## Calcium Channel Blockers

Amlodipine
Diltiazem (ER)
Felodipine
Nifedipine (ER)
Nisoldipine
Verapamil

## Cardiovascular/Blood Agents

Amiodarone
Apixaban ( <b>PA required if used greater than 90 days</b> )*
Aspirin (Up to 90-day supply)
Cilostazol
Clonidine
Clopidogrel
Dabigatran ( <b>PA required if used greater than 90 days</b> )*
Digoxin (Up to 90 day supply)
Doxazosin
Edoxaban ( <b>PA required for use greater than 90 days</b> )*
Enoxaparin ( <b>PA if used longer than 10 days, Specialty Pharmacy for long term use</b> )*
Flecainide
Guanfacine
Hydralazine
Isosorbide Dinitrate (ER)
Isosorbide Mononitrate (ER)
Methyldopa
Nitroglycerin (Patch, Sublingual, Ointment)
Reserpine
Rivaroxaban ( <b>PA required if used greater than 90 days</b> )*
Sotalol
Warfarin

## CNS Agents, ADHD Agents

(All stimulants require a PA for age 23 years and older.)

<b>Amphetamine Salt Combo (XR)*</b>
<b>Dexmethylphenidate (XR)*</b>
<b>Lisdexamfetamine*</b>
<b>Methylphenidate (Methylin) ER</b> (10mg & 20mg Tabs)
Methylphenidate (XR,CR,CD, LA)** (Products are covered under step therapy edit)
Methylphenidate (IR)
Amphetamine Salt Combo (IR)



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## CNS Agents Muscle Relaxants

Baclofen
Cyclobenzaprine
<b>Dantrolene*</b>
Methocarbamol

## Diabetes Agents

<b>Exenatide*</b>
Glimepiride
Glipizide
Glucagon (limit #2 per 30 days)
Glyburide
Insulin (R,NPH,70/30) (Vials Only, Pens Require PA)
<b>Insulin Glargine (Basaglar)*</b>
Insulin Lispro (Admelog) (Vials Only, Pens Require PA)
Metformin (XR)
Pioglitazone

## Diuretics

Amiloride (HCTZ)
Bumetanide
Ethacrynic Acid
Furosemide
Hydrochlorothiazide (HCTZ) (Up to 90-day supply)
Metolazone
Spironolactone (HCTZ)
Triamterene/ HCTZ

## Endocrine

Dexamethasone
Fludrocortisone
Hydrocortisone (Oral)
Levothyroxine (Up to a 90-day supply)
Methimazole
Methylprednisolone
Prednisolone Solution
Prednisolone ODT (7 years old and younger)
Propylthiouracil
Prednisone
Thyroid
Testosterone Injections

## ENT Agents

Cetirizine (10 mg tabs, Soln)
Ciprofloxacin (HC) Otic
Diphenhydramine
<b>Fluticasone Nasal Spray*</b>
Loratadine (OTC)
Ofloxacin Otic

## Gastrointestinal Agents

Balsalazide
Bismuth Tabs (Limit #112/year)
Cimetidine
Dicyclomine
Diphenoxylate/Atropine
Docusate (w/Casanthranol)
Famotidine
Glycolax
Lactulose Suspension
Loperamide
Metoclopramide
Misoprostol
Ondansetron (3 Fills of #20 tabs per year, <b>then requires PA</b> )
<b>Omeprazole</b>
<b>Pancreatic Enzymes*</b>
<b>Pantoprazole</b>
<b>Polyethylene Glycol</b>
Prochlorperazine
Promethazine
Ranitidine (Tablet, Solution)
Sucralfate Tabs
Sulfasalazine Tabs
Suprep

## Genitourinary Agents

Bethanechol
Finasteride (5mg)
Oxybutynin (IR)
Phenazopyridine
<b>Tolterodine (LA)*</b>

## Gyn Agents

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 <i>12 months of formulary oral contraceptives are a covered benefit after an initial 3 month trial.</i>
<b>Drospirenone/EE Contraceptives*</b>
<b>Danazol*</b> (Specialty Pharmacy)
Emergency Contraception
Ergonovine
Esterified Estrogen/MT
Estradiol (1mg & 2mg Tabs / Vaginal Tabs / Vaginal Cream)
<b>Estraderm Patch (0.5mg, 1mg)*</b>
Estropipate
Medroxyprogesterone (Up to a 90-day supply)
Methylergonovine
Progesterone Tabs
Terconazole Vaginal

## Hepatitis C Therapy

<b>Eplusa*</b> (Specialty Pharmacy)
<b>Mavyret*</b> (Specialty Pharmacy)
<b>Vosevi*</b> (Specialty Pharmacy)
<b>Zepatier*</b> (Specialty Pharmacy)

## Immunosuppressant & Antineoplastic Agents

Azathioprine
<b>Cyclophosphamide*</b> (Specialty Pharmacy)
<b>Entanercept*</b> (Specialty Pharmacy)
Hydroxychloroquine
Leflunomide
Methotrexate



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## Lipid Lowering Agents

<b>Atorvastatin</b>
Cholestyramine Powder (Not Packets)
Fenofibrate (43,54,67,134,& 200mg)
Gemfibrozil
<b>Lovastatin</b>
Niacin (OTC)
Pravastatin
<b>Rosuvastatin (Crestor)*</b> (Tablet Splitter)
<b>Simvastatin</b>

## Medication Assisted Therapy

Covered for Opioid Use Disorder Only. Not Covered for Pain.

<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.)

## Non-Opioid Pain Medications

Capsaicin Cream
<b>Celecoxib*</b>
Diclofenac Sodium
Diclofenac 1% Topical Gel (Qty limit 100 grams/30 days)
Ibuprofen
Indomethacin (25, 50 mg)
Gabapentin (100mg, 300mg, 400mg Caps)
Meloxicam
Naproxen Sodium
Salon-pas Patches
<b>Salsalate*</b>
Sulindac
Tricyclic Anti-Depressants, and Cymbalta are covered under mental health carve out with DMAP

## NSAIDS

<b>Celecoxib*</b>
Diclofenac Sodium
Ibuprofen
Indomethacin (25, 50 mg)
Meloxicam
Naproxen Sodium
<b>Salsalate*</b>
Sulindac

## Ophthalmic Agents

Acetazolamide
Bacitracin Ophthalmic
Bacitracin/Polymixin B Ophthalmic
Bimatoprost Ophthalmic
Brimonidine P (Alphagan P)
Brinzolamide Ophthalmic
Ciprofloxacin Ophthalmic
<b>Cyclosporine*</b>
Diclofenac
Dorzolamide Ophthalmic
Dorzolamide/Timolol Ophthalmic
Erythromycin
Flurometholone Ophthalmic
Ganciclovir Ophthalmic
HC/Neomycin/Polymixin B Ophthalmic
IsoptoAtropine
Isopto Carbachol
Isopto Hyosine
Latanoprost Ophthalmic
Moxifloxacin Ophthalmic
Neomycin/Polymixin/ Dexamethasone Ophthalmic
Ofloxacin Ophthalmic
Pilocarpine Ophthalmic
Predisolone (Mild and Forte)
Scopolamine
Sulfacetamide
Sulfacetamide/Prednisolone
Timolol
Tobramycin
Travaprost
Trifluridine

## Cont. Ophthalmic Agents

Trimethoprim/Polymyxin B
Vidarabine Ophthalmic

## Opioids

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 painful conditions. Opioid use beyond 60 tablets within a 180-day period requires PA. PA required for all long-acting opioids. Local Oncology providers are excluded from PA requirement for formulary opioids.

<b>Codeine/APAP*</b>
<b>Codeine/ASA*</b>
<b>Fentanyl Patch*</b> (PA Required See Opioid Criteria)
<b>Hydrocodone/APAP*</b>
<b>Hydromorphone*</b>
<b>Methadone*</b>
<b>Morphine Elixir*</b>
<b>Morphine Sulfate IR/ER*</b>
<b>Oxycodone 5mg*</b>
<b>Oxycodone/APAP*</b>
<b>Oxycodone/ASA*</b>
<b>Tramadol*</b>

## Opioid Antagonists

Naloxone (Injectable, Nasal Spray)
<b>Naltrexone Injection*</b>
Naltrexone Tab

## Parkinson's Disease

Carbidopa/Levodopa & SR
<b>Pramipexole*</b>
Selegiline



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## Respiratory Agents

<b>Albuterol (Ventolin HFA, Neb Solution)</b> (Quantity limit 2 inhalers per 30 days)
<b>Beclomethasone (QVAR Redihaler)</b>
<b>Breo Ellipta*</b>
<b>Budesonide Nebulizer Solution*</b> (4 years old and younger)
Budesonide ( <i>Pulmicort</i> )
<b>Budesonide/Formoterol* (Symbicort)</b>
Cromolyn Sodium (Nebulizer Solution)
Fluticasone ( <i>Flovent</i> )
<b>Fluticasone/Salmeterol (Advair)*</b>
<b>Formoterol* (Foradil)</b>
<b>Ipratropium (Atrovent)*</b>
Ipratropium Neb Solution
Ipratropium/Albuterol (Nebulizer Solution)
<b>Ipratropium/Albuterol (Combivent)*</b>
Mometasone ( <i>Asmanex</i> )
<b>Montelukast</b>
Theophylline ER
Tiotropium ( <i>Spiriva</i> )

## Seizure Control

Carbamazepine
Clonazepam ( <b>PA required for use greater than 28 days</b> )*
Gabapentin (100mg, 300mg, 400mg Caps)
Levetiracetam
Oxcarbazepine (150 mg, 300 mg, 600 mg Tabs)
Phenytoin
Phenobarbital
Topiramate

## 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.*

<b>Bupropion SR</b>
<b>Nicotine Inhaler/Nasal Spray*</b>
Nicotine Patches/Gum/Lozenge
Varenicline

## Topical

Capsacian Cream
Clobetasol (Cream, Ointment)
Clotrimazole
Diclofenac 1% Topical Gel (Quantity limit 100 grams/30 days)
Fluocinonide (Cream, Ointment)
<b>Fluorouacil*</b>
Hydrocortisone (Cream/Ointment) (1% & 2.5%)
<b>Lidocaine Ointment*</b> (60gms per 30 days)
Lidocaine Viscous Solution
Miconazole
Mupirocin Ointment (22g per 180 days, not nasal)
Nystatin (Suspension, Powder, & Cream)
Permethrin 1% (Cream, Liquid)
Podofilox
Silver Sulfadiazine
Triamcinolone (Cream, Oint)
Triple Antibiotic Oint (OTC)

## 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.*

<b>Bexsero (Age 19-25)</b>
<b>Influenza (Age 19 and older)</b>
<b>Trumenba (Age 19-25)</b>

## Vitamin/Mineral Supplements (Prescription strength only unless otherwise specified)

<b>B-12 (Injections)</b>
<b>Ferrous Sulfate/Gluconate (OTC)</b>
<b>Fluoride (less than 18 years old)</b>
<b>Folic Acid</b>
<b>Magnesium Oxide 400 mg tab</b>
<b>Potassium Chloride</b>
<b>Prenatal Vitamins (approved for women 49 years old and younger)</b>
<b>Pyridoxine 25 mg tabs</b>
<b>Riboflavin (OTC)</b>
<b>Tri-vi-sol (w/Iron)</b>
<b>Vitamin D(OTC/Suspension/Drops)</b>
<b>Vitamin K</b>



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### **Other**

Benzotropine
Bromocriptine
Cyproheptadine
<b>Donepezil*</b>
<b>Glatiramer*</b> (Specialty Pharmacy)
<b>Interferon*</b> (Specialty Pharmacy)
<b>Memantine*</b>
Trihexyphenidyl

### **Misc. / Unclassified Agents**

Alendronate (Weekly)
Allopurinol
Calcitonin Spray
Chlorhexedine Oral Rinse
Disulfiram
Doxylamine
Epinephrine Injectable (Quantity limit 2 fills per year)
Hydroxyzine
Kayexelate
Probenicid
Raloxifene





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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

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**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, Levlen/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.