



# Advanced Health Formulary 2019: **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 <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>Glitamer*</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 (Up to a 90-day supply)
Meloxicam
<b>Memantine*</b>
Metformin (XR)
<b>Methadone*</b> (See Opioid Criteria)
Methimazole
Methocarbamol
Methotrexate
Methyl dopa
Methylergonovine
Methylphenidate (IR) (See Stimulant Criteria)
<b>Methylphenidate (Methylin) ER</b> (10mg & 20mg Tabs) (See Stimulant Criteria)
Methylphenidate (XR,CR,CD, LA) (See Stimulant Criteria Step Care) <b>**</b> (Products are 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> (See Opioid Criteria)
<b>Morphine Sulfate IR/ER*</b> (See Opioid Criteria)
Moxifloxacin Ophthalmic
Mupirocin Ointment (22g per 180 days, not nasal)
<b>N</b>
Naproxen Sodium
Naloxone (Injection/Nasal Spray)

<b>Naltrexone Injection*</b>
Naltrexone Tab
Neomycin/Polymixin/ Dexamethasone Ophthalmic
Niacin (OTC)
Nicotine Gum
<b>Nicotine Inhaler *</b>
Nicotine Lozenges
<b>Nicotine Nasal Spray*</b>
Nicotine Patches
Nystatin (Suspension, Powder, Cream)
<b>O</b>
Ofloxacin Ophthalmic
Ofloxacin Otic
<b>Omeprazole</b>
Ondansetron tabs (3 Fills of #20 tabs per year, <b>then requires PA</b> )
Oxcarbazepine (150 mg, 300 mg, 600 mg Tabs)
Oxybutynin (IR)
<b>Oxycodone 5mg*</b> (See Opioid Criteria)
<b>Oxycodone/APAP*</b> (See Opioid Criteria)
<b>Oxycodone/ASA*</b> (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 (7 years old and younger)
Prednisolone Ophthalmic (Mild and Forte)
Prednisolone Solution
Prednisone Tabs
Prenatal Vitamins (approved for women 49 years 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 used greater than 90 days</b> )*
Rizatriptan Tabs & MLT (Qty limit #9 tabs per 30 days)
<b>Rosuvastatin (Crestor)*</b> (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> (Limit 1 box per 30 days)
<b>Sumatriptan Tabs</b> (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*</b> (See Opioid Criteria)
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) (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, Levlen/Nordette, Lo Oval, 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.