

This is A Mandatory Generic Plan. Generics Must Be Used When Commercially Available. Any Prescription Over \$500 Will Require A Prior Authorization.

*Indicates That The Drug Requires Prior Authorization.

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

Acctazolomide Acyclovir tablets Albuterol HFA, Nebulizer Solution (Quantity Limit 2 Inhalers per 30 Days) Alendronate (Weekly) Allopurinol Amantadine Amiloride (HCTZ) Amiodarone Amlodipine Amoxicillin/Clavulanic Acid Amphetamine Salt Combo (IR) (See Stimulant Criteria) Ampicillin Apixiban (PA required if used greater than 90 days)* Aspirin (Up to 90-day supply) Atenolol (HCTZ) Atorvastatin Azathioprine Azithromycin Bellasalazide Belomethasone (QVAR Redihaler) Benztropine Bethanechol Bexsero (Age 19-25) (Vaccine) Bimatoprost Ophthalmic Bismuth Tabs (Limit #112/year) Brinzolamide Ophthaln Bromocriptine Budesonide (Pulmicort Budesonide (Pormoterol (Symbicort) Budesonide (Pulmicort Budesonide (Pulmicort Budesonide (Pulmicort Budesonide (Pulmicort Budesonide (Pulmicort Budesonide (Pornoterol (Symbicort) Budesonide (Pulmicort	A	Drimonidino D (Alphacan I
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Brinzolamide Ophthalmic
Bromocriptine
Budesonide (<i>Pulmicort</i>)
Budesonide Nebulizer
Solution* (4 years old and
younger)
Budesonide/Formoterol*
(Symbicort)
Bumetanide
Buprenorphine*
(Covered for Opioid Use Disorder
Treatment. Not Covered for Pain.)
Buprenorphine/Naloxone*
(Covered for Opioid Use Disorder
Treatment. Not Covered for Pain.)
Bupropion SR
C
Calcitonin Spray
Capsacian Cream
Captopril (HCTZ)
Carbamazepine
Carbidopa/Levodopa & SR
Carvedilol
Cefdinir (Suspension Only)
Cefpodoxime
Cefuroxime
Celecoxib*
Cephalexin
Cetirizine (10 mg tabs, Soln)
Chlorhexedine Oral Rinse
Cholestryamine Powder (Not
Packets)
Cilostazol
Cimetidine
Ciprofloxacin (HC) Otic
Ciprofloxacin Ophthalmic
Ciprofloxacin Tabs
Clindamycin
Clobetasol (Cream, Ointment)
Clonazepam (PA required for
vac creater than 20 days)*

Clonidine
Clopidogrel
Clotrimazole
Codeine/APAP*
(See Opioid Criteria)
Codeine/ASA*
(See Opioid Criteria)
Contraceptive Products
Injectable, Oral, Patches, Ring,
Spermicide, Cervical Cap with
Spermicide, and Female/Male
Condom) Preferred Oral Agents:
Sprintec (Ortho Cyclen),
Seasonale for extended cycle,
Levlen/Nordette, Lo Ovral,
Nor QD/Micronor
12 months of formulary oral contraceptives are a covered
benefit after an initial 3 month
rial.
Cromolyn Sodium
(Nebulizer Solution)
Cyclobenzaprine
Cyclophosphamide*
(Specialty Pharmacy)
Cyclosporine*
Cyproheptadine
D D
Dabigatron (PA required if used
greater than 90 days)*
Danazol* (Specialty Pharmacy)
Dantrolene*
Dexamethasone
Dexmethylphenidate (XR)*
(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
Dipliciniyaraninic

This is A Mandatory Generic Plan. Generics Must Be Used When Commercially Available.
Any Prescription Over \$500 Will Require A Prior Authorization.

*Indicates That The Drug Requires Prior Authorization.

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

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

e Most Cost-Effective Choices Wi
Flecainide
Fluconazole (#14 per 30 days)
Fludrocortisone
Fluocinonide (Cream,Ointment)
Fluoride (less than 18 years old)
Fluorouacil*
Flurometholone Ophthalmic
Fluticasone (Flovent)
Fluticasone Nasal Spray*
Fluticasone/Salmeterol
(Advair)*
Folic Acid
Formoterol* (Foradil)
Fosinopril (HCTZ)
Furosemide
G
Gabapentin (100mg, 300mg,
400mg Caps)
Ganciclovir Ophthalmic
Gemfibrozil
Glatiramer* (Specialty Pharmacy)
Glimepiride
Glipizide
Glucagon (limit #2 per 30 days)
Glyburide
Glycolax
Guanfacine
H
HC/Neomycin/Polymixin B
Ophthalmic
Hydralazine
Hydrochlorothiazide (HCTZ)
(Up to 90-day supply)
Hydrocodone/APAP*
(See Opioid Criteria)
Hydrocortisone
(Cream/Ointment) (1% & 2.5%)
Hydrocortisone (Oral)
Hydromorphone*
(See Opioid Criteria)
Hydroxychloroquine
Hydroxyzine
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Diug Class.
Ibuprofen
Indomethacin (25, 50 mg)
Influenza (Age 19 and older)
(Vaccine)
Insulin (R,NPH,70/30)
(Vials Only, Pens Require PA)
Insulin Glargine (Basaglar)*
Insulin Lispro (Admelog)
(Vials Only, Pens Require PA)
Interferon* (Specialty Pharmacy)
Ipratropium (Atrovent)*
Ipratropium (Nebulizer Solutions)
[pratropium/Albuterol
(Combivent)*
Ipratropium/Albuterol
(Nebulizer Solution)
Isoniazid
IsoptoAtropine
Isopto Carbachol
Isopto Hyosine
Isosorbide Dinitrate (ER)
Isosorbide Mononitrate (ER)
Ivermectin
<u>J</u>
Kayexelate
L
Lactulose Suspension
Latanoprost Ophthalmic
Leflunomide
Levetiracetam
Levofloxacin
Levothyroxine (Up to a 90-day supply)
Lidocaine Ointment*
(60gms per 30 days)
Lidocaine Viscous Solution
Lisdexamfetamine*
(See Stimulant Criteria)
Lisinopril (HCTZ)
Loperamide
Loratadine (OTC)
Losartan (HCTZ)
Lovastatin
M

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

Any Prescription Over \$500 Will Require A Prior Authorization.

*Indicates That The Drug Requires Prior Authorization.

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

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

Most Cost-Effective Choices Wi	
Naltrexone Injection*	
Naltrexone Tab	
Neomycin/Polymixin/	
Dexamethasone Ophthalmic	
Niacin (OTC)	
Nicotine Gum	
Nicotine Inhaler *	
Nicotine Lozenges	
Nicotine Nasal Spray*	
Nicotine Patches	
Nystatin	
(Suspension, Powder, Cream) O	
Ofloxacin Ophthalmic	
Ofloxacin Otic	
Omeprazole	
Ondansetron tabs	
(3 Fills of #20 tabs per year,	
then requires PA)	
Oxcarbazepine	
(150 mg, 300 mg, 600 mg Tabs)	
Oxybutynin (IR)	
Oxycodone 5mg*	
(See Opioid Criteria)	
Oxycodone/APAP*	
(See Opioid Criteria)	
Oxycodone/ASA*	
(See Opioid Criteria)	
Poparatia Engumas*	
Pancreatic Enzymes* Pantoprazole	
Penicillin	
Permethrin 1% (Cream, Liquid)	
Phenazopyridine	
Phenobarbital	
Phenytoin	
-	
Pilocarpine Ophthalmic Pioglitazone	
Podofilox	
Polyethylene Glycol	
Potassium Chloride	
Pramipexole*	
Pravastatin	
11474544111	

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
Q
Quinapril (HCTZ)
R
Raloxifene
Ramipril Caps
Ranitidine (Tablet, Solution)
Reserpine
Riboflavin (OTC)
Rifampin
Rivaroxaban (PA required if
used greater than 90 days)*
Rizatriptan Tabs & MLT
(Qty limit #9 tabs per 30 days)
Rosuvastatin (Crestor)*
(Tablet Splitter)
S
Salon-pas Patches
Salsalate*
Scopolamine Ophthalmic
Selegiline
Silver Sulfadiazine
Simvastatin
Sotalol
Spironolactone (HCTZ)
Sucralfate Tabs

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

Sulfacetamide Ophthalmic	
Sulfacetamide/Prednisolone	
Ophthalmic	
Sulfamethoxazole/Trimethoprim	
Sulfasalazine Tabs	
Sulindac	
Sumatriptan (Injection, Nasal	
Spray)*	
(Limit 1 box per 30 days)	
Sumatriptan Tabs	
(Qty limit #9 tabs per 30 days)	
Suprep	
Т	
Tamsulosin	
Terazosin	
Terconazole Vaginal	
Testosterone Injections	
Theophyline ER	
Thyroid	
Timolol Ophthalmic	
Tiotropium (<i>Spiriva</i>)	
Tobramycin Ophthalmic	
Tolterodine (LA)*	
Topiramate	
Tramadol*(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)	
V V	
Varenicline	
Verapamil	
Vidarabine Ophthalmic	
Vitamin D (OTC/Susp/Drops)	
vitailiii D (OTC/Susp/Drops)	

Vitamin K
Vosevi* (Specialty Pharmacy)
WXYZ
Warfarin
Zepatier* (Specialty Pharmacy)

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

Mental Health Medications.

such as antidepressants, antipsychotics, 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/Pr oviders

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 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 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.