AdvancedHealth Formulary 2020: Alphabetical

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A
Acetazolomide
Acyclovir tablets
Airduo Respiclick (Fluticasone Prop-Salmeterol)*
Albuterol *HFA*, Nebulizer Solution (Quantity Limit 2 Inhalers per 30 Days)
Alendronate (Weekly)
Allopurinol
Alogliptin (Step therapy with metformin and sulfonylurea)
Amantadine
Amiloride (HCTZ)
Amiodarone
Amlodipine
Amoxicillin
Amoxicillin/Clavulanic Acid
Amphetamine Salt Combo (IR) (See Stimulant Criteria)*
Amphetamine Salt Combo (XR)* (See Stimulant Criteria)
Ampicillin
Apixiban (PA required if used greater than 90 days)*
Aspirin (Up to 90-day supply)
Atenolol (HCTZ)
Atorvastatin
Azathioprine
Azithromycin
B
B-12 (Injections)
Bacitracin Ophthalmic
Bacitracin/Polymixin B Ophthalmic
Baclofen
Balsalazide
Beclomethasone (*QVAR Redihaler*)
Benztropine
Bethanechol
Bexsero (Age 19-25) (Vaccine)
Bimatoprost Ophthalmic
Bismuth Tabs (Limit #112/year)
Bisoprolol (HCTZ)
Breo Ellipta*
Brimonidine P (*Alphagan P*)
Brinzolamide Ophthalmic
Bromocriptine
Budesonide (*Pulmicort*)
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 (Tabs, Suspension)
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 use greater than 28 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 trial.*
Cromolyn Sodium (Nebulizer Solution)
Cyclobenzaprine
Cyclophosphamide* (Specialty Pharmacy)
Cyclosporine*
Cyproheptadine
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

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Dicyclomine
Digoxin (Up to 90-day supply)
Diltiazem (ER)
Diphenhydramine
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*
Ezetimibe
F
Famotidine
Felodipine

Fenofibrate (43,54,67,134,& 200mg)
Fentanyl Patch* (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)
Fluorouacil*
Flurometholone Ophthalmic
Fluticasone (*Flovent*)
Fluticasone Nasal Spray*
Fluticasone/Salmeterol (*Advair*)*
Folic Acid
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
I
Ibuprofen
Indomethacin (25, 50 mg)
Influenza (Age 19 and older) (Vaccine)
Insulin Aspart (Novolog)*
Insulin (R,NPH,70/30) (Vials Only, Pens Require PA)
Insulin Glargine (*Basaglar*)*
Insulin Lispro (*Admelog*) (Vials Only, Pens Require PA)
Insulin Lispro (*Humalog*)*
Interferon* (Specialty Pharmacy)
Ipratropium (Atrovent)*
Ipratropium (Nebulizer Solutions)
Ipratropium/Albuterol (*Combivent*)*
Ipratropium/Albuterol (Nebulizer Solution)
Isentress (30 day no PA required for PEP)
Isoniazid
IsoptoAtropine
Isopto Carbachol
Isopto Hyosine
Isosorbide Dinitrate (ER)
Isosorbide Mononitrate (ER)
Ivermectin
J
K
Kayexelate
L
Lactulose Suspension
Latanoprost Ophthalmic
Leflunomide
Levetiracetam
Levofloxacin
Levothyroxine (Up to a 90-day supply)

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Lidocaine Ointment* (60gms per 30 days)
Lidocaine Viscous Solution
Lisdexamfetamine* (See Stimulant Criteria)
Lisinopril (HCTZ)
Loperamide
Loratadine (OTC)
Losartan (HCTZ)
Lovastatin
M
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 (*Methylin*) 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)
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)
P
Pancreatic Enzymes*
Pantoprazole
Penicillin

Permethrin 1% (Cream, Liquid)
Phenazopyridine
Phenobarbital
Phenytoin
Pilocarpine Ophthalmic
Pioglitazone
Podofilox
Polyethylene Glycol
Potassium Chloride
Pramipexole*
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 (250mg Tabs)
Pyrantel Pamoate (50mg/ml Oral)
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)

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Rosuvastatin (*Crestor*) (Tablet Splitter)
S
Salon-pas Patches
Salsalate*
Scopolamine Ophthalmic
Selegiline
Shingrix
Silver Sulfadiazine
Simvastatin
Sotalol
Spironolactone (HCTZ)
Sucralfate Tabs
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
T
Tamsulosin
Terazosin
Terconazole Vaginal
Testosterone Injections
Theophyline ER
Thyroid
Timolol Ophthalmic
Tiotropium (*Spiriva*)
Tivacay (30 day no PA required for PEP)
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)
Truvada (30 day no PA required for PEP)
U
V
Varenicline
Verapamil
Vidarabine Ophthalmic
Vitamin D (OTC/Susp/Drops)
Vitamin K
Vosevi* (Specialty Pharmacy)
WXYZ
Warfarin
Wixela Inhub (Fluticasone Prop-Salmeterol)*

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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 Medications approved by the FDA for treatment and prevention of HIV are covered. (Specialty Pharmacy). Truvada, Isentress, Tivacay are available without a PA for 30 day supply for PEP at local pharmacy. Call MedImpact Helpdesk 1-800-788-2949 or Advanced Health 541-269-7400 for denied claims.

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

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 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.