AdvancedHealth Formulary 2020: Therapeutic Class

Advanced Health is a mandatory generic plan. Generics must be used when commercially available.
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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)

Anti-Infective Agents

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.
Acyclovir tablets
Amantadine
Amoxicillin
Amoxicillin/Clavulanic Acid
Ampicillin
Azithromycin
Cefdinir (Suspension, Tabs)
Cefpodoxime
Cefuroxime
Cephalexin
Ciprofloxacin Tabs
Clindamycin
Dicloxacillin
Doxycycline* (Covered for 14 days without a PA for infectious conditions. PA for chronic use)
Erthromycin/Sulfa
Erythromycin
Fluconazole (#14 per 30 days)
Isentress (30 days no PA required for PEP)

Anti-Infective Agents Cont.

Isoniazid
Isoniazid
Ivermectin
Sulfasalazine
Tivacay (30 days no PA required for PEP)
Trimethoprim
Truvada (30 days no PA required for PEP)

Anti-Migraine Agents

Rizatriptan Tabs & MLT (Qty limit #9 tabs per 30 days)
Sumatriptan Tabs (Qty limit #9 tabs per 30 days)
Sumatriptan (Injection, Nasal Spray)* (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 (PA required if used greater than 90 days)*
Aspirin (Up to 90-day supply)
Cilostazol
Clonidine
Clopidogrel
Dabigatran (PA required if used greater than 90 days)*
Digoxin (Up to 90 day supply)
Doxazosin
Edoxaban (PA required for use greater than 90 days)*

Cardiovascular/Blood Agents Cont.

Enoxaparin (PA if used longer than 10 days, Specialty Pharmacy for long term use)*
Flecainide
Guanfacine
Hydralazine
Isosorbide Dinitrate (ER)
Isosorbide Mononitrate (ER)
Methyldopa
Nitroglycerin (Patch, Sublingual, Ointment)
Reserpine
Rivaroxaban (PA required if used greater than 90 days)*
Sotalol
Warfarin

CNS Agents, ADHD Agents
(All stimulants require a PA for age 23 years and older.)

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

CNS Agents Muscle Relaxants

Baclofen
Cyclobenzaprine
Dantrolene*
Methocarbamol

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Diabetes Agents

Alogliptin (Step therapy with metformin and sulfonylurea)
Exenatide*
Glimepiride
Glipizide
Glucagon (limit #2 per 30 days)
Glyburide
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*)*
Metformin (XR)
Pioglitazone

Diuretics

Amiloride (HCTZ)
Bumetanide
Ethacrynic Acid
Furosemide
Hydrochlorithiazide (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
Fluticasone Nasal Spray*
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

Gastrointestinal Agents Cont.

Ondansetron (3 Fills of #20 tabs per year, then requires PA)
Omeprazole
Pancreatic Enzymes*
Pantoprazole
Polyethylene Glycol
Sulfasalazine Tabs
Suprep

Genitourinary Agents

Bethanechol
Finasteride (5mg)
Oxybutynin (IR)
Phenazopyridine
Tolterodine (LA)*

Gyn Agents

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.*
Drospirenone/EE Contraceptives*
Danazol* (Specialty Pharmacy)
Emergency Contraception
Ergonovine
Esterified Estrogen/MT
Estradiol (1mg & 2mg Tabs / Vaginal Tabs / Vaginal Cream)
Estraderm Patch (0.5mg,1mg)*
Estropipate
Medroxyprogesterone (Up to a 90-day supply)
Methylergonovine
Progesterone Tabs
Terconazole Vaginal

Hepatitis C Therapy

Epclusa* (Specialty Pharmacy)
Mavyret* (Specialty Pharmacy)
Vosevi* (Specialty Pharmacy)

Immunosuppressant & Antineoplastic Agents

Azathioprine
Cyclophosphamide* (Specialty Pharmacy)
Entanercept* (Specialty Pharmacy)
Hydroxychloroquine
Leflunomide
Methotrexate

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Lipid Lowering Agents

Atorvastatin
Cholestryamine Powder (Not Packets)
Ezetimibe
Fenofibrate (43,54,67,134,& 200mg)
Gemfibrozil
Lovastatin
Niacin (OTC)
Pravastatin
Rosuvastatin (*Crestor*) (Tablet Splitter)
Simvastatin

Medication Assisted Therapy

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

Buprenorphine (Covered for Opioid Use Disorder Treatment. Not Covered for Pain.)
Buprenorphine/Naloxone (Covered for Opioid Use Disorder Treatment. Not Covered for Pain.)

Non-Opioid Pain Medications

Capsacian Cream
Celecoxib*
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
Salsalate*
Sulindac
Tricyclic Anti-Depressants, and Cymbalta are covered under mental health carve out with DMAP

NSAIDS

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

Ophthalmic Agents

Acetazolomide
Bacitracin Ophthalmic
Bacitracin/Polymixin B Ophthalmic
Bimatoprost Ophthalmic
Brimonidine P (*Alphagan P*)
Brinzolamide Ophthalmic
Ciprofloxacin Ophthalmic
Cyclosporine*
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
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.

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

Opioid Antagonists

Naloxone (Injectable, Nasal Spray)
Naltrexone Injection
Naltrexone Tab

Parkinson's Disease

Carbidopa/Levodopa & SR
Pramipexole*
Selegiline

Respiratory Agents

Airduo Respiclick (Fluticasone Prop-Salmeterol)*
Albuterol *HFA*, Neb Solution (Quantity limit 2 inhalers per 30 days)
Beclomethasone (*QVAR Redihaler*)
Breo Ellipta*
Budesonide Nebulizer Solution* (4 years old and younger)
Budesonide (*Pulmicort*)

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Respiratory Agents Cont.

Budesonide/Formoterol* (*Symbicort*)
Cromolyn Sodium (Nebulizer Solution)
Fluticasone (*Flovent*)
Fluticasone/Salmeterol (*Advair*)*
Ipratropium (Atrovent)*
Ipratropium Neb Solution
Ipratropium/Albuterol (Nebulizer Solution)
Ipratropium/Albuterol (*Combivent*)*
Mometasone (*Asmanex*)
Montelukast
Theophyline ER
Tiotropium (*Spiriva*)
Wixela Inhub (Fluticasone Prop-Salmeterol)*

Seizure Control

Carbamazepine
Clonazepam (PA required for use greater than 28 days)*
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.

Bupropion SR
Nicotine Inhaler/Nasal Spray*
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)
Fluorouacil*
Hydrocortisone (Cream/Ointment) (1% & 2.5%)
Lidocaine Ointment* (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.

Bexsero (Age 19-25)
Influenza (Age 19 and older)
Shingrix (Age 50 and older; Limit 2 doses a lifetime)
Trumenba (Age 19-25)

Vitamin/Mineral Supplements

(Prescription strength only unless otherwise specified)

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

Misc. / Unclassified Agents

Alendronate (Weekly)
Allopurinol
Benztropine
Bromocriptine
Calcitonin Spray
Chlorhexedine Oral Rinse
Cyproheptadine
Disulfiram
Donepezil*
Doxylamine
Epinephrine Injectable (Quantity limit 2 fills per year)
Glatiramer* (Specialty Pharmacy)
Hydroxyzine
Interferon* (Specialty Pharmacy)
Kayexelate
Memantine*
Probenicid
Trihexyphenidyl

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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

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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.

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Misc./Unclassified Agents
Pyrantel Pamoate (Oral Susp) 50 mg/ml
Pyrantel Pamoate (Tab Chew) 250 mg