



Advanced Health Formulary 2020: **Alphabetical**

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A
Acetazolamide
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 sulfonyleurea)
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)
Benzotropine
Bethanechol
Bexsero (Age 19-25) (Vaccine)

Bimatoprost Ophthalmic
Bismuth Tabs (Limit #112/year)
Bisoprolol (HCTZ)
Breo Ellipta*
Brimonidine P (<i>Alphagan P</i>)
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
Capsaicin Cream
Captopril (HCTZ)
Carbamazepine
Carbidopa/Levodopa & SR
Carvedilol
Cefdinir (Tabs, Suspension)
Cefpodoxime
Cefuroxime
Celecoxib*
Cephalexin
Cetirizine (10 mg tabs, Soln)
Chlorhexidine 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
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 <i>12 months of formulary oral contraceptives are a covered benefit after an initial 3 month trial.</i>
Cromolyn Sodium (Nebulizer Solution)
Cyclobenzaprine
Cyclophosphamide* (Specialty Pharmacy)
Cyclosporine*
Cyproheptadine
D
Dabigatran (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	Fenofibrate (43,54,67,134,& 200mg)	Hydromorphone*
Digoxin (Up to 90-day supply)	Fentanyl Patch* (PA Required See Opioid Criteria)	(See Opioid Criteria)
Diltiazem (ER)	Ferrous Sulfate/Gluconate (OTC)	Hydroxychloroquine
Diphenhydramine	Finasteride (5 mg)	Hydroxyzine
Diphenoxylate/Atropine	Flecainide	I
Disulfiram	Fluconazole (#14 per 30 days)	Ibuprofen
Docusate (w/Casanthranol)	Fludrocortisone	Indomethacin (25, 50 mg)
Donepezil*	Fluocinonide (Cream,Ointment)	Influenza (Age 19 and older) (Vaccine)
Dorzolamide Ophthalmic	Fluoride (less than 18 years old)	Insulin Aspart (Novolog)*
Dorzolamide/Timolol Ophthalmic	Fluorouacil*	Insulin (R,NPH,70/30) (Vials Only, Pens Require PA)
Doxazosin	Flurometholone Ophthalmic	Insulin Glargine (Basaglar)*
Doxycycline* (Covered for 14 days without a PA for infectious conditions. PA for chronic use)	Fluticasone (<i>Flovent</i>)	Insulin Lispro (Admelog) (Vials Only, Pens Require PA)
Doxylamine	Fluticasone Nasal Spray*	Insulin Lispro (Humalog)*
Drospirenone/EE Contraceptives*	Fluticasone/Salmeterol (<i>Advair</i>)*	Interferon* (Specialty Pharmacy)
E	Folic Acid	Ipratropium (Atrovent)*
Edoxaban (PA required if used greater than 90 days)*	Fosinopril (HCTZ)	Ipratropium (Nebulizer Solutions)
Emergency Contraception	Furosemide	Ipratropium/Albuterol (<i>Combivent</i>)*
Enalapril (HCTZ)	G	Ipratropium/Albuterol (Nebulizer Solution)
Enoxaparin (PA if used longer than 10 days, Specialty Pharmacy for long term use)*	Gabapentin (100mg, 300mg, 400mg Caps)	Isentress (30 day no PA required for PEP)
Entanercept* (Specialty Pharmacy)	Ganciclovir Ophthalmic	Isoniazid
Epclusa* (Specialty Pharmacy)	Gemfibrozil	IsoptoAtropine
Epinephrine (Quantity limit 2 fills per year) Generic Adrenacllick	Glitiramer* (Specialty Pharmacy)	Isopto Carbachol
Ergonovine	Glimepiride	Isopto Hyosine
Erthromycin/Sulfa	Glipizide	Isosorbide Dinitrate (ER)
Erythromycin	Glucagon (limit #2 per 30 days)	Isosorbide Mononitrate (ER)
Esterified Estrogen/MT	Glyburide	Ivermectin
Estraderm Patch (0.5mg,1mg)*	Glycolax	J
Estradiol (1mg & 2mg Tabs / Vaginal Tabs / Vaginal Cream)	Guanfacine	K
Estropipate	H	Kayexelate
Ethacrynic Acid	HC/Neomycin/Polymixin B Ophthalmic	L
Exenatide*	Hydralazine	Lactulose Suspension
Ezetimibe	Hydrochlorothiazide (HCTZ) (Up to 90-day supply)	Latanoprost Ophthalmic
F	Hydrocodone/APAP* (See Opioid Criteria)	Leflunomide
Famotidine	Hydrocortisone	Levetiracetam
Felodipine	(Cream/Ointment) (1% & 2.5%)	Levofloxacin
	Hydrocortisone (Oral)	Levothyroxine (Up to a 90-day supply)



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Lidocaine Ointment*	Montelukast	Permethrin 1% (Cream, Liquid)
(60gms per 30 days)	Morphine Elixir*	Phenazopyridine
Lidocaine Viscous Solution	(See Opioid Criteria)	Phenobarbital
Lisdexamfetamine*	Morphine Sulfate IR/ER*	Phenytoin
(See Stimulant Criteria)	(See Opioid Criteria)	Pilocarpine Ophthalmic
Lisinopril (HCTZ)	Moxifloxacin Ophthalmic	Pioglitazone
Loperamide	Mupirocin Ointment	Podofilox
Loratadine (OTC)	(22g per 180 days, not nasal)	Polyethylene Glycol
Losartan (HCTZ)	N	Potassium Chloride
Lovastatin	Naproxen Sodium	Pramipexole*
M	Naloxone (Injection/Nasal Spray)	Pravastatin
Macrochantin	Naltrexone Injection	Prazosin
Magnesium Oxide 400 mg tab	Naltrexone Tab	Prednisolone ODT
Mavyret* (Specialty Pharmacy)	Neomycin/Polymixin/ Dexamethasone Ophthalmic	(7 years old and younger)
Medroxyprogesterone	Niacin (OTC)	Prednisolone Ophthalmic
(Up to a 90-day supply)	Nicotine Gum	(Mild and Forte)
Meloxicam	Nicotine Inhaler *	Prednisolone Solution
Memantine*	Nicotine Lozenges	Prednisone Tabs
Metformin (XR)	Nicotine Nasal Spray*	Prenatal Vitamins
Methadone*	Nicotine Patches	(approved for women 49 years
(See Opioid Criteria)	Nystatin	old and younger)
Methimazole	(Suspension, Powder, Cream)	Probenicid
Methocarbamol	O	Prochlorperazine
Methotrexate	Ofloxacin Ophthalmic	Progesterone Tabs
Methyldopa	Ofloxacin Otic	Promethazine
Methylergonovine	Omeprazole	Propranolol (XR)
Methylphenidate (IR)	Ondansetron tabs	Propylthiouracil
(See Stimulant Criteria)	(3 Fills of #20 tabs per year, then requires PA)	Pyrantel Pamoate (250mg Tabs)
Methylphenidate (Methylin)	Oxcarbazepine	Pyrantel Pamoate (50mg/ml Oral)
ER (10mg & 20mg Tabs)	(150 mg, 300 mg, 600 mg Tabs)	Pyridoxine 25 mg Tabs
(See Stimulant Criteria)	Oxybutynin (IR)	Q
Methylphenidate (XR,CR,CD, LA) (See Stimulant Criteria	Oxycodone 5mg*	Quinapril (HCTZ)
Step Care) *(Products are	(See Opioid Criteria)	R
covered under step therapy edit)	Oxycodone/APAP*	Raloxifene
Methylprednisolone	(See Opioid Criteria)	Ramipril Caps
Metoclopramide	Oxycodone/ASA*	Ranitidine (Tablet, Solution)
Metolazone	(See Opioid Criteria)	Reserpine
Metoprolol (XL)	P	Riboflavin (OTC)
Metronidazole (Tabs, Vaginal)	Pancreatic Enzymes*	Rifampin
Miconazole	Pantoprazole	Rivaroxaban (PA required if
Misoprostol	Penicillin	used greater than 90 days)*
Mometasone (<i>Asmanex</i>)		Rizatriptan Tabs & MLT
		(Qty limit #9 tabs per 30 days)



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Rosuvastatin (<i>Crestor</i>) (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
Theophylline ER
Thyroid
Timolol Ophthalmic
Tiotropium (<i>Spiriva</i>)
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, Levlén/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.