



Advanced Health Formulary 2021: **Alphabetical**

Advanced Health is a mandatory generic plan. Generics must be used when commercially available.
Any Prescription Over \$500 Will Require A Prior Authorization.

***Indicates Prior Authorization Required**

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

Any item not listed may be requested for coverage through the prior authorization process

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 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
Apixaban (PA required if used greater than 90 days)*
Aspirin (Up to a 90-day supply)
Atenolol (HCTZ)
Atorvastatin
Azathioprine
Azithromycin
B
B-12 (Injections)
Bacitracin Ophthalmic
Bacitracin/Polymyxin B Ophthalmic
Baclofen
Balsalazide
Beclomethasone (QVAR Redihaler)
Benzotropine
Bethanechol

Bexsero (Age 19-25) (Vaccine)
Bimatoprost Ophthalmic
Bismuth Tablets (Limit #112/year)
Bisoprolol (HCTZ)
Breo Ellipta*
Brimonidine P (<i>Alphagan P</i>)
Brinzolamide Ophthalmic
Bromocriptine
Budesonide (<i>Pulmicort Flexhaler</i>)
Budesonide Nebulizer Solution* (4 years old and younger)
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 (Covered under DMAP Mental Health Carve Out)
C
Calcitonin Spray
Capsaicin Cream
Captopril (HCTZ)
Carbamazepine
Carbidopa/Levodopa (IR & CR)
Carvedilol
Cefdinir (Tablets & Suspension)
Cefpodoxime
Cefuroxime
Celecoxib (100mg & 200mg)
Cephalexin
Cetirizine (10mg Tablets & Solution)
Chlorhexidine Oral Rinse
Cholestyramine Powder (Not Packets)
Cilostazol
Cimetidine
Ciprofloxacin (HC) Otic
Ciprofloxacin Ophthalmic

Ciprofloxacin Tablets
Clindamycin
Clobetasol (Cream & Ointment)
Clonazepam (PA required for use greater than 28 days)*
Clonidine
Clopidogrel
Clotrimazole
Codeine/Acetaminophen* (See Opioid Criteria)
Codeine/Aspirin* (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 Oval, Nor QD/Micronor) <i>12 months of formulary oral contraceptives are a covered benefit after an initial 3 month trial.</i>
COVID Vaccine (Pfizer- Age 16 & Older; Moderna- Age 18 & Older; Johnson & Johnson- Age 18 & Older)
Cromolyn Sodium (Nebulizer Solution)
Cyclobenzaprine
Cyclophosphamide* (Specialty Pharmacy)
Cyclosporine*
Cyproheptadine
D
Dabigatran (<i>Pradaxa</i>) (PA required if used greater than 90 days)*
Danazol* (Specialty Pharmacy)
Dantrolene*
Dexamethasone
Dexmethylphenidate (XR)* (See Stimulant Criteria)



Advanced Health Formulary 2021: **Alphabetical**

**Advanced Health is a mandatory generic plan. Generics must be used when commercially available.
Any Prescription Over \$500 Will Require A Prior Authorization.**

***Indicates Prior Authorization Required**

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

Any item not listed may be requested for coverage through the prior authorization process

Diclofenac Sodium	Estradiol (Oral Tablets up to a 90 day supply, Vaginal Tablets, Vaginal Cream)	Glyburide
Diclofenac 1% Topical Gel (Limit 100gm per 30 days)	Estropipate	Glycolax
Dicloxacillin	Ethacrynic Acid	Guanfacine
Dicyclomine	Exenatide*	H
Digoxin (Up to a 90-day supply)	Ezetimibe	Hydrocortisone/Neomycin/ Polymyxin B Ophthalmic
Diltiazem (ER)	F	Hydralazine
Diphenhydramine	Famotidine	Hydrochlorothiazide (HCTZ) (Up to a 90-day supply)
Diphenoxylate/Atropine	Felodipine	Hydrocodone/Acetaminophen* (See Opioid Criteria)
Disulfiram	Fenofibrate (43mg, 54mg, 67mg, 134mg, & 200mg)	Hydrocortisone (1% & 2.5% Cream & Ointment)
Docusate (with Casanthranol)	Fentanyl Patch* (See Opioid Criteria)	Hydrocortisone Tablets
Donepezil*	Ferrous Sulfate/Gluconate (OTC)	Hydromorphone* (See Opioid Criteria)
Dorzolamide Ophthalmic	Finasteride (5mg)	Hydroxychloroquine
Dorzolamide/Timolol Ophthalmic	Flecainide	Hydroxyzine
Doxazosin	Fluconazole (limit #14 per 30 days)	I
Doxycycline* (Covered for 14 days every 180 days without a PA for infectious conditions. PA for Chronic Use)	Fludrocortisone	Ibuprofen
Doxylamine	Fluocinonide (Cream & Ointment)	Indomethacin (25mg & 50mg)
Drospirenone/Ethinyl Estradiol Contraceptives*	Fluoride (less than 18 years old)	Influenza (Age 19 & Older) (Vaccine)
E	Fluorouracil*	Insulin Aspart (<i>Novolog</i>)*
Edoxaban (<i>Savaysa</i>) (PA required if used greater than 90 days)*	Fluorometholone Ophthalmic	Insulin (R, NPH, & 70/30) (Vials Only, Pens Require PA)
Emergency Contraception	Fluticasone (<i>Flovent</i>)	Insulin Glargine (<i>Semglee</i>) (Vials and Pens)
Enalapril (HCTZ)	Fluticasone Nasal Spray*	Insulin Lispro (<i>Admelog</i>) (Vials and Pens)
Enoxaparin (PA if used longer than 10 days, Specialty Pharmacy for long term use)*	Fluticasone Prop/Salmeterol (<i>Advair</i>)*	Insulin Lispro (<i>Humalog</i>)*
Etanercept (<i>Enbrel</i>)* (Specialty Pharmacy)	Folic Acid	Interferon* (Specialty Pharmacy)
Epclusa* (Specialty Pharmacy)	Formoterol (<i>Foradil</i>)*	Ipratropium (<i>Atrovent</i>)*
Epinephrine (Quantity limit 2 fills per year)	Fosinopril (HCTZ)	Ipratropium Nebulizer Solution
Ergonovine	Furosemide	Ipratropium/Albuterol (<i>Combivent</i>)*
Erythromycin/Sulfisoxazole	G	Ipratropium/Albuterol Nebulizer Solution
Erythromycin	Gabapentin (100mg, 300mg, & 400mg capsules)	Isentress (30-day no PA required for PEP)
Esterified	Ganciclovir Ophthalmic	Isoniazid
Estrogen/Methyltestosterone	Gemfibrozil	
Estraderm Patch (0.5mg & 1mg)*	Glatiramer* (Specialty Pharmacy)	
	Glimepiride	
	Glipizide	
	Glucagon (Limit #2 per 30 days)	



Advanced Health Formulary 2021: **Alphabetical**

Advanced Health is a mandatory generic plan. Generics must be used when commercially available.
Any Prescription Over \$500 Will Require A Prior Authorization.

***Indicates Prior Authorization Required**

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

Any item not listed may be requested for coverage through the prior authorization process

Isopto Atropine
Isopto Carbachol
Isopto Hyoscine
Isosorbide Dinitrate (ER)
Isosorbide Mononitrate (ER)
Ivermectin
J
K
Kayexalate
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
Magnesium Oxide 400mg Tablet
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 ER (Methylin) (10mg & 20mg Tablets) (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 (Tablets & Vaginal)
Miconazole
Misoprostol
Mometasone (<i>Asmanex</i>)
Montelukast
Morphine Elixir* (See Opioid Criteria)
Morphine Sulfate IR/ER* (See Opioid Criteria)
Moxifloxacin Ophthalmic
Mupirocin Ointment (22gms per 180 days, not nasal)
N
Naproxen Sodium
Naloxone (Injection & Nasal Spray)
Naltrexone Injection
Naltrexone Tablet
Neomycin/Polymyxin/ Dexamethasone Ophthalmic
Niacin (OTC)
Nicotine Gum
Nicotine Inhaler*
Nicotine Lozenges
Nicotine Nasal Spray*
Nicotine Patches
Nitrofurantoin

Nystatin (Cream, Powder, & Suspension)
O
Ofloxacin Ophthalmic
Ofloxacin Otic
Omeprazole
Ondansetron Tablets (3 fills of #20 Tablets per year, then Requires PA)
Oxcarbazepine (150mg, 300mg, & 600mg Tablets)
Oxybutynin IR
Oxycodone 5mg* (See Opioid Criteria)
Oxycodone/Acetaminophen* (See Opioid criteria)
Oxycodone/Aspirin* (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)
Prednisolone Ophthalmic (Mild & Forte)
Prednisolone Solution
Prednisone Tablets
Prenatal Vitamins (≤49 years old)
Probenecid



Advanced Health Formulary 2021: **Alphabetical**

Advanced Health is a mandatory generic plan. Generics must be used when commercially available.
Any Prescription Over \$500 Will Require A Prior Authorization.

***Indicates Prior Authorization Required**

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

Any item not listed may be requested for coverage through the prior authorization process

Prochlorperazine
Progesterone Capsules
Promethazine
Propranolol (XR)
Propylthiouracil
Pyrantel Pamoate Tablets
Pyridoxine 25mg Tablets
Q
Quinapril (HCTZ)
R
Raloxifene
Ramipril Capsules
Ranitidine (Tablets & Solution)
Reserpine
Riboflavin (OTC)
Rifampin
Rivaroxaban (<i>Xarelto</i>) (PA Required if used greater than 90 days)
Rizatriptan Tablets & MLT (Limit #9 per 30 days)
Rosuvastatin
S
SalonPas Patches (0.025%-1.25% Capsaicin-Menthol & 10%-3% Methyl Salicylate-Menthol) (Limit 30 patches per 30 days)
SalonPas Spray 10%-3% Methyl Salicylate-Menthol
Salsalate*
Scopolamine Ophthalmic
Selegiline
Shingrix (Vaccine)
Silver Sulfadiazine
Simvastatin
Sotalol
Spirolactone (HCTZ)
Sucrafate Tablets
Sulfacetamide Ophthalmic
Sulfacetamide/Prednisolone Ophthalmic

Sulfamethoxazole/Trimethoprim
Sulfasalazine Tablets
Sulindac
Sumatriptan (Injection & Nasal Spray)* (Limit 1 box per 30 days)
Sumatriptan Tablets (Limit #9 per 30 days)
Suprep
T
Tamsulosin
Terazosin
Terconazole Vaginal
Testosterone Injections
Theophylline ER
Thyroid
Timolol Ophthalmic
Tiotropium (<i>Spiriva</i>)
Tivicay (30 day no PA required for PEP)
Tobramycin Ophthalmic
Tolterodine (LA)*
Topiramate
Tramadol* (See Opioid Criteria)
Travoprost Ophthalmic
Triamcinolone (Cream & Ointment)
Triamterene/HCTZ
Trifluridine Ophthalmic
Trihexyphenidyl
Trimethoprim
Trimethoprim/Polymyxin B Ophthalmic
Triple Antibiotic Ointment (OTC)
Tri-vi-sol (with Iron)
Trumenba (Age 19-25) (Vaccine)
Truvada (30 day no PA Required for PEP)
U
V
Varenicline

Verapamil
Vidarabine Ophthalmic
Vitamin D (OTC/Suspension/Drops)
Vitamin K
Vosevi* (Specialty Pharmacy)
WXYZ
Warfarin
Wixela Inhub (Fluticasone Prop-Salmeterol)*



Advanced Health Formulary 2021: **Alphabetical**

Advanced Health is a mandatory generic plan. Generics must be used when commercially available.
Any Prescription Over \$500 Will Require A Prior Authorization.

***Indicates Prior Authorization Required**

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

Any item not listed may be requested for coverage through the prior authorization process

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 year of age and younger. **All others will require a PA.**

HIV Medications approved by the FDA for treatment and prevention of HIV are covered (Specialty Pharmacy). Truvada, Isentress, & Tivicay are available without a PA for a 30-day supply for PEP at local pharmacies. Call MedImpact Helpdesk at 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) 877-391-1103 or (Fax) 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 for members less than 23 years of age).

Vitamin/Mineral Supplements are covered for prescription strength only unless otherwise specified.

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 PA 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 541-269-7400 for information.

Hospital, ER, Urgent Care Discharge or Dental Emergency Override please contact the MedImpact Pharmacy Helpdesk at (Phone) 800-788-2949 for a 5-day supply of any medication prescribed at discharge for Advanced Health Members. Mental Health medications should be billed directly to DMAP (see **Mental Health Medications** above). Please fax prescribing provider to submit prior authorization for any medication that required 5-day override AND Advanced Health Attn: Jean or Lisa F at 541-269-7147.

Vaccinations: If members 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. *******This does not apply to the COVID Vaccines.