



Advanced Health Formulary 2021: By Class

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

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Angiotensin Converting Enzyme (ACE) Inhibitors

Captopril (HCTZ)
Enalapril (HCTZ)
Fosinopril (HCTZ)
Lisinopril (HCTZ)
Quinapril (HCTZ)
Ramipril Capsules

Alpha Blockers

Doxazosin
Prazosin
Tamsulosin
Terazosin

Angiotensin II Receptor Blockers (ARBs)

Losartan (HCTZ)

Anti-Infective Agents

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

Acyclovir Tablets
Amantadine
Amoxicillin
Amoxicillin/Clavulanic Acid
Ampicillin
Azithromycin
Cefdinir (Suspension & Tablets)
Cefpodoxime
Cefuroxime
Cephalexin
Ciprofloxacin Tablets
Clindamycin Capsules

Anti-Infective Agents Cont.

Dicloxacillin
Doxycycline* (Covered for 14 days every 180 days without a PA for infectious conditions. PA for Chronic Use)
Erythromycin/Sulfisoxazole
Erythromycin
Fluconazole (Limit #14 per 30 days)
Isentress (30 days no PA required for PEP)
Isoniazid
Ivermectin
Sulfasalazine
Tivicay (30 days no PA required for PEP)
Trimethoprim
Truvada (30 days no PA required for PEP)

Anti-Migraine Agents

Rizatriptan Tablets & MLT (Limit #9 tablets per 30 days)
Sumatriptan Tablets (Limit #9 tablets per 30 days)
Sumatriptan (Injection & Nasal Spray)* (Limit 1 box per 30 days)
Topiramate

Beta Blockers

Atenolol (HCTZ)
Bisoprolol (HCTZ)
Carvedilol
Metoprolol (IR & ER)
Propranolol (IR & ER)

Calcium Channel Blockers

Amlodipine
Diltiazem (IR & ER)
Felodipine
Nifedipine (IR & ER)

Calcium Channel Blockers Cont.

Nisoldipine
Verapamil

Cardiovascular/Blood Agents

Amiodarone
Apixaban (<i>Eliquis</i>) (PA required if used greater than 90 days*)
Aspirin (Up to a 90-day supply)
Cilostazol
Clonidine
Clopidogrel
Dabigatran (<i>Pradaxa</i>) (PA required if used greater than 90 days*)
Digoxin (Up to a 90-day supply)
Doxazosin
Edoxaban (<i>Savaysa</i>) (PA required if used greater than 90 days*)
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 (Ointment, Patch, & Sublingual)
Reserpine
Rivaroxaban (<i>Xarelto</i>) (PA required if used greater than 90 days*)
Sotalol
Warfarin



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CNS Agents/ADHD Agents

(All stimulants require a PA for age 23 years and older)

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

CNS Agents- Muscle Relaxants

Baclofen
Cyclobenzaprine
Dantrolene*
Methocarbamol

Diabetes Agents

Alogliptin (Step therapy with metformin and sulfonylurea)
Exenatide*
Glimepiride
Glucagon (Limit #2 per 30 days)
Glyburide
Insulin Aspart (Novolog)*
Insulin (R, NPH, 70/30) (Vials Only, Pens Require PA)
Insulin Glargine (Semglee) (Vials and Pens)
Insulin Lispro (Admelog) (Vials and Pens)
Insulin Lispro (Humalog)*
Metformin (XR)
Pioglitazone

Diuretics

Amiloride (HCTZ)
Bumetanide
Ethacrynic Acid

Diuretics Cont.

Furosemide
Hydrochlorothiazide (HCTZ) (Up to a 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 of age)
Propylthiouracil
Prednisone
Thyroid
Testosterone Injections

ENT Agents

Cetirizine (10mg Tablets & Solution)
Ciprofloxacin (HC) Otic
Diphenhydramine
Fluticasone Nasal Spray*
Loratadine (OTC)
Ofloxacin Otic

Gastrointestinal Agents

Balsalazide
Bismuth Tablets (Limit #112 per year)
Cimetidine
Dicyclomine
Diphenoxylate/Atropine
Docusate (with Casanthranol)
Famotidine

Gastrointestinal Agents Cont.

Glycolax
Lactulose Suspension
Loperamide
Metoclopramide
Misoprostol
Ondansetron (limit 3 fills of #20 tablets per year, then requires PA)
Omeprazole
Pancreatic Enzymes*
Pantoprazole
Polyethylene Glycol
Sulfasalazine Tablets
Suprep

Genitourinary Agents

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

Gyn Agents

Contraceptive Products (Injectable, Oral, Patches, Ring, Spermicide, Cervical Cap with Spermicide, & 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>
Drospirenone/Ethinyl Estradiol Contraceptives*
Danazol* (Specialty Pharmacy)
Emergency Contraception
Ergonovine
Esterified Estrogen/Methyltestosterone
Estradiol (Tablets & Vaginal Cream)



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Gyn Agents Cont.

Estraderm Patch (0.5mg & 1mg)*
Estropipate
Medroxyprogesterone (Up to a 90-day supply)
Methylergonovine
Progesterone Capsules
Terconazole Vaginal

Hepatitis C Therapy

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

Immunosuppressant & Antineoplastic Agents

Azathioprine
Cyclophosphamide* (Specialty Pharmacy)
Etanercept (Enbrel)* (Specialty Pharmacy)
Hydroxychloroquine
Leflunomide
Methotrexate

Lipid Lowering Agents

Atorvastatin
Cholestyramine Powder (Not Packets)
Ezetimibe
Fenofibrate (43mg, 54mg, 67mg, 134mg, & 200mg)
Gemfibrozil
Lovastatin
Niacin (OTC)
Pravastatin
Rosuvastatin
Simvastatin

Medication Assisted Therapy

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

Buprenorphine
Buprenorphine/Naloxone

Non-Opioid Pain Medications

Capsaicin Cream
Celecoxib (100mg & 200mg)
Diclofenac Sodium
Diclofenac 1% Topical Gel (Limit 100gm per 30 days)
Ibuprofen
Indomethacin (25mg & 50mg)
Gabapentin (100mg, 300mg, & 400mg Capsules)
Meloxicam
Naproxen Sodium
SalonPas Patches (0.025%-1.25% Capsaicin-Menthol & 10%-3% Methyl Salicylate-Menthol)
SalonPas Spray (10%-3% Methyl Salicylate-Menthol)
Salsalate*
Sulindac
Tricyclic Anti-Depressants & Cymbalta are covered under mental health carve out with DMAP

NSAIDS

Celecoxib (100mg & 200mg)
Diclofenac Sodium
Ibuprofen
Indomethacin (25mg & 50mg)
Meloxicam
Naproxen Sodium
Salsalate*
Sulindac

Ophthalmic Agents

Acetazolamide
Bacitracin Ophthalmic
Bacitracin/Polymyxin B Ophthalmic
Bimatoprost Ophthalmic
Brimonidine P (<i>Alphagan P</i>)
Brinzolamide Ophthalmic
Ciprofloxacin Ophthalmic
Cyclosporine*
Diclofenac
Dorzolamide Ophthalmic
Dorzolamide/Timolol Ophthalmic
Erythromycin
Flurometholone Ophthalmic
Ganciclovir Ophthalmic
HC/Neomycin/Polymyxin B Ophthalmic
Isopto Atropine
Isopto Carbachol
Isopto Hyoscine
Latanoprost Ophthalmic
Pilocarpine Ophthalmic
Prednisolone (Mild & Forte)
Scopolamine
Sulfacetamide
Sulfacetamide/Prednisolone
Timolol
Tobramycin
Travoprost
Trifluridine
Trimethoprim/Polymyxin B
Vidarabine Ophthalmic



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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 a PA. PA required for all long-acting opioids. Local Oncology providers are excluded from PA requirements for formulary opioids.

Codeine/Acetaminophen*
Codeine/Aspirin*
Fentanyl Patch*
Hydrocodone/Acetaminophen*
Hydromorphone*
Methadone*
Morphine Elixir*
Morphine Sulfate IR/ER*
Oxycodone 5mg*
Oxycodone/Acetaminophen*
Oxycodone/Aspirin*
Tramadol*

Opioid Antagonists

Naloxone (Injection & Nasal Spray)
Naltrexone Injection
Naltrexone Tablet

Parkinson's Disease

Carbidopa/Levodopa (IR & SR)
Pramipexole*
Selegiline

Respiratory Agents

Airduo Resplick (Fluticasone Prop-Salmeterol)*
Albuterol HFA, Nebulizer Solution (Limit 2 inhalers per 30 days)

Respiratory Agents Cont.

Beclomethasone (QVAR Redihaler)
Breo Ellipta (Umeclidinium)*
Budesonide Nebulizer Solutions* (≤4 years of age)
Budesonide (Pulmicort)
Budesonide/Formoterol*
Cromolyn Sodium (Nebulizer Solution)
Fluticasone (Flovent)
Fluticasone/Salmeterol*
Formoterol (Foradil)*
Ipratropium (Atrovent)*
Ipratropium Nebulizer Solution
Ipratropium/Albuterol (Combivent)*
Ipratropium/Albuterol Nebulizer Solution
Mometasone (Asmanex)*
Montelukast
Spiriva (Tiotropium)
Theophylline ER
Wixela Inhub (Fluticasone Prop-Salmeterol)*

Seizure Control

Carbamazepine
Clonazepam (PA required for use greater than 28 days)*
Gabapentin (100mg, 300mg, & 400mg Capsules)
Levetiracetam
Oxcarbazepine (150mg, 300mg, and 600mg Tablets)
Phenytoin
Phenobarbital
Topiramate

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.

Bupropion SR (Covered under DMAP mental health carve out)
Nicotine Gum
Nicotine Inhaler*
Nicotine Lozenge
Nicotine Nasal Spray*
Nicotine Patches
Chantix (Varenicline)

Topical

Capsaicin Cream
Clobetasol (Cream & Ointment)
Clotrimazole
Diclofenac 1% Topical Gel (Limit 100gm per 30 days)
Fluocinonide (Cream & Ointment)
Fluorouracil*
Hydrocortisone (1% & 2.5%, Cream & Ointment)
Lidocaine 5% Ointment* (Limit 60gm per 30 days)
Lidocaine Viscous Solution
Miconazole
Mupirocin Ointment (Limit 22gm per 180 days, not nasal)
Nystatin (Cream, Powder, & Suspension)
Permethrin 1% (Cream & Liquid)
Podofilox
Silver Sulfadiazine
Triamcinolone (Cream & Ointment)
Triple Antibiotic Ointment (OTC)



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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.

Bexsero (Age 19-25)
COVID Vaccines (Pfizer-Age 16 & Older, Moderna- Age 18 & Older, Johnson & Johnson- Age 18 & Older)
Influenza (Age 19 & Older)
Shingrix (Age 50 & Older; Limit 2 doses per lifetime)
Trumenba (Age 19-25)

Vitamin/Mineral Supplements

B-12 Injections
Ferrous Sulfate/Gluconate (OTC)
Fluoride (less than 18 years old)
Folic Acid
Magnesium Oxide 400mg Tablet
Potassium Chloride
Prenatal Vitamins (≤49 years old)
Pyridoxine 25mg Tablets
Riboflavin (OTC)
Tri-vi-sol (with Iron)
Vitamin D (Drops, OTC, & Suspension)
Vitamin K

Misc./Unclassified Agents

Alendronate (Weekly)
Allopurinol
Benzotropine
Bromocriptine
Calcitonin Spray
Chlorhexidine Oral Rinse
Cyproheptadine
Disulfiram
Donepezil*
Doxylamine
Epinephrine Injections (Limit 2 fills of #2 per year)
Glatiramer* (Specialty Pharmacy)
Hydroxyzine
Interferon* (Specialty Pharmacy)
Kayexalate
Memantine*
Probenecid
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 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.

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