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Special Considerations

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A	Buprenorphine/naloxone (30-day no	Cyanocobalamin (vitamin B12)
Acetazolamide	PA required)	Injections (≤90 days)
	C C	Cyclobenzaprine
Acyclovir oral	Calcitonin Nasal Spray	Cyproheptadine
Admelog (insulin lispro)		Cyproneptadine D
Albuterol <i>HFA</i> (limit of 2 inhalers per	Capsaicin Cream	_
30 days)	Captopril (with HCTZ)	Dexamethasone
Albuterol nebulizer solution	Carbamazepine	Dextroamphetamine IR (age ≤22)
Alendronate	Carbidopa/Levodopa	Diclofenac Sodium ophthalmic &
Allopurinol	Carvedilol IR	tablets
Alphagan P 0.1% (Brimonidine)	Cefdinir	Diclofenac Topical Gel 1% (limit 100
Amantadine	Cefpodoxime	grams per 30 days)
Amiloride (with HCTZ)	Cefuroxime	Dicloxacillin
Amiodarone	Celecoxib 100mg & 200mg	Dicyclomine
Amlodipine (with Benazapril)	Cephalexin	Digoxin (≤90 days)
Amoxicillin	Cetirizine 10mg tablet	Diltiazem
Amoxicillin/Clavulanic Acid	Chantix (varenicline) (limit 2 quit	Diphenhydramine
Amphetamine/	attempts per year)	Diphenoxylate/Atropine
Dextroamphetamine IR (age ≤22)	Chlorhexidine Oral Rinse	Disulfiram
Ampicillin	Cholestyramine Powder	Docusate Sodium
Asmanex (mometasone)	Cilostazol	Dorzolamide Ophthalmic
Aspirin (≤90 days)	Cimetidine	Dorzolamide/Timolol Ophthalmic
Atenolol (with Chlorthalidone)	Cipro HC Otic	Doxazosin
Atorvastatin	(ciprofloxacin/hydrocortisone)	Doxycycline (PA required if used
Atropine Ophthalmic	Ciprofloxacin ophthalmic, suspension,	greater than 14 days every 180 days)
Azathioprine	& tablets	Doxylamine
Azithromycin	Ciprofloxacin/Dexamethasone Otic	E
В	Clindamycin capsule & vaginal	Eliquis (apixaban) (PA required if used
Bacitracin/Polymyxin B Ophthalmic	Clobetasol	> 90 days)
Baclofen 10mg & 20mg	Clonazepam IR (PA required if used	Ella (ulipristal) (≤90)
Balsalazide	greater than 28 days)	Enalapril (with HCTZ)
Benztropine	Clonidine Tablets	Enoxaparin (PA required if used
Bethanechol	Clopidogrel	greater than 10 days)
Bexsero Vaccine (age 19-25)	Clotrimazole Topical	Epinephrine Pens (limit 2 pens per fill,
Bimatoprost Ophthalmic	Clotrimazole Troches	PA required for > 2 fills per year)
Bismuth Tablets	Clotrimazole 1% vaginal	Ergonovine
Bisoprolol (with HCTZ)	Contraceptive Products: cervical cap,	Erythromycin (ophthalmic & oral)
Brimonidine Ophthalmic 0.15%	condoms, diaphragm, & spermicide	Erythromycin/Sulfisoxazole
Brinzolamide Ophthalmic	COVID Vaccine (Johnson & Johnson-	Esterified Estrogen/
Budesonide Nebulizer Solution (age≤7)	Age ≥18, <i>Moderna</i> -Age ≥18, <i>Pfizer</i> -Age	Methyltestosterone
Bumetanide	≥12)	Estradiol oral tablets (≤90 days)
Buprenorphine (30-day no PA	Cromolyn Nebulizer Solution	Estradiol twice weekly patch (≤90
required)		days) (0.025mg requires PA)

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Sophthalmic Hydralazine Hydralazine Hydrachlorothiazide (590 days) Hydrocortisone (cream & ointment) Hydrocortisone (cream & ointment) Hydrocychiazide (590 days) Hydrocychiaz	Estradiol weekly patch (0.05mg &	Hydrocortisone/Neomycin/ Polymyxin	Loperamide
Estradiol vaginal cream Estradiol vaginal tablet Estropipate Ethynorolio Diacetate/EE (≤90) Ethynorolio Diacetate/EE (≤90) Ethynorolio Diacetate/EE (≤90) Famotidine Famotidine Famotidine Fenofibrate 43mg, 54mg, 67mg, Insulin 70/30 vials Ferrous Sulconate Ferrous Sulconate Ferrous Sulconate Ferrous Gluconate Flucroincride (age ≤18) Flucrocratione Flucroincride (age ≤18) Flucrometholone Ophthalmic Flucroametholone Ophthalmic Flucrosemide Gabapentin capsule (100mg, 300mg, 400mg) Ganifolonial Gemifibroral Ganifolonial Gemifibroral Gallongano (limit 2 per year) Gilyburide Guanfacine IR Hydroxoztiane Hydroxoztianed (seg 0 days) Hydrocortisone tablets I hydrocortisone tablets Hydrocortisone tablets I hydrocortisone tablets I hydrocortisone tablets I hydroxytine Magnesium Chloride Metforroina Methorioxaro Methipracole Insulin R Vails Methotrazate Methylpendiate ER (10mg & 20mg Methylphenidate IR (age ≤22) Methy	, ,	, , , , , , , , , , , , , , , , , , , ,	•
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H Lidocaine Viscous Solution Nitrofurantoin	Glyburide	Lidocaine 4% patch (limit 30 patches	Nicotine gum, lozenge, & patch
	Guanfacine IR	per 30 days)	Nifedipine
Lisinopril (with HCTZ) Nitroglycerin	Н	Lidocaine Viscous Solution	Nitrofurantoin
1 () [Lisinopril (with HCTZ)	Nitroglycerin

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Norethindrone (≤90)	Pyridoxine 25mg Tablets	Suprep (sodium sulfate/potassium
Norethindrone/EE (with iron) (≤90)	Q	sulfate/magnesium sulfate)
Norgestimate/EE (≤90)	Quinapril (with HCTZ)	Т
Nystatin	QVAR Redihaler (beclomethasone)	Tamsulosin
0	R	Terazosin
Ofloxacin Ophthalmic	Raloxifene	Terconazole Vaginal
Ofloxacin Otic	Ramipril	Testosterone Injections
Omeprazole	Reserpine	Theophylline
Ondansetron (limit 20 tablets per fill,	Riboflavin (OTC)	Thyroid (Armour Thyroid & NP Thyroid)
PA required for > 3 fills per year)	Rifampin	Timolol Ophthalmic
Oxcarbazepine	Rizatriptan Tablets and MLT (limit 9	Tivicay (dolutegravir) (30-day no PA
Oxybutynin	tablets per 30 days)	required for PEP)
P	Rosuvastatin	Tobramycin Ophthalmic
Pantoprazole	S	Topiramate
Penicillin	SalonPas Patch (methyl salicylate/	Travoprost Ophthalmic
Permethrin 1%	menthol; capsaicin/menthol) (limit 30	Triamcinolone Topical
Phenazopyridine	patches per 30 days)	Triamterene (with HCTZ)
Phenobarbital	SalonPas Spray (methyl salicylate/	Trifluridine Ophthalmic
Phenytoin	menthol)	Trihexyphenidyl
Phytonadione 5mg	Salsalate	Trimethoprim
Pilocarpine Ophthalmic	Savaysa (edoxaban) (PA required if	Trimethoprim/Polymyxin B
Pioglitazone	used > 90 days)	Ophthalmic
Podofilox Solution	Scopolamine Ophthalmic	Triple Antibiotic Ointment (OTC)
Polyethylene Glycol	Selegiline	Tri-vi-sol (with Iron)
Potassium chloride	Semglee (insulin glargine)	Trumenba Vaccine (age 19-25)
Pradaxa (dabigatran) (PA required if	Shingrix Vaccine (age ≥50; limit 2 doses	Truvada (emtricitabine/tenofovir
used > 90 days)	per lifetime)	disoproxil fumarate) (30-day no PA
Prasugrel	Silver Sulfadiazine	required for PEP)
Pravastatin	Simvastatin	UV
Prazosin	Sodium Polystyrene Sulfonate	Verapamil
Prednisolone ODT (age ≤7)	Sotalol	Vidarabine Ophthalmic
Prednisolone Ophthalmic	Spironolactone (HCTZ)	Vitamin D
Prednisolone Solution	Sucralfate Tablets	WXYZ
Prednisone Tablets	Sulfacetamide Ophthalmic	Warfarin
Prenatal Vitamins (RX) (age ≤49)	Sulfacetamide/Prednisolone	Xarelto (rivaroxaban) (PA required if
Probenecid	Ophthalmic	used > 90 days)
Prochlorperazine	Sulfamethoxazole/Trimethoprim	Xulane (norelgestromin/ethinyl
Progesterone Capsules	Sulfasalazine Tablets	estradiol) patch
Propranolol	Sulindac	
Propylthiouracil	Sumatriptan Tablets (limit 9 tablets	
Pulmicort Flexhaler (budesonide)	per 30 days)	
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Pyrantel Pamoate Tablets

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

Any Prescription Over \$500 Will Require A Prior Authorization.

PA Required for ongoing use

Special Considerations

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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, antipsychotics, 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 Oral agents: Sprintec (*Ortho Cyclen*), Seasonale for extended cycle, Levlen/Nordette, Lo Ovral, Nor QD/Micronor.

Smoking Cessation: Nicotine Patches/Gum/Lozenges, and Varenicline 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-

Vaccinations: If members are less than 19 years of age their vaccine is covered through the Vaccines for Children (VCF) 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.