



# 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.

**PA Required for ongoing use**

**Special Considerations**

**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.**

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



# 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.

PA Required for ongoing use

Special Considerations

**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.

Estradiol weekly patch (0.05mg & 0.1mg)
Estradiol vaginal cream
Estradiol vaginal tablet
Estropipate
Ethacrynic Acid
Ethinodiol Diacetate/EE (≤90)
Etonogestrel/EEvaginal
Ezetimibe
<b>F</b>
Famotidine
Felodipine
Fenofibrate 43mg, 54mg, 67mg, 134mg, & 200mg
Ferrous Gluconate
Ferrous Sulfate
Finasteride 5mg Tablets
Flecainide
Flovent (fluticasone)
Fluconazole (limit 14 tablets per 30 days)
Fludrocortisone
Fluocinonide cream & ointment
Fluoride (age ≤18)
Fluorouracil
Fluorometholone Ophthalmic
Fluticasone Nasal Spray (16 gram only)
Folic Acid
Fosinopril (with HCTZ)
Furosemide
<b>G</b>
Gabapentin capsule (100mg, 300mg,400mg)
Ganciclovir Ophthalmic
Gemfibrozil
Glimepiride
Glipizide
Glucagon (limit 2 per year)
Glyburide
Guanfacine IR
<b>H</b>

Hydrocortisone/Neomycin/ Polymyxin B Ophthalmic
Hydralazine
Hydrochlorothiazide (≤90 days)
Hydrocortisone (cream & ointment)
Hydrocortisone tablets
Hydroxychloroquine
Hydroxyzine
<b>I</b>
Ibuprofen
Incruse Ellipta (umeclidinium)
Indomethacin 25mg & 50mg
Influenza Vaccine (age ≥19)
Insulin 70/30 vials
Insulin N vials
Insulin R vials
Ipratropium Nebulizer Solution
Ipratropium/Albuterol Nebulizer Solution
Isentress (raltegravir) (30-day no PA required for PEP)
Isoniazid
Isosorbide Dinitrate
Isosorbide Mononitrate
Ivermectin
<b>JK</b>
Ketorolac Ophthalmic
<b>L</b>
Lactulose Suspension
Latanoprost Ophthalmic
Leflunomide
Levetiracetam IR
Levofloxacin
Levonorgestrel 1.5mg tablet
Levonorgestrel/EE (≤90)
Levothyroxine (≤90 days)
Lidocaine 4% cream (limit 100 grams per 30 days)
Lidocaine 4% patch (limit 30 patches per 30 days)
Lidocaine Viscous Solution
Lisinopril (with HCTZ)

Loperamide
Loratadine
Losartan (with HCTZ)
<b>Lovastatin</b>
<b>M</b>
Magnesium Chloride
Magnesium Oxide
Medroxyprogesterone injection & tablet (≤90 days)
Meloxicam
Metformin
Methimazole
Methocarbamol
Methotrexate
Methyldopa
Methylergonovine injection & tablet
<b>Methylphenidate ER</b> (10mg & 20mg tablets) (age ≤22)
Methylphenidate IR (age ≤22)
Methylprednisolone
Metoclopramide
Metolazone
Metoprolol Succinate
Metoprolol Tartrate
Metronidazole tablets & vaginal
Miconazole
Misoprostol
<b>Montelukast</b>
Moxifloxacin Ophthalmic
<b>N</b>
Naproxen Sodium
Naloxone injection & nasal spray
Naltrexone Tablets
NeCon (norethindrone/mestranol) (≤90)
Neomycin/Polymyxin/ Dexamethasone Ophthalmic
Niacin (OTC)
Nicotine gum, lozenge, & patch
Nifedipine
Nitrofurantoin
Nitroglycerin



# 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.

PA Required for ongoing use

Special Considerations

**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.

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



## 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.**

**PA Required for ongoing use**

**Special Considerations**

**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](http://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 541-269-7147.

**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.