



Advanced Health Formulary 2021: By Class

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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ADHD Agents

Amphetamine/ dextroamphetamine IR (age ≤22)
Dextroamphetamine IR (age ≤22)
Methylphenidate ER (10mg & 20mg tablets) (age ≤22)
Methylphenidate IR (age ≤22)

Angiotensin Converting Enzyme Inhibitors (ACE-I)

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

Alpha Blockers

Doxazosin
Prazosin
Tamsulosin
Terazosin

Angiotensin II Receptor Blockers (ARBs)

Losartan (with HCTZ)

Anti-Infective Agents Oral

Acyclovir
Amoxicillin
Amoxicillin/Clavulanic Acid
Ampicillin
Azithromycin
Cefdinir
Cefpodoxime
Cefuroxime
Cephalexin
Ciprofloxacin
Clindamycin
Clotrimazole Troches
Dicloxacillin

Anti-Infective Agents Oral Cont.

Doxycycline (PA required if used greater than 14 days every 180 days)
Erythromycin
Erythromycin/Sulfisoxazole
Fluconazole (limit 14 tablets per 30 days)
<i>ISENTRESS</i> (raltegravir) (30-day no PA required for PEP)
Isoniazid
Ivermectin
Levofloxacin
Metronidazole
Nitrofurantoin
Penicillin
Pyrantel Pamoate Tablets
Rifampin
Sulfamethoxazole/Trimethoprim
<i>TIVICAY</i> (dolutegravir) (30-day no PA required for PEP)
Trimethoprim
<i>TRUVADA</i> (emtricitabine/tenofovir disoproxil fumarate) (30-day no PA required for PEP)

Anti-Migraine Agents

Rizatriptan Tablets and MLT (limit 9 tablets per 30 days)
Sumatriptan Tablets (limit 9 tablets per 30 days)
Topiramate

Beta Blockers

Atenolol (with chlorthalidone)
Bisoprolol (with HCTZ)
Carvedilol IR
Metoprolol Succinate
Metoprolol Tartrate
Propranolol
Sotalol

Calcium Channel Blockers

Amlodipine (with Benazepril)
Diltiazem
Felodipine
Nifedipine
Verapamil

Cardiovascular/Blood Agents

Amiodarone
Aspirin (≤90 days)
Cilostazol
Clonidine Tablets
Clopidogrel
Digoxin (≤90 days)
<i>ELIQUIS</i> (apixaban) (PA required if used > 90 days)
Enoxaparin (PA if used > 10 days)
Flecainide
Guanfacine IR
Hydralazine
Isosorbide Dinitrate
Isosorbide Mononitrate
Methyldopa
Nitroglycerin
<i>PRADAXA</i> (dabigatran) (PA required is used > 90 days)
Prasugrel
Reserpine
<i>SAVAYSA</i> (edoxaban) (PA required if used > 90 days)
Warfarin
<i>XARELTO</i> (rivaroxaban) (PA required if used > 90 days)

Diabetes Medications

Admelog (insulin lispro)
Glimepiride
Glipizide
Glucagon (limit 2 per year)
Glyburide
Insulin 70/30 vials
Insulin N vials



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Diabetes Medications Cont.

Insulin R vials
Metformin
Pioglitazone
Semglee (insulin glargine)

Muscle Relaxants

Baclofen 10mg & 20mg
Cyclobenzaprine
Methocarbamol

Diuretics

Amiloride (with HCTZ)
Bumetanide
Ethacrynic Acid
Furosemide
Hydrochlorothiazide (≤90 days)
Metolazone
Spironolactone (with HCTZ)
Triamterene (with HCTZ)

Endocrine

Dexamethasone
Fludrocortisone
Hydrocortisone Tablets
Levothyroxine (≤90 days)
Methimazole
Methylprednisolone
Prednisolone ODT (age ≤7)
Prednisolone Solution
Prednisone Tablets
Propylthiouracil
Thyroid (Armour Thyroid & NP Thyroid)
Testosterone Injections

ENT Agents

Cetirizine 10mg tablet
Cipro HC Otic (ciprofloxacin/hydrocortisone)
Ciprofloxacin/dexamethasone Otic
Cyproheptadine
Diphenhydramine

ENT Agents Cont.

Fluticasone Nasal Spray (16 gram only)
Loratadine
Ofloxacin Otic

Gastrointestinal Agents

Balsalazide
Bismuth Tablets
Cimetidine
Dicyclomine
Diphenoxylate/Atropine
Docusate Sodium
Famotidine
Lactulose Suspension
Loperamide
Metoclopramide
Misoprostol
Ondansetron (limit 20 tablets per fill, PA required for > 3 fills per year)
Omeprazole
Pantoprazole
Polyethylene Glycol
Prochlorperazine
Sucralfate Tablets
Sulfasalazine Tablets
Suprep (sodium sulfate/potassium sulfate/magnesium sulfate)

Genitourinary Agents

Bethanechol
Finasteride 5mg Tablets
Oxybutynin
Phenazopyridine

Gynecologic Agents

Clindamycin 2% vaginal
Clotrimazole 1% vaginal
Contraceptive Products: cervical cap, condoms, diaphragm, & spermicide
Desogestrel/Ethinyl Estradiol (≤90)
Ella (ulipristal) (≤90)
Ergonovine

Gynecologic Agents Cont.

Esterified Estrogen/ Methyltestosterone
Estradiol Oral Tablets (≤90 days)
Estradiol Twice Weekly Patch (≤90 days) (0.025mg requires PA)
Estradiol Weekly Patch (0.05mg & 0.10mg)
Estradiol Vaginal Cream
Estradiol Vaginal Tablet
Estropipate
Ethinodiol Diacetate/EE (≤90)
Etonogestrel/Ethinyl Estradiol vaginal
Levonorgestrel 1.5mg tablet
Levonorgestrel/EE (≤90)
Medroxyprogesterone injection & tablet (≤90 days)
Methylergonovine injection & tablet
NeCon (norethindrone/mestranol) (≤90)
Norethindrone (≤90)
Norethindrone/EE (with iron) (≤90)
Norgestimate/EE (≤90)
Progesterone Capsules
Terconazole Vaginal
Xulane (norgestromin/ethinyl estradiol) patch

Immunosuppressant & Antineoplastic Agents

Azathioprine
Hydroxychloroquine
Leflunomide
Methotrexate

Lipid Lowering Agents

Atorvastatin
Cholestyramine Powder
Ezetimibe
Fenofibrate 43mg, 54mg, 67mg, 134mg, & 200mg
Gemfibrozil



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Lipid Lowering Agent Cont.

Lovastatin
Niacin (OTC)
Pravastatin
Rosuvastatin
Simvastatin

Non-Opioid Pain Medications

Acetaminophen
Capsaicin Cream
Celecoxib 100mg & 200mg
Diclofenac Sodium
Diclofenac 1% Topical Gel (limit 100 grams per 30 days)
Gabapentin Capsules (100mg, 300mg, 400mg)
Ibuprofen
Indomethacin 25mg & 50mg
Lidocaine 4% Cream (limit 100 grams per 30 days)
Lidocaine 4% Patch (limit 30 patches per 30 days)
Meloxicam
Naproxen Sodium
SalonPas Patch (methyl salicylate/menthol; capsaicin/menthol)
SalonPas Spray (methyl salicylate/menthol)
Salsalate
Sulindac

NSAIDS-Oral

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

Ophthalmic Agents

<i>Alphagan P 0.1%</i> (Brimonidine)
Atropine Ophthalmic
Bacitracin/Polymyxin B Ophthalmic
Bimatoprost Ophthalmic
Brimonidine 0.15% Ophthalmic
Brinzolamide Ophthalmic
Ciprofloxacin Ophthalmic
Diclofenac Ophthalmic
Dorzolamide Ophthalmic
Dorzolamide/Timolol Ophthalmic
Erythromycin Ointment
Fluorometholone Ophthalmic
Ganciclovir Ophthalmic
Hydrocortisone/Neomycin/ Polymyxin B Ophthalmic
Ketorolac Ophthalmic
Latanoprost Ophthalmic
Moxifloxacin Ophthalmic
Neomycin/Polymyxin/ Dexamethasone Ophthalmic
Ofloxacin Ophthalmic
Pilocarpine Ophthalmic
Prednisolone Ophthalmic
Scopolamine Ophthalmic
Sulfacetamide Ophthalmic
Sulfacetamide/Prednisolone Ophthalmic
Timolol Ophthalmic
Tobramycin Ophthalmic
Travoprost Ophthalmic
Trifluridine Ophthalmic
Trimethoprim/Polymyxin B Ophthalmic
Vidarabine Ophthalmic

Parkinson's Disease Agents

Amantadine
Benzotropine
Carbidopa/Levodopa
Selegiline
Trihexyphenidyl

Respiratory Agents

Albuterol HFA (limit 2 inhalers per 30 days)
Albuterol Nebulizer Solution
<i>Asmanex</i> (mometasone)
Budesonide Nebulizer Solution (age ≤7)
Cromolyn Nebulizer Solution
<i>Flovent</i> (fluticasone)
<i>Incruse Ellipta</i> (umeclidinium)
Ipratropium Nebulizer Solution
Ipratropium/Albuterol Nebulizer Solution
Montelukast
<i>Pulmicort Flexhaler</i> (budesonide)
QVAR Redihaler (beclomethasone)
Theophylline

Seizure Control

Carbamazepine
Clonazepam IR (PA required if used greater than 28 days)
Gabapentin Capsules (100mg, 300mg, 400mg)
Levetiracetam IR
Oxcarbazepine
Phenobarbital
Phenytoin
Topiramate

Smoking Cessation

<i>Chantix</i> (varenicline) (limit 2 quit attempts per year)
Nicotine gum, lozenge, patch

Substance Use Disorder Agents

Buprenorphine (30-day no PA required)
Buprenorphine/Naloxone (30-day no PA required)
Disulfiram
Naloxone injection & nasal spray
Naltrexone Tablets



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Topical Agents

Capsaicin Cream
Clobetasol
Clotrimazole Topical
Diclofenac 1% Topical Gel (limit 100 grams per 30 days)
Fluocinonide
Fluorouracil
Hydrocortisone (cream & ointment)
Lidocaine 4% Cream (limit 100 grams per 30 days)
Lidocaine 4% Patch (limit 30 patches per 30 days)
Miconazole
Nystatin
Permethrin 1%
Podofilox Solution
Silver Sulfadiazine
Triamcinolone
Triple Antibiotic Ointment (OTC)

Vaccines

<i>Bexsero</i> (age 19-25)
COVID Vaccine (<i>Johnson & Johnson</i> -age ≥18, <i>Moderna</i> - age ≥18, <i>Pfizer</i> - age ≥12)
Influenza (age ≥19)
<i>Shingrix</i> (age ≥50, limit 2 doses per lifetime)
<i>Trumenba</i> (age 19-25)

Vitamin/Mineral Supplements

Cyanocobalamin (vitamin B12) Injections (≤90 days)
Ferrous Gluconate
Ferrous Sulfate
Fluoride (age ≤18)
Folic Acid
Magnesium Chloride
Magnesium Oxide
Phytonadione 5mg

Vitamin/Mineral Supplements Cont.

Potassium Chloride
Prenatal Vitamins (RX) (age ≤49)
Pyridoxine 25mg Tablets
Riboflavin (OTC)
Tri-vi-sol (with Iron)
Vitamin D

Misc./Unclassified Agents

Acetazolamide
Alendronate
Allopurinol
Calcitonin Nasal Spray
Chlorhexidine Oral Rinse
Doxylamine
Epinephrine Pens (limit 2 pens per fill; PA required for > 2 fills per year)
Hydroxyzine
Lidocaine Viscous Solution
Probenecid
Sodium Polystyrene Sulfonate



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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 541-269-7147.

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.