



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.

A
Acetaminophen
Acetazolamide
Acyclovir oral
Admelog (insulin lispro)
Albuterol HFA (limit 2 inhalers per 30 days)
Albuterol nebulizer solution
Alendronate
Allopurinol
<i>Alphagan P</i> 0.1% (Brimonidine)
Alvesco (ciclesonide)
Amantadine
Amiloride (with HCTZ)
Amiodarone
Amlodipine (with Benazepril)
Amoxicillin
Amoxicillin/Clavulanic Acid
Amphetamine/ Dextroamphetamine IR (age ≤22)
Ampicillin
Aspirin (≤90 days)
Atenolol (with Chlorthalidone)
Atorvastatin
Atropine Ophthalmic
Azathioprine
Azithromycin
B
Bacitracin/Polymyxin B Ophthalmic
Baclofen 10mg & 20mg
Balsalazide
Benzotropine
Bethanechol
<i>Bexsero</i> Vaccine (age 19-25)
Bimatoprost Ophthalmic
Bismuth Tablets
Bisoprolol (with HCTZ)
Brimonidine Ophthalmic 0.15%
Brinzolamide Ophthalmic
Budesonide Nebulizer Solution (age≤7)
Bumetanide
Buprenorphine (PA after 30 days)

Buprenorphine/naloxone (PA after 30 days)
C
Calcitonin Nasal Spray
Capsaicin Cream
Captopril (with HCTZ)
Carbamazepine
Carbidopa/Levodopa
Carvedilol IR
Cefdinir
Cefpodoxime
Cefuroxime
Celecoxib 100mg & 200mg
Cephalexin
Cetirizine 10mg tablet
Chlorhexidine Oral Rinse
Cholestyramine Powder
Cilostazol
Cimetidine
<i>Cipro HC</i> Otic (ciprofloxacin/ hydrocortisone)
Ciprofloxacin ophthalmic, suspension, & tablets
Ciprofloxacin/Dexamethasone Otic
Clindamycin capsule & vaginal
Clobetasol
Clonazepam IR (PA after 28 days)
Clonidine Tablets
Clopidogrel
Clotrimazole Topical
Clotrimazole Troches
Clotrimazole 1% vaginal
Contraceptive Products: cervical cap, condoms, diaphragm, & spermicide
COVID Vaccine (<i>Johnson & Johnson</i> - Age ≥18, <i>Moderna</i> -Age ≥18, <i>Pfizer</i> -Age ≥12)
Cromolyn Nebulizer Solution
Cyanocobalamin (vitamin B12) Injections (≤90 days)
Cyclobenzaprine 10mg tab
Cyproheptadine

D
Dexamethasone
Dextroamphetamine IR (age ≤22)
Diclofenac Sodium ophthalmic & tablets
Diclofenac Topical Gel 1% (limit 100 grams per 30 days)
Dicloxacillin
Dicyclomine
Digoxin (≤90 days)
Diltiazem
Diphenhydramine
Diphenoxylate/Atropine
Disulfiram
Docusate Sodium
Dorzolamide Ophthalmic
Dorzolamide/Timolol Ophthalmic
Doxazosin
Doxycycline (100mg capsules up to 180 capsules and/or 90 days every 365 days) (All others; PA required if used > 14 days every 180 days)
Doxylamine
E
<i>Eliquis</i> (apixaban) (PA after 90 days)
Ella (ulipristal) (≤90)
Emtricitabine/tenofovir disoproxil fumarate (30-day no PA required for PEP)
Enalapril (with HCTZ)
Enoxaparin (PA if used > 10 days)
Epinephrine Pens (limit 2 pens per fill, PA required for > 2 fills per year)
Ergonovine
Erythromycin (ophthalmic & oral)
Erythromycin/Sulfisoxazole
Esterified Estrogen/ Methyltestosterone
Estradiol oral tablets (≤90 days)
Estradiol twice weekly patch (≤90 days) (0.025mg requires PA)



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Estradiol weekly patch (0.05mg & 0.1mg)
Estradiol vaginal cream
Estradiol vaginal tablet
Estropipate
Ethacrynic Acid
Ethinodiol Diacetate/EE (≤90)
Etonogestrel/EE vaginal
Ezetimibe
F
Famotidine
Felodipine
Fenofibrate 43mg, 54mg, 67mg, 134mg, & 200mg
Ferrous Gluconate
Ferrous Sulfate
Finasteride 5mg Tablets
Flecainide
<i>Flovent Diskus</i> (fluticasone)
Fluconazole (limit 14 tablets per 30 days)
Fludrocortisone
Fluocinonide cream & ointment
Fluoride (age ≤18)
Fluorouracil
Fluorometholone Ophthalmic
Fluticasone Nasal Spray (16 gram only)
Fluticasone/salmeterol (generic <i>Advair Diskus</i> 100/50mcg & 250/50mcg)
Fluticasone/salmeterol (generic <i>AirDuo Respiclick</i>)
Folic Acid
Fosinopril (with HCTZ)
Furosemide
G
Gabapentin capsule (100mg, 300mg, 400mg)
Ganciclovir Ophthalmic
Gemfibrozil
Glimepiride
Glipizide
Glucagon (limit 2 per year)

Glyburide
Guanfacine IR
H
Hydrocortisone/Neomycin/ Polymyxin B Ophthalmic
Hydralazine
Hydrochlorothiazide (≤90 days)
Hydrocortisone (cream & ointment)
Hydrocortisone tablets
Hydroxychloroquine
Hydroxyzine
I
Ibuprofen
<i>Incruse Ellipta</i> (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
<i>Isentress</i> (raltegravir) (30-day no PA required for PEP)
Isoniazid
Isosorbide Dinitrate
Isosorbide Mononitrate
Ivermectin
JK
Ketorolac Ophthalmic
L
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)
Lovastatin
M
Magnesium Chloride
Magnesium Oxide
Medroxyprogesterone injection & tablet (≤90 days)
Meloxicam
Metformin
Methimazole
Methocarbamol
Methotrexate
Methylidopa
Methylergonovine injection & tablet
Methylphenidate ER (10mg & 20mg tablets) (age ≤22)
Methylphenidate IR (age ≤22)
Methylprednisolone
Metoclopramide
Metolazone
Metoprolol Succinate
Metoprolol Tartrate
Metronidazole tablets & vaginal
Miconazole
Misoprostol
Montelukast
Moxifloxacin Ophthalmic
N
Naproxen Sodium (IR only)
Naloxone injection & nasal spray
Naltrexone Tablets
NeCon (norethindrone/mestranol) (≤90)
Neomycin/Polymyxin/ Dexamethasone Ophthalmic
Niacin (OTC)



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Nicotine gum, lozenge, & patch
Nifedipine
Nitrofurantoin
Nitroglycerin
Norethindrone (≤90)
Norethindrone/EE (with iron) (≤90)
Norgestimate/EE (≤90)
Nystatin
O
Ofloxacin Ophthalmic
Ofloxacin Otic
Omeprazole
Ondansetron (limit 20 tablets per fill, PA required for > 3 fills per year)
Oseltamivir
Oxcarbazepine
Oxybutynin
P
Pantoprazole
Penicillin
Permethrin 1%
Phenazopyridine
Phenobarbital
Phenytoin
Phytonadione 5mg
Pilocarpine Ophthalmic
Pioglitazone
Podofilox Solution
Polyethylene Glycol
Potassium chloride
<i>Pradaxa</i> (dabigatran) (PA after 90 days)
Prasugrel
Pravastatin
Prazosin
Prednisolone ODT (age ≤7)
Prednisolone Ophthalmic
Prednisolone Solution
Prednisone Tablets
Prenatal Vitamins (RX) (age ≤49)
Probenecid
Prochlorperazine

Progesterone Capsules
Propranolol
Propylthiouracil
Pyrantel Pamoate Tablets
Pyridoxine 25mg Tablets
Q
Quinapril (with HCTZ)
QVAR Redihaler (beclomethasone)
R
Raloxifene
Ramipril
Reserpine
Riboflavin (OTC)
Rifampin
Rizatriptan Tablets and MLT (limit 9 tablets per 30 days)
Rosuvastatin
S
SalonPas Patch (methyl salicylate/menthol; capsaicin/menthol) (limit 30 patches per 30 days)
SalonPas Spray (methyl salicylate/menthol)
Salsalate
<i>Savaysa</i> (edoxaban) (PA after 90 days)
Scopolamine Ophthalmic
Selegiline
Semglee (insulin glargine)
<i>Shingrix</i> Vaccine (age ≥50; limit 2 doses per lifetime)
Silver Sulfadiazine
Simvastatin
Sodium Polystyrene Sulfonate
Sotalol
Spirolactone (HCTZ)
Sucralfate Tablets
Sulfacetamide Ophthalmic
Sulfacetamide/Prednisolone Ophthalmic
Sulfamethoxazole/Trimethoprim
Sulfasalazine Tablets
Sulindac

Sumatriptan Tablets (limit 9 tablets per 30 days)
<i>Suprep</i> (sodium sulfate/potassium sulfate/magnesium sulfate)
T
Tamsulosin
Terazosin
Terconazole Vaginal
Testosterone Injections
Theophylline
Thyroid (<i>Armour Thyroid & NP Thyroid</i>)
Timolol Ophthalmic
<i>Tivicay</i> (dolutegravir) (30-day no PA required for PEP)
Tobramycin Ophthalmic
Topiramate
Travoprost Ophthalmic
Triamcinolone Topical
Triamterene (with HCTZ)
Trifluridine Ophthalmic
Trihexyphenidyl
Trimethoprim
Trimethoprim/Polymyxin B Ophthalmic
Triple Antibiotic Ointment (OTC)
Tri-vi-sol (with Iron)
<i>Trumenba</i> Vaccine (age 19-25)
UV
Varenicline (limit 2 quit attempts per year)
Verapamil
Vidarabine Ophthalmic
Vitamin D
WXYZ
Warfarin
<i>Xarelto</i> (rivaroxaban) (PA after 90 days)
<i>Xulane</i> (norelgestromin/ethinyl estradiol) patch



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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.