



# Advanced Health Formulary 2022: **Alphabetical**

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



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|   |  |   |
|---|--|---|
| Estradiol twice weekly patch (≤90 days)<br><b>(0.025mg requires PA)</b>     | Glimepiride (≤90 days)   | Levonorgestrel/EE (≤90)                                   |
| Estradiol weekly patch (0.05mg & 0.1mg)                                     | Glipizide (≤90 days)   | Levothyroxine (≤90 days)                                  |
| Estradiol vaginal cream   | Glucagon (limit 2 per year)                                    | Lidocaine 4% cream (limit 100 grams per 30 days)          |
| Estradiol vaginal tablet  | Glyburide (≤90 days)   | Lidocaine 4% patch (limit 30 patches per 30 days)         |
| Estropipate   | Guanfacine IR  | Lidocaine Viscous Solution                                |
| Ethacrynic Acid   | <b>H</b>   | Lisinopril (with HCTZ) (≤90 days)                         |
| Ethinodiol Diacetate/EE (≤90)   | Hydrocortisone/Neomycin/ Polymyxin B Ophthalmic                | Loperamide  |
| Etonogestrel/EE vaginal   | Hydralazine (≤90 days)   | Loratadine (≤90 days)                                     |
| Ezetimibe (≤90 days)  | Hydrochlorothiazide (≤90 days)                                 | Losartan (with HCTZ) (≤90 days)                           |
| <b>F</b>  | Hydrocortisone (cream & ointment)                              | <b>Lovastatin</b> (≤90 days)                              |
| Famotidine (≤90 days)   | Hydrocortisone tablets   | <b>M</b>  |
| Felodipine (≤90 days)   | Hydroxychloroquine   | Magnesium Chloride (≤90 days)                             |
| Fenofibrate 43mg, 54mg, 67mg, 134mg, & 200mg (≤90 days)                     | Hydroxyzine  | Magnesium Oxide (≤90 days)                                |
| Ferrous Gluconate (≤90 days)  | <b>I</b>   | Medroxyprogesterone injection & tablet (≤90 days)         |
| Ferrous Sulfate (≤90 days)  | Ibuprofen  | Meloxicam   |
| Finasteride 5mg Tablets (≤90 days)  | <b>Incruse Elipta</b> (umeclidinium)                           | Metformin (≤90 days)                                      |
| Flecainide (≤90 days)   | Indomethacin 25mg & 50mg                                       | Methimazole (≤90 days)                                    |
| <i>Flovent Diskus</i> (fluticasone)   | Influenza Vaccine (age ≥19)                                    | Methocarbamol   |
| Fluconazole (limit 14 tablets per 30 days)                                  | Insulin 70/30 vials (≤90 days)                                 | Methotrexate  |
| Fludrocortisone   | <b>Insulin glargine-yfgh</b> (≤90 days)                        | Methyldopa  |
| Fluocinonide cream & ointment   | Insulin N vials (≤90 days)                                     | Methylergonovine injection & tablet                       |
| Fluoride (age ≤18) (≤90 days)   | Insulin R vials (≤90 days)                                     | <b>Methylphenidate ER</b> (10mg & 20mg tablets) (age ≤22) |
| Fluorouracil  | Ipratropium Nebulizer Solution                                 | Methylphenidate IR (age ≤22)                              |
| Fluorometholone Ophthalmic  | Ipratropium/Albuterol Nebulizer Solution                       | Methylprednisolone  |
| Fluticasone Nasal Spray (16 gram only)                                      | Irbesartan v   | Metoclopramide  |
| Fluticasone/salmeterol (generic <i>Advair Diskus</i> 100/50mcg & 250/50mcg) | <i>ISENTRESS</i> (raltegravir) (30-day no PA required for PEP) | Metolazone (≤90 days)                                     |
| <b>Fluticasone/salmeterol</b> (generic <i>AirDuo Respiclick</i> )           | Isoniazid  | Metoprolol Succinate (≤90 days)                           |
| Folic Acid (≤90 days)   | Isosorbide Dinitrate (≤90 days)                                | Metoprolol Tartrate(≤90 days)                             |
| Fosinopril (with HCTZ) (≤90 days)   | Isosorbide Mononitrate (≤90 days)                              | Metronidazole tablets & vaginal                           |
| Furosemide (≤90 days)   | Ivermectin   | Miconazole  |
| <b>G</b>  | <b>JK</b>  | Misoprostol   |
| Gabapentin capsule (100mg, 300mg, 400mg)                                    | Ketorolac Ophthalmic   | <b>Montelukast</b> (≤90 days)                             |
| Gabapentin tablet (600mg & 800mg)   | <b>L</b>   | Moxifloxacin Ophthalmic                                   |
| Ganciclovir Ophthalmic  | Lactulose Suspension   | <b>N</b>  |
| Gemfibrozil (≤90 days)  | Latanoprost Ophthalmic   | Naproxen Sodium (IR only)                                 |
|   | Leflunomide (≤90 days)   | Naloxone injection & nasal spray                          |
|   | Levetiracetam IR (≤90 days)                                    | Naltrexone Tablets (≤90 days)                             |
|   | Levofloxacin   |   |
|   | Levonorgestrel 1.5mg tablet                                    |   |



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



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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](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.