



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 > 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 if 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 |

ENT Agents Cont.

| |
|--|
| Diphenhydramine |
| 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) |

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 (IR only) |
| 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 (IR only) |
| 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) |

Seizure Control

| |
|---|
| Carbamazepine |
| Clonazepam IR (PA required if used > 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 (PA required after initial 30 days) |
| Buprenorphine/Naloxone (PA required after initial 30 days) |
| 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

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