



### Careoregon (OHP) Formulary Changes

Abbreviations: PA = Prior Authorization Required; QL = Quantity Limit; ST = Step Therapy Required; AR = Age Restriction

EFFECTIVE DATE	FORMULARY CHANGE	DRUG NAME	STRENGTH	DOSAGE FORM	DESCRIPTION
12/1/2017	Updated PA Criteria	Acamprosate		Tabs	Removed disulfiram requirement.
12/1/2017	Updated PA Criteria	Albenza	200mg	Tab	Added ID specialist prescribing or consult for non-pinworm indications.
12/1/2017	Added to Medical Benefit with PA Required	Aliqopa		Inj	PA Required. See PA criteria document for details.
12/1/2017	Added with PA & QL	Benlysta	200mg/ml	Auto-injector, prefilled syringe	PA Required. See PA criteria document for details. Quantity limit-0.143 per day
12/1/2017	Added	First-Vanco (compound kit)	25mg/ml; 50mg/ml	Soln	
12/1/2017	Updated PA Criteria	GLP-1	various	various	Updated PA criteria to remove meal-time insulin check if rational for avoiding basal submitted.
12/1/2017	Added with PA	Haegarda	2000U , 3000U	Vial	PA Required. See PA criteria document for details.
12/1/2017	Updated PA Criteria	HepC			Add Fibrosure/Fibrotest as accepted test (when preferred tests not available)
12/1/2017	Added to Medical Benefit with PA Required	Kymriah		Infusion	PA Required. See PA criteria document for details.
12/1/2017	Updated PA Criteria	Lupron	various	Injection	Updated PA criteria as follows: Gender dysphoria: added transition with cross-sex hormones; Endometriosis: added failure of hormonal treatment; Leiomyoma: for preoperative use only.

12/1/2017	Added to Medical Benefit with PA Required	Mylotarg		Inj	PA Required. See PA criteria document for details.
12/1/2017	Updated PA Criteria	Noxafil and voriconazole			Added criteria to consider prophylaxis scenarios; first line voriconazole before Noxafil.
12/1/2017	Added with PA & QL	Siliq	210mg/1.5ml	Prefilled syringe	PA Required. See PA criteria document for details. Quantity limit- 0.108 per day
12/1/2017	Updated PA Criteria	Somatuline Depot		Inj	PA Required. See PA criteria document for details.
12/1/2017	Added with PA & QL	Tremfya	100mg/ml	Prefilled syringe	PA Required. See PA criteria document for details. Quantity limit- 0.018 per day. Max 56 day supply per fill.
12/1/2017	Added with PA & QL	Tymlos	3120mcg/1.56ml	Pen-Injector	PA Required. See PA criteria document for details. Quantity limit-0.052 per day
12/1/2017	Added with PA & QL	Verzenio	50mg, 100mg 150mg, 200mg	Tab	PA Required. See PA criteria document for details. Quantity limit- 2 tabs per day
12/1/2017	Updated PA Criteria	Xolair	150mg	Soln	Updated to meet FDA label and updates previous required trial/failures.