



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
6/16/2017	Removed	Renvela	0.8gm, 2.4gm	Pak	Brand removed. Generic available
6/19/2017	Added with AR	Selzentry	20mg/ml	Soln	Added with age restriction covered for members ages 6 and younger.
7/21/2017	Removed	Renvela	800mg	Tab	Brand removed. Generic available.
8/1/2017	Added with QL	Isentress HD	600mg	Tab	Added with quantity limit: 2 tabs per day
8/1/2017	Added with PA Required	Alunbrig	30mg	Tab	PA Required. See PA criteria document for details.
8/1/2017	Removed	Praluent	150mg/ml, 75mg/ml	Syringe, Pen	Removed from formulary
8/1/2017	Added with PA & QL	Repatha	420/3.5, 140mg/ml	Cartridge, auto-injector, prefilled syringe	PA Required. See PA criteria document for details. Added with quantity limit: 420/3.5 cartridge- .125mls/day; 140mg/ml auto injector, prefilled syringe-.0715/day
8/1/2017	Removed ST	Estradiol Valerate, Cypionate	10mg/ml, 200mg/5, 20mg/ml,40mg/ml, 5mg/ml	Vial	Removed Step Therapy Requirement
8/1/2017	Added	Fluticasone Salmeter (generic Airduo)	55/14, 113/14, 232/14	Inhaler	
8/1/2017	Removed ST	Serevent	Aer 50mcg	Inhaler	Removed Step Therapy Requirement
8/1/2017	Removed	Depo-testosterone	100mg/ml, 200mg/ml	Vial	Brand removed. Generic available . PA Required. See PA criteria document for details. 90 day supply available per fill of generic testosterone.

8/1/2017	Added with PA and QL	Rydapt	25mg	Cap	PA Required. See PA criteria document for details. Quantity limit-8 caps per day
8/1/2017	Removed	SF Rowasa	4gm	Enema	Removed from formulary. Grandfathered existing users for life.
8/1/2017	Removed	Dipentum	250mg	Cap	Removed from formulary. Grandfathered existing users for life.
8/1/2017	Removed	Asacol HD	800mg	Tab	Brand removed; generic available (quantity limit 6 per day). Grandfathered existing users for life.
8/1/2017	Added ST	Mesalamine, Apriso, Delzicol, Pentasa	various	Tab, Cap	Added step-therapy requirement; (sulfasalazine or balsalazide).
8/1/2017	Updated PA criteria	Lucentis	0.5mg	Inj	Updated PA criteria to include new indication of treatment of patients with diabetic retinopathy.
8/1/2017	Updated PA criteria	Imfinzi	500mg/10ml	Inj	Updated PA criteria with new indication of treatment for locally advanced or metastatic urothelial carcinoma with disease progression during or following platinum-containing chemotherapy or progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.
8/1/2017	Added to Medical Benefit with PA Required	Ocrevus	300mg/10mL	Vial	PA Required. See PA criteria document for details.
8/1/2017	Updated PA criteria	GLP1	various	various	PA Required. See PA criteria document for details.