



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
10/1/2017	Added with PA and QL	Januvia	25mg, 50mg, 100mg	Tab	PA Required. See PA criteria document for details. Quantity Limit - 1 tab per day
10/1/2017	Added with PA and QL	Acitretin	10mg, 17.5mg, 25mg	Cap	PA Required. See PA criteria document for details. Quantity Limit - 2 caps per day
10/1/2017	Updated QL	Dronabinol	2.5mg, 5mg, 10mg	Cap	Updated Quantity Limits: Quantity Limit - 4 caps per day
10/1/2017	Removed	Eurax	10%	Cream, Lotion	Removed from formulary.
10/1/2017	Added with AR	Flublok Quad	.5ML	Inj	Added with age restriction. Covered for members greater than age 18.
10/1/2017	Removed	Flumist		Spray	Removed from formulary.
10/1/2017	Added with ST	Generic Lialda (Mesalamine DR)	1.2GM	Tab	Added step-therapy requirement; (sulfasalazine or balsalazide).
10/1/2017	Added with PA and QL	Idhifa	50mg, 100mg	Tab	PA Required. See PA criteria document for details. Quantity Limit - 1 tab per day
10/1/2017	Added with PA and QL	Lynparza	100MG	Tab	PA Required. See PA criteria document for details. Quantity Limit - 4 tabs per day
10/1/2017	Added ST & QL	Mephyton	5MG	Tab	Added step-therapy requirement; (Warfarin) Quantity Limit - 5 tabs per fill
10/1/2017	Added with PA and QL	Nerlynx	40mg	Tab	PA Required. See PA criteria document for details. Quantity Limit - 6 tabs per day
10/1/2017	Added	Pyridoxine HCL	25mg, 50mg, 100mg	Tab	Added to formulary

10/1/2017	Added with PA	Soliqua	100-33 unit-mcg/ml	Pen	PA Required. See PA criteria document for details.
10/1/2017	Added to Medical Benefit with PA Required	Rituxan Hycela	1400-23400 MG-UNIT/11.7ML 1600-26800 MG-UNIT/13.4ML	Inj	PA Required. See PA criteria document for details.
10/1/2017	Added to Medical Benefit with PA Required	Vyxeos	44-100mg	Inj	PA Required. See PA criteria document for details.
10/1/2017	Updated PA criteria	Imbruvica	140mg	Cap	Updated PA criteria to include new indication of treatment of patients with chronic graft versus host disease (cGVHD) after failure of one or more lines of systemic therapy.
10/1/2017	Updated PA criteria	Botox	100 Unit 200 Unit	Inj	Updated PA criteria to address dose escalations
10/1/2017	Updated PA criteria	Fusilev	50MG	Inj	Updated PA criteria to remove from general chemo criteria and added requirement to fail leucovorin calcium.
10/1/2017	Updated PA criteria	Actemra	162mg/.09ml	Inj	Updated PA criteria to include new indication of giant cell arteritis and properly trial/failure of steroids.
10/1/2017	Added to Medical Benefit with PA Required	Radicava	30mg/100mL	Inj	PA Required. See PA criteria document for details.
10/1/2017	Added to Medical Benefit with PA Required	Brineura	150 MG/5ML (30 MG/ML)	Inj	PA Required. See PA criteria document for details.
10/1/2017	Updated PA criteria	Elmiron	100mg	Cap	See PA criteria document for details.
10/1/2017	Updated PA criteria	Orencia	250 MG 125 MG/ML 50 MG/0.4ML 87.5 MG/0.7ML	Inj	Updated criteria to align with other biologics for RA, added psoriatic arthritis criteria based on indication and JIA indication based on guidelines.

10/1/2017	Updated PA criteria	Humira/Enbrel	All	All	Updated PA criteria. See PA criteria document for details. Will require IV Remicade first for most indications.
10/1/2017	Updated Day Supply	Generic Oral Contraceptives	All	All	Updated Day Supply to allow 365 day supply after an initial fill of max 91 days. (Must fill same drug.)
10/1/2017	Updated PA criteria	Rituxan	100mg, 500mg	Inj	Updated PA criteria for Primary Progressive MS.