



### 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
3/1/2018	Added with QL	Qvar Redihaler	40mcg	Inhaler	Quantity limit: 40mcg 2 puffs per day (60 day supply)
3/1/2018	Added to formulary	Qvar Redihaler	80mcg	Inhaler	
4/1/2018	Removed from formulary	Novolog	100U	vial, cartridge, pen	Removed from formulary. Grandfathered existing users temporarily. Notifications to be sent.
4/1/2018	Removed from formulary	Humalog	100U, 200U	vial, cartridge, pen	Removed from formulary. Grandfathered existing users temporarily. Notifications to be sent.
4/1/2018	Added to formulary	Admelog	100U	vial	
4/1/2018	Added with PA Required	Admelog	100U	pen	PA Required. See PA criteria document for details.
4/1/2018	Added with PA Required & QL	Trelegy Ellipta	100-62.5-25mcg/inh		PA Required. See PA criteria document for details. Quantity limit: 2 blister packs per day
4/1/2018	Added with PA Required & QL	Zytiga	500mg	Tab	PA Required. See PA criteria document for details. Quantity limit: 2 tabs per day
4/1/2018	Removed from formulary	Zostavax		Inj	Removed from formulary. Formulary alt: Shingrix
4/1/2018	Added with AR & QL	Shingrix	50mcg	Inj	Covered for members ages 50 and older. Quantity limit: Max 2 injections per lifetime.
4/1/2018	Removed from formulary	Xolair	150mg	Inj	Covered under Medical Benefit ("buy and bill")
4/1/2018	Updated QL	Xarelto	10mg	Tab	Updated quantity limit to 1 tab per day
4/1/2018	Added with PA & QL	Tracleer	32mg	Tab	PA Required. See PA criteria document for details. Quantity limit: 4 tabs per day
4/1/2018	Removed from formulary	Prolastin C	1000mg	Vial	Removed from pharmacy formulary. Covered on medical benefit.

4/1/2018	Removed from formulary	Pegasys, Peg-Intron	all	all	Removed from formulary
4/1/2018	Removed from formulary	Klor-Con, Potassium Chloride	20 MEQ	power packet	Removed from formulary. Grandfathered existing users.
4/1/2018	Removed from formulary	Januvia	25mg, 50mg, 100mg	Tab	Removed from formulary. Prefer alogliptan (PA Required)
4/1/2018	Added with PA Required	Gleostine	5mg, 10mg, 40mg, 100mg	Cap	PA Required. See PA criteria document for details.
4/1/2018	Added with QL	Glatiramer (generic Copaxone)	40mg/ml	Syringe	Quantity limit: 12 syringes per month
4/1/2018	Added with PA & QL	Bosulif	400mg	Tab	PA Required. See PA criteria document for details. Quantity limit: 1 per day
4/1/2018	Added QL	Bosulif	100mg, 500mg	Tab	PA Required. See PA criteria document for details. Quantity limit: 100mg, 3 per day; 500mg, 1 per day
4/1/2018	Added with QL	Biktary	50-200-25mg	Tab	Quantity limit: 1 per day
4/1/2018	Added with PA Required	Benznidazole	12.5mg, 100mg	Tab	PA Required. See PA criteria document for details.
4/1/2018	Added with PA Required	Alogliptin	6.25mg, 12.5mg, 25mg	Tab	PA Required. See PA criteria document for details.
4/1/2018	Added with PA & QL	Adlyxin	20mcg/0.2ml (100mg/ml), 10mcg/0.2ml & 20mcg/0.2ml	pen, pen starter kit	PA Required. See PA criteria document for details. Quantity limit: 20mcg/0.2ml 0.215/day; Starter kit: 6mls per 180 days
4/1/2018	Added to Medical Benefit with PA and QL	Zilretta	32mg Extended Release	Vial	PA Required. See PA criteria document for details.
4/1/2018	Added to Medical Benefit with PA	Varubi	166.5mg/92.5ml	Vial	PA Required. See PA criteria document for details.
4/1/2018	Added to Medical Benefit with PA	Fasenra	30mg/ml	Syringe	PA Required. See PA criteria document for details.
4/1/2018	Added to Medical Benefit with PA	Mepsevil	10mg/5ml	Vial	PA Required. See PA criteria document for details.

4/1/2018	Updated PA criteria	Soliris		Vial	Updated PA criteria with new indication for treatment of adults with generalized myasthenia gravis who are anti-acetylcholine receptor antibody positive.
4/1/2018	Updated PA criteria	Taltz	80ml	Vial	Updated criteria to include treatment of adult patients with active psoriatic arthritis.
4/1/2018	Updated PA criteria	Humira, Enbrel	all	all	Updated criteria to require trial of infliximab first in treatment of psoriasis and psoriatic arthritis.