



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
6/1/2018	Updated QL	Imatinib (generic Gleevec)	100mg	Tab	Updated quantity limit to 2 tabs per day
6/1/2018	Added with PA & QL	Symdeko	100-150	Tbpk	PA Required. See PA criteria document for details. Quantity limit: 2 per day
6/1/2018	Added with PA & QL	Steglatro	5mg, 15mg	Tab	PA Required. See PA criteria document for details. Quantity limit: 1 per day
6/1/2018	Added with PA & QL	Segluromet	2.5-500mg, 2.5-1000mg, 7.5-500mg, 7.5-1000mg	Tab	PA Required. See PA criteria document for details. Quantity limit: 2 per day
6/1/2018	Removed PA	Stiolto	2.5-2.5mcg/act	Inh	No longer requires PA. Quantity limit still applies
6/1/2018	Removed PA	Anoro Ellipta	62.5-25mcg	Inh	No longer requires PA. Quantity limit still applies
6/1/2018	Added with PA & QL	Prevymis	240mg, 480mg	Tab	PA Required. See PA criteria document for details. Quantity limit: 1 per day
6/1/2018	Added with PA & QL	Imbruvica	70mg	Cap	PA Required. See PA criteria document for details. Quantity limit: 1 per day
6/1/2018	Added with QL	Symfi Lo	400-300-300mg	Tab	Quantity limit: 1 per day
6/1/2018	Added with QL	Symfi	600-300-300mg	Tab	Quantity limit: 1 per day
6/1/2018	Added	piperacillin sod-tazobactam	2.25gm, 2.275gm, 4.5mg, 13.5gm 40.5gm	Inj	
6/1/2018	Added	pilocarpine	7.5mg	Tab	
6/1/2018	Added with PA	Matulane	50mg	Cap	PA Required. See PA criteria document for details.
6/1/2018	Added with PA and QL	Jakafi	5mg, 10mg, 15mg, 20mg, 25mg	Tab	PA Required. See PA criteria document for details. Quantity limit: 2 per day

6/1/2018	Added AR	Heplisav-B		Inj	Covered for members ages 19 and older
6/1/2018	Added with QL	Cimduo	300-300mg	Tab	Quantity limit: 1 per day
6/1/2018	Added AR	Ciprofloxacin	500mg/5ml	Susp	Covered for members ages 6 and younger
6/1/2018	Added with PA and QL	Erleada	60mg	Tab	PA Required. See PA criteria document for details. Quantity limit: 4 per day
6/1/2018	Removed	memantine ER	7mg, 14mg, 21mg, 28mg, 7mg&14mg&21mg&28mg	cap, pack	Removed from formulary
6/1/2018	Added AR	Tri-Vi-Sol	750-400-35mg/ml	drops	Covered for members ages 2 and younger
6/1/2018	Added to Medical Benefit	Kedrab		vial	
6/1/2018	Added to Medical Benefit with PA Required	Sinuva	1350mg	implant	PA Required. See PA criteria document for details.
6/1/2018	Added to Medical Benefit with PA Required	Sublocade	100mg/0.5ml, 300mg/1.5ml	inj	PA Required. See PA criteria document for details.
6/1/2018	Added to Medical Benefit with PA Required	Luxturna		vial	PA Required. See PA criteria document for details.
6/1/2018	Added to Medical Benefit with PA Required	Trogarzo	200mg/1.33ml	vial	PA Required. See PA criteria document for details.
6/1/2018	Updated PA Criteria	Xgeva	120mg	vial	Updated PA criteria to include new indication for use of prevention of skeletal-related events in patients with multiple-myeloma.
6/1/2018	Updated PA Criteria	Tranexamic acid	various	various	Removed requirement of failure with IUD.
6/1/2018	Updated PA Criteria	Promacta	various	tabs	Extended initial approval to three months and renewal criteria parameters of response aligned with ASH guidelines. Removed Hep C interferon criteria.
6/1/2018	Updated PA Criteria	Prolia	60mg/ml	syringe	Removed failure of calcitonin, add failure of zoledronic acid.

6/1/2018	Updated PA Criteria	Nplate	250mcg, 500mcg	vial	Extended initial approval to three months and renewal criteria parameters of response aligned with ASH guidelines.
6/1/2018	Updated PA Criteria	Nucala	100mg	vial	Updated PA criteria to include new diagnosis of treatment in patients with EGPA including failure of standard first-line agents.