



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
10/1/2018	Added QL	Truvada	200-300mg	Tab	Quantity limit- 1 tab per day
10/1/2018	Added with PA & QL	Tibsovo	250mg	Tab	PA Required. See PA criteria document for details. Quantity limit: 2 tabs per day
10/1/2018	Added with QL	Symtuza	800-150-200-10mg	Tab	Quantity limit- 1 tab per day
10/1/2018	Added with PA	Retacrit	2000 unit/ml,3000 unit/ml,4000 unit/ml, 10000 unit/ml, 40000 unit/ml	Inj	PA Required. See PA criteria document for details.
10/1/2018	Added QL	Promacta	12.5mg, 25mg, 50mg, 75mg	Tab	PA Required. See PA criteria document for details. Quantity limit: 12.5mg, 25mg, 50mg- 1 per day; 75mg-2 per day
10/1/2018	Removed	Procrit, Epogen	2000 unit/ml,3000 unit/ml,4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	Inj	Removed from formulary
10/1/2018	Removed	Neulasta	6mg/0.6ml	syringe, kit	Removed from formulary
10/1/2018	Added	Nateglinide	60mg, 120mg	Tab	
10/1/2018	Added with PA & QL	Mektovi	15mg	Tab	PA Required. See PA criteria document for details. Quantity limit: 6 tabs per day
10/1/2018	Added with PA & QL	Letairis	5mg, 10mg	Tab	PA Required. See PA criteria document for details. Quantity limit: 1 tab per day

10/1/2018	Added with PA & QL	Lenvima	4mg, 12mg	Cap	PA Required. See PA criteria document for details. Quantity limit: 4mg 1 cap per day; 12mg 3 caps per day
10/1/2018	Added with PA & QL	Jynarque	45&15mg, 60&30mg, 90&30mg	Pak	PA Required. See PA criteria document for details. Quantity limit: 2 per day
10/1/2018	Added with QL	Incruse Ellipta	62.5mcg/inh	Inhaler	Quantity limit- 1 per day
10/1/2018	Added with PA & QL	Humira	20mg/0.2ml	Syringe	PA Required. See PA criteria document for details. Quantity limit: 2 syringes per 28 days
10/1/2018	Added QL	Generic Airduo	55-14mcg/act, 113-14mcg/act, 232-14mcg/act	Inhaler	Quantity limit 2 inhalers per month
10/1/2018	Added with PA & QL	Fulphila	6mg/0.6ml	Syringe	PA Required. See PA criteria document for details. Quantity limit: 0.6mls/23 days
10/1/2018	Added with PA & QL	Braftovi	50mg, 75mg	Cap	PA Required. See PA criteria document for details. Quantity limit: 50mg-1 per day; 75mg-6 per day
10/1/2018	Added with AR	Flumist		nasal susp	Covered for members ages 19-49; Covered by VFC for members ages 18 and younger
10/1/2018	Covered on Medical Benefit with PA Required	Infugem		IV	PA Required. See PA criteria document for details.
10/1/2018	Covered on Medical Benefit with PA Required	Akynzeo	235-0.25mg	Inj	PA Required. See PA criteria document for details.
10/1/2018	Covered on Medical Benefit with PA Required	Dexycu	9%	Susp	PA Required. See PA criteria document for details.
10/1/2018	Added to Medical Benefit	Andexxa	100mg	Vial	No PA Required for ED/hospital emergency use only.
10/1/2018	Covered on Medical Benefit with PA Required	Crysvita	10mg/ml, 20mg/ml, 30mg/ml	Vial	PA Required. See PA criteria document for details.

10/1/2018	Covered on Medical Benefit with PA Required	Poteligeo	20mg/5ml	Vial	PA Required. See PA criteria document for details.
10/1/2018	Updated Medical Benefit PA Criteria	Botox	various	Inj	Updated PA criteria to align with State Guideline Note. Primary change: CCB prophylaxis failure no longer supported.
10/1/2018	Updated PA Criteria	Prolia	60mg/ml	Sol	Updated PA criteria with new indication for the treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture.
10/1/2018	Updated PA Criteria	IVIG	various	Inj	See PA criteria document for details.
10/1/2018	Updated PA Criteria	Eylea	2/0.05ml	Inj	See PA criteria document for details.