



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
12/1/2018	Added with PA & QL	Humira Pen Kit CD/UC/HS	80 MG/0.8ML	Pen Kit	PA Required. See PA criteria document for details. Quantity limit: 3 syringes/day
12/1/2018	Added with PA & QL	Humira Pen Kit PS/UV	80 MG/0.8ML & 40 MG/0.4ML	Pen Kit	PA Required. See PA criteria document for details. Quantity limit: 3 syringes/day
12/1/2018	Added with AR	Heplisav-B	20/0.5ML	Inj	Covered for members ages 19-49; Covered by VFC for members ages 18 and younger
12/1/2018	Updated PA Criteria	Khapzory	175MG 300MG	Inj	See PA criteria document for details.
12/1/2018	Updated PA Criteria	Signifor LAR	175MG 300MG	Inj	Updated PA criteria to include LAR as a recognized product for the indication equally with the non-LAR.
12/1/2018	Added with QL	Pifeltro	100MG	Tabs	Quantity Limit: 1 per day
12/1/2018	Added with QL	Delstrigo	100-300-300MG	Tabs	Quantity Limit: 1 per day

12/1/2018	Covered on Medical Benefit with PA Required	Jivi	500 Unit 1000 Unit 2000 Unit 3000 Unit	Inj	Covered through OHSU Hemophilia Center Only
12/1/2018	Covered on Medical Benefit with PA Required	Lumoxiti	1MG	Sol	PA Required. See PA criteria document for details.
12/1/2018	Added with PA & QL	Lokelma	5GM 10GM	Packet	PA Required. See PA criteria document for details.
12/1/2018	Covered on Medical Benefit with PA Required	Libtayo	350MG/7ML	IV	PA Required. See PA criteria document for details.
12/1/2018	Added with PA & QL	Vizimpro	15MG 30MG 40MG	Tabs	PA Required. See PA criteria document for details. Quantity limit: 1 per day
12/1/2018	Added with PA & QL	Talzenna	0.25MG 1MG	Caps	PA Required. See PA criteria document for details. Quantity limit: 0.25MG = 3 per day 1MG = 1 per day
12/1/2018	Removed	Praziquantel	600MG	Tabs	Removed from formulary
12/1/2018	Added	Eplerenone	25MG 50MG	Tabs	
12/1/2018	Added	Glycerin Suppository	1 GM	Supp	
12/1/2018	Updated QL	Pantoprozole	20MG	Tabs	Quantity Limit: 2 per day

12/1/2018	Covered on Medical Benefit with no PA Required	Oxaliplatin	all	Inj	Removed PA
12/1/2018	Covered on Medical Benefit with no PA Required	Docetaxel	all	Inj	Removed PA
12/1/2018	Added with PA & QL	Orilissa	150MG 200MG	Tabs	PA Required. See PA criteria document for details. Quantity limit: 150MG = 1 per day 200MG = 2 per day
12/1/2018	Updated PA Criteria	Rituxan	100MG 500MG	Inj	See PA criteria document for details.
12/1/2018	Removed	Tracleer	32MG 62MG 125MG	Tabs	Removed from formulary
12/1/2018	Removed	Ventavis	10MCG/ML 20MCG/ML	Sol	Removed from formulary
12/1/2018	Added with PA & QL	Uptravi	200MCG 400MCG 600MCG 800MCG 1000MCG 1200MCG 1400MCG 1600MCG Therapy Pack (200MCG & 800MCG)	Tabs	PA Required. See PA criteria document for details. Quantity limit: Standard tabs: 2 per day Induction Pack: 1 pack/ 365 days
12/1/2018	Remove QL, Add AR	Ondansetron Sol.	4MG/5ML	Sol	QL removed. AR > age 6 not covered

12/1/2018	Added with PA & QL	Trulicity	0.75MG/0.5ML 1.5MG/0.5ML	Pen	PA Required. See PA criteria document for details. Quantity limit: .072MLs per day
12/1/2018	Add QL	Tranexamic Acid	650 mg	Tabs	Quantity limit: 30 per 23 days
12/1/2018	Updated PA Criteria	Pancreatic Enzymes	All	All	See PA criteria document for details.
12/1/2018	Removed	Glatopa	20MG/ML 40MG/ML	Syringe	Removed from formulary. Generic Glatiramer covered.
12/1/2018	Added with PA & QL	Enbrel Mini	INJ 50MG/ML	Cartridge	PA Required. See PA criteria document for details. Quantity limit: 4mls per 28 days
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