

2011 CareOregon Advantage Formulary Changes



Abbreviations: AGE = Age Restriction; PA = Prior Authorization Required; QL = Quantity Limit; ST = Step Therapy Required; NA = Not Applicable

EFFECTIVE DATE	BRAND	GENERIC	STRENGTH	DOSAGE FORM	TYPE OF CHANGE	TIER; UTILIZATION RESTRICTIONS
3/1/2011	ANASTROZOLE	ANASTROZOLE	1 MG	TABLET	Generic added	Tier 1
3/1/2011	AZTREONAM	AZTREONAM	333 MG/ML	IV SOLUTION	Added	Tier 1
3/1/2011	CAYSTON	AZTREONAM	75 MG/ML	INHALATION SOLUTION	Added	Tier 2; PA required
3/1/2011	CODEINE SULFATE	CODEINE SULFATE	15 MG	TABLET	Added	Tier 1
3/1/2011	CORTIFOAM	HYDROCORTISONE	100 MG/ML	RECTAL FOAM	Added	Tier 2
3/1/2011	CYCLAFEM 1/35 28 DAY	ETHINYL ESTRADIOL 0.035 MG / INERT INGREDIENTS 1 MG / NORETHINDRONE 1 MG		TABLET	Added	Tier 1
3/1/2011	CYCLAFEM 7/7/7 28 DAY	ETHINYL ESTRADIOL 0.035 MG / INERT INGREDIENTS 1 MG / NORETHINDRONE 0.5 MG / NORETHINDRONE 0.75 MG / NORETHINDRONE 1 MG		TABLET	Added	Tier 1
3/1/2011	DILANTIN	PHENYTOIN	30 MG	CAPSULE	Added	Tier 2
3/1/2011	DOXEPIN	DOXEPIN	150 MG	CAPSULE	Added	Tier 1
3/1/2011	ELLA	ULIPRISTAL	30 MG	TABLET	Added	Tier 2
3/1/2011	ENOXAPARIN	ENOXAPARIN	30 MG, 40 MG, 60 MG, 80 MG, 100 MG, 120 MG, 150 MG	PREFILLED SYRINGE	Added	Tier 1 with QL
3/1/2011	FAZACLO	CLOZAPINE	150 MG, 200 MG	SUBLINGUAL TABLET	Added	Tier 2
3/1/2011	HIZENTRA	IMMUNE GLOBULIN SUBCUTANEOUS (HUMAN)	200 MG/ML	IV SOLUTION	Added	Tier 2; PA required
3/1/2011	LANSOPRAZOLE	LANSOPRAZOLE	15 MG, 30 MG	ORAL DISINTEGRATING TABLET	Added	Tier 1; ST required and QL
3/1/2011	LEVETIRACETAM	LEVETIRACETAM	100 MG/ML	IV SOLUTION	Generic added	Tier 1
3/1/2011	MEROPENEM	MEROPENEM	50 MG/ML	IV SOLUTION	Generic added	Tier 1
3/1/2011	PRAMIPEXOLE DIHYDROCHLORIDE	PRAMIPEXOLE DIHYDROCHLORIDE	0.75 MG	TABLET	Added	Tier 1
3/1/2011	RAPAMUNE	SIROLIMUS	0.5 MG	CAPSULE	Added	Tier 2; PA for Part B versus D
3/1/2011	RIVASTIGMINE	RIVASTIGMINE	1.5 MG, 3 MG, 4.5 MG, 6 MG	CAPSULE	Generic added	Tier 1
3/1/2011	SORIATANE	ACITRETIN	10 MG, 25 MG	CAPSULE	Added	Tier 2

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3/1/2011	SUBOXONE	BUPRENORPHINE/NALOXONE	2 MG/0.5 MG, 8 MG/2 MG	SUBLINGUAL TABLET	Added	Tier 2; PA required and QL
3/1/2011	VENLAFAXINE	VENLAFAXINE	37.5 MG, 75 MG, 150 MG	CAPSULE	Generic added	Tier 1; ST required
3/1/2011	ZAFIRLUKAST	ZAFIRLUKAST	10 MG, 20 MG	TABLET	Added	Tier 1 with QL
3/1/2011	ZIRGAN	GANCICLOVIR	0.0015 MG/MG	OPHTHALMIC GEL	Added	Tier 2
3/1/2011	ZORTRESS	EVEROLIMUS	0.25 MG, 0.5 MG, 0.75 MG	TABLET	Added	Tier 2; PA for Part B versus D
4/1/2011	DACOGEN	DECITABINE	5 MG/ML	IV SOLUTION	Added	Tier 2
4/1/2011	BETAMETHASONE	BETAMETHASONE	0.5 MG/ML	LOTION	Added	Tier 1
4/1/2011	CIMETIDINE	CIMETIDINE	300 MG, 400 MG, 800 MG	TABLET	Added	Tier 1
4/1/2011	PREZISTA	DARUNAVIR	150 MG	TABLET	Added	Tier 2
4/1/2011	PROMACTA	ELTROMBOPAG	75 MG	TABLET	Added	Tier 2; PA required and QL
4/1/2011	HALAVEN	ERIBULIN MESYLATE	0.5 MG/ML	IV SOLUTION	Added	Tier 2; PA required for new starts
4/1/2011	AFINITOR	EVEROLIMUS	2.5 MG	TABLET	Added	Tier 2; PA required for new starts and QL
4/1/2011	GANCICLOVIR	GANCICLOVIR	50 ML/ML	IV SOLUTION	Added	Tier 1
4/1/2011	NITROMIST	NITROGLYCERIN	0.4 MG/ACTUATION	SPRAY	Added	Tier 2
4/1/2011	PEGASYS	PEGINTERFERON ALFA-2A	0.18 MG/ML	INJECTION	Added	Tier 2; PA required
4/1/2011	NORDITROPIN	SOMATROPIN	10 MG/ML	PREFILLED SYRINGE	Added	Tier 2; PA required
4/1/2011	NUTROPIN	SOMATROPIN	2.5 MG/ML	PREFILLED SYRINGE	Added	Tier 2; PA required
4/1/2011	ONDANSETRON	ONDANSETRON	4 MG, 8 MG, 24 MG 4 MG, 8 MG 4 MG/5 ML 4 MG/2 ML	TABLET ODT SOLUTION INJECTION	Removed PA	Tier 1
4/1/2011	CALCITRIOL	CALCITRIOL	1 MCG/ML	INJECTION	Added B versus D PA	Tier 1; PA required for B versus D
4/1/2011	CUBICIN	DAPTOMYCIN	500 MG	INJECTION	Added B versus D PA	Tier 2; PA required for B versus D
4/1/2011	HECTOROL	DOXERCALCIFEROL	4 MCG/2 ML	INJECTION	Added B versus D PA	Tier 2; PA required for B versus D
4/1/2011	HEPARIN	HEPARIN	1,000 UNIT/ML 5,000 UNITS/ML 10,000 UNITS/ML 20,000 UNITS/ML 1/2 NS 25,000 UNITS/250 ML 1/2 NS 25,000 UNITS/500 ML D5W 20,000 UNITS/500 ML NS 2,000 UNIT/1,000 ML	INJECTION	Added B versus D PA	Tier 1; PA required for B versus D
4/1/2011	HEPARIN	HEPARIN	2000 UNIT/ML, 2500 UNIT/ML	INJECTION	Added	Tier 1; PA required for B versus D

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4/1/2011	LEVOCARNITINE	LEVOCARNITINE	100 MG/ML 330 MG	SOLUTION TABLET	Added B versus D PA	Tier 1; PA required for B versus D
4/1/2011	LEVOCARNITINE	LEVOCARNITINE	200 MG/ML	INJECTION	Added	Tier 1; PA required for B versus D
4/1/2011	MIACALCIN	CALCITONIN	200 UNIT/ML	INJECTION	Added B versus D PA	Tier 2; PA required for B versus D
4/1/2011	VANCOMYCIN	VANCOMYCIN	1 GM, 10 GM	INJECTION	Added B versus D PA	Tier 1; PA required for B versus D
4/1/2011	VANCOMYCIN	VANCOMYCIN	500 MG A-V	INJECTION	Added B versus D PA	Tier 1; PA required for B versus D
4/1/2011	KOMBIGLYZE	SAXAGLIPTIN/METFORMIN	2.5-1000 MG, 5-500 MG, 5-1000 MG	TABLET	Added	Tier 2; ST required
4/1/2011	CARBAGLU	CARGLUMIC ACID	200 MG	TABLET	Added	Tier 2; PA required
4/1/2011	MENVEO	MENINGOCOCCAL OLIGOSACCHARIDE VACCINE, DIPHTHERIA CONJUGATED		INJECTION	Added	Tier 2
4/1/2011	DEXPAK TAPERPAK	DEXAMETHASONE		TABLET	Added	Tier 2
4/1/2011	DYSPORT	ABOBOTULINUMTOXIN A	300 UNITS	INJECTION	Added	Tier 2; PA required
4/1/2011	CALCIPOTRIENE	CALCIPOTRIENE	0.01%	OINTMENT	Added	Tier 1
4/1/2011	SPRYCEL	DESATINIB	80 MG, 140 MG	TABLET	Added	Tier 2; PA required for new starts
4/1/2011	PRADAXA	DABIGATRAN	75 MG/ 150 MG	TABLET	Added	Tier 2; PA required
4/1/2011	LATUDA	LURASIDONE	40 MG, 80 MG	TABLET	Added	Tier 2; PA required for new starts
6/1/2011	ACCOLATE	ZAFIRLUKAST	10 MG, 20 MG	TABLET	New generic, zafirlukast, is available. Brand removed from formulary on 06/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1 with QL.
6/1/2011	ARIMIDEX	ANASTROZOLE	1 MG	TABLET	New generic, anastrozole, is available. Brand removed from formulary on 06/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1.
6/1/2011	AZACTAM	AZTREONAM	2 GM	IV SOLUTION	New generic, aztreonam, is available. Brand removed from formulary on 06/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1.
6/1/2011	EFFEXOR XR	VENLAFAXINE	37.5 MG, 75 MG, 150 MG	CAPSULE	New generic, venlafaxine XR, is available. Brand removed from formulary on 06/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1 with ST.
6/1/2011	EXELON	RIVASTIGMINE TARTRATE	1.5 MG, 3 MG, 4.5 MG, 6 MG	CAPSULE	New generic, rivastigmine, is available. Brand removed from formulary on 06/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1.

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6/1/2011	KEPPRA	LEVETIRACETAM	500 MG/5ML	IV SOLUTION	New generic, levetiracetam, is available. Brand removed from formulary on 06/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1.
6/1/2011	LOVENOX	ENOXAPARIN	100 MG, 150 MG	PREFILLED SYRINGE	New generic, enoxaparin, is available. Brand removed from formulary on 06/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1 with QL.
6/1/2011	MERREM	MEROPENEM	500 MG	IV SOLUTION	New generic, meropenem, is available. Brand removed from formulary on 06/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1.
6/1/2011	MIRAPEX	PRAMIPEXOLE	75 MG	TABLET	New generic, pramipexole, is available. Brand removed from formulary on 06/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1.
6/1/2011	PREVACID	LANSOPRAZOLE	15 MG, 30 MG	ORAL DISINTEGRATING TABLET	New generic, lansoprazole ODT, is available. Brand removed from formulary on 06/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1 with ST and QL.
7/1/2011	LOVENOX	ENOXAPARIN	30 MG, 40 MG, 60 MG, 80 MG, 120 MG	PREFILLED SYRINGE	New generic, enoxaparin, is available. Brand removed from formulary on 06/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1 with QL.
7/1/2011	ARICEPT	DONEPEZIL HYDROCHLORIDE	5 MG, 10 MG	TABLET	New generic, donepezil, is available. Brand removed from formulary on 07/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1.
7/1/2011	ARICEPT ODT	DONEPEZIL HYDROCHLORIDE	5 MG, 10 MG	ORAL DISINTEGRATING TABLET	New generic, donepezil, is available. Brand removed from formulary on 07/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1.
7/1/2011	XYZAL	LEVOCETIRIZINE DIHYDROCHLORIDE	5 MG	TABLET	New generic, levocetirizine, is available. Brand removed from formulary on 07/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1 with ST and QL.
8/1/2011	NEURONTIN	GABAPENTIN	250 MG/5ML	ORAL SOLUTION	New generic, gabapentin, is available. Brand removed from formulary on 08/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1.

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8/1/2011	PROLASTIN	ALPHA 1-PROTEINASE INHIBITOR, HUMAN	50 MG/ML	IV SOLUTION	Added	Tier 2; PA required
8/1/2011	OXYCODONE-ASA	OXYCODONE-ASA	4.5-0.38-325	TABLET	Added	Tier 1
8/1/2011	LETROZOLE	LETROZOLE	2.5 MG	TABLET	Generic added	Tier 1
8/1/2011	VIRAMUNE XR	NEVIRAPINE	400 MG	TABLET	Added	Tier 2
8/1/2011	OXYCODONE	OXYCODONE	5 MG	CAPSULE	Added	Tier 1
8/1/2011	CALCITRIOL	CALCITRIOL	0.25 MCG, 0.5 MCG, 1 MCG/ML	CAPSULE ORAL SOLUTION	Added B versus D PA	Tier 1; PA required for B versus D
8/1/2011	HECTOROL	DOXERCALCIFEROL	0.5 MCG, 1 MCG, 2.5 MCG	CAPSULE	Added B versus D PA	Tier 2; PA required for B versus D
9/1/2011	NARDIL	PHENELZINE	15 MG	TABLET	New generic, phenelzine, is available. Brand removed from formulary on 09/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1.
9/1/2011	XALATAN	LATANOPROST	0.00005	OPHTHALMIC SOLN	New generic, latanoprost, is available. Brand removed from formulary on 09/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1.
9/1/2011	ANDROGEL	TESTOSTERONE	0.0162	GEL	Added	Tier 2; PA required
9/1/2011	ZYTIGA	ABIRATERONE ACETATE	250 MG	TABLET	Added	Tier 2; PA required for new starts.
9/1/2011	ALINIA	NITAZOXANIDE	500 MG 20 MG/ML	TABLET SUSPENSION	Added	Tier 2; PA required
9/1/2011	VANDETANIB	VANDETANIB	100, 300 MG	TABLET	Added	Tier 2; PA required for new starts and QL.
9/1/2011	EDURANT	RILPIVIRINE	25 MG	TABLET	Added	Tier 2
9/1/2011	BUDESONIDE	BUDESONIDE	3 MG	CAPSULE	Added	Tier 1
9/1/2011	CARBAMAZEPINE 12 HOUR	CARBAMAZEPINE	100 MG, 200 MG, 300 MG	CAPSULE	Added	Tier 1
9/1/2011	LEVOFLOXACIN	LEVOFLOXACIN	250 MG, 500 MG, 750 MG	TABLET	Added	Tier 1
9/1/2011	NAPROXEN	NAPROXEN	500 MG	TABLET	Added	Tier 1
9/1/2011	RELION NOVOLIN R	REGULAR INSULIN, HUMAN	100 UNITS/ML	PREFILLED SYRINGE	Removed from formulary as drug withdrawn from the market.	
10/1/2011	E.E.S.	ERYTHROMYCIN ETHYLSUCCINATE	400 MG	TABLET	New generic, erythromycin, is available. Brand removed from formulary on 10/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1.

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10/1/2011	AROMASIN	EXEMESTANE	25 MG	TABLET	New generic, exemestane, is available. Brand removed from formulary on 10/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1.
10/1/2011	SYLATRON	PEGINTERFERON ALFA-2B	0.4 MG/ML, 0.6 MG/ML, 1.2 MG/ML	IV SOLUTION	Added	Tier 2; PA required for new starts.
10/1/2011	FORTESTA	TESTOSTERONE	0.02 MG/MG	TOPICAL GEL	Added	Tier 2; PA required
10/1/2011	BOOSTRIX	PERTUSSIS/DIPHThERIA/TETANUS		INJECTION	Added	Tier 2
10/1/2011	EMOQUETTE	DESOGESTREL/ETHINYL ESTRADIOL	0.15 MG/0.03 MG	TABLET	Added	Tier 1
10/1/2011	ORSYTHIA	ETHINYL ESTRADIOL/LEVONORGESTREL	0.02 MG/0.1 MG	TABLET	Added	Tier 1
10/1/2011	DISULFIRAM	DISULFIRAM	250 MG, 500 MG	TABLET	Added	Tier 1
10/1/2011	SUMATRIPTAN	SUMATRIPTAN	0.6 MG/0.5 ML	INJECTION	Added	Tier 1
10/1/2011	TAMIFLU	OSELTAMIVIR	6 MG/ML	ORAL SOLUTION	Added	Tier 2 and QL
10/1/2011	LEVOFLOXACIN	LEVOFLOXACIN	5 MG/ML	IV SOLUTION	Added	Tier 1
10/1/2011	FONDAPARINUX SODIUM	FONDAPARINUX SODIUM	5 MG/0.4 ML, 7.5 MG/0.6 ML, 10 MG/0.8 ML, 2.5 MG/0.5 ML	INJECTION	Added	Tier 1, PA required and QL.
11/1/2011	FEMARA	LETROZOLE	2.5 MG	TABLET	New generic, letrozole, is available. Brand removed from formulary on 11/01/2011 and will no longer be covered.	Brand not covered. Generic is Tier 1.
11/1/2011	LUMIZYME	ALGLUCOSIDASE ALFA	5 MG/ML	IV SOLUTION	Added	Tier 2; PA required
11/1/2011	LUPRON DEPOT 6 MONTH 45MG KIT	LEUPROLIDE ACETATE	30 MG/ML	INJECTION	Added	Tier 2
11/1/2011	TASIGNA	NILOTINIB	150 MG	TABLET	Added	Tier 2; PA required for new starts.
11/1/2011	VIIBRYD	VILAZODONE	10 MG, 20 MG, 40 MG	TABLET	Added	Tier 2; PA required for new starts and QL.