



CAREOREGON (OHP) FORMULARY CHANGES

Abbreviations: PA = Prior Authorization Required; QL = Quantity Limit; ST = Step Therapy Required

DATE POSTED	EFFECTIVE DATE	FORMULARY CHANGE	DRUG NAME	STRENGTH	DOSAGE FORM	DESCRIPTION
	11/22/11	Added	Levetiracetam ER	500MG & 700MG	TAB	New generic.
	11/24/11	Removed	Brand Cleocin	75MG	CAP	Removed from formulary. Generic available
	11/25/11	Removed	Brand Malarone	250-100MG, 62.5-25MG	TAB	Removed from formulary. Generic available
	11/27/11	Removed	Brand Felbatol	400MG, 600MG	TAB	Removed from formulary. Generic available
	12/1/11	Added	Ketorolac	0.4%, 0.5%	DROPS	
	12/1/11	Added with QL	Cefidininir	300MG	CAP	Quantity Limit of #20 caps per month
	12/1/11	Removed	Soliris	300MG/30ML	INJ	Removed from formulary. Covered under Medical Benefit with PA Required.
	12/1/11	Removed	Oxycodone-asa	4.5-0.38-325MG	TAB	Removed from formulary.
	12/1/11	Removed	Endodan	4.83-325MG	TAB	Removed from formulary. Current users will be grandfathered for lifetime.
	12/1/11	Removed	Hydrocodone-APAP	10-750MG	TAB	Removed from formulary.
	12/1/11	Removed	Oxycodone-APAP	2.5-325MG	TAB	Removed from formulary. Current users will be grandfathered for lifetime.
	12/1/11	Removed	Oxycodone conc	20MG/ML	SOLN	Removed from formulary. Another formulation available.
	12/1/11	Removed	Oxycodone	5MG	CAP	Removed from formulary
	12/1/11	Added QL & AR	Tamiflu	6MG/ML	SUSP	Quantity Limit of 120/ml per 30 days; 2 fills per 6 months; restricted to age ≤ 8
	12/1/11	Removed ST	Lipitor	40MG, 80MG	TAB	
	12/1/11	Added	Atorvastatin	10MG, 20MG, 40MG, 80MG	TAB	New generic.
	12/1/11	Updated PA criteria	Prolia	60MG/ML	INJ	New indication added for treatment of bone loss in patients with nonmetastatic prostate cancer receiving androgen deprivation therapy and breast cancer receiving adjuvant aromatase inhibitor therapy.
	12/1/11	Updated medical benefit PA criteria	Soliris	10MG/ML	INJ	New indication added for treatment of hemolytic uremic syndrome.
	12/1/11	Added with PA to medical benefit	Nulojix	250MG	INJ	PA Required. See PA criteria document for details.

	12/1/11	Added with PA to medical benefit	Corifact		INJ	PA Required. See PA criteria document for details.
	12/1/11	Added with PA to medical benefit	Procrit	2000 units, 3000 units, 4000 units, 10,000 units, 20,000 units, 40,000 units	INJ	PA Required. See PA criteria document for details.
	12/1/11	Added with PA to medical benefit	Aranesp	25mcg, 40mcg, 60mcg, 100mcg, 150mcg, 200mcg, 300mcg, 500mcg	INJ	PA Required. See PA criteria document for details.