

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
10/25/10	10/2/10	Removed age restriction and changed QL	Pneumovax	25MCG/0.5	VIAL	Changed QL to #1 per 5 years
10/25/10	10/1/10	Removed	hydrocortisone suppository	25 MG, 30MG	SUPP	Removed from formulary. Current users will be grandfathered for lifetime.
10/25/10	10/1/10	Removed	Nitroglycerin ER	2.5MG, 6.5MG, 9MG	CAP	Removed from formulary. Current users will be grandfathered for lifetime.
10/25/10	9/27/10	Added with Age restriction	Fluzone HD	180ML	INJ	Age 65 and over covered.
10/25/10	9/24/10	Removed	Bactroban cream	15G, 30G	CREAM	Removed from formulary. Current users will be grandfathered for lifetime. Formulary alternative mupirocin ointment.
10/25/10	9/24/10	Added	D-Vi-Sol	400IU/ML	DROPS	
10/25/10	9/24/10	Added	Cayston (aztreonam)	75MG	INH	PA Required. See PA criteria document for details.
10/25/10	9/24/10	Added with PA	Vimpat (lacosamide)	10MG/ML	SOLN	PA Required. See PA criteria document for details.
10/25/10	9/24/10	Added	Zirgan (ganciclovir)	5G	OPHTH GEL	
10/25/10	9/16/10	Updated PA criteria	Synagis	50mg, 100mg	VIAL	Removed RSV negative requirement from PA guidelines.
10/25/10	9/16/10	Updated PA criteria	Hepsera	10mg	TAB	OK to approve in HIV co-infection not currently receiving HAART
10/25/10	9/16/10	Updated PA criteria	Baraclude	0.5mg, 0.5mg/ml, 1mg	TAB, SOLN	In those with HIV co-infection not currently receiving HAART, recommend Tyzeka or Hepsera

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10/25/10	9/15/10	Updated PA criteria	Tykerb	250mg	TAB	New indication added with restrictions: postmenopausal HR positive metastatic breast ca that overexpress HER2
10/25/10	9/15/10	Updated PA criteria	Tasigna	150mg, 200mg	CAPS	New indication added: chronic phase Ph+ CML and no previous treatment
7/26/10	7/23/10	Removed PA & QLL	Topiramate	15MG, 25MG, 50MG, 100MG, 200MG	TAB, SPRINKLES	Removed PA and QLL
7/26/10	7/23/10	Added	Zortress	0.25MG, 0.5MG, 0.75MG	TAB	
7/26/10	7/23/10	Removed	Nitrolingual	8.5G	SPRAY	Removed from formulary. Current users will be grandfathered for lifetime.
7/1/10	3/1/10	Added	Norvir	100 MG	TAB	
7/1/10	5/20/10	Added	Valcyte	50 MG/ML	SOLN	Covered for age < 6 years
4/26/10	4/1/10	Added	Ferrous Sulfate	15MG/ML	DROPS	
4/26/10	4/1/10	Added	Nitrostat	0.3MG, 0.4MG, 0.6MG	TAB	
4/26/10	4/1/10	Added	E.E.S.	200 MG/5 MI	GRAN	
4/26/10	4/1/10	Added	E.E.S.	200/5ML, 400/5ML	SUSP	
3/15/10	3/22/10	Added	Clindamycin	300MG	CAP	
3/15/10	3/22/10	Added with PA	Dysport (abobotulinum-toxin A)	500U	VIAL	PA Required
3/15/10	3/22/10	Added	Oforta	10MG	TAB	
3/15/10	3/2/10	Added	Morphine sulfate	20MG/5 ML	SOLN	
3/15/10	3/1/10	Added	Oxycodone	10MG	TAB	

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1/25/10	3/1/10	Removed	Elaprase (Idursulfase)	6MG/3ML	INJ	Removed from formulary. Hunter's Syndrome, ICD-9 277.5, is below the line (line 672) on the Oregon Health Plan and not covered for treatment.
	2/15/10	Added	Suprax	200MG/ 5ML	SOLN	
1/25/10	2/1/10	Added	Omeprazole	40MG	CAP	
1/25/10	2/1/10	Added with Age restriction	Hydroxyzine hcl	10MG, 25MG	TAB	Covered for age < 65 years.
1/25/10	2/1/10	Added	Albuterol	0.63 MG/3 ML	SOLN	
1/25/10	2/1/10	Added with PA	Ciprodex (ciprofloxacin/dexamethasone)	0.3%/0.1%	OTIC	
1/25/10	2/1/10	Added	Extavia (Interferon beta 1-B)	0.3MG	KIT	
1/25/10	2/1/10	Added	Zenpep (pancrelipase)	5000U, 10,000U, 15,000U, 20,000U	CAP	
11/24/09	1/1/10	Removed	PrevPac (amox-clarithro-lansop)		PACK	On 1/1/10, PrevPac will no longer be covered. Form alts include omeprazole, amoxicillin, clarithromycin as separate agents.
11/24/09	11/30/09	Added with PA	Sabril (vigabatrin)	500MG	TAB, PACK	PA Required
11/24/09	11/30/09	Added	Colcrys	0.6MG	TAB	

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8/3/09	10/5/09	Removed	Prilosec OTC and generics (omeprazole magnesium)	20MG	TAB	On 10/5/09, Prilosec OTC or omeprazole magnesium OTC tablets will be nonformulary and no longer covered for new Rx's. Members with Rx claims history prior to 10/5/09 will be grandfathered indefinitely (except those who have primary prescription coverage through a Medicare Part D drug plan other than CareOregon). The formulary alternative is prescription omeprazole 20mg.
8/3/09	10/5/09	Added ST	Nifedipine	30MG, 60MG, 90MG	TAB SR 24HR, TAB SR 24HR OSMOTIC	On 10/5/09, nifedipine long-acting tablets will require previous trial of amlodipine for new Rx's. Members with Rx claims history prior to 10/5/09 will be grandfathered indefinitely.
8/3/09	10/5/09	Removed	Nifedipine	10MG, 20MG	CAP	On 10/5/09, nifedipine capsules will be nonformulary and no longer covered for new Rx's. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Removed	Hydromorphone	2MG, 4MG, 8MG	TAB	On 10/5/09, hydromorphone tablets will be nonformulary and no longer covered for new Rx's. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.

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8/3/09	10/5/09	Removed	Propoxyphene/ Acetaminophen, Propoxyphene-N/ Acetaminophen	65MG-650MG, 100MG-650MG	TAB	On 10/5/09, propoxyphene combinations will be nonformulary and no longer covered for new Rxs. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Removed	Levorphanol	2MG	TAB	On 10/5/09, levorphanol tablets will be nonformulary and no longer covered for new Rxs. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.
8/3/09	10/5/09	Added QL	Methadone	5MG	TAB	On 10/5/09, all new Rxs for methadone 5mg tablets will be limited to 600 tablets per month. Members receiving quantities in excess of the quantity limit before 10/5/09 will be grandfathered indefinitely.
8/3/09	10/5/09	Added QL	Methadone	10MG	TAB	On 10/5/09, all new Rxs for methadone 10mg tablets will be limited to 300 tablets per month. Members receiving quantities in excess of the quantity limit before 10/5/09 will be grandfathered indefinitely.

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8/3/09	10/5/09	Removed	Trimethobenzamide	250MG, 300MG	CAP	On 10/5/09, trimethobenzamide capsules will be nonformulary and no longer covered for new Rxs. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Removed	Chlorpropamide	100MG, 250MG	TAB	On 10/5/09, chlorpropamide tablets will be nonformulary and no longer covered for new Rxs. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Removed	Dipyridamole	25MG, 50MG, 75MG	TAB	On 10/5/09, dipyridamole tablets will be nonformulary and no longer covered for new Rxs. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Removed	Mephobarbital	32MG, 50MG, 100MG	TAB	On 10/5/09, mephobarbital tablets will be nonformulary and no longer covered for new Rxs. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*

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8/3/09	10/5/09	Removed	Belladonna Alkaloids- Phenobarbital	16MG/5ML, 16.2MG	ELIXIR, TAB	On 10/5/09, belladonna alkaloids will be nonformulary and no longer covered for new Rxs. Members with a Rx claims history prior to 10/5/09 will be grandfathered indefinitely.*
8/3/09	10/5/09	Removed	Isometheptene- dichloralphenazone- acetaminophen	65-100-325MG	CAP	On 10/5/09, isometheptene-dichloralphenazone-acetaminophen will be nonformulary and no longer covered for new Rxs. Members with Rx claims history prior to 10/5/09 will be grandfathered indefinitely.*
8/3/09	10/5/09	Removed	Ergotamine-caffeine Ergotamine- phenobarbital-belladonna	1-100MG, 2-100MG, 0.6- 40-0.2MG	TAB, SR TAB, SUPP	On 10/5/09, ergotamine combinations will be nonformulary and no longer covered for new Rxs. Members with a Rx claims history prior to 10/5/09 will be grandfathered indefinitely.*
8/3/09	10/5/09	Added age restriction	Cyproheptadine	4MG, 2MG/5ML	TAB, SYRUP	On 10/5/09, cyproheptadine will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Diphenhydramine	12.5MG, 25MG, 50MG, 12.5MG/ML	CHEW TAB, TAB, CAP, ELIXIR, LIQUID, SYRUP	On 10/5/09, diphenhydramine will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*

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8/3/09	10/5/09	Added age restriction	Hydroxyzine hcl Hydroxyzine pamoate	10MG/5ML, 25MG, 50MG, 100MG	SYRUP, CAP	On 10/5/09, hydroxyzine will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Promethazine	12.5MG, 25MG, 50MG, 6.25MG/ML	TAB, SYRUP	On 10/5/09, promethazine will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Amphetamine- Dextroamphetamine	5MG, 7.5MG, 10MG, 12.5MG, 15MG, 20MG, 30MG	TAB	On 10/5/09, amphetamine-dextroamphetamine tablets will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*

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8/3/09	10/5/09	Added age restriction	Methylphenidate	5MG, 10MG, 20MG	TAB, TAB CR	On 10/5/09, methylphenidate tablets will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Dextroamphetamine	5MG, 10MG, 15 MG	TAB, CAP CR, CAP ER	On 10/5/09, dextroamphetamine will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Dexmethyphenidate	2.5MG, 5MG, 10MG	TAB	On 10/5/09, dexmethylphenidate tablets will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*

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8/3/09	10/5/09	Added age restriction	Phenobarbital	15MG, 30MG, 32.4MG, 60MG, 64.8mg, 97.2MG, 100MG, 20MG/5ML	TAB, ELIXIR	On 10/5/09, phenobarbital will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Flurazepam	15MG, 30MG	CAP	On 10/5/09, flurazepam capsules will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Dicyclomine	10MG, 20MG, 10MG/5ML	CAP, TAB, SOLN	On 10/5/09, dicyclomine will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*

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8/3/09	10/5/09	Added age restriction	Hyoscyamine	0.375MG, 0.125MG, 0.15MG, 0.125MG/ML	CAP SR 12HR, TAB SR 12HR, TAB, TAB DISP, TAB SL, SOLN	On 10/5/09, hyoscyamine will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Propantheline	15MG	TAB	On 10/5/09, propantheline tablets will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Chlorzoxazone	250MG, 500MG	TAB	On 10/5/09, chlorzoxazone tablets will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*

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8/3/09	10/5/09	Added age restriction	Methocarbamol	500MG, 750MG	TAB	On 10/5/09, methocarbamol tablets will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Cyclobenzaprine	5MG, 10MG	TAB	On 10/5/09, cyclobenzaprine tablets will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Menest (Esterified Estrogen)	0.3MG, 0.625MG, 1.25MG, 2.5MG	TAB	On 10/5/09, Menest tablets will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*

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8/3/09	10/5/09	Added age restriction	Estropipate	0.75MG, 1.5MG, 3MG	TAB	On 10/5/09, estropipate tablets will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Armour Thyroid and Thyroid (Desiccated Thyroid)	15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG	TAB	On 10/5/09, Armour Thyroid and Desiccated Thyroid tablets will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Nitrofurantoin	25MG, 50MG, 100MG, 25MG/ML	CAP, SUSP	On 10/5/09, nitrofurantoin will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Cleocin (clindamycin palmitate)	75MG/5ML	SOLN	On 10/5/09, Cleocin Solution will be covered only for members whose current age is ≤ 5 years.

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9/28/09	10/2/09	Added	Influenza A (H1N1) 2009 Monovalent Vaccines		IM, IN	H1N1 administered by a Pharmacist will be covered as follows: Intranasal: age \geq 15 years and $<$ 50 years; IM for age \geq 15 years. Note: seasonal Influenza Vaccine administered by a Pharmacist is covered for age \geq 19 years. Members $<$ 19 years must receive seasonal Influenza Vaccine through VFC.