

2009 CareOregon Advantage Plus and Star Formulary Changes



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DATE POSTED	EFFECTIVE DATE	BRAND	GENERIC	STRENGTH	DOSAGE FORM	TYPE OF CHANGE	TIER; UTILIZATION RESTRICTIONS
1/5/09	1/1/09	APTIVUS	TIPRANAVIR	100 MG/ML	SOLN	Added	Tier 2
1/5/09	1/1/09	HYCAMPTIN	TOPOTECAN HCL	0.25 MG, 1 MG	CAP	Added	Tier 2
1/5/09	1/1/09	PREZISTA	DARUNAVIR	600 MG	TAB	Added	Tier 2
1/5/09	1/1/09	SUPRAX	CEFIXIME	400 MG	TAB	Added	Tier 2; QL
1/5/09	1/1/09	VENLAFAXINE HCL ER	VENLAFAXINE HCL	37.5 MG, 75 MG, 150 MG, 225 MG	TB24	Added	Tier 1
1/5/09	5/1/09	COSOPT	DORZOLAMIDE HYDROCHLORIDE AND TIMOLOL MALEATE	2 %, 0.5 %	SOLN	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
1/5/09	5/1/09	DEPAKOTE	DIVALPROEX SODIUM	125 MG, 250 MG, 500 MG	TBEC	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
1/5/09	5/1/09	INSPRA	EPLERENONE	25 MG, 50 MG	TAB	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
1/5/09	5/1/09	KEPPRA	LEVETIRACETAM	250 MG, 500 MG, 750 MG	TAB	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
1/5/09	5/1/09	PHOSLO	CALCIUM ACETATE	667 MG	CAP	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
1/5/09	5/1/09	RAZADYNE	GALANTAMINE HYDROBROMIDE	4 MG, 8 MG, 12 MG	TAB	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
1/5/09	5/1/09	TRUSOPT	DORZOLAMIDE HYDROCHLORIDE	2 %	SOLN	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.

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1/5/09	5/1/09	VIBRAMYCIN	DOXYCYCLINE MONOHYDRATE	25 MG/ML	SUSR	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
1/5/09	5/1/09	WELLBUTRIN XL	BUPROPION HCL	150 MG	TB24	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
2/10/09	2/1/09	HUMALOG KWIKPEN	INSULIN LISPRO	100 UNIT/ML	SOLN	Added.	Tier 2.
2/10/09	2/1/09	HUMALOG MIX 50/50 KWIKPEN	INSULIN LISPRO AND INSULIN LISPRO PROTAMINE (NPL)	50 %,50 %	SUSP	Added.	Tier 2.
2/10/09	2/1/09	HUMALOG MIX 75/25 KWIKPEN	INSULIN LISPRO AND INSULIN LISPRO PROTAMINE (NPL)	25 %,75 %	SUSP	Added.	Tier 2.
2/10/09	2/1/09	LANTUS FOR OPTICLIK	INSULIN GLARGINE	100 UNIT/ML	SOLN	Added.	Tier 2.
2/10/09	2/1/09	LANTUS SOLOSTAR	INSULIN GLARGINE	100 UNIT/ML	SOLN	Added.	Tier 2.
2/10/09	2/1/09	NORDITROPIN NORDIFLEX	SOMATROPIN	10 MG/1.5ML	SOLN	Added.	Tier 2; PA.
2/10/09	2/1/09	OMNITROPE	SOMATROPIN	10 MG/1.5ML	SOLN	Added.	Tier 2; PA.
2/10/09	2/1/09	OMNITROPE	SOMATROPIN	5 MG/1.5ML	SOLN	Added.	Tier 2; PA.
2/10/09	2/1/09	OXYBUTYNIN CHLORIDE	OXYBUTYNIN CHLORIDE	5 MG/5ML	SYRP	Added.	Tier 1.
2/10/09	2/1/09	UNITHROID	LEVOTHYROXINE SODIUM	137 MCG	TABS	Added.	Tier 1.
2/10/09	2/1/09	VENLAFAXINE HCL ER	VENLAFAXINE HCL	150 MG	TB24	Added.	Tier 1.
2/10/09	2/1/09	VENLAFAXINE HCL ER	VENLAFAXINE HCL	225 MG	TB24	Added.	Tier 1.
2/10/09	2/1/09	VENLAFAXINE HCL ER	VENLAFAXINE HCL	37.5 MG	TB24	Added.	Tier 1.
2/10/09	2/1/09	VENLAFAXINE HCL ER	VENLAFAXINE HCL	75 MG	TB24	Added.	Tier 1.
2/10/09	2/3/09	BANZEL	RUFINAMIDE	200 MG	TABS	Added.	Tier 2.
2/10/09	2/3/09	BANZEL	RUFINAMIDE	400 MG	TABS	Added.	Tier 2.
2/10/09	6/1/09	DEPAKOTE ER	DIVALPROEX SODIUM ER	250MG, 500MG	TB24	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
2/10/09	6/1/09	DEPAKOTE SPRINKLE	DIVALPROEX SODIUM	125MG	CPSP	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
2/10/09	6/1/09	DIAMOX	ACETAZOLAMIDE	500MG	CP12	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.

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2/10/09	6/1/09	MIACALCIN	CALCITONIN SALMON	200UNIT/ACT	NASAL SOLN	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
2/10/09	6/1/09	MINTEZOL	THIABENDAZOLE	500 MG	CHEW	Removed from formulary because CMS deleted from Part D drug list.	Nonformulary
2/10/09	6/1/09	MINTEZOL	THIABENDAZOLE	500 MG/5ML	SUSP	Removed from formulary because CMS deleted from Part D drug list.	Nonformulary
2/10/09	6/1/09	OXYCONTIN	OXYCODONE HCL	10MG, 20MG, 40MG, 80MG	TB12	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
2/10/09	6/1/09	RAZADYNE ER	GALANTAMINE HYDROBROMIDE	4MG, 8MG, 12MG	CP24	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
2/10/09	6/1/09	TOBRADEX	DEXAMETHASONE-TOBRAMYCIN	0.1%-0.3%	OPHT SUSP	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.

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2/10/09	6/1/09	VIDEX EC	DIDANOSINE	125MG	CPDR	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
2/10/09	6/1/09	VIVACTIL	PROTRIPTYLINE HCL	5MG, 10MG	TABS	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
2/10/09	6/1/09	ZERIT	STAVUDINE	15MG, 20MG, 30MG, 40MG	CAPS	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
4/6/09	3/1/09	APRISO	MESALAMINE	0.375 GM	CP24	Added.	Tier 2
4/6/09	7/1/09	IMITREX	SUMATRIPTAN	4 MG/0.5ML, 6MG/0.5ML	INJ	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
4/6/09	7/1/09	IMITREX	SUMATRIPTAN	25MG, 50MG, 100MG	TABS	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
4/6/09	7/1/09	KEPPRA	LEVETIRACETAM	1000MG	TABS	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
4/6/09	7/1/09	KEPPRA	LEVETIRACETAM	100MG/ML	ORAL SOLN	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
4/6/09	7/1/09	RISPERDAL	RISPERIDONE	1MG/ML	ORAL SOLN	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
4/6/09	1/1/09	CHANTIX	VARENCICLINE	0.5MG, 1MG	TABS	PA restriction removed. No longer requires PA.	Tier 2

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4/27/09	5/1/09	GOLYTELY	PEG-KCL-NaHCO3-NaCL-NASO4	227.1 GM,2.82 GM,6.36 GM,5.53 GM,21.5 GM	SOLR	Added.	Tier 2
4/27/09	4/6/09	GOLYTELY	PEG-KCL-NaHCO3-NaCL-NASO4	236 GM,2.97 GM,6.74 GM,5.86 GM,22.74 GM	SOLR	Added.	Tier 2
4/27/09	5/1/09	DEGARELIX	DEGARELIX ACETATE	120 MG	SOLR	Added.	Tier 2; QL #2 vials per Rx.
4/27/09	5/1/09	DEGARELIX	DEGARELIX ACETATE	80 MG	SOLR	Added.	Tier 2; QL #1 vials per Rx.
4/27/09	5/1/09	VIMPAT	LACOSAMIDE	50MG, 100MG, 150MG, 200MG	TABS	Added.	Tier 2; PA.
4/27/09	5/1/09	SUMATRIPTAN SUCCINATE	SUMATRIPTAN SUCCINATE	4 MG/0.5ML	SOLN	Added.	Tier 1.
4/27/09	5/1/09	RAPTIVA	EFALIZUMAB	125MG	KIT	Removed from formulary due to removal from market.	Nonformulary
4/27/09	8/1/09	TOPAMAX	TOPIRAMATE	25MG, 50MG, 100MG, 200MG	TABS	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1; PA.
4/27/09	8/1/09	RISPERDAL M-TAB	RISPERIDONE	0.5MG, 2MG	TBDP	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.

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6/1/09	11/1/09	TOPAMAX SPRINKLE	TOPIRAMATE	15 MG, 25MG	CPSP	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
6/1/09	11/1/09	CELLCEPT	MYCOPHENOLATE MOFETIL	250MG , 500MG	CAP, TAB	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
6/1/09	11/1/09	ZERIT	STAVUDINE	1 MG/ML	SOLR	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
6/1/09	11/1/09	TEGRETOL-XR	CARBAMAZEPINE	200MG, 400MG	TB12	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
8/3/09	8/10/09	CREON	AMYLASE (DIASTASE) AND LIPASE (AS PANCRELIPASE) AND PROTEASE	30000 UNIT,6000 UNIT,19000 UNIT; 60000 UNIT,12000 UNIT,38000 UNIT; 120000 UNIT,24000 UNIT,76000UNIT	CPEP	Added.	Tier 2.
8/3/09	8/10/09	APTIVUS	TIPRANAVIR	100 MG/ML	SOLN	Added.	Tier 2.
8/3/09	8/10/09	SEROQUEL XR	QUETIAPINE FUMARATE	50MG, 150 MG	TB24	Added.	Tier 2.
8/3/09	8/10/09	ASACOL HD	MESALAMINE (5-ASA)	800 MG	TBEC	Added.	Tier 2.
8/3/09	8/10/09	MALARONE	ATOVAQUONE AND PROGUANIL HYDROCHLORIDE	62.5 MG,25 MG; 250 MG,100 MG	TAB	Added	Tier 2.
8/3/09	8/10/09	AFINITOR	EVEROLIMUS	5 MG, 10MG	TAB	Added with QL.	Tier 2. 5MG QL =60 tabs per month; 10MG QL = 30 tabs per month
6/30/09	11/1/09	CYTOMEL	LIOTHYRONINE SODIUM	5MCG, 25MCG, 50MCG	TAB	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.

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8/3/09	12/1/09	CASODEX	BICALUTAMIDE	50MG	TAB	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
8/3/09	12/1/09	RISPERDAL M-TAB	RISPERIDONE	3 MG, 4MG	TBDP	Brand removed from formulary. New generic available. Only generic is covered.	Brand not covered, Generic is Tier 1.
9/1/09	10/1/09	COLCHICINE	COLCHICINE	0.6 MG	TAB	Removed from Part D formulary. Drug removed from the CMS Part D covered drugs list. A new brand drug, Colcrys, is covered as an alternative. Generic colchicine will continue to be covered for dual eligibles under Medicaid until further notice.	Generic colchicine will no longer be covered under Part D. Brand Colcrys is covered and is Tier 2.
9/1/09	9/8/09	COLCRYS	COLCHICINE	0.6 MG	TABS	Added.	Tier 2.
9/1/09	9/8/09	AMOXICILLIN/ CLAVULANATE POTASSIUM	AMOXICILLIN AND CLAVULANIC ACID	250 MG/5ML, 62.5 MG/5ML	SUSR	Added.	Tier 1.
9/1/09	9/8/09	CODEINE SULFATE	CODEINE SULFATE	15 MG, 30MG, 60MG	TABS	Added.	Tier 2.
9/1/09	9/8/09	HECTOROL	DOXERCALCIFEROL	1 MCG	CAPS	Added.	Tier 2.
10/6/09	10/5/09	ADCIRCA	TADALAFIL	20MG	TAB	Added with PA.	Tier 2. PA required.
10/6/09	10/5/09	MULTAQ	DRONEDARONE	400MG	TAB	Added with PA.	Tier 2. PA required.
11/24/09	11/30/09	INVEGA SUSTENNA	PALIPERIDONE	117/0.75, 156MG/ML, 234/1.5, 39/0.25, 78/0.5	INJ	Added with PA.	Tier 2. PA required.
11/24/09	11/30/09	ONGLYZA	SAXAGLIPTIN	2.5MG, 5MG	TAB	Added with PA.	Tier 2. PA required.
11/24/09	11/30/09	SAPHRIS	ASENAPINE	5MG, 10MG	SL TAB	Added with PA and QL.	Tier 2. PA required. QL 60tab/30d.
11/24/09	11/30/09	SABRIL	VIGABATRIN	500MG	TAB, PACK	Added with PA.	Tier 2. PA required.