

## CAREOREGON (OHP) FORMULARY CHANGES



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| DATE POSTED | EFFECTIVE DATE | FORMULARY CHANGE | DRUG NAME                      | STRENGTH                       | DOSAGE FORM    | DESCRIPTION   |
|-------------|----------------|------------------|--------------------------------|--------------------------------|----------------|---|
| 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            |   |
| 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. |

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|             | 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         |  |
| 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. |

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| 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 Rxs. 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 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          | Hydromorphone   | 2MG, 4MG, 8MG              | TAB                              | On 10/5/09, hydromorphone 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          | Propoxyphene/<br>Acetaminophen,<br><br>Propoxyphene-N/<br>Acetaminophen | 65MG-650MG,<br>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.* |

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| 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 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        | Added QL         | Methadone         | 5MG          | TAB         | On 10/5/09, all new Rx's 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 Rx's 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.   |
| 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 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          | 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.*  |
| 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.*  |

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| 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 Rx's. Members with Rx claims history prior to 10/5/09 will be grandfathered indefinitely.*  |
| 8/3/09      | 10/5/09        | Removed               | Ergotamine-caffeine<br>Ergotamine-phenobarbital-belladonna | 1-100MG,<br>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 Rx's. 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 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 | 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 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.* |

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| 8/3/09      | 10/5/09        | Added age restriction | Hydroxyzine hcl<br>Hydroxyzine pamoate | 10MG/5ML,<br>25MG, 50MG,<br>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,<br>50MG,<br>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-<br>Dextroamphetamine      | 5MG, 7.5MG,<br>10MG, 12.5MG,<br>15MG, 20MG,<br>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 | Dexmethylphenidate | 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,<br>0.125MG,<br>0.15MG,<br>0.125MG/ML | CAP SR 12HR,<br>TAB SR 12HR,<br>TAB, TAB<br>DISP, TAB SL,<br>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,<br>1.5MG, 3MG                                | TAB         | On 10/5/09, estropipate 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 | Armour Thyroid and Thyroid (Desiccated Thyroid) | 15MG, 30MG,<br>60MG, 90MG,<br>120MG,<br>180MG, 240MG | TAB         | On 10/5/09, Armour Thyroid and Desiccated Thyroid 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 | Nitrofurantoin                                  | 25MG, 50MG,<br>100MG,<br>25MG/ML                     | CAP, SUSP   | On 10/5/09, nitrofurantoin 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 | 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. |