



InterCommunity Health Network CCO Formulary Changes

InterCommunity Health Network CCO

2300 NW Walnut Blvd Corvallis, Oregon 97330

For more recent information or other questions, please contact Pharmacy Services at **541-768-4550** or toll free **800-832-4580** (TTY 800-735-2900) or visit samhealthplans.org. Pharmacy Services is available Monday through Friday, from 8 a.m. to 5 p.m.

InterCommunity Health Network CCO Formulary Changes

Effective Date	Drug Name	Strength and Dosage Form	Type of Change	Utilization Limits
7/2023	Austedo	TAB 6MG TAB 9MG TAB 12MG	Added to Formulary	Prior Authorization Quantity Limit
7/2023	Calcium Acetate	TAB 667MG	Added to Formulary	
7/2023	Cotellic	TAB 20MG	Added to Formulary	Prior Authorization Quantity Limit
7/2023	Desmopressin	TAB 01.MG TAB 0.2MG	Criteria Removed	Removed Prior Authorization
7/2023	Eletriptan	TAB 20MG TAB 40MG	Added to Formulary	Quantity Limit
7/2023	Estradiol Vaginal	TAB 10MCG	Added to Formulary	
7/2023	Estring	VAGINAL RING 2MG (7.5MCG/24HRS)	Added to Formulary	Prior Authorization
7/2023	Lanthanum Carbonate	CHEW TAB 500MG CHEW TAB 750MG CHEW TAB 1000MG	Added to Formulary	Prior Authorization
7/2023	Mekinist	TAB 0.5MG TAB 2MG	Added to Formulary	Prior Authorization Quantity Limit
7/2023	Midazolam	Injection: 5MG/ML, 10MG/2ML, 25MG/5ML, 50MG/ML	Added to Formulary	
7/2023	Naratriptan	TAB 1MG TAB 2.5MG	Added to Formulary	Quantity Limit
7/2023	Pemazyre	TAB 4.5MG TAB 9MG TAB 13.5MG	Added to Formulary	Prior Authorization Quantity Limit

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7/2023	Premarin	VAGINAL CREAM 0.625MG/GM	Removed from Formulary	
7/2023	Reyvow	TAB 50MG TAB 100MG	Added to Formulary	Prior Authorization Quantity Limit
7/2023	Rezlidhia	CAP 150MG	Added to Formulary	Prior Authorization Quantity Limit
7/2023	Sevelamer	TAB 800MG	Added to Formulary	
7/2023	Sumatriptan	Solution Cartridge: 4MG/0.5ML, 6MG/0.5ML	Updated Quantity Limit	Quantity Limit
7/2023	Sumatriptan	Nasal Spray: 5MG/ACT, 20MG/ACT	Update Criteria	Step Therapy
7/2023	Tafinlar	CAP 50MG CAP 75MG	Added to Formulary	Prior Authorization Quantity Limit
7/2023	Female Condom		Added to Formulary	
7/2023	Concerta		Added to Formulary Temporarily due to Supply Shortage of Generic	Prior Authorization Quantity Limit
4/2023	Emcyt	CAP 140MG	Criteria Change	Added Prior Authorization

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4/2023	Everolimus	TAB	Added to Formulary	Prior Authorization
4/2023	Gleostine	CAP	Criteria Change	Added Prior Authorization
4/2023	Hycamtin		Criteria Change	Added Prior Authorization
4/2023	Ibrance		Added to Formulary	Prior Authorization Quantity Limit
4/2023	Imbruvica	Suspension	Added to Formulary	Prior Authorization Quantity Limit
4/2023	Krazati	TAB 200MG	Added to Formulary	Prior Authorization Quantity Limit
4/2023	Lenalidomide	CAP 20MG CAP 2.5 MG	Added to Formulary	Prior Authorization Quantity Limit
4/2023	Leukeran	TAB 2MG	Criteria Change	Prior Authorization
4/2023	Lygobi	THERAPY PACK 4 MG (16 MG DAILY DOSE) THERAPY PACK 4 MG (20 MG DAILY DOSE)	Added to Formulary	Prior Authorization Quantity Limit
4/2023	Retevmo	CAP 40MG CAP 80MG	Added to Formulary	Prior Authorization Quantity Limit
4/2023	Sorafenib	TAB 200MG	Criteria Change	Prior Authorization Quantity Limit
4/2023	Sprycel	TAB 20MG	Criteria change	Added Prior Authorization
4/2023	Sunlenca	THERAPY PACK 5 X 300 MG THERAPY PACK 4 X 300 MG	Added to Formulary	Prior Authorization Quantity Limit
4/2023	Terbinafine	TAB 250MG	Added to Formulary	Prior Authorization Quantity Limit

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4/2023	Thalomid		Criteria change	Prior Authorization Quantity Limit
4/2023	Triumeq	Triumeq PD	Added to Formulary	Quantity Limit
4/2023	Votrient	TAB 200MG	Criteria Change	Prior Authorization Quantity Limit
4/2023	Zolinza	CAP 100MG	Criteria Change	Added Prior Authorization
2/2023	Acne Medications	Erythromycin 2% gel/solution Clindamycin 1-5% gel	Added to Formulary	Prior Authorization
2/2023	Acne Medications	Benzoyl peroxide 10% liquid wash Benzoyl peroxide 2.5%, 10% gel	Added to Formulary	Age limit
2/2023	Calquence	100MG Tablets	Added to Formulary	Prior Authorization Quantity Limit
2/2023	Extavia	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	Added to Formulary	Prior Authorization
2/2023	Generic Prevpac	amoxicillin-clarithromycin-lansoprazole	Removed from Formulary	
2/2023	Glatopa/Glatiramer	20MG/ML 40MG/ML	Added to Formulary	Prior Authorization
2/2023	Orilissa	150MG Tablet 200MG Tablet	Added to Formulary	Prior Authorization Quantity Limit
2/2023	Pregabalin	Capsule: 25 mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg.	Removed Prior Authorization Added Quantity Limit	Prior Authorization
2/2023	Rebif	22mcg/0.5mL 44mcg/0.5mL syringe	Added to Formulary	Prior Authorization