

InterCommunity Health Network CCO Formulary Changes



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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.

This Formulary Changes directory was updated 01/01/2024

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| Effective Date | Drug Name | Strength and Dosage Form | Type of Change | Utilization Limits |
|----------------|-----------------------------------|---|------------------------|---------------------------------------|
| 1/1/2024 | Acebutolol HCL | CAP 200MG, 400MG | Added to Formulary | |
| 1/1/2024 | Akeega | TAB 50/500MG, 100/500MG | Added to Formulary | Prior Authorization Quantity Limit |
| 1/1/2024 | Basglar | INJ 100UNIT | Removed from Formulary | |
| 1/1/2024 | Bisoprolol Fumarate | TAB 5MG, 10MG | Added to Formulary | |
| 1/1/2024 | CGM's | Dexcom G6 System Dexcom G7 System Freestyle Libre System Freestyle Libre 2 System Freestyle Libre 3 System | Added to Formulary | Prior Authorization |
| 1/1/2024 | Cholecalciferol | SPRAY 25 MCG/SPRAY (1000 UNIT/SPRAY) | Removed from Formulary | |
| 1/1/2024 | Euthyrox | TAB 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG | Added to Formulary | |
| 1/1/2024 | Fluticasone Propionate | AER POW BA | Added to Formulary | |
| 1/1/2024 | Fluticasone Propionate HFA | INHAL AERO 44 MCG/ACT (50/VALVE), 110 MCG/ACT (125/VALVE), 220 MCG/ACT (250/VALVE) | Added to Formulary | Quantity Limit |
| 1/1/2024 | Folic Acid | CAP 5MG, 20MG, 800MCG | Removed from Formulary | |
| 1/1/2024 | Glargin YFGN | SOL 100U/ML | Added to Formulary | |
| 1/1/2024 | Imiquimod | CREAM 3.75% | Removed from Formulary | |
| 1/1/2024 | Imiquimod | CREAM 5% | Added to Formulary | |
| 1/1/2024 | Lantus | SOLOS INJ 100/ML INJ 100/ML | Added to Formulary | |
| 1/1/2024 | Levo-T | TAB 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG | Added to Formulary | |
| 1/1/2024 | Levoxyl | TAB 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG | Added to Formulary | |

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| 1/1/2024 | Lonsurf | TAB 20-8.19, 15-6.14 | Added to Formulary | Prior Authorization |
| 1/1/2024 | Nadolol | TAB 40MG | Added to Formulary | |
| 1/1/2024 | Nebivolol HCL | TAB 2.5MG, 5MG, 10MG, 20MG | Added to Formulary | |
| 1/1/2024 | Phytonadione | TAB 5MG | | Step Therapy Quantity Limit |
| 1/1/2024 | Pindolol | TAB 10MG | Removed from Formulary | |
| 1/1/2024 | Propranolol HCL | ORAL SOLN 20 MG/5ML, 40MG/5ML | Added to Formulary Added Restriction | Age limit |
| 1/1/2024 | Rezvoglar | INJ 100UT/ML | Added to Formulary | |
| 1/1/2024 | Synthroid | TAB 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG | Added to Formulary | Step Therapy |
| 1/1/2024 | Unithroid | TAB 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG | Added to Formulary | |
| 1/1/2024 | Vanflyta | TAB 17.7MG, 26.5MG | Added to Formulary | Prior Authorization Quantity Limit |
| 1/1/2024 | Vitamins | THIAMINE HCL TAB 100MG THIAMINE MONONITRATE TAB 100 MG RIBOFLAVIN TAB 25MG, 50MG, 100MG RIBOFLAVIN CAP 400 MG PYRIDOXINE HCL TAB 250 MG CALCIUM CITRATE TAB 200MG, 250MG, 333MG VITAMIN E CAP 100 UNIT, 400 UNIT POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG SODIUM BICARBONATE TAB 325 MG SODIUM CHLORIDE TAB 1 GM FERROUS SULFATE SOLN 300 MG/5ML (60 MG/5ML ELEMENTAL FE) | Added to Formulary | |
| 1/1/2024 | Vyvanse | CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG | Removed from Formulary | |
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