



In an ongoing effort to provide appropriate, affordable, healthcare options to our members, Willamette Valley Community Health CCO will be making several changes to the current formulary.

All formulary changes, additions and removals are thoroughly investigated, reviewed and approved by the Pharmacy & Therapeutics Committee. This Committee is comprised of several providers representing multiple specialties and clinics from our community. These recommendations were based on utilization, pharmacokinetic information and cost data.

We value your partnership as we continue to work toward our mutual goal of delivering the highest quality healthcare while ensuring affordability and accessibility. If you are interested in participating in the P & T Committee please contact the Clinical Pharmacists at 503-371-7701 for more information.

| WVCH Formulary Additions Effective 12/9/2017 | | | | |
|---|-----------------|--|--------------|--------------------------|
| Name | Strength | Dosage Form | Route | Change |
| Betamethasone dipropionate | 0.05% | Ointment | Topical | Add to formulary with PA |
| Betamethasone dipropionate | 0.05% | Cream | Topical | Add to formulary with PA |
| Betamethasone dipropionate | 0.05% | Lotion | Topical | Add to formulary with PA |
| Betamethasone Valerate | 0.1% | Ointment | Topical | Add to formulary with PA |
| Betamethasone Valerate | 0.1% | Cream | Topical | Add to formulary with PA |
| Mometasone Furoate | 0.1% | Ointment | Topical | Add to formulary with PA |
| Mometasone Furoate | 0.1% | Lotion | Topical | Add to formulary with PA |
| Brodalumab (Siliq) | 210mg/1.5ml | Solution prefilled syringe | Subcutaneous | Add to formulary with PA |
| Ixekizumab (Taltz) | 80 mg/ml | Solution auto-injector or solution prefilled syringe | Subcutaneous | Add to formulary with PA |
| Dupilumab (Dupixent) | 300 mg/2ml | Solution prefilled syringe | Subcutaneous | Add to formulary with PA |
| Torsemide | 10 mg | Tablet | Oral | Add to formulary |
| Torsemide | 20 mg | Tablet | Oral | Add to formulary |
| Diphenhydramine | 12.5 mg/5ml | Liquid | Oral | Add to formulary |
| Loratidine | 10 mg | Tablet | Oral | Add to formulary |
| Methylprednisolone dose pack | 4 mg | Tablet | Oral | Add to formulary |

Questions? Please contact WVCH at 503-584-2150 posted 12.14.2017

WVCH Formulary Additions Effective 1/1/2018

| Name | Strength | Dosage Form | Route | Change |
|---------|----------------|-------------|-------|--------------------------------------|
| Mavyret | 100-40 mg | Tablet | Oral | Adding to formulary with PA criteria |
| Vosevi | 400-100-100 mg | Tablet | Oral | Adding to formulary with PA criteria |

WVCH Formulary Removals Effective 1/1/2018

| Name | Strength | Dosage Form | Route |
|--|-----------|-------------|-------|
| Harvoni | 90-400 mg | Tablets | Oral |
| Solvaldi | 400 mg | Tablets | Oral |
| Infliximab (Remicade) – will still be available on the medical benefit with a PA | 100 mg | Solution | IV |

WVCH Formulary Changes Effective 1/1/2018

| Name | Strength | Dosage Form | Route | Change |
|-------------------------|----------|-------------|---------|--|
| Valacyclovir | 500 mg | Tablet | Oral | Change quantity limit to 30 tablets in 90 days |
| Valacyclovir | 1000 mg | Tablet | Oral | Change quantity limit to 30 tablets in 90 days |
| Triamcinolone Acetonide | 0.1% | Lotion | Topical | Add PA requirement |