



eoocco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Oregon Health Plan prescription benefit updates

Effective 4/1/2018

EOCCO's prescription program is a pharmacy benefit that offers members a choice of safe and effective medication treatments. Periodically, medication coverage changes will occur. These changes allow us to maintain a comprehensive benefit and provide you with a formulary with choice that supports the program's ongoing stability.

Please review the following expected pharmacy coverage updates. Please note, this information could change and does not represent every potential update to your benefits. Refer to your member handbook for specific coverage information.

Questions?

Call our Pharmacy Customer Service team toll-free at 888-474-8539.

Prescription coverage updates

These expected EOCCO prescription tier and coverage updates go into effect for 2018.

Product name	Medication class	Effective date	Additional details
Anucort-HC (Hydrocortisone Acetate)	Lower Gastrointestinal Disorders - Bowel Inflammation	1/1/2018	Change Anucort-HC to exclude due to DESI classification as less-than-effective.
Anusol-HC (Hydrocortisone Acetate)	Lower Gastrointestinal Disorders - Bowel Inflammation	1/1/2018	Change Anusol-HC to exclude due to DESI classification as less-than-effective.
Choline Mag Trisalicylate (Choline Salicyl/Mag Salicylate)	Pain Management - Analgesics	1/1/2018	Change Choline Mag Trisalicylate to exclude due to DESI classification as less-than-effective.
Cortane-B (Hydrocortisone/Pramoxine/C-Xyl)	Ear - General Disorders	1/1/2018	Change Cortane-B to exclude due to DESI classification as less-than-effective.
Covaryx (Estrogen,Ester/Me-Testosterone)	Hormonal Deficiency	1/1/2018	Change Covaryx to exclude due to DESI classification as less-than-effective.
Covaryx H.S. (Estrogen,Ester/Me-Testosterone)	Hormonal Deficiency	1/1/2018	Change Covaryx H.S. to exclude due to DESI classification as less-than-effective.
Cytra-K (Potassium Citrate/Citric Acid)	Urinary Tract - Functional Disorders	1/1/2018	Change Cytra-K to exclude due to DESI classification as less-than-effective.
Donnatal (Phenobarb/Hyoscy/Atropine/Scop)	Upper Gastrointestinal Disorders - Spastic Disease	1/1/2018	Change Donnatal to exclude due to DESI classification as less-than-effective.
EEMT (Estrogen,Ester/Me-Testosterone)	Hormonal Deficiency	1/1/2018	Change EEMT to exclude due to DESI classification as less-than-effective.
EEMT H.S. (Estrogen,Ester/Me-Testosterone)	Hormonal Deficiency	1/1/2018	Change EEMT H.S. to exclude due to DESI classification as less-than-effective.
Guaifenesin Dac (Pseudoephed/Codeine/Guaifen)	Cough And Cold	1/1/2018	Change Guaifenesin Dac to exclude due to DESI classification as less-than-effective.
Harvoni (ledipasvir/sofosbuvir)	Infectious Disease - Viral	1/1/2018	Change Harvoni from formulary to non-formulary.
Hydrocortisone-Iodoquinol	Dermatology - Acne	1/1/2018	Change Hydrocortisone-Iodoquinol to exclude due to DESI classification as less-than-effective.
Hydrocortisone-Pramoxine	Lower Gastrointestinal Disorders - Bowel Inflammation	1/1/2018	Change Hydrocortisone-Pramoxine to exclude due to DESI classification as less-than-effective.
Hydrocortisone-Pramoxine HCl	Lower Gastrointestinal Disorders - Bowel Inflammation	1/1/2018	Change Hydrocortisone-Pramoxine HCl to exclude due to DESI classification as less-than-effective.
Hyosyne Drops & Elixir (Hyoscyamine Sulfate)	Upper Gastrointestinal Disorders - Spastic Disease	1/1/2018	Change Hyosyne to exclude due to DESI classification as less-than-effective.
Nodolor (Isomethept/Dichlphn/Acetaminop)	Pain Management - Analgesics	1/1/2018	Change Nodolor to exclude due to DESI classification as less-than-effective.

2018.2 (4/1/2018).

For prior effective dates, please contact EOCCO.

Product name	Medication class	Effective date	Additional details
PNV-DHA (Prenatal 47/Iron/Folate 1/DHA)	Vitamin And/Or Mineral Deficiency	1/1/2018	Change PNV-DHA to exclude due to DESI classification as less-than-effective.
PNV-Select (Prenatal,Calc.40/Iron/Folate 1)	Vitamin And/Or Mineral Deficiency	1/1/2018	Change PNV-Select to exclude due to DESI classification as less-than-effective.
Potaba (Potassium Aminobenzoate)	Vitamin And/Or Mineral Deficiency	1/1/2018	Change Potaba to exclude due to DESI classification as less-than-effective.
Proctocort (Hydrocortisone Acetate)	Lower Gastrointestinal Disorders - Bowel Inflammation	1/1/2018	Change Proctocort to exclude due to DESI classification as less-than-effective.
Symax-SL (Hyoscyamine Sulfate)	Upper Gastrointestinal Disorders - Spastic Disease	1/1/2018	Change Symax-SL to exclude due to DESI classification as less-than-effective.
Urelle (Meth/Meblue/Sod Phos/Psal/Hyos)	Infectious Disease - Bacterial	1/1/2018	Change Urelle to exclude due to DESI classification as less-than-effective.

This document is provided for informational purposes only, and is intended as a quick reference. For cost and further details of the coverage, including exclusions, prior authorization requirements, any reduction or limitations and the terms under which

EOCCO nondiscrimination notice

EOCCO and network providers must treat you fairly. We and our providers must follow state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's: age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation

Everyone has a right to know about EOCCO's programs and services. All members have a right to use our programs and services. We give free help when you need it.

Some examples of the free help we can give are: sign language interpreters, spoken language interpreters for other languages, written materials in other languages, braille, large print, audio and other formats.

If you need any of the services listed above, contact:

EOCCO Customer Service,
888-788-9821 (TDD/TTY 711)

If you feel that EOCCO has not treated you fairly you may file a written grievance by mailing or faxing it to:

EOCCO
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help or need help filing a grievance, please call:

EOCCO Customer Service,
888-788-9821 (TDD/TTY 711)

You also have a right to file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights (OCR). Contact that office one of these ways:

Web: www.hhs.gov

Email: OCRComplaint@hhs.gov

Phone: 800-368-1019, 800-537-7697 (TDD)

Mail: OCR
200 Independence Avenue SW
Room 509F HHH Bldg
Washington, DC 20201

To report your concern or get more information please contact our Civil Rights Manager one of these ways:

Email: compliance@modahealth.com

Phone: 855-232-9111, TTY: 711

Mail: Tom Bikales, VP Legal Affairs
601 SW Second Ave.
Portland, OR 97204



ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با تماس بگیرد. (TTY: 711) 1-877-605-3229