



eoocco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Oregon Health Plan prescription benefit updates

Effective 4/1/2017

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 2017.

Product name	Medication class	Update	Effective date	Additional details
Simvastatin 80mg tablet	Cardiovascular Disease - Lipid Irregularity	This product will be adding a prior authorization and quantity limit.	4/1/2017	Add prior authorization guideline on Simvastatin 80mg tablet. Add a quantity limit on Simvastatin 80mg tablet of 30 tablets per 30 days.
Simvastatin 40mg tablet	Cardiovascular Disease - Lipid Irregularity	This product will be adding a quantity limit.	4/1/2017	Add a quantity limit on Simvastatin 40mg of 30 tablets per 30 days
Levorphanol Tartrate	Pain Management - Analgesics	This product will be removed from formulary.	4/1/2017	Change Levorphanol from formulary to non-formulary.
Alimta 100mg vial Alimta 500mg vial (<i>pemetrexed disodium</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Alimta from formulary to non-formulary.
Amifostine 500mg vial (<i>amifostine crystalline</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Amifostine from formulary to non-formulary.
Aminocaproic acid 250mg/mL vial	Hematological Disorders	This product will be removed from formulary.	1/1/2017	Change Aminocaproic from formulary to non-formulary.
Atgam 50mg/mL ampul (<i>lymphocyte ig, antithymocyte</i>)	Immunization	This product will be removed from formulary.	1/1/2017	Change Atgam from formulary to non-formulary.
Avastin 25mg/mL vial (<i>bevacizumab</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Avastin from formulary to non-formulary.
Bivigam 0.1 vial (<i>immun glob g (igg)/gly/iga 50+</i>)	Immunization	This product will be removed from formulary.	1/1/2017	Change Bivigam from formulary to non-formulary.
Cerezyme 400 unit vial (<i>imiglucerase</i>)	Other Drugs	This product will be removed from formulary.	1/1/2017	Change Cerezyme from formulary to non-formulary.
Cladribine 10mg/10mL vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Cladribine from formulary to non-formulary.
Cyclophosphamide 500mg vial Cyclophosphamide 1g vial Cyclophosphamide 2g vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Cyclophosphamide from formulary to non-formulary.
Cytarabine 20mg/mL vial Cytarabine 100mg/5mL vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Cytarabine from formulary to non-formulary.
Dexrazoxane 250mg vial Dexrazoxane 500mg vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Dexrazoxane from formulary to non-formulary.
Docetaxel 20mg/mL(1) vial Docetaxel 80mg/4mL vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Docetaxel from formulary to non-formulary.
Elaprased 6mg/3mL vial (<i>idursulfase</i>)	Other Drugs	This product will be removed from formulary.	1/1/2017	Change Elaprased from formulary to non-formulary.
Elitek 1.5mg vial Elitek 7.5mg vial (<i>rasburicase</i>)	Gout And Related Diseases	This product will be removed from formulary.	1/1/2017	Change Elitek from formulary to non-formulary.

2017.2 (4/1/2017).

For prior effective dates, please contact EOCCO.

Product name	Medication class	Update	Effective date	Additional details
Epirubicin HCl 50mg/25mL vial Epirubicin HCl 200mg/0.1L vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Epirubicin from formulary to non-formulary.
Erbitux 100mg/50mL vial Erbitux 200mg/0.1L vial (<i>cetuximab</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Erbitux from formulary to non-formulary.
Evomela 50mg vial (<i>melphalan HCl</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Evomela from formulary to non-formulary.
Fabrazyme 5mg vial Fabrazyme 35mg vial (<i>agalsidase beta</i>)	Other Drugs	This product will be removed from formulary.	1/1/2017	Change Fabrazyme from formulary to non-formulary.
Faslodex 250mg/5mL syringe (<i>fulvestrant</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Faslodex from formulary to non-formulary.
Fludarabine phosphate 50mg vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Fludarabine from formulary to non-formulary.
Gamastan S-D 15%-18% vial (<i>immune globul g (igg)/glycine</i>)	Immunization	This product will be removed from formulary.	1/1/2017	Change Gamastan from formulary to non-formulary.
Gliadel 7.7-192.3 wafer (<i>carmustine in polifeprosan 20</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Gliadel from formulary to non-formulary.
Granisetron HCl 1mg/mL(1) vial Granisetron HCl 1mg/mL vial Granisetron HCl 100mcg/mL vial	Antiemesis/ Antivertigo	This product will be removed from formulary.	1/1/2017	Change Granisetron from formulary to non-formulary.
H.P. Acthar 80 unit/mL vial (<i>corticotropin</i>)	Endocrine Disorder - Other	This product will be removed from formulary.	1/1/2017	Change H.P. Acthar from formulary to non-formulary.
Herceptin 440mg vial (<i>trastuzumab</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Herceptin from formulary to non-formulary.
Hyalgan 10mg/mL vial (<i>hyaluronate sodium</i>)	Inflammatory Disease	This product will be removed from formulary.	1/1/2017	Change Hyalgan from formulary to non-formulary.
Hydroxyprogesterone caproate 250mg/mL vial	Hormonal Deficiency	This product will be removed from formulary.	1/1/2017	Change Hydroxyprogesterone from formulary to non-formulary.
Idarubicin HCl 1mg/mL vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Idarubicin from formulary to non-formulary.
Ifosfamide 1g vial Ifosfamide 3g vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Ifosfamide from formulary to non-formulary.
Ixempra 15mg vial Ixempra 45mg vial (<i>ixabepilone</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Ixempra from formulary to non-formulary.
Kepivance 6.25mg vial (<i>palifermin</i>)	Oral/Pharyngeal Disorders	This product will be removed from formulary.	1/1/2017	Change Kepivance from formulary to non-formulary.
Kovaltry 250 (+/-) vial Kovaltry 500 (+/-) vial Kovaltry 1000 (+/-) vial (<i>antihemoph.fviii,full length</i>)	Hematological Disorders	This product will be removed from formulary.	1/1/2017	Change Kovaltry from formulary to non-formulary.
Lidodox 2mg/mL vial Lipodox 50 2mg/mL vial (<i>doxorubicin hcl peg-liposomal</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Lidodox from formulary to non-formulary.

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Melphalan HCl 50mg vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Melphalan from formulary to non-formulary.
Mesna 100mg/mL vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Mesna from formulary to non-formulary.
Mustargen 10mg vial (<i>mechlorethamine hcl</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Mustargen from formulary to non-formulary.
Naglazyme 5mg/5mL vial (<i>galsulfase</i>)	Other drugs	This product will be removed from formulary.	1/1/2017	Change Naglazyme from formulary to non-formulary.
Ondansetron HCl 2mg/mL vial Ondansetron HCl 4mg/2mL vial	Antiemesis/ Antivertigo	This product will be removed from formulary.	1/1/2017	Change Ondansetron from formulary to non-formulary.
Orencia 250mg vial (<i>abatacept/maltose</i>)	Inflammatory Disease	This product will be removed from formulary.	1/1/2017	Change Orencia from formulary to non-formulary.
Oxaliplatin 50mg vial Oxaliplatin 100mg vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Oxaliplatin from formulary to non-formulary.
Photofrin 75mg vial (<i>porfimer sodium</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Photofrin from formulary to non-formulary.
Proleukin 22mm unit vial (<i>aldesleukin</i>)	Immunosuppression/ Modulation	This product will be removed from formulary.	1/1/2017	Change Proleukin from formulary to non-formulary.
Remicade 100mg vial (<i>infliximab</i>)	Lower Gastrointestinal Disorders - Bowel Inflammation	This product will be removed from formulary.	1/1/2017	Change Remicade from formulary to non-formulary.
Rituxan 10mg/mL vial (<i>rituximab</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Rituxan from formulary to non-formulary.
Simulect 10mg vial Simulect 20mg vial (<i>basiliximab</i>)	Immunosuppression/ Modulation	This product will be removed from formulary.	1/1/2017	Change Simulect from formulary to non-formulary.
Soliris 300mg/30mL vial (<i>eculizumab</i>)	Hematological Disorders	This product will be removed from formulary.	1/1/2017	Change Soliris from formulary to non-formulary.
Supprelin LA 50mg kit (<i>histrelin AC</i>)	Endocrine Disorder - Other	This product will be removed from formulary.	1/1/2017	Change Supprelin LA from formulary to non-formulary.
Thiotepa 15mg vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Thiotepa from formulary to non-formulary.
Thrombate III 500 (+/-) vial (<i>antithrombin III (hum plas)</i>)	Hematological Disorders	This product will be removed from formulary.	1/1/2017	Change Thrombate III from formulary to non-formulary.
Thyrogen 1.1mg vial (<i>thyrotropin alfa</i>)	Endocrine Disorder - Other	This product will be removed from formulary.	1/1/2017	Change Thyrogen from formulary to non-formulary.
Topotecan HCl 4mg vial Topotecan HCl 4mg/4mL vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Topotecan from formulary to non-formulary.
Torisel FDN 30mg/3 vial (<i>temsirolimus</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Torisel from formulary to non-formulary.
Trelstar 3.75mg vial Trelstar 11.25mg vial (<i>triptorelin pamoate</i>)	Endocrine Disorder - Other	This product will be removed from formulary.	1/1/2017	Change Trelstar from formulary to non-formulary.
Tysabri 300mg/15mL vial (<i>natalizumab</i>)	Neurological Disease - Miscellaneous	This product will be removed from formulary.	1/1/2017	Change Tysabri from formulary to non-formulary.

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Product name	Medication class	Update	Effective date	Additional details
Vantas 50mg Kit (<i>histrelin AC</i>)	Endocrine Disorder - Other	This product will be removed from formulary.	1/1/2017	Change Vantas from formulary to non-formulary.
Vectibix 100mg/5mL vial Vectibix 400mg/20mL vial (<i>panitumumab</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Vectibix from formulary to non-formulary.
Velcade 3.5mg vial (<i>bortezomib</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Velcade from formulary to non-formulary.
Vinblastine sulfate 1mg/mL vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Vinblastine from formulary to non-formulary.
Vinorelbine tartrate 10mg/mL vial Vinorelbine tartrate 50mg/5mL vial	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Vinorelbine from formulary to non-formulary.
Visudyne 15mg vial Visudyne 45mg vial Visudyne 75mg vial (<i>verteporfin</i>)	Eye - Miscellaneous	This product will be removed from formulary.	1/1/2017	Change Visudyne from formulary to non-formulary.
Zanosar 1g vial (<i>streptozocin</i>)	Neoplastic Disease	This product will be removed from formulary.	1/1/2017	Change Zanosar from formulary to non-formulary.

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 the policy may be continued in force, contact your producer or Moda Health.

EOCCO nondiscrimination notice

EOCCO complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex.

EOCCO provides free, timely aids and services to people with disabilities to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

If your primary language is not English, EOCCO also provides free, timely interpretation services and/or materials written in other languages.

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

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

If you believe that EOCCO has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can 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 assistance filing a grievance, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone to:

U.S. Department of Health
and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD).

Office for Civil Rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

EOCCO efforts to assure nondiscrimination are coordinated by:

Tom Bikales, VP Legal Affairs
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com



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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 مجاناً. 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 1-877-605-3229 (TTY: 711) تماس بگیرید.