



WVCH Formulary Changes Effective 04/01/2016				
Name	Strength	Dosage Form	Route	Change
CLOBETASOL PROPIONATE	0.05%	SHAMPOO/LOTION/FOAM	TOPICAL	PA REQUIRED
CLOBETASOL EMOLLIENT	0.05%	CREAM	TOPICAL	PA REQUIRED
FLUOCINONIDE	0.05%	GEL/OINTMENT/SOLUTION	TOPICAL	PA REQUIRED
MONTELUKAST SODIUM	4 MG	GRAN PACK	ORAL	PA REQUIRED
MONTELUKAST SODIUM	4 MG, 5 MG	TAB CHEW	ORAL	PA REQUIRED
MONTELUKAST SODIUM	10 MG	TABLET	ORAL	PA REQUIRED

WVCH Formulary Removals Effective 04/01/2016 (This list may include medications initially planned for a 01/01/16 removal which was extended to allow for member and provider education/notification)			
Name	Strength	Dosage Form	Route
ALBUTEROL SULFATE	2 MG, 4 MG	TABLET	ORAL
ALBUTEROL SULFATE	4 MG, 8 MG	TAB ER 12H	ORAL
ALBUTEROL SULFATE	2 MG/5 ML	SYRUP	ORAL
ALBUTEROL SULFATE	5 MG/ML	SOLUTION	INHALATION
BETAMETHASONE DIPROPIONATE	0.05%	CREAM/LOTION/OINTMENT	TOPICAL
BETAMETHASONE VALERATE	0.1%	CREAM/LOTION/OINTMENT/FOAM	TOPICAL
PROVENTIL HFA	90 MCG	HFA AER AD	INHALATION
HYDROCORTISONE ACETATE/ALOE	1%	CREAM	TOPICAL
HYDROCORTISONE BUTYRATE	0.1%	CREAM	TOPICAL
HYDROCORTISONE VALERATE	0.2%	CREAM/OINTMENT	TOPICAL

Questions? Please contact WVCH at 503-584-2150
Member/provider notice mailed 02.16.16