



January 30, 2015

<first name> <Last name>, <prof suffix>
<address line 1>
<city, state zip>

Dear Provider:

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 effective April 1, 2015.

All formulary changes, additions and removals are thoroughly investigated, reviewed and approved by the WVP Health Authority Pharmacy & Therapeutics Committee. This Committee is comprised of several providers representing multiple specialties and clinics from our community.

It is our goal to fully inform all providers well in advance of any changes. We encourage you to review the attached update edits which outlines the additions, removals and changes. You may request a Prior-Authorization if you determine a removed/changed medication is the most appropriate treatment for your patient.

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 WVP P & T Committee please contact the WVP Clinical Pharmacists, Dr. Kimberly Blood, kblood@mvipa.org or Dr. Seth Adams sadams@mvipa.org for more information.

Sincerely,

Willamette Valley Community Health CCO
2995 Ryan Dr Se Suite 200
Salem, OR 97301

Formulary Additions Effective 04/01/2015

Name	Fill Restrictions	Age Restriction (Patients < 18)
Hydrocodone/Ibuprofen 7.5/200 mg tabs	QL of 120 per 30 days. Max of 90 days per year.	QL of 120 per 30 days. Max of 90 days per year.
Oxycodone 10 mg, 20 mg tabs	QL of 120 per 30 days. Max of 90 days per year.	PA required
Oxycodone/APAP 7.5/325 mg, 10/325 mg tabs	QL of 120 per 30 days. Max of 90 days per year.	PA required

Formulary Changes Effective 04/01/2015

Name	Fill Restrictions	Age Restriction (Patients < 18)
APAP with Codeine 120-12 mg/5 ml solution	QL of 240 ml. Max of 1 fill per 180 days	QL of 240 ml. Max of 1 fill per 180 days
APAP/Codeine 300/15 mg, 300/30 mg, 300/60 mg tabs	QL of 120 per 30 days. Max of 90 days per year.	QL of 120 per 30 days. Max of 90 days per year.
Codeine Sulfate 15 mg, 30 mg, 60 mg tabs	QL of 120 per 30 days. Max of 90 days per year.	PA required
Hydrocodone with APAP 7.5-325 mg/15 ml solution	QL of 240 ml. Max of 1 fill per 180 days	QL of 240 ml. Max of 1 fill per 180 days
Hydrocodone/APAP 5/325 mg, 7.5/325 mg, 10/325 mg tabs	QL of 120 per 30 days. Max of 90 days per year.	QL of 120 per 30 days. Max of 90 days per year.
Hydromorphone 2 mg, 4 mg tabs	QL of 120 per 30 days. Max of 90 days per year.	PA required
Hydromorphone 8 mg tabs	QL of 90 per 30 days. Max of 90 days per year.	PA required
Methadone 5 mg, 10 mg tabs*	QL of 120 per 30 days. Max of 90 days per year. PA on all New Starts	PA required
Morphine IR 15 mg, 30 mg tabs	QL of 120 per 30 days. Max of 90 days per year.	PA required
Morphine ER 15 mg, 30 mg tabs	QL of 90 per 30 days. Max of 90 days per year. PA Removed	PA required
Morphine ER 60 mg tabs	QL of 60 per 30 days. Max of 90 days per year. PA Removed	PA required

Formulary Changes Continued		
Oxycodone 5 mg, 15 mg tabs	QL of 120 per 30 days. Max of 90 days per year.	PA required
Oxycodone/APAP 5/325 mg tabs	QL of 120 per 30 days. Max of 90 days per year.	PA required

* Special consideration may be given to patients currently on chronic opioid therapy with methadone in whom dose decreases or medication discontinuation may result in destabilization, and patient “grandfathering” may be approved. Providers may contact a WVP Health Authority pharmacist to discuss members which may qualify for continued coverage based on above considerations.

Formulary Removals Effective 04/01/2015

Butalbital/APAP/Caff 50/300/40 mg caps	Hydromorphone 1 mg/ml liquid	Morphine ER 100 mg, 200 mg tabs
Butalbital/APAP/Caff/Codeine 50/300/40/30 mg caps	Methadone 10 mg/5 ml solution	Morphine Sulfate suppositories
Capital W-Codeine 120-12mg/5 ml suspension	Methadone 10 mg/ml oral concentration	Oxceta tabs
Codeine Sulfate 30 mg/5 ml solution	Methadone 5 mg/5 ml solution	Oxycodone 5 mg caps
Fentanyl 75 mcg/hr, 100 mcg/hr patches	Morphine ER caps 12 hr	Oxycodone with APAP 5-325 mg/5 ml solution
Hydrocodone with APAP 2.5-167 mg/5 ml solution	Morphine ER cpm 24 hr	