



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 WVP Health Authority 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 WVP P & T Committee please contact the WVP 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

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