



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 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 P & T Committee please contact the Clinical Pharmacists at 503-371-7701 for more information.

<b>WVCH Formulary Additions Effective 5/6/2017</b>				
<b>Name</b>	<b>Strength</b>	<b>Dosage Form</b>	<b>Route</b>	<b>Change</b>
Tamsulosin	0.4 mg	capsule	Oral	Add to formulary
Basaglar	100 units/ml	Solution pen-injector	Subcutaneous	Add to formulary
Carteolol	1%	Solution	Ophthalmic	Add to formulary
Metipranolol	0.3%	Solution	Ophthalmic	Add to formulary
Dorzolamide	2%	Solution	Ophthalmic	Add to formulary
Carbachol (Miostat Intraocular)	0.01%	Solution	Ophthalmic	Add to formulary
Dorzolamide/Timolol	22.3-6.8 mg/ml	solution	Ophthalmic	Add to formulary
Cromolyn	4%	Solution	Ophthalmic	Add to formulary
Linezolid	600 mg/300 ml	IV solution	IV	Add to formulary with PA criteria
Linezolid	600 mg	Tablets	Oral	Add to formulary with PA criteria

<b>WVCH Formulary Changes Effective 7/1/2017</b>				
<b>Name</b>	<b>Strength</b>	<b>Dosage Form</b>	<b>Route</b>	<b>Change</b>

Posted 6/1/2017

Questions? Please contact WVCH at 503-584-2150

Rosuvastatin	5 mg, 10 mg, 20 mg, 40 mg	Tablets	po	Removing PA restriction
Timolol maleate	0.25%, 0.5%	Gel forming solution	Ophthalmic	For new starts only we are requiring step therapy with a trial of the Timolol solution – they must have at least 2 fills in the last 120 days to not be a new start
Bimatoprost	0.01%	Solution	Ophthalmic	For new starts only we are requiring step therapy with a trial of Latanoprost – they must have at least 2 fills in the last 120 days to not be a new start
Bimatoprost	0.03%	Solution	Ophthalmic	For new starts only we are requiring step therapy with a trial of Latanoprost – they must have at least 2 fills in the last 120 days to not be a new start
Travoprost	0.004%	Solution	Ophthalmic	For new starts only we are requiring step therapy with a trial of Latanoprost – they must have at least 2 fills in the last 120 days to not be a new start
Brinzolamide	1%	Solution	Ophthalmic	For new starts only we are requiring step therapy with a trial of Dorzolamide – they must have at least 2 fills in the last 120 days to not be a new start
Brimonidine	0.1%	Solution	Ophthalmic	For new starts only we are requiring step therapy with a trial of Brimonidine 0.2% - they must have at least 2 fills in the last 120 days to not be a new start
Brimonidine	0.15%	Solution	Ophthalmic	For new starts only we are requiring step therapy with a trial of Brimonidine 0.2% - they must have at least 2 fills in the last 120 days to not be a new start

**WVCH Formulary Removals Effective 7/1/2017**

Name	Strength	Dosage Form	Route
Timolol Hemihydrate (Betimol)	0.25%, 0.5%	Solution	ophthalmic

<b>Timolol Maleate (Istalol)</b>	<b>0.5%</b>	<b>Solution</b>	<b>ophthalmic</b>
<b>Pilocarpine</b>	<b>1%, 2%, 4%</b>	<b>Solution</b>	<b>Ophthalmic</b>
<b>Gatifloxacin</b>	<b>0.5%</b>	<b>Solution</b>	<b>Ophthalmic</b>
<b>Moxifloxacin</b>	<b>0.5%</b>	<b>Solution</b>	<b>Ophthalmic</b>
<b>Tobramycin</b>	<b>0.3%</b>	<b>Ointment</b>	<b>Ophthalmic</b>
<b>Neomycin-Polymyxin B – Hydrocortisone</b>	<b>3.5 mg-10Kunits-1%</b>	<b>Suspension</b>	<b>Ophthalmic</b>
<b>Bacitracin</b>	<b>500 units/g</b>	<b>Ointment</b>	<b>Ophthalmic</b>
<b>Antipyrine-Benzocaine</b>	<b>5.4%-1.4%</b>	<b>Solution</b>	<b>Otic</b>
<b>Fluocinolone</b>	<b>0.01%</b>	<b>Oil</b>	<b>Otic</b>