

Summary of Oregon Health Plan (OHP) Medicaid Changes

Effective October 1, 2013

We routinely update the formulary to accommodate market changes including: new developments related to medication safety and efficacy, new generic medication options; product withdraws, and market shortages.

Questions? Call Pharmacy Customer Service at 888-474-8539.

The following drugs are being excluded and will no longer be covered: drugs with DESI 5 or 6 indications. This will affect specific NDC's within the groups of medications.

- Estrogen-Methyltestosterone
- Hemorrhoidal HC (Hydrocortisone Acetate)
- Hydrocortisone-Pramoxine (Hydrocortisone/Pramoxine)
- Hydrocortisone Acetate
- Donnatal16.2 mg
- Chlordiazepoxide-Clidinium 5 mg-2.5mg
- Belladonna-Phenobarbital(Phenobarb/Hyoscy/Atropine/Scop)
- Hydrocortisone-Pramoxine
- Migragesic Ida(Isomethept/Acetaminop/Dichlphn) 65-325-100mg
- Servira (Phenobarb/Hyoscy/Atropine/Scop)
- Isometheptene-Caff-Acetaminoph

The following drugs have new edits placed on them:

- Acetaminophen Containing Opioid Products-Quantity limits based on FDA dosing guidelines of 4 grams of acetaminophen per day
- Griseofulvicin-age restriction of 17 years and younger

The following drugs are being moved to non-formulary which means they will require a prior authorization before payment consideration:

- Fulvicin U/F
- Erythromycin-benzoyl Peroxide
- Benzoyl peroxide (Acne 10) and benzoyl peroxide products
- Vanoxide-HC