



eoocco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Oregon Health Plan prescription benefit updates

Effective 7/1/2021

EOCCO's prescription program is a pharmacy benefit that offers members a choice of safe and effective medication treatments. Periodically, medication coverage changes will occur. These changes allow us to maintain a comprehensive benefit and provide you with a formulary with choice that supports the program's ongoing stability.

Please review the following expected pharmacy coverage updates. Please note, this information could change and does not represent every potential update to your benefits. Refer to your member handbook for specific coverage information.

Questions?

Call our Pharmacy Customer Service team toll-free at 888-474-8539.

Prescription coverage updates

These expected EOCCO prescription tier and coverage updates go into effect for July 1, 2021.

Product name	Additional details
Dupixent 200 mg/1.4 ml Syringe	Adding quantity limit of 2 syringes per 28 days.
Dupixent 300 mg/2 ml Pen Injector	Adding quantity limit of 1 pen per 28 days.
Dupixent 300 mg/2 ml Syringe	Adding quantity limit of 1 syringe per 28 days.
Fasenra 30 mg/ml Autoinjector	Adding quantity limit of 1 autoinjector per 56 days.
Fasenra 30 mg/ml Syringe	Adding quantity limit of 1 syringe per 56 days.
Linzess Capsule	Moving to non-formulary.
Nucala 100 mg/ml Autoinjector	Adding quantity limit of 1 autoinjector per 28 days.
Nucala 100 mg/ml Syringe	Adding quantity limit of 1 syringe per 28 days.
Nucala 100 mg Vial	Adding quantity limit of 1 vial per 28 days.
Symproic Tablet	Moving to non-formulary.
Trulance Tablet	Moving to non-formulary.
Udenyca 6 mg/0.6 ml Syringe	Moving to non-formulary. Adding specialty pharmacy and prior authorization requirements. Adding quantity limit of 2 syringes per 30 days.
Xolair 75 mg/0.5 ml Syringe	Adding quantity limit of 1 syringe per 28 days.
Xolair 150 mg/ml Syringe	Adding quantity limit of 1 syringe per 28 days.
Xolair 150 mg Vial	Adding quantity limit of 1 vial per 28 days.

This document is provided for informational purposes only, and is intended as a quick reference. For cost and further details of the coverage, including exclusions, prior authorization requirements, any reduction or limitations and the terms under which

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

888-788-9821 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

EOCCO
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health
and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

OHP-EO-18-049

3996952 (9/19)



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ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY: 711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

ہم نے ہیں تو لانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ 1-877-605-3229 (TTY: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY: 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意:日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

အသံထုတ်: ဂရိ၊ တမိ (ဗမာ၊ တရုတ်၊ မြန်မာ၊ အင်္ဂလိပ်၊ စပိန်) ဝါဒီတို့၏ တို့၏ ဗမာ၊ တရုတ်၊ မြန်မာ၊ အင်္ဂလိပ်၊ စပိန်၊ ဖုန်း 1-877-605-3229 (TTY: 711) ပေါ်သို့ ခေါ်ဆိုပါ။

ໂປດຊາຍ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY: 711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

