



CareOregon (OHP) Formulary Changes

Abbreviations: PA = Prior Authorization Required; QL = Quantity Limit; ST = Step Therapy Required; AR = Age Restriction

EFFECTIVE DATE	FORMULARY CHANGE	DRUG NAME	STRENGTH	DOSAGE FORM	DESCRIPTION
1/5/2018	Added with PA & QL	Mavyret	100-40MG	Tab	PA Required. See PA criteria document for details. Quantity Limit: 3 tabs per day. Max 112 day supply per lifetime.
1/5/2018	Added with PA & QL	Vosevi	400-100-100MG	Tab	PA Required. See PA criteria document for details. Quantity Limit: 1 tab per day. Max 84 day supply per lifetime.
1/5/2018	Removed	Harvoni	90-100MG	Tab	Removed from formulary.
1/1/2018	Criteria Change	HepC			PA criteria updated to match the State including expansion to F2 fibrosis. See PA criteria document for details.