



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
10/1/2020	Added with PA & QL	Rukobia	600MG ER	Tab	PA Required. See PA criteria document for details. QL: 2 per day
10/1/2020	Added with PA & QL	Xpovio	60MG 2x Weekly Dose Pack	Tab	PA Required. See PA criteria document for details. QL: 0.858 per day (24 per 28 days)
10/1/2020	Removed	Xpovio	100MG 1x Weekly Dose Pack	Tab	Removed from formulary
10/1/2020	Removed	Xpovio	80MG 1x Weekly Dose Pack	Tab	Removed from formulary.
10/1/2020	Removed	Xpovio	60MG 1x Weekly Dose Pack	Tab	Removed from formulary.
10/1/2020	Added with PA & QL	Inqovi	35-100MG	Tab	PA Required. See PA criteria document for details. QL: 0.179 per day (5 per 28 days)
10/1/2020	Added	Bisoprolol Fumarate	5mg, 10mg	Tab	Added to formulary
10/1/2020	Added	Felodipine	2.5MG ER, 5MG ER, 10MG ER	Tab	Added to formulary
10/1/2020	Added with ST	Olemsartan Medoxomil	5MG, 20MG, 40MG	Tab	Step Therapy Required (Losartan)

10/1/2020	Added with ST	Olemsartan Medoxomil HCTZ	20-12.5MG, 40-12.5MG, 40-25MG	Tab	Step Therapy Required (Losartan)
10/1/2020	Added with ST	Valsartan	40MG, 80MG, 160MG, 320MG	Tab	Step Therapy Required (Losartan)
10/1/2020	Added with ST	Valsartan HCTZ	80-12.5MG, 160-12.5MG, 160-25MG, 320-12.5MG, 320-25MG	Tab	Step Therapy Required (Losartan)
10/1/2020	Removed	Triamterene	50MG, 100MG	Cap	Removed from formulary
10/1/2020	Removed	Naproxen Sus	125/5ML	Sus	Removed from formulary
10/1/2020	Added	Fenofibrate	200MG	Cap	Added to formulary
10/1/2020	Added	Fenofibrate	145MG	Tab	Added to formulary
10/1/2020	Added with QL	Tivicay PD	5MG	Tab	QL: 6 per day
10/1/2020	Added with PA & QL	Dupixent INJ	300/2ML	Pen	PA Required. See PA criteria document for details. QL: 0.143 per day
10/1/2020	Added to Medical Benefit with PA Required	Uplizna	100MG 1x Weekly Dose Pack	IV Sol	PA Required. See PA criteria document for details
10/1/2020	Updated PA criteria	Crysvita	10MG/ML, 20MG/ML, 30MG/ML	INJ	Added new indication. See PA criteria document for details.
10/1/2020	Updated PA criteria	Taltz	80MG/ML	INJ (PFS & Auto)	Added new indication. See PA criteria document for details.
10/1/2020	Added to Medical Benefit with PA Required	Durysta	10MCG	IMP	PA Required. See PA criteria document for details
10/1/2020	Added to Medical Benefit with PA Required	Zepzelca	40MG	IV Sol	PA Required. See PA criteria document for details
10/1/2020	Added to Medical Benefit with PA Required	Monjuvi	200MG	IV Sol	PA Required. See PA criteria document for details
10/1/2020	Added to Medical Benefit with PA Required	Tecartus		Sus	PA Required. See PA criteria document for details

10/1/2020	Updated PA criteria	Shingrix	50MCG/0.5ML	INJ	Added criteria for MS patients under age 50. See PA criteria document for details.
10/1/2020	Added to Medical Benefit with PA Required	Phesgo	60MG-60MG-2000UNT/ML, 80MG-40MG-2000UNT/ML	Sol	PA Required. See PA criteria document for details
10/1/2020	Added to Medical Benefit with PA Required	Blenrep	100MG 1x Weekly Dose Pack	IV Sol	PA Required. See PA criteria document for details
10/1/2020	Updated PA criteria	GERD PA Criteria			Updated criteria to require Omeprazole ODT instead of H2RA. See PA criteria document for details.
10/1/2020	Updated PA criteria	Immune biologics			Updated criteria to require infliximab if 1 Anti-TNF failure has been documented. See PA criteria document for details.