



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
6/1/2023	Added to formulary with PA & QL	AMJEVITA	40/0.8ML	INJ	PA Required. See PA criteria document for details. QL .06ml per day
6/1/2023	Added to formulary with QL	FINASTERIDE	1MG	TAB	QL 1 per day
6/1/2023	Remove QL	ESOMEPRAZOLE MAGNESIUM	40MG	CAP	
6/1/2023	Removed	CLEOCIN	100MG	SUP	
6/1/2023	Added	EASY IRON	28MG	CAP	
6/1/2023	Added with AR	MENVEO		SOL	Covered for 19 years and above
6/1/2023	Added to formulary with PA & QL	LEUPROLIDE	22.5MG	INJ	PA Required. See PA criteria document for details. QL 1 per 84 days
6/1/2023	Added to formulary with PA & QL	OZEMPIC	2MG/3ML	INJ	PA Required. See PA criteria document for details. QL 0.108 per day
6/1/2023	Added to formulary with PA & QL	ERLEADA	240MG	INJ	PA Required. See PA criteria document for details. QL 1 per day

