



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
10/1/2022	Updated PA criteria	BEOVU	6/0.05ML	SOLN	PA Required. See PA criteria document for details.
10/1/2022	Added to Medical Benefit with PA Required	BYOOVIZ	0.5MG	INJ	PA Required. See PA criteria document for details.
10/1/2022	Added with PA & QL	CALQUENCE	100MG	TAB	PA Required. See PA criteria document for details. QL: 2 per day
10/1/2022	Added with PA & QL	CAMZYOS	2.5MG, 5MG, 10MG, 15MG	CAP	PA Required. See PA criteria document for details. QL: 1 per day
10/1/2022	Added Age Restriction	CIMETIDINE	300MG/5ML	SOLN	Age restriction: Covered for members 12 and younger.
10/1/2022	Updated PA criteria	DUPIXENT	all	SOLN	PA Required. See PA criteria document for details.
10/1/2022	Added with QL	ESOMEPRAZOLE MAG	20MG DR, 40MG DR	CAP	Added with QL: 1 per day
10/1/2022	Added to Medical Benefit with PA Required	IGALMI	120MCG, 180MCG	FILM	PA Required. See PA criteria document for details.
10/1/2022	Added with PA & QL	MAYZENT	1MG	TAB	PA Required. See PA criteria document for details. QL: 1 per day
10/1/2022	Added with PA & QL	MOUNJARO	2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	INJ	PA Required. See PA criteria document for details. QL: .08 per day

10/1/2022	Updated PA criteria	MYELOID GROWTH FACTORS	all	all	PA Required. See PA criteria document for details.
10/1/2022	Added with PA & QL	NUCALA	40MG/0.4ML	PFS	PA Required. See PA criteria document for details. QL: 0.4mls per 28 days
10/1/2022	Removed Step-Therapy	OLMESARTAN MEDOXOMIL	5MG, 20MG, 40MG	TAB	
10/1/2022	Removed Step-Therapy	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE	20-12.5, 40-12.5MG, 40-25MG	TAB	
10/1/2022	Added with PA & QL	RADICAVA	105MG/5ML	SUSP	PA Required. See PA criteria document for details. QL: STARTER 70mls per 180 days; QL: 105MG/ML 50mls per 28 days
10/1/2022	Added with PA & QL	SKYRIZI	360MG/2.4ML	CARTRIDGE	PA Required. See PA criteria document for details. QL: .043 per day, 56 days supply allowed.
10/1/2022	Added to formulary	TELMISARTAN	20MG, 40MG, 80MG	TAB	
10/1/2022	Removed PA, added QL	TETRACYCLINE	250MG, 500MG	CAP	Removed PA QL: 14 day supply per 180 days
10/1/2022	Added with PA & QL	TYVASO DPI	16MCG, 32MCG, 48MCG, 64MCG, 32-48MCG, 16-32MCG, 16-32-48	POWDER	PA Required. See PA criteria document for details. QL: 16MCG, 32MCG, 48MCG, 64MCG-4 per day QL: 32-48MCG-8 per day QL: 16-32MCG-7 per day QL: 16-32-48- 9 per day
10/1/2022	Removed Step-Therapy	VALSARTAN	40MG, 80MG, 160MG, 320MG	TAB	
10/1/2022	Removed Step-Therapy	VALSARTAN HCTZ	80-12.5MG, 160-12.5MG, 160-25MG, 320-12.5MG, 320-25MG	TAB	