



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
10/1/2024	Added with PA & QL	FASENRA	10MG/0.5	INJ	PA Required. See PA criteria document for details. QL 0.01 per day
10/1/2024	Added with PA & QL	INGREZZA	40MG, 60MG, 80MG	CAP	PA Required. See PA criteria document for details. QL 1 per day
10/1/2024	Added with PA & QL	VIVOICE	50MG	GRA	PA Required. See PA criteria document for details. QL 1 per day
10/1/2024	Added with PA & QL	TYENNE	162MG, 162/0.9	INJ	PA Required. See PA criteria document for details. QL 0.07 per day
10/1/2024	Added with PA & QL	VORANIGO	10MG, 40MG	TAB	PA Required. See PA criteria document for details. QL 2 per day
10/1/2024	Added to formulary	CLOBETASOL PROPIONATE	0.05%	SOL	
10/1/2024	Added to formulary	FLUOCINONIDE	0.05%	SOL	
10/1/2024	Added to formulary	FLUOCIN ACET	0.01%	SOL	
10/1/2024	Added to formulary	MOMETASONE FUROATE	0.01%	SOL	
10/1/2024	Added with PA & QL	DUVYZAT	8.86MG	SUS	PA Required. See PA criteria document for details. QL 12ml per day
10/1/2024	Added with PA & QL	OCALIVA	5MG, 10MG	TAB	
10/1/2024	Added with AR	CAPVAXIVE			AR 19<
10/1/2024	Added with AR	mRESVIA			AR <60
10/1/2024	Added to formulary	MYCOPHENOLATE SODIUM		DR TAB	
10/1/2024	ST Added	ALOGLIPTIN BENZOATE		TAB	PA Required if ST not met "ST required with 1) Metformin AND 2) Pioglitazone OR Glipizide, Glyburide, Glimepiride"
10/1/2024	ST Added	ALOGLIPTIN-PIOGLITAZONE		TAB	PA Required if ST not met "ST required with 1) Metformin AND 2) Pioglitazone OR Glipizide, Glyburide, Glimepiride"
10/1/2024	ST Added	ALOGLIPTIN-METFORMIN HCL		TAB	PA Required if ST not met "ST required with 1) Metformin AND 2) Pioglitazone OR Glipizide, Glyburide, Glimepiride"
10/1/2024	Added to Medical Benefit with PA Required	Beqvez		INJ	PA Required. See PA criteria document for details.
10/1/2024	Added to Medical Benefit with PA Required	Imdelltra		INJ	PA Required. See PA criteria document for details.
10/1/2024	Added to Medical Benefit with PA Required	Tecelra			PA Required. See PA criteria document for details.