



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
3/1/2019	Updated PA criteria	Hep C	all	all	Removal of fibrosis restrictions Removal of HIV testing status Broadened non-specialist prescriber allowances

