Careoregon (OHP) Formulary Changes

Abbreviations: PA = Prior Authorization Required; QL = Quantity Limit; ST = Step Therapy

EFFECTIVE DATE	FORMULARY CHANGE	DRUG NAME	STRENGTH	DOSAGE FORM
8/1/2026	Added with QL	IDVYNSO	100-0.25	TAB
8/1/2026	Added with PA & QL	AVTOZMA	162/0.9	INJ
8/1/2026	Added with QL	BECLOMETHASO	40MCG	AER
8/1/2026	Added to Formulary	BECLOMETHASO	80MCG	AER
8/1/2026	Added with PA and QL	ORLADEYO	72MG, 96MG, 108MG, 132MG	PAK
8/1/2026	Added with QL	REZENOPY	10MG	SPR
8/1/2026	Removed from Formulary	ACTEMRA	162/0.9, ACTPEN	INJ
8/1/2026	Added to Medical Benefit with PA	EVDI	1mg/20ml	IV INJ
8/1/2026	Added to Medical Benefit	MAGNESIUM SULFATE		IV INJ
8/1/2026	Added to Medical Benefit with PA	YUVIWEL		IV INJ
8/1/2026	Added to Medical Benefit with PA	DECNUPAZ		IV INJ
8/1/2026	Updated PA criteria	DUPIXENT	300/2ML,200 MG/1.14ML	INJ
8/1/2026	Updated PA criteria	WELLCOVORIN	5mg, 25mg	TAB
8/1/2026	Updated PA criteria	INQOVI	35-100mg	TAB
8/1/2026	Updated PA criteria	XGEVA		

Required; AR = Age Restriction

DESCRIPTION
QL 1 per day
PA Required. See PA criteria document for details. QL 0.072 Per day
QL 0.177 per day. Max 60 day supply
Max 60 day supply
PA Required. See PA criteria document for details. QL 0.072 Per day
QL 4 per fill
PA Required. See PA criteria document for details.
PA Required. See PA criteria document for details.
PA Required. See PA criteria document for details.
Updated PA critera for new indication
Updated PA critera for new indication
Updated PA critera to require use of decitabine and venetoclax firs
Updated PA critera to prefer Xtrenbo, Bilprevda, Xbryk