



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
10/1/2023	Added with PA and QL	TRIKAFTA	59.5MG	PAK	PA Required. See PA criteria document for details. QL 2 per day.
10/1/2023	Added with PA and QL	TRIKAFTA	75MG	PAK	PA Required. See PA criteria document for details. QL 2 per day.
10/1/2023	Added with PA and QL	VANFLYTA	17.7MG	TAB	PA Required. See PA criteria document for details. QL 2 per day.
10/1/2023	Added with PA and QL	VANFLYTA	26.5MG	TAB	PA Required. See PA criteria document for details. QL 2 per day.
10/1/2023	Remove PA and add QL	APREPITANT	40MG	CAP	Remove PA and add QL 1 per day
10/1/2023	Added with PA and QL	KALYDECO	13.4MG	CAP	PA Required. See PA criteria document for details. QL 2 per day.
10/1/2023	Added with PA and QL	TALZENNA	0.1MG	CAP	PA Required. See PA criteria document for details. QL 1 per day.
10/1/2023	Added with PA and QL	TALZENNA	0.5MG	CAP	PA Required. See PA criteria document for details. QL 1 per day.
10/1/2023	Remove PA and Update QL	TACROLIMUS	0.0003	OINT	Remove PA QL 3.34MG
10/1/2023	Remove PA and Update QL	TACROLIMUS	0.0001	OINT	Remove PA QL 3.34MG
10/1/2023	Added with PA and QL	AKEEGA	100/50MG	TAB	PA Required. See PA criteria document for details. QL 2 per day.

10/1/2023	Added with PA and QL	AKEEGA	50/500MG	TAB	PA Required. See PA criteria document for details. QL 2 per day.
10/1/2023	Updated QL	NALOXONE HCL	8MG/0.1MG	SPRAY	Update QL 4 per day
10/1/2023	Updated QL	NALOXONE HCL	2MG/2ML	SOLN	Update QL 4 per day
10/1/2023	Updated QL	NALOXONE HCL	5MG/0.5ML	SOLN	Update QL 4 per day
10/1/2023	Updated QL	NALOXONE HCL	0.4MG/ML	CART	Update QL 4 per day
10/1/2023	Updated QL	NALOXONE HCL	0.4MG/ML	INJ	Update QL 4 per day
10/1/2023	Updated QL	NALOXONE HCL	4MG/0.1MG	SPRAY	Update QL 4 per day
10/1/2023	Added	BCG VACCINE	50MG	INJ	Added to formulary
10/1/2023	Added	BIOTHRAX		INJ	Added to formulary
10/1/2023	Added	DENGVAXIA		SUS	Added to formulary
10/1/2023	Added	IMOVAX RABIE INJ 2.5/ML	2.5/ML	INJ	Added to formulary
10/1/2023	Added	IPOL		INJ	Added to formulary
10/1/2023	Added	IXIARO		INJ	Added to formulary

10/1/2023	Added	JYNNEOS		INJ	Added to formulary
10/1/2023	Added	RABAVERT		INJ	Added to formulary
10/1/2023	Added	STAMARIL		INJ	Added to formulary
10/1/2023	Added	TYPHIM VI		INJ	Added to formulary
10/1/2023	Added	TYPHIM VI		INJ	Added to formulary
10/1/2023	Added	VAXCHORA		SUS	Added to formulary
10/1/2023	Added	VIVOTIF		CAP EC	Added to formulary
10/1/2023	Added	YF-VAX		INJ	Added to formulary
10/1/2023	Added	TDVAX	2-2 LF	INJ	Added to formulary
10/1/2023	Added	TENIVAC	5-2LF	INJ	Added to formulary
10/1/2023	Added	TICOVAC		INJ	Added to formulary
10/1/2023	Added	TICOVAC		INJ	Added to formulary
10/1/2023	Added	ACAM2000		INJ	Added to formulary

10/1/2023	Remove	Adlyxin		INJ	Remove from formulary
10/1/2023	Remove	Adlyxin		INJ	Remove from formulary
10/1/2023	Remove	Adlyxin		INJ	Remove from formulary
10/1/2023	Added to Medical Benefit with PA	Beyfortus		INJ	PA Required. See PA criteria document for details.
10/1/2023	Added to Medical Benefit with PA	Brixadi		INJ	PA Required. See PA criteria document for details.
10/1/2023	Added to Medical Benefit with PA	Elfabrio		INJ	PA Required. See PA criteria document for details.
10/1/2023	Added to Medical Benefit with PA	Omisirge		INJ	PA Required. See PA criteria document for details.
10/1/2023	Added to Medical Benefit with PA	Qalsody		INJ	PA Required. See PA criteria document for details.
10/1/2023	Added to Medical Benefit with PA	Vyjuvek		INJ	PA Required. See PA criteria document for details.
10/1/2023	Added to Medical Benefit with PA	Columvi		INJ	PA Required. See PA criteria document for details.
10/1/2023	Added to Medical Benefit with PA	Talvey		INJ	PA Required. See PA criteria document for details.
10/1/2023	Added to Medical Benefit with PA	Elrexio		INJ	PA Required. See PA criteria document for details.
10/1/2023	Added to Medical Benefit	Hepzato		INJ	

