



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
8/1/2022	Removed PA	ADAPALENE	0.1%	GEL	PA no longer required.
8/1/2022	Added with PA	CAMCEVI	42MG	INJ	PA Required. See PA criteria document for details.
8/1/2022	Added to the Medical Benefit with PA	CAMCEVI	42MG	INJ	PA Required. See PA criteria document for details.
8/1/2022	Updated PA criteria	CAYSTON	7MG	INH	Updated FEV1 to "between 25% and 90%
8/1/2022	Updated PA criteria	CFTR	various	various	Removed requirement that the member has been on 6 month of treatment with Pulmozyme, saline, antibiotics.
8/1/2022	Added to formulary with Step Therapy	DEKAS, AQUADEKS	various	various	Requires ST with cystic fibrosis drugs.
8/1/2022	Removed from formulary	DEXMETHYPHENIDATE (generic Focalin XR)	5MG, 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG	CAP ER	Removed from formulary. Current users will be grandfathered for lifetime.
8/1/2022	Added to formulary	DIFFERIN	0.1%	GEL	
8/1/2022	Removed from formulary	FOSRENOL	750MG, 1000MG	POW	
8/1/2022	Added to formulary	KETOTIFEN FUMARATE	0.025%	OPHTH SOLN	

8/1/2022	Added to the Medical Benefit with PA	KORSUVA	50MCG/ML	INJ	PA Required. See PA criteria document for details.
8/1/2022	Added with PA & QL	MAYZENT	0.25MG	TAB STARTER PACK	PA Required. See PA criteria document for details. QL: 7 per 180 days
8/1/2022	Removed from formulary	METHYLPHENIDATE (generic Metadate CD)	10MG, 20MG, 30MG, 40MG, 50MG, 60MG	CAP ER	Removed from formulary. Current users will be grandfathered for lifetime.
8/1/2022	Removed from formulary	METHYLPHENIDATE (generic Ritalin LA)	10MG, 20MG, 30MG, 40MG	CAP ER	Removed from formulary. Current users will be grandfathered for lifetime.
8/1/2022	Added to formulary with PA & QL	PYRUKYND	5MG, 20MG, 50MG	TAB	PA Required. See PA criteria document for details. QL: 2 per day
8/1/2022	Added to formulary with PA & QL	PYRUKYND	5MG, 20MGx5MG, 50MGx20MG	TAB THERAPY PAK	PA Required. See PA criteria document for details. QL: 1 per day
8/1/2022	Updated Medical Benefit PA criteria	SUBLOCADE	100/0.5, 300/1.5	INJ	PA Required. See PA criteria document for details.
8/1/2022	Added with PA & QL	TAKHZYRO	300/2ML	PFS	PA Required. See PA criteria document for details. QL: 0.143 per day
8/1/2022	Added to formulary with PA & QL	VIJOICE	50MG, 125MG, 250MG	TAB	PA Required. See PA criteria document for details. QL: 50MG, 125MG-1 per day; 250MG-2 per day