



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
2/1/2023	Added	AZELASTINE HCL	0.05%	OPHTH SOLN	Added to formulary.
2/1/2023	Added	AZELASTINE HCL	0.1%	NASAL SPRAY	Added to formulary.
2/1/2023	Added to Medical Benefit	BLUDIGO	8MG/ML	INJ	
2/1/2023	Updated QL	BUPRENORPHINE HCL	8 MG	SL TAB	Updated QL to 4 per day.
2/1/2023	Updated QL	BUPRENORPHINE HCL-NALOXONE HCL	8-2 MG	SL TAB, SL FILM	Updated QL to 4 per day.
2/1/2023	Added to Medical Benefit with PA	CIMERLI	0.3MG, 0.5MG	INJ	PA Required. See PA criteria document for details.
2/1/2023	Updated PA Criteria	DESMOPRESSIN	ALL	TAB	PA Required. See PA criteria document for details.
2/1/2023	Removed PA	DIMETHYL FUMARATE DELAYED RELEASE	120 MG, 240 MG	CAP	Removed PA from multiple strengths.
2/1/2023	Removed PA	DIMETHYL FUMARATE DELAYED RELEASE	120 MG & 240 MG	STARTER PACK CAP	Removed PA
2/1/2023	Added to Medical Benefit with PA	ELAHERE	5MG/ML	INJ	PA Required. See PA criteria document for details.
2/1/2023	Updated PA Criteria	EPSDT	ALL	ALL	PA Required. See PA criteria document for details.

2/1/2023	Removed PA	FERAHEME	510/17ML	INJ	Remove PA for non ESRD use.
2/1/2023	Removed	FULPHILA	6MG/.6ML	INJ	Removed from formulary
2/1/2023	Added with PA and QL	FYLNETRA	6MG/0.6	INJ	PA Required. See PA criteria document for details. QL 0.6 per fill.
2/1/2023	Added to Medical Benefit	FYLNETRA	6MG/0.6	INJ	
2/1/2023	Updated QL	IMATINIB MESYLATE	100 MG	TAB	Updated QL to 3 per day.
2/1/2023	Added to Medical Benefit with PA	IMJUDO	25/1.25, 300/15ML	INJ	PA Required. See PA criteria document for details.
2/1/2023	Added QL	IVERMECTIN	3 MG	TAB	QL 20 tablets per 60 days
2/1/2023	Added with PA and QL	KRAZATI	200MG	TAB	PA Required. See PA criteria document for details. QL 6 per day.
2/1/2023	Removed PA	LACOSAMIDE	50 MG, 100 MG, 150 MG, 200 MG	TAB	Removed PA from multiple strengths.
2/1/2023	Removed PA and added AR	LACOSAMIDE	10 MG/ML	ORAL SOLUTION	Added AR max age limit 12 and younger.
2/1/2023	Removed	NEULASTA	6MG/0.6M	KIT	Removed from formulary
2/1/2023	Removed	NYVEPRIA	6/0.6ML	INJ	Removed from formulary
2/1/2023	Added	OLOPATADINE HCL	0.1% , 0.2%	OPHTH SOLN	Added multiple strengths to formulary.
2/1/2023	Added with PA and QL	ORKAMBI	75-94MG	GRA	PA Required. See PA criteria document for details. QL 2 per day.

2/1/2023	Added to Medical Benefit with PA	PEDMARK	12.5GM	INJ	PA Required. See PA criteria document for details.
2/1/2023	Added with PA and QL	RELYVRIO	3-1GM	PAK	PA Required. See PA criteria document for details. QL 2 per day.
2/1/2023	Added with PA and QL	REZLIDHIA	150MG	CAP	PA Required. See PA criteria document for details. QL 2 per day.
2/1/2023	Removed PA on Medical Benefit	RITUXAN HYCELA		INJ	
2/1/2023	Added to Medical Benefit with PA	ROLVEDON	13.2MG	INJ	PA Required. See PA criteria document for details.
2/1/2023	Removed ST	SEVELAMER CARBONATE	800 MG	TAB	Removed step therapy
2/1/2023	Added to Medical Benefit with PA	SKYSONA		INJ	PA Required. See PA criteria document for details.
2/1/2023	Updated AR	SODIUM FLUORIDE	1.1%	GEL	Updated AR to covered for ages 21 and younger
2/1/2023	Updated AR	SODIUM FLUORIDE	1.1%	PASTE	Updated AR to covered for ages 21 and younger
2/1/2023	Updated AR	SODIUM FLUORIDE	1.1%	CREAM	Updated AR to covered for ages 21 and younger
2/1/2023	Added to Medical Benefit with PA	SPEVIGO	450/7.5	INJ	PA Required. See PA criteria document for details.
2/1/2023	Added to Medical Benefit	STIMUFEND	6/0.6ML	INJ	
2/1/2023	Updated PA Criteria on Medical Benefit	SUBLOCADE	100/0.5, 300/1.5	INJ	PA Required. See PA criteria document for details.
2/1/2023	Added to Medical Benefit with PA	TECVAYLI	30MG/3ML, 153/1.7	INJ	PA Required. See PA criteria document for details.

2/1/2023	Removed	UDENYCA	6MG/.6ML	INJ	Removed from formulary
2/1/2023	Added to Medical Benefit with PA	XENPOZYME	20MG	SOL	PA Required. See PA criteria document for details.
2/1/2023	Removed	ZIEXTENZO	6/0.6ML	INJ	Removed from formulary
2/1/2023	Added to Medical Benefit with PA	ZYNTEGLO		INJ	PA Required. See PA criteria document for details.