

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
8/1/2023	Added to formulary with PA & QL	DAYBUE	200Mg/ML	SOL	PA Required. See PA criteria document for details. QL 120ml per day
8/1/2023	Added to formulary with PA & QL	FILSPARI	200mg, 400mg	TAB	PA Required. See PA criteria document for details. QL 1 tab per day
8/1/2023	Added to formulary with PA & QL	JOENJA	70mg	TAB	PA Required. See PA criteria document for details. QL 2 tab per day
8/1/2023	Added to formulary with PA & QL	SKYCLARYS	50mg	CAP	PA Required. See PA criteria document for details. QL 3 tab per day
8/1/2023	Removed from formulary	ZEJULA	100mg	CAP	Removed
8/1/2023	Added to formulary with PA & QL	ZEJULA	200mg, 300mg	TAB	PA Required. See PA criteria document for details. QL 1 tab per day
8/1/2023	Added to formulary with QL	ZINC OXIDE	20%	OIN	QL 16gm per day
8/1/2023	Added to formulary with QL	ESZOPICLONE	1mg, 2mg, 3mg	TAB	QL 15 caps per 30 days
8/1/2023	Added to formulary with QL	ZALEPLON	5mg, 10mg	CAP	QL 15 caps per 30 days
8/1/2023	Added	CLOBETASOL PROPIONATE	0.05%	CREAM	
8/1/2023	Added to formulary with PA & QL	TAKHZYRO	150mg/ml	INJ	PA Required. See PA criteria document for details. QL 2ml per 30 days
8/1/2023	Added to formulary with PA & QL	MEKINIST	0.05/ML	SOL	PA Required. See PA criteria document for details. QL 40ml day
8/1/2023	Added to formulary with PA & QL	TAFINLAR	10MG	TAB	PA Required. See PA criteria document for details. QL 4 per day

8/1/2023	Added to formulary	LABETALOL	10mg/2ml	INJ	
8/1/2023	Added to formulary with PA	TABLOID	40mg	TAB	PA Required. See PA criteria document for details.
8/1/2023	Added to formulary with PA	QSYMIA	3.75-23 , 7.5 -46, 11.25-69, 15-92	CAP	PA Required. See PA criteria document for details.
8/1/2023	Added to formulary with PA & QL	BUDES/FORMOT	80-4.5, 160-4.5	AER	PA Required. See PA criteria document for details. QL 0.73 grams per day
8/1/2023	Added to formulary with PA & QL	Libre 14- day reader		MISC	PA Required. See PA criteria document for details. QL 1 per 730 days
8/1/2023	Added to formulary with PA & QL	Libre 14- day Sensor		MISC	PA Required. See PA criteria document for details. QL 1 per 14 days. 90 day supply allowed
8/1/2023	Added to formulary with PA & QL	Libre 3 Sensor		MISC	PA Required. See PA criteria document for details. QL 1 per 14 days. 90 day supply allowed
8/1/2023	Added	FC2 FEMALE MIS CONDOM		MISC	
8/1/2023	Added to medical benefit	Lamzede		INJ	PA Required. See PA criteria document for details.
8/1/2023	Added to medical benefit	Syfovre		INJ	PA Required. See PA criteria document for details.
8/1/2023	Added to medical benefit	XENOVIEW		INJ	PA Required. See PA criteria document for details.
8/1/2023	Added to medical benefit	Epkinly		INJ	PA Required. See PA criteria document for details.
8/1/2023	Added to medical benefit	TAUVID		INJ	PA Required. See PA criteria document for details.
8/1/2023	Added to medical benefit	XENOVIEW		INJ	PA Required. See PA criteria document for details.
8/1/2023	Removed from formulary	ZEJULA		CAP	Removed from formulary
8/1/2023	Update Criteria	Polivy			PA Required. See PA criteria document for details.

