

2024 CareOregon Advantage Part D Formulary Changes



Abbreviations: AGE = Age Restriction; PA = Prior Authorization Required; QL = Quantity Limit; ST = Step Therapy Required; LD = Limited Distribution; BvD = Must determine if covered under Parts B or D; NA = Not Applicable

EFFECTIVE DATE	DRUG NAME	STRENGTH	DOSAGE FORM	TYPE OF CHANGE	UTILIZATION RESTRICTIONS
2/1/24	LODOCO	0.5MG	TABLET	ADD TO FORMULARY	PA, QL - 1 per day
2/1/24	OPVEE	2.7MG/0.1ML	NASAL SOLUTION	ADD TO FORMULARY	
2/1/24	OPFOLDA	65MG	CAPSULE	ADD TO FORMULARY	PA new starts, QL - 8 per 28 days
2/1/24	SOHONOS	1MG	CAPSULE	ADD TO FORMULARY	PA, QL - 4 per day
2/1/24	AUGTYRO	40MG	CAPSULE	ADD TO FORMULARY	PA new starts, QL - 8 per day
2/1/24	FRUZAQLA	5MG	CAPSULE	ADD TO FORMULARY	PA new starts, QL - 21 per 28 days
2/1/24	FRUZAQLA	1MG	CAPSULE	ADD TO FORMULARY	PA new starts, QL - 84 per 28 days
2/1/24	IWILFIN	192MG	TABLET	ADD TO FORMULARY	PA new starts, QL - 8 per day
2/1/24	BUPRENORPHINE/ NALOXONE	8MG/2MG	SUBLINGUAL FILM	UPDATE QL	QL increased from 3 per day to 4 per day
2/1/24	BUPRENORPHINE/ NALOXONE	8MG/2MG	SUBLINGUAL TABLET	UPDATE QL	QL increased from 3 per day to 4 per day
2/1/24	BUPRENORPHINE HCL	8MG	SUBLINGUAL TABLET	UPDATE QL	QL increased from 3 per day to 4 per day
2/1/24	ICOSAPENT	0.5GM	CAPSULE	REMOVE PA	QL - 8 per day
2/2/24	ICOSAPENT	1GM	CAPSULE	REMOVE PA	QL - 4 per day

2/1/24	FOSFOMYCIN	3GM	ORAL PACKET	REMOVE PA	
2/1/24	BREO ELLIPTA	50MCG/25MCG	AERESOL POWDER	ADD TO FORMULARY	QL - 60gm per 30 days
2/1/24	COSENTYX INJ	125MG/5ML	IV SOLUTION	ADD TO FORMULARY	PA
2/1/24	ENTYVIO INJ	108MG/0.68ML	SOLUTION, PEN-INJECTION	ADD TO FORMULARY	PA, QL - 1.36ml per 28 days
2/1/24	LITHIUM	8MEQ/5ML	SOLUTION, ORAL	ADD TO FORMULARY	
2/1/24	ROZLYTREK	50MG	PELLET PACK	ADD TO FORMULARY	PA new starts, QL - 12 per day
2/1/24	VOTRIENT	200MG	TABLET	REMOVE FROM FORMULARY	Brand removal, generic Pazopanib already on formulary
2/1/24	ONGLYZA	2.5MG, 5MG	TABLET	REMOVE FROM FORMULARY	Brand removal, generic Saxagliptin already on formulary
2/1/24	KOMBIGLYZE XR	100MG/2.5MG, 500MG/5MG, 100MG/5MG	TABLET ER	REMOVE FROM FORMULARY	Brand removal, generic Saxagliptin-Metformin already on formulary
2/1/24	KOURZEQ	0.1%	PASTE	ADD TO FORMULARY	
2/1/24	TRUQAP	160MG, 200MG	TABLET	ADD TO FORMULARY	PA new starts, QL - 4 per day
2/1/24	SYMBICORT	160MCG/4.5MCG, 80MCG/4.5MCG	AERESOL	REMOVE FROM FORMULARY	Brand removal, generic Breyna already on formulary
2/1/24	SUPRAX	500 MG/5ML	ORAL SUSPENSION	REMOVE FROM FORMULARY	
2/1/24	OLOPATADINE	0.1%	OPHTHALMIC SOLUTION	REMOVE FROM FORMULARY	
2/1/24	VIIBRYD STARTER PACK	10MG/20MG	TABLET	REMOVE FROM FORMULARY	Brand removal, generic Vilazodone already on formulary
3/1/24	OGSIVEO	50MG	TABLET	ADD TO FORMULARY	PA new starts, QL - 6 per day

4/1/24	FABHALTA	200MG	CAPSULE	ADD TO FORMULARY	PA, QL - 2 per day
4/1/24	IXCHIQ		INJECTION, IM	ADD TO FORMULARY	
4/1/24	FLUOXETINE	10MG, 20MG	TABLET	ADD TO FORMULARY	QL - 2 per day
4/1/24	GLIPIZIDE	2.5MG	TABLET	ADD TO FORMULARY	
4/1/24	KALYDECO	5.8MG	PACKET, ORAL	ADD TO FORMULARY	PA, QL - 2 per day
4/1/24	RISPERDAL CONSTA	12.5MG, 25MG, 37.5MG, 50MG	SUSPENSION, RECONSTITUTED, ER	REMOVE FROM FORMULARY	Brand removal, generic risperidone ER injection already on formulary
5/1/24	EMFLAZA	6MG, 18MG, 30MG, 36MG	TABLET	REMOVE FROM FORMULARY	Brand removal, generic deflazacort already on formulary
5/1/24	KORLYM	300MG	TABLET	REMOVE FROM FORMULARY	Brand removal, generic mifepristone already on formulary
6/1/24	AGAMREE	40MG/ML	SUSPENSION	ADD TO FORMULARY	PA, QL - 7.5ml per day
6/1/24	ARISTADA	675MG/2.4ML	PREFILLED SYRINGE	ADD TO FORMULARY	PA new starts, QL - 2.4ml per 180 days
6/1/24	BREZTRI AEROSPHERE	160/9/4.8 MCG	AEROSOL INHALATION	REMOVE STEP THERAPY	
6/1/24	EOHILIA	2mg/10ML	SUSPENSION, ORAL	ADD TO FORMULARY	PA, QL - 20ml per day
6/1/24	FILSUVEZ	10%	GEL	ADD TO FORMULARY	
6/1/24	GEMTESA	75MG	TABLET	ADD TO FORMULARY	PA, QL - 1 per day
6/1/24	INSULIN DEGLUDEC FLEXTOUCH	100 UNIT, 200 UNIT	SOLUTION, PEN-INJECTION	ADD TO FORMULARY	

6/1/24	NEBIVOLOL	2.5MG, 5MG, 10MG, 20MG	TABLET	REMOVE STEP THERAPY	
6/1/24	RIVFLOZA	80MG/0.5ML	SOLUTION, PRE-FILLED SYRINGE	ADD TO FORMULARY	PA, QL - 0.5ml per 28 days
6/1/24	RIVFLOZA	128MG/0.8ML	SOLUTION, PRE-FILLED SYRINGE	ADD TO FORMULARY	PA, QL - 0.8ml per 28 days
6/1/24	RIVFLOZA	160MG/1ML	SOLUTION, PRE-FILLED SYRINGE	ADD TO FORMULARY	PA, QL - 1ml per 28 days
6/1/24	RYBELSUS	3MG, 7MG, 14MG	TABLET	ADD TO FORMULARY	PA, QL - 2 per day
6/1/24	RYTARY	95MG	CAPSULE, ER	ADD TO FORMULARY	QL - 12 per day
6/1/24	RYTARY	145MG	CAPSULE, ER	ADD TO FORMULARY	QL - 9 per day
6/1/24	RYTARY	195MG	CAPSULE, ER	ADD TO FORMULARY	QL - 12 per day
6/1/24	RYTARY	245MG	CAPSULE, ER	ADD TO FORMULARY	QL - 10 per day
6/1/24	TACROLIMUS	0.1%, 0.3%	OINTMENT, TOPICAL	REMOVE PA	
6/1/24	TINIDAZOLE	250MG, 500MG	TABLET	REMOVE PA	
6/1/24	TRELEGY ELLIPTA	100/62.5/25 MCG, 200/62.5/25 MCG	INHALATION, AEROSOL POWDER	REMOVE STEP THERAPY	
6/1/24	WAINUA	45MG/0.8ML	SOLUTION, AUTO-INJECTION	ADD TO FORMULARY	PA, QL - 0.8ml per 28 days
6/1/24	WEGOYV	0.25MG, 0.5MG, 1.7MG, 1MG, 2.4MG	SOLUTION, AUTO-INJECTION	ADD TO FORMULARY	PA, QL - 2ml per 28 days

6/1/24	ZILBRYSQ	16.6MG	SOLUTION, PRE-FILLED SYRINGE	ADD TO FORMULARY	PA, QL - 0.42ml per day
6/1/24	ZILBRYSQ	23MG	SOLUTION, PRE-FILLED SYRINGE	ADD TO FORMULARY	PA, QL - 0.58ml per day
6/1/24	ZILBRYSQ	32.4MG	SOLUTION, PRE-FILLED SYRINGE	ADD TO FORMULARY	PA, QL - 0.81ml per day
8/1/2024	REZDIFFRA	60MG, 80MG, 100MG	TABLET	ADD TO FORMULARY	PA, QL - 1 per day
8/1/2024	VOYDEYA	100MG, 50MG/100MG THERAPY PACK	TABLET	ADD TO FORMULARY	PA, QL - 6 per day
8/1/2024	WINREVAIR	45MG, 60MG	SUBCUTANEOUS INJECTION KIT	ADD TO FORMULARY	PA, QL - 1 per 21 days
8/1/2024	OJEMDA	100MG	TABLET	ADD TO FORMULARY	PA for new starts, QL - 24 per 28 days
8/1/2024	OJEMDA	25MG/ML	SUSPENSION, ORAL	ADD TO FORMULARY	PA for new starts, QL - 2 per day
8/1/2024	XIIDRA	5%	SOLUTION, OPHTHALMIC	ADD TO FORMULARY	QL - 2 per day
8/1/2024	LISDEXAMFETAMINE	10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG	CAPSULE	ADD TO FORMULARY	ST, QL - 2 per day
8/1/2024	DEXMETHYLPHENIDATE HCL	5MG, 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG	CAPSULE ER	ADD TO FORMULARY	QL - 2 per day
8/1/2024	AMPHETAMINE-DEXTROAMPHETAMINE	5MG, 10MG, 15MG, 20MG, 25MG, 30MG	CAPSULE ER	INCREASE QL	QL - 2 per day
8/1/2024	METHYLPHENIDATE	10MG, 40MG, 50MG, 60MG	CAPSULE ER	INCREASE QL	QL - 2 per day

