



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
4/1/2024	Added to Medical Benefit with PA	Adzynma	500IU, 1500IU	Kit	PA Required. See PA criteria document for details.
4/1/2024	Updated PA criteria	Asthma Biologics	various	various	See PA criteria document for details.
4/1/2024	Updated PA criteria	Cabenuva	400-600, 600-900	Susp ER	See PA criteria document for details.
4/1/2024	Added to Medical Benefit with PA	Casgevy		Inj	PA Required. See PA criteria document for details.
4/1/2024	Updated PA criteria	Daybue	200mg/ml	Soln	See PA criteria document for details.
4/1/2024	Added with QL	Dexmethylphenidate	5mg, 10mg, 15mg, 20mg, 25mg, 30mg 35mg, 40mg	Cap ER	Added with quantity limit 2 per day.
4/1/2024	Added with QL	Dextroamphetamine	5mg, 10mg, 15mg	Cap ER	Added with quantity limit 2 per day.
4/1/2024	Added with PA & QL	Fabhalta	200mg	Cap ER	PA Required. See PA criteria document for details. QL 2 per day.
4/1/2024	Updated QL	Generic Adderall XR (amphetamine-dextroamphetamine)	5mg, 10mg, 15mg, 20mg, 25mg,30mg	Cap ER	Updated quantity limit to 2 per day.
4/1/2024	Updated QL	Generic Concerta (methylphenidate)	18mg,27mg,36mg,54mg	Tab ER Osmotic Release	Updated quantity limit to 2 per day.
4/1/2024	Added with QL	Breyna	80-4.5mcg/act, 160-4.5mcg/act	Aero	Added with QL of 0.73 per day.
4/1/2024	Removed PA	Generic Symbicort	80-4.5mcg/act, 160-4.5mcg/act	Aero	

4/1/2024	Added with QL & ST	Generic Vyvanse (lisdexamfetamine dimesylate)	30mg	Cap ER	Added with quantity limit 2 per day. Step Therapy: must try generic adderall XR or dextroamphetamine ER and a long acting methylphenidate product.
4/1/2024	Added to Medical Benefit with PA	iDose TR	75mcg	Implant	PA Required. See PA criteria document for details.
4/1/2024	Added	Insulin aspart	100 Unit/ml	vial, pen	90-day supply available
4/1/2024	Added	Insulin lispro	100 Unit/ml	vial, pen	90-day supply available
4/1/2024	Added with AR	Ixchiq		Inj	Added with age restriction: Covered for ages 19 and older.
4/1/2024	Added with PA & QL	Kalydeco	5.8mg	Packet	PA Required. See PA criteria document for details. QL 2 per day.
4/1/2024	Added to Medical Benefit with PA	Lyfgenia		Inj	PA Required. See PA criteria document for details.
4/1/2024	Added with QL	Methylphenidate	10mg, 20mg, 30mg, 40mg, 50mg, 60mg	Cap ER	Added with quantity limit 2 per day.
4/1/2024	Added with QL	Methylphenidate	10mg, 20mg	Tab ER	Added with quantity limit 2 per day.
4/1/2024	Added with PA & QL	Ogsiveo	50mg	Tab	PA Required. See PA criteria document for details. QL 6 per day.
4/1/2024	Added with PA & QL	OmvoH	100mg/ml	Injection	PA Required. See PA criteria document for details. QL 0.072 per day.
4/1/2024	Added to Medical Benefit with PA	OmvoH	300mg/15ml	Inj	PA Required. See PA criteria document for details.
4/1/2024	Removed Medical Benefit PA	Pemetrexed NOS	100mg, 500mg, 1000mg	Inj	
4/1/2024	Updated PA criteria	Vabysmo	6mg/0.05ml	Inj	Updated PA criteria to include new indication. See PA criteria document for details.