

## 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 Breyza 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

