

## 2023 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
2/1/2023	Jynneos		vaccine	add	
2/1/2023	Venlafaxine	112.5mg	tablet ER	add	QL - 1 tablet per day
2/1/2023	Pirfenidone	534mg	tablet	add	PA, QL - 3 tablets per day
2/1/2023	Gilenya	0.5mg	capsule	delete	brand removal; fingolimod already on formulary
2/1/2023	Vascepa	0.5gm	capsule	delete	brand removal; icosapent already on formulary
2/1/2023	Tazorac	0.1%, 0.05%	gel	delete	brand removal; tazarotene already on formulary
2/1/2023	Daliresp	500mcg	tablet	delete	brand removal; roflumilast already on formulary
2/1/2023	Relyvrio	3gm/1gm	packet	add	PA, QL - 2 packets per day
2/1/2023	Rolvedon	13.2mg/0.6ml	solution prefilled syringe	add	PA
2/1/2023	Flynetra	6mg/0.6ml	solution prefilled syringe	add	PA
2/1/2023	Stimufend	6mg/0.6ml	solution prefilled syringe	add	PA
2/1/2023	Krazati	200mg	tablet	add	PA new starts, QL - 6 tablets per day
2/1/2023	Rezlidhia	150mg	capsule	add	PA new starts, QL - 2 capsules per day
2/1/2023	Velphoro	500mg	tablet chewable	add	ST
2/1/2023	Tadliq	20mg/5ml	suspension	add	PA, QL - 10mls per day
2/1/2023	Clonazepam	0.125mg, 0.25mg, 0.5mg, 1mg, 2mg	orally disintegrating tablet	remove PA	removed PA
2/1/2023	Lansoprazole	15mg, 30mg	orally disintegrating tablet	remove PA	removed PA
2/1/2023	Lubiprostone	8mcg, 24mcg	capsule	remove PA	removed PA

