



# CareOregon®

## 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
4/1/2025	Added with PA & QL	ALYFTREK	4-20-50mg, 10-50-125mg	Tab	PA Required. See PA criteria document for details. QL 4-20-50mg: 3 per day QL 10-50-125mg: 2 per day
4/1/2025	Added with PA & QL	ATTRUBY	356mg	Pak	PA Required. See PA criteria document for details. QL: 4 per day
4/1/2025	Add to Medical Benefit with PA	AURLUMYN	100mcg/ml	Inj	PA Required. See PA criteria document for details.
4/1/2025	Add to Medical Benefit with PA	BIZENGRI	750	Inj	PA Required. See PA criteria document for details.
4/1/2025	Added	CARBAMAZEPINE	200mg	Chew tab	
4/1/2025	Added with PA & QL	CRENESSITY	50mg, 100mg, 50mg/ml	cap, oral soln	PA Required. See PA criteria document for details. QL: 2 per day
4/1/2025	Add to Medical Benefit with PA	DATROWAY	100mg	Inj	PA Required. See PA criteria document for details.
4/1/2025	Add to Medical Benefit with PA	HERCESSI	150mg	Inj	PA Required. See PA criteria document for details.
4/1/2025	Added with PA & QL	HYMPAVZI	150mg/ml	Inj	PA Required. See PA criteria document for details. QL: 0.15ml per day
4/1/2025	Added with PA	KERENDIA	10mg	Tab	PA Required. See PA criteria document for details.
4/1/2025	Added with QL	LACTIC ACID (AMMONIUM LACTATE)	12%	Cream, Lotion	QL: 13 per day
4/1/2025	Added with PA & QL	LUMAKRAS	240mg	Tab	PA Required. See PA criteria document for details. QL: 4 per day.
4/1/2025	Added with PA & QL	NEMLUVIO	30mg	Inj	PA Required. See PA criteria document for details. QL: 0.04 per day.

4/1/2025	Add to Medical Benefit	NYPOZI	300mcg/0.5ml, 480mcg/0.8ml	Prefilled syringe	
4/1/2025	Add to Medical Benefit with PA	OPDIVO QVANTIQ	120mg/2000units	Inj	PA Required. See PA criteria document for details.
4/1/2025	Updated QL	PREGABALIN	25mg, 50mg, 75mg, 100mg 150mg	Cap	Updated QL as follows: 25mg, 50mg, 75mg, 100mg-6 per day 150mg-4 per day
4/1/2025	Removed from formulary	STELARA			
4/1/2025	Removed PA added ST	TOLTERODINE TARTRATE	1mg, 2mg, 2mgER, 4mgER	Tab, extended release cap	Step-therapy required with oxybutynin or solifenacin.
4/1/2025	Removed PA added ST	TROSPIUM CHLORIDE	20mg	Tab	Step-therapy required with oxybutynin or solifenacin.
4/1/2025	Added with PA & QL	TRYNGOLZA	80mg/0.8ml	Inj	PA Required. See PA criteria document for details. QL: 0.03ml per day
4/1/2025	Add to Medical Benefit with PA	UNLOXYCYT		Inj	PA Required. See PA criteria document for details.
4/1/2025	Added with QL	UREA	20%, 39.5%, 39%, 40%	Cream, Lotion 40% only	QL: 13 per day
4/1/2025	Added with PA & QL	YESINTEK	45MG/0.5, 90MG/ML	Inj	PA Required. See PA criteria document for details. QL: 1 syringe every 3 months, max 84-day supply per fill.
4/1/2025	Added with PA & QL	ZEPBOUND	2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	Vial, auto-injector	PA Required. See PA criteria document for details. QL: 0.08 per day.
4/1/2025	Updated PA criteria	Anti-Alpha-4-Integrin Antibodies (Entyvio, Tysabri)	all	all	Updated criteria to require failure of Yesintek before covering Entyvio for appropriate indications.
4/1/2025	Updated PA criteria	JAK Inhibitors (Xeljanz, Rinvoq)	all	all	Updated criteria to require failure of Yesintek before covering Xeljanz and Rinvoq for appropriate indications.

4/1/2025	Updated PA criteria	Continuous Glucose Monitor	all	all	Clarified initial criteria language for gestational diabetes and updated renewal criteria to allow for approval without requiring documentation of adherence so long as improvement in outcomes can be demonstrated +/- ongoing use of short/intermediate acting insulin.
4/1/2025	Updated PA criteria	GLP-1 for Non-Diabetes Indications	all	all	Added PA criteria for Zepbound for OSA indication (requiring failure/intolerance with CPAP, BMI >30, no diagnosis of T2DM, failure of non-pharmacologic therapy for weight loss).
4/1/2025	Updated PA criteria	Jynarque	all	all	Removed requirement that members have stage 3 CKD. Allow for coverage for other stages of CKD so long as eGFR is high enough.
4/1/2025	Updated PA criteria	Urinary Anticholinergics	all	all	Updated criteria to add solifenacin to step therapy option for coverage of tolterodine IR/ER and trospium IR.