



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
6/1/2025	Added with PA & QL	PREVYMIS	20MG	PAK	PA Required. See PA criteria document for details. QL 4 per day.
6/1/2025	Added with PA & QL	PREVYMIS	120MG	PAK	PA Required. See PA criteria document for details. QL 4 per day.
6/1/2025	Added with PA & QL	SIMLANDI	20/0.2ML	KIT	PA Required. See PA criteria document for details. QL 0.014 per day.
6/1/2025	Added with PA & QL	SIMLANDI	80/0.8ML	KIT	PA Required. See PA criteria document for details. QL 0.058 per day.
6/1/2025	PA Removed	RABEPRAZOLE SODIUM EC	20MG	TAB	
6/1/2025	PA Removed	LANSOPRAZOLE DR	15MG	CAP	
6/1/2025	PA Removed	LANSOPRAZOLE DR	30MG	CAP	
6/1/2025	Added to compound list	LANSOPRAZOLE DR	15MG	CAP	
6/1/2025	Added to compound list	LANSOPRAZOLE DR	30MG	CAP	
6/1/2025	Added with PA & QL	TURALIO	125MG	CAP	PA Required. See PA criteria document for details. QL 4 per day.
6/1/2025	Added with PA & QL	ROMVIMZA	20MG	CAP	PA Required. See PA criteria document for details. QL 0.29 per day.
6/1/2025	Added with PA & QL	ROMVIMZA	14MG	CAP	PA Required. See PA criteria document for details. QL 0.29 per day.
6/1/2025	Added with PA & QL	ROMVIMZA	30MG	CAP	PA Required. See PA criteria document for details. QL 0.29 per day.
6/1/2025	Added with AR & QL	MIRABEGRON ER	25MG	TAB	AR 64< and QL MDD 1
6/1/2025	Added with AR & QL	MIRABEGRON ER	50MG	TAB	AR 64< and QL MDD 1
6/1/2025	Added with PA	NIKTIMVO	22/0.44	INJ	PA Required. See PA criteria document for details.
6/1/2025	Added with PA	NIKTIMVO	9/0.18ML	INJ	PA Required. See PA criteria document for details.
6/1/2025	Added with PA	KEBILIDI		INJ	PA Required. See PA criteria document for details.
6/1/2025	Added with PA	GRAFAPEX	1GM	INJ	PA Required. See PA criteria document for details.
6/1/2025	Added with PA	GRAFAPEX	5MG	INJ	PA Required. See PA criteria document for details.
6/1/2025	Removed PTD QL	ZUBSOLV SUB	11.4-2.9 MG	TAB	
6/1/2025	Removed PTD QL	ZUBSOLV SUB	1.4-0.36 MG	TAB	
6/1/2025	Removed PTD QL	ZUBSOLV SUB	2.9-0.71	TAB	
6/1/2025	Removed PTD QL	ZUBSOLV SUB	5.7-1.4	TAB	
6/1/2025	Removed PTD QL	ZUBSOLV SUB	8.6-2.1	TAB	