



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
8/1/2025	Removed from formulary	AMPHOTERICIN B	50MG	IV SOLN	
8/1/2025	Added with PA & QL	AUGTYRO	160MG	CAP	PA Required. See PA criteria document for details. QL 2 per day.
8/1/2025	Added QL	AUGTYRO	40MG	CAP	Added QL 8 per day; PA Required. See PA criteria document for details
8/1/2025	Added with PA & QL	AVMAPKI PAK FAKZYNJA	0.8MG-200MG	THERAPY PACK	PA Required. See PA criteria document for details. QL 66 per 28 days.
8/1/2025	Add to the Medical Benefit with PA Required	BKEMV	300MG/30ML	INJ	PA Required. See PA criteria document for details.
8/1/2025	Added with PA & QL	BOSULIF	50MG, 100MG	CAP	PA Required. See PA criteria document for details. QL 50MG: 1 per day QL 100MG: 3 per day
8/1/2025	Added	CICLOPIROX OLAMINE	0.77%	CREAM	
8/1/2025	Added with PA & QL	CTEXLI	250MG	TAB	PA Required. See PA criteria document for details. QL 3 per day
8/1/2025	Add to the Medical Benefit with PA Required	EMRELIS	20MG, 100MG	INJ	PA Required. See PA criteria document for details.
8/1/2025	Add to the Medical Benefit with PA Required	ENCELTO		IMPLANT	PA Required. See PA criteria document for details.
8/1/2025	Added with PA & QL	ENSACOVE	25MG, 100MG	CAP	PA Required. See PA criteria document for details. QL 2 per day
8/1/2025	Add to the Medical Benefit with PA Required	EPYSQLI	300MG/30ML	INJ	PA Required. See PA criteria document for details.

8/1/2025	Added QL	FLUCYTOSINE	250MG	CAP	Added QL of 4 per day
8/1/2025	Added with PA & QL	GOMEKLI	1MG, 2MG	CAP, TAB	PA Required. See PA criteria document for details. QL 4 per day
8/1/2025	Removed PA and AR	GRISEOFULVIN	125MG/5ML	SUSP	
8/1/2025	Added with PA & QL	IBTROZI	200MG	CAP	PA Required. See PA criteria document for details. QL 3 per day
8/1/2025	Added AR	ITRACONAZOLE	10MG/ML	ORAL SOLUTION	Add age restriction covered for members ages 12 and younger
8/1/2025	Removed QL	KETOCONAZOLE	2%	CREAM	
8/1/2025	Removed from formulary	MICONAZOLE		POWDER	
8/1/2025	Added	MICONAZOLE	2%	POWDER	
8/1/2025	Removed from formulary	NOXAFIL	300MG	PAK	
8/1/2025	Removed from formulary	NYSTATIN		BULK POWDER	
8/1/2025	Removed QL	NYSTATIN-TRIAMCINOLONE	100000-0.1 UNIT/GM-%	CREAM	
8/1/2025	Removed QL	NYSTATIN-TRIAMCINOLONE	100000-0.1 UNIT/GM-%	OINTMENT	
8/1/2025	Added with PA & QL	OGSIVEO	100MG, 150MG	TAB	PA Required. See PA criteria document for details. QL 2 per day.
8/1/2025	Add to the Medical Benefit with PA Required	ONAPGO	98MG/20ML	INJ	PA Required. See PA criteria document for details.
8/1/2025	Add to the Medical Benefit with PA Required	PENPULIMAB-KCQX		INJ	PA Required. See PA criteria document for details.
8/1/2025	Add to the Medical Benefit with PA Required	QFITLIA	20MG/0.2ML, 50MG/0.5ML	INJ	PA Required. See PA criteria document for details.
8/1/2025	Add to the Medical Benefit with PA Required	RAPIBLYK	280MG	INJ	PA Required. See PA criteria document for details.
8/1/2025	Added with PA & QL	RUBRACA	250MG	TAB	PA Required. See PA criteria document for details. QL 4 per day
8/1/2025	Add to the Medical Benefit with PA Required	RYONCIL	various	KIT	PA Required. See PA criteria document for details.
8/1/2025	Added	TERBINAFINE	1%	CREAM	

8/1/2025	Added with AR	VIMKUNYA	40MG/0.8ML	INJ	Added with age restriction covered for members ages 12 and older
8/1/2025	Added QL	VORICONAZOLE	50MG	TAB	Added QL of 6 per day
8/1/2025	Added AR	VORICONAZOLE	40MG/ML	SOLN	Add age restriction covered for members ages 12 and younger
8/1/2025	Removed from formulary	VORICONAZOLE	200MG	INJ	
8/1/2025	Add to the Medical Benefit with PA Required	VYLOY	100MG, 300MG	INJ	PA Required. See PA criteria document for details.
8/1/2025	Added with AR	XROMI	100MG/ML	SOLN	Added with age restriction covered for members ages 2 and younger
8/1/2025	Updated PA criteria	Anti-VEGF	all	all	overhauled PA criteria to prefer lowest cost options first, making Eylea one of the last options whereas all options had parity prior to this change
8/1/2025	Updated PA criteria	Antifungals	all	all	consolidated criteria sets into a single set instead of individual criteria for various products
8/1/2025	Updated PA criteria	Prolia	all	all	added renewal criteria which was missing from before