



## 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
12/1/2025	Added with AR	PENMENVY		INJ	AR 19-25 years
12/1/2025	Update AR	PENBRAYA		INJ	AR Max Age 25 years
12/1/2025	Added with PA	KOSELUGO	5MG, 7.5MG	CAP	PA required. Rare condition's policy.
12/1/2025	Removed from Formulary	ELIGARD	22.5MG	INJ	
12/1/2025	Added with PA and QL	DOPTELET SPR	10MG	CAP	QL 1 per day. PA required. Requires confirmation of diagnosis and use consistent with FDA labeling.
12/1/2025	Added with QL	PREZCOBIX	675/150	TAB	QL 1 per day
12/1/2025	Added with PA and QL	ANDEMBRY	200/1.2	INJ	QL 0.04 per day. PA Required. Requires use consistent with FDA labeling.
12/1/2025	Added with PA	ICATIBANT ACETATE	30MG/3ML	INJ	PA Required. Requires use consistent with FDA labeling.
12/1/2025	Added with PA and QL	INLURIYO	200MG	TAB	QL 2 per day. PA Required. Oncology PA criteria (NCCN supported use or FDA indicated).
12/1/2025	Added with QL	FOSFOMYCIN TROMETHAMINE	3GM	Pow	QL 3gms per 30 days
12/1/2025	Added with PA	SEPHIENCE	250MG, 1000MG	PAK	PA required. Requires use consistent with FDA labeling and failure of Kuvan and Palynziq.
12/1/2025	Added with PA and QL	QULIPTA	10MG, 30MG, 60MG	TAB	QL 1 per day. PA required. Requires failure of 3 preventative drug classes, Botox, Aimovig, Ajoovy, and Emgality.
12/1/2025	Added with QL	RAMELTEON	8MG	TAB	QL 1 per day
12/1/2025	Added PA	LEUCOVORIN CALCIUM	5 MG, 10MG, 15MG, 25MG	TAB	
12/1/2025	Add to the Medical Benefit with PA Required	Keytruda Qlex	various	SOLN	PA Required. Oncology PA criteria (NCCN supported use or FDA indicated).

12/1/2025	Add to the Medical Benefit with PA Required	BEIZRAY	various	SOLN	PA Required. Oncology PA criteria (NCCN supported use or FDA indicated).	
12/1/2025	Add to the Medical Benefit with PA Required	Inlexzo	various	SOLN	PA Required. Oncology PA criteria (NCCN supported use or FDA indicated).	

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