



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
2/1/2025	Added with PA	AQNEURSA	30MG	POW	PA Required. See PA criteria document for details.
2/1/2025	Added with PA	DANZITEN	71MG	TAB	PA Required. See PA criteria document for details.
2/1/2025	Added with PA & QL	DANZITEN	95MG	TAB	PA Required. See PA criteria document for details. QL MDD 4
2/1/2025	Added with PA	MIPLYFFA	62MG	CAP	PA Required. See PA criteria document for details.
2/1/2025	Added with PA	MIPLYFFA	124MG	CAP	PA Required. See PA criteria document for details.
2/1/2025	Added with PA	MIPLYFFA	47MG	CAP	PA Required. See PA criteria document for details.
2/1/2025	Added with PA	MIPLYFFA	93MG	CAP	PA Required. See PA criteria document for details.
2/1/2025	Added with PA & QL	ITOVEBI	3MG	TAB	PA Required. See PA criteria document for details. QL MDD 1
2/1/2025	Added with PA & QL	ITOVEBI	9MG	TAB	PA Required. See PA criteria document for details. QL MDD 2
2/1/2025	Added with PA & QL	REVUFORJ	110MG	TAB	PA Required. See PA criteria document for details. QL MDD 2
2/1/2025	AR Updated	ACYCLOVIR	200MG	SUS	Updated AR <12
2/1/2025	Remove QL	OSELTAMIVIR	30MG	CAP	
2/1/2025	Remove QL	OSELTAMIVIR	45MG	CAP	
2/1/2025	Remove QL	OSELTAMIVIR	75MG	CAP	
2/1/2025	Remove QL	OSELTAMIVIR	6MG/ML	SUS	
2/1/2025	Added	AUDENZ		INJ	
2/1/2025	Added with PA & QL	VELTASSA	1GM	POW	PA Required. See PA criteria document for details. QL MDD 4
2/1/2025	Added with PA & QL	SCEMBLIX	20MG	TAB	PA Required. See PA criteria document for details. QL MDD 2
2/1/2025	Added with PA & QL	SCEMBLIX	40MG	TAB	PA Required. See PA criteria document for details. QL MDD 2
2/1/2025	Added with PA & QL	SCEMBLIX	100MG	TAB	PA Required. See PA criteria document for details. QL MDD 4
2/1/2025	Added	BENZOYL PEROXIDE	1/0/1900	LOT	
2/1/2025	Added	BENZOYL PEROXIDE	1/0/1900	LOT	
2/1/2025	Added	DOXYCYCLINE HYCLATE	20MG	TAB	
2/1/2025	Added	NONOXYNOL-9	1/0/1900	GEL	
2/1/2025	Remove PA	ADAPALENE-BENZOYL	0.1-2.5%	GEL	
2/1/2025	Added to Medical Benefit with PA	Pavblu		INJ	PA Required. See PA criteria document for details.
2/1/2025	Added to Medical Benefit with PA	Aucatzyl		INJ	PA Required. See PA criteria document for details.
2/1/2025	Added to Medical Benefit with PA	Ocrevus Zunovo		INJ	PA Required. See PA criteria document for details.