



## 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
10/1/2025	Added with PA & QL	BRUKINSA	160MG	TAB	PA Required. See PA criteria document for details. QL: 2 per day
10/8/2025	Added with AR	COMIRNATY	30MCG/0.3ML	INJ	Covered for members 12 and older
10/8/2025	Added with AR	COMIRNATY 5-11	10MCG/0.3ML	INJ	Covered for members ages 7-11; ages younger than 7 covered by VFC
10/1/2025	Added with QL	EDURANT PED	2.5MG	TAB	QL: 6 per day
10/1/2025	Updated QL	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE (generic Truvada)		TAB	Updated QL to 2 per day
10/1/2025	Added to Medical Benefit	ENFLONSI	105/0.7ML	INJ	
10/1/2025	Added with PA & QL	HERNEXEOS	60MG	TAB	PA Required. See PA criteria document for details. QL 3 per day
10/1/2025	Added to Medical Benefit with PA	IMAAVY		INJ	PA Required. See PA criteria document for details.
10/1/2025	Added to the Medical Benefit with PA	IMULDOSA	130MG/26ML	INJ	PA Required. See PA criteria document for details.
10/1/2025	Added to Medical Benefit with PA	JOBEVNE		INJ	PA Required. See PA criteria document for details.
10/1/2025	Added to Medical Benefit with PA	JUBBONTI	60MG/ML	INJ	PA Required. See PA criteria document for details.
10/1/2025	Added Step-Therapy	LIRAGLUTIDE	18MG/3ML	PEN-INJECTOR	ST required with alogliptan, Steglatro, Segluromet, Farxiga, or Xigduo XR.
10/1/2025	Added with PA & QL	LIVMARLI	10MG, 15MG, 20MG, 30MG	TAB	PA Required. See PA criteria document for details. QL: 10mg, 15mg, 20mg 21 per day; 30mg 1 per day
10/1/2025	Added to Medical Benefit with PA	LYNOZYFIC		INJ	PA Required. See PA criteria document for details.
10/1/2025	Added to Medical Benefit	MIUDELLA		COPPER IUD	

10/8/2025	Added with AR	MNEXSPIKE	10MCG/0.2ML	INJ	Covered for members ages 12 and older.
10/1/2025	Added with PA & QL	MODEYSO	125MG	CAP	PA Required. See PA criteria document for details. QL 20 per 28 days.
10/1/2025	Updated age restriction	MRESVIA	50MCG	INJ	Removed > 60 age requirement, added age restriction ages 19 and younger covered by VFC.
10/8/2025	Added with AR	NUVAXOVID	5MCG/0.5ML	INJ	Covered for ages 12 and older
10/1/2025	Added to Medical Benefit with PA	RYZNEUTA		INJ	PA Required. See PA criteria document for details.
10/8/2025	Added with AR	SPIKEVAX 2025-26	50MCG/0.5ML	INJ	Covered for members age 12 and older.
10/8/2025	Added with AR	SPIKEVAX 6-11	25MCG/0.25ML	INJ	Covered for members ages 7-11; ages younger than 7 covered by VFC
10/1/2025	Added with PA & QL	VANRAFIA	0.75MG	TAB	PA Required. See PA criteria document for details. QL 1 per day
10/1/2025	Added with PA & QL	VYKAT XR	25MG, 75MG, 150MG	TAB	PA Required. See PA criteria document for details. QL: 150MG 1 per day, 75MG 2 per day, 25MG 3 per day
10/1/2025	Added with PA & QL	VYVGART HYTRULO		INJ	PA Required. See PA criteria document for details. QL: 20mls per 28 days
10/1/2025	Added to Medical Benefit with PA	WYOST	120MG/1.7ML	INJ	PA Required. See PA criteria document for details.
10/1/2025	Added with PA & QL	YUTREPIA	26.5MCG, 53MCG, 79.5MCG, 106MCG	CAP	PA Required. See PA criteria document for details. QL: 5 per day
10/1/2025	Added to Medical Benefit with PA	ZEVASKYN		INJ	PA Required. See PA criteria document for details.
10/1/2025	Added to Medical Benefit with PA	ZEVTERA		INJ	PA Required. See PA criteria document for details.
10/1/2025	Added to Medical Benefit with PA	ZUSDURI			PA Required. See PA criteria document for details.
10/1/2025	Updated PA criteria	Continuous glucose monitors			Updated initial PA criteria to allow for lifetime auths for members with type 1 diabetes; Updated renewal criteria to allow for other measures of glucose improvement besides A1C.

10/1/2025	Updated PA criteria	GLP-1			Created separate PA criteria sets for OSA + T2DM and T2DM (with or without CKD/ASCVD)
10/1/2025	Updated PA criteria	OSA + T2DM			Added renewal criteria that allows for renewal based on improvement in OSA OR T2DM; Pathway designed to follow T2DM criteria set if OSA criteria are not met-either reduction improvement in OSA/BMI or recent A1C%
10/1/2025	Updated PA criteria	T2DM			Liraglutide now available with step-therapy (separate PA criteria set)- Step off SGLT2 or DPP4; Liraglutide required before covering other GLP-1's for all T2DM indications including ASCVD, CKD, OSA; Liraglutide has lifetime auth duration; Clarified trial/failure of oral alts; Removed A1C% reduction requirement on renewal; Extended initial approval duration to 12 months
10/1/2025	Updated PA criteria	Isotretinoin			Updated initial approval period to 12 months
10/1/2025	Updated PA criteria	GnRH Agonists			Removed question in gender dysphoria criteria set asking about 2 year duration of sex hormones
10/1/2025	Updated PA criteria	Neonatal FcRN Antagonist Criteria			Added Imaavy to criteria set (new drug)
10/1/2025	Updated PA criteria	Dupixent and Nucala			Updated criteria to include new indications for COPD