

2025 CareOregon Advantage Part D Formulary Changes



Abbreviations: AGE = Age Restriction; PA = Prior Authorization Required; QL = Quantity Limit; ST = Step Therapy Required; LD = Limited Distribution; BvD = Must determine if covered under Parts B or D; NA = Not Applicable

EFFECTIVE DATE	DRUG NAME	STRENGTH	DOSAGE FORM	TYPE OF CHANGE	UTILIZATION RESTRICTIONS
01/01/2025	TECENTRIQ HYBREZA	1875-30000MG-UNIT/15ML	SOLUTION, SUBCUTANEOUS	ADD TO FORMULARY	PA new starts
02/01/2025	AQNEURSA POW 1GM	1GM	SUSPENSION PACKET, ORAL	ADD TO FORMULARY	PA
02/01/2025	MIPLYFFA CAP 124MG	47MG, 62MG, 93MG, 124MG	CAPSULE	ADD TO FORMULARY	PA, QL - 3 per day
02/01/2025	TRYVIO TAB 12.5MG	12.5MG	TABLET	ADD TO FORMULARY	PA, QL - 1 per day
02/01/2025	YORVIPATH INJ 168/0.56	168MG/0.56ML	SOLUTION, PEN INJECTION	ADD TO FORMULARY	PA, QL - 1.12ml per 28 days
02/01/2025	YORVIPATH INJ 294/0.98	294MG/0.98ML	SOLUTION, PEN INJECTION	ADD TO FORMULARY	PA, QL - 1.96ml per 28 days
02/01/2025	YORVIPATH INJ 420/1.4	420MG/1.4ML	SOLUTION, PEN INJECTION	ADD TO FORMULARY	PA, QL - 2.8ml per 28 days
02/01/2025	IMKELDI SOL 80MG/ML	80MG/ML	SOLUTION, ORAL	ADD TO FORMULARY	PA new starts
02/01/2025	REVUFORJ TAB 110MG	110MG, 160MG	TABLET	ADD TO FORMULARY	PA new starts, QL - 2 per day
02/01/2025	OCREVUS INJ ZUNOVO	920-23000MG-UNIT/23ML	SOLUTION, SUBCUTANEOUS	ADD TO FORMULARY	PA, QL - 23ml per 180 days
02/01/2025	VELTASSA POW 1GM	1GM	PACKET, ORAL	ADD TO FORMULARY	PA, QL - 4 per day
04/01/2025	ALYFTREK TAB	125MG-50MG-10MG	TABLET	ADD TO FORMULARY	PA, QL - 2 per day
04/01/2025	ALYFTREK TAB	50MG-20MG-4MG	TABLET	ADD TO FORMULARY	PA, QL - 3 per day
04/01/2025	ATTRUBY	356MG	TABLET THERAPY PACK	ADD TO FORMULARY	PA, QL - 4 per day
04/01/2025	CRENESSITY	50MG, 100MG	CAPSULE	ADD TO FORMULARY	PA, QL - 2 per day
04/01/2025	TRYNGOLZA	80MG/0.8ML	SOLUTION, AUTO-INJECTOR	ADD TO FORMULARY	QL - 0.80ml per 28 days
04/01/2025	ZEPBOUND	2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML	SOLUTION	ADD TO FORMULARY	PA, QL - 2ml per 28 days

04/01/2025	ZEPBOUND	2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	SOLUTION, AUTO-INJECTOR	ADD TO FORMULARY	PA, QL - 2ml per 28 days
04/01/2025	PREGABALIN	25MG, 50MG, 75MG, 100MG, 150MG, 200MG, 225MG, 300MG	CAPSULE	REMOVE QL	
04/01/2025	OPIPZA MIS 2MG	2MG	FILM, ORAL	ADD TO FORMULARY	PA New Starts, QL - 1 per day
04/01/2025	OPIPZA MIS 5MG	5MG	FILM, ORAL	ADD TO FORMULARY	PA New Starts, QL - 3 per day
04/01/2025	OPIPZA MIS 10MG	10MG	FILM, ORAL	ADD TO FORMULARY	PA New Starts, QL - 3 per day
04/01/2025	MESNA	400MG	TABLET	REMOVE FROM FORMULARY	Brand removal; generic mesnex already on formulary
04/01/2025	MOTTEGRITY	1MG, 2MG	TABLET	REMOVE FROM FORMULARY	Brand removal; generic prucalopride already on formulary
04/01/2025	STELARA	90MG/ML, 45MG/0.5ML, 130MG/26ML	SOLUTION	REMOVE FROM FORMULARY	Brand removal; preferred biosimilar wezlana added to formulary
04/01/2025	WEZLANA	90MG/ML	SOLUTION, PRE-FILLED SYRINGE	ADD TO FORMULARY	PA, QL - 2ml per 56 days
04/01/2025	WEZLANA	45MG/0.5ML	SOLUTION, PRE-FILLED SYRINGE	ADD TO FORMULARY	PA, QL - 1.5ml per 84 days
04/01/2025	WEZLANA	45MG/0.5ML	SOLUTION, SC	ADD TO FORMULARY	PA, QL - 1.5ml per 84 days
04/01/2025	WEZLANA	130MG/26ML	SOLUTION, IV	ADD TO FORMULARY	PA, QL - 104ML per 180 days
05/01/2025	STEQEYMA	45MG/0.5ML	SOLUTION, PRE-FILLED SYRINGE	ADD TO FORMULARY	PA, QL - 1.5ml per 84 days
05/01/2025	STEQEYMA	90MG/ML	SOLUTION, PRE-FILLED SYRINGE	ADD TO FORMULARY	PA, QL - 2ml per 56 days