



### 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
6/1/2024	Removed from formulary	THERANATAL MIS COMPLET		PAK	Removed from formulary. Current users will be grandfathered for lifetime.
6/1/2024	Removed from formulary	SE-NATAL 19 TAB		TAB	Removed from formulary. Current users will be grandfathered for lifetime.
6/1/2024	Added to formulary	FILSUVEZ	10%	GEL	PA Required. See PA criteria document for details
6/1/2024	Added to formulary with PA QL	RIVFLOZA	160MG/ML	INJ	PA Required. See PA criteria document for details. QL: 0.036 per day
6/1/2024	Added to formulary with PA QL	RIVFLOZA	128/0.8MG/ML	INJ	PA Required. See PA criteria document for details. QL: 0.036 per day
6/1/2024	Added to formulary with PA QL	RIVFLOZA	80/0.5Mg/ML	INJ	PA Required. See PA criteria document for details. QL: 0.036 per day
6/1/2024	Added to formulary with PA QL	ZILBRYSQ	16.6 MG	INJ	PA Required. See PA criteria document for details. QL: 0.81ML per day
6/1/2024	Added to formulary with PA QL	ZILBRYSQ	23 MG	INJ	PA Required. See PA criteria document for details. QL: 0.81ML per day
6/1/2024	Added to formulary with PA QL	ZILBRYSQ	32.4 MG	INJ	PA Required. See PA criteria document for details. QL: 0.81ML per day
6/1/2024	Removed QL for DS	ENOXAPARIN	300/3ML, 30/0.3 ML, 40/0.4 ML, 60/0.6 ML, 80/0.8 ML, 100MH/ML, 120/0.8ML, 150mg/ML	INJ	Removed QL for 14 DS
6/1/2024	Added to formulary	VANCOMYCIN	750 MG /150 ML, 1250 MG/250 ML, 1750 MG/350 ML	INJ	
6/1/2024	Added to formulary	CEFEPIME	2 GM	INJ	
6/1/2024	Added to formulary with AR	PENBRAYA		INJ	AR >19
6/1/2024	Added PA	TRUQAP	160 MG	TAB	PA Required. See PA criteria document for details.
6/1/2024	Added PA	TRUQAP	200 MG	TAB	PA Required. See PA criteria document for details.
6/1/2024	Added to the Medical Benefit with PA	WAINUA	45/0.8ML	INJ	PA Required. See PA criteria document for details.
6/1/2024	Added to the Medical Benefit with PA	TEVIMBRA		INJ	PA Required. See PA criteria document for details.
6/1/2024	Removed PA on Medical Benefit	XERAVA		INJ	PA Removed.
6/1/2024	Removed PA on Medical Benefit	XENLETA		INJ	PA Removed.
6/1/2024	Updated PA criteria	TOLVAPTAN		TAB	See PA criteria document for details.
6/1/2024	Updated PA criteria	DUPIXENT		INJ	See PA criteria document for details.
6/1/2024	Updated PA criteria	XOLAIR		INJ	See PA criteria document for details.
6/1/2024	Updated PA criteria	COMPLETE INHIBITORS		ALL	See PA criteria document for details.
6/1/2024	Removed QL	BUDESONIDE	3MG DR	CAP	QL removed.