



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
8/1/2024	Added to Medical Benefit with PA Required	ALYGLO	100mg/ml	IV SOLN	PA Required. See PA criteria document for details.
8/1/2024	Added with QL	AMLODIPINE BESYLATE-BENAZEPRIL	2.5-10MG, 5-10MG, 5-20MG, 5-40MG, 10-20MG, 10-40MG	CAP	QL 1 per day
8/1/2024	Added to Medical Benefit	ANKTIVA	400 MCG	SOLN	PA Required. See PA criteria document for details.
8/1/2024	Added with Step Therapy	BIMATOPROST	0.03%	OPHTH SOLN	Step Therapy required with latanoprost sol 0.005%
8/1/2024	Removed	BRIMONIDINE	0.15%	OPHTH SOLN	Removed from formulary. Current users grandfathered for lifetime.
8/1/2024	Added with PA & QL	GRASTEK	2800 BAU	SUBLINGUAL TAB	PA Required. See PA criteria document for details. QL 1 per day
8/1/2024	Added to Medical Benefit with PA Required	LENMELDY		IV SOLN	PA Required. See PA criteria document for details.
8/1/2024	Added with PA & QL	LIVMARLI	9.5MG/ML	ORAL SOLN	PA Required. See PA criteria document for details. QL 4ml per day
8/1/2024	Added with PA & QL	ODACTRA		SUBLINGUAL TAB	PA Required. See PA criteria document for details. QL 1 per day

8/1/2024	Added with PA & QL	OJEMDA	100MG, 25MG/ML	TAB, SUSP	PA Required. See PA criteria document for details. QL 100mg tab: 0.86 per day QL 25mg/ml susp: 2ml per day
8/1/2024	Added with QL	OPILL	0.075MG	TAB	QL 1 per day, 90-day supply available.
8/1/2024	Added with PA & QL	ORALAIR	300 IR	SUBLINGUAL TAB	PA Required. See PA criteria document for details. QL 1 per day
8/1/2024	Added with PA & QL	PRALUENT	75MG/ML, 150MG/ML	AUTO-INJECTOR	PA Required. See PA criteria document for details. QL 0.08 per day
8/1/2024	Added with Age Restriction	PYRIDOSTIGMINE BROMIDE	60MG/5ML	ORAL SOLN	AR < 13
8/1/2024	Removed	QUINAPRIL	5MG, 10MG, 20MG, 40MG	TABS	Removed from formulary. Current users grandfathered for lifetime.
8/1/2024	Added with PA & QL	RAGWITEK		SUBLINGUAL TAB	PA Required. See PA criteria document for details. QL 1 per day
8/1/2024	Removed	RELYVRIO	3-1GM	PAK	Removed from formulary
8/1/2024	Added with PA & QL	REZDIFFRA	60MG, 80MG, 100MG	TAB	PA Required. See PA criteria document for details. QL 1 per day
8/1/2024	Added with QL	RIVIVE	3MG/0.1ML	NASAL SPRAY	QL 4 per fill.
8/1/2024	Added Step Therapy	SEGLUROMET	2.5-500MG, 7.5-1000MG	TAB	ST required with Metformin AND Pioglitazone OR Glipizide, Glyburide, Glimepiride

8/1/2024	Added with PA & QL	SIMLANDI	40MG/0.4ML	AUTO-INJECTOR	PA Required. See PA criteria document for details. QL 0.08 per day
8/1/2024	Added Step Therapy	STEGLATRO	5MG, 15MG	TAB	ST required with Metformin AND Pioglitazone OR Glipizide, Glyburide, Glimepiride
8/1/2024	Added to Medical Benefit with PA Required	TOFIDENCE	80mg/4ml, 200mg/10ml, 400mg/20ml	VIAL	PA Required. See PA criteria document for details.
8/1/2024	Added to Medical Benefit with PA Required	TYENNE	80mg/4ml, 200mg/10ml, 400mg/20ml	VIAL	PA Required. See PA criteria document for details.
8/1/2024	Added	VITAMIN E	200 UNIT, 400 UNIT, 450MG (1000 UNIT), 670 MG (1000 UNIT), 1000 UNIT	TAB, CAP	
8/1/2024	Added with PA & QL	VOYDEYA	50-100MG, 100MG	THERAPY PACK, TAB	PA Required. See PA criteria document for details. QL 6 per day
8/1/2024	Added with PA & QL	WEGOVY	0.25MG, 0.5MG, 1MG, 1.7MG, 2.4MG	AUTO-INJECTOR	PA Required. See PA criteria document for details. QL 0.25mg, 0.5mg, 1mg: 0.08 per day. QL 1.7mg, 2.5mg: 0.11 per day
8/1/2024	Added with PA & QL	WINREVAIR	45MG, 60MG	KIT	PA Required. See PA criteria document for details. QL 0.048 per day
8/1/2024	Added with Step Therapy	ZENPEP	60000UNIT	CAP	Added with ST required with cystic fibrosis agents