

# OHSU Health Services

## Summary of Formulary Changes

Effective Date	Affected Drugs	Description of Change
February 1 <sup>st</sup> , 2025	BD Single Use Swab	<ul style="list-style-type: none"> <li>Add to formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Biothrax Vaccine Vial	<ul style="list-style-type: none"> <li>Remove AR</li> </ul>
February 1 <sup>st</sup> , 2025	Chest Congest Relief 400 Mg Tab	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Doxycycline Mono 75 Mg Tablet	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Duvyzat 8.86 Mg/MI Oral Susp	<ul style="list-style-type: none"> <li>Add PA</li> </ul>
February 1 <sup>st</sup> , 2025	YF-Vax 1 Dose Vial	<ul style="list-style-type: none"> <li>Remove AR</li> </ul>
February 1 <sup>st</sup> , 2025	Vivotif EC Capsule	<ul style="list-style-type: none"> <li>Remove AR</li> </ul>
February 1 <sup>st</sup> , 2025	Actemra 162 Mg/0.9 MI Syringe	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Actemra Actpen 162 Mg/0.9 MI	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Humatrope 12 Mg Cartridge	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Humatrope 24 Mg Cartridge	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Humatrope 5 Mg Vial	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Humatrope 6 Mg Cartridge	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Methylphenidate LA 30 Mg Cap	<ul style="list-style-type: none"> <li>Update QL to 60 / 30 DAYS</li> </ul>
February 1 <sup>st</sup> , 2025	Methylphenidate LA 60 Mg Cap	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>

PA= Prior Authorization; ST= Step Therapy; QL= Quantity Limit; AR= Age Restriction

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February 1 <sup>st</sup> , 2025	Mynatal Capsule	<ul style="list-style-type: none"> <li>Update AR to 13 to 50 years</li> </ul>
February 1 <sup>st</sup> , 2025	Mynatal Plus Captab	<ul style="list-style-type: none"> <li>Update AR to 13 to 50 years</li> </ul>
February 1 <sup>st</sup> , 2025	Mynatal-Z Captab	<ul style="list-style-type: none"> <li>Update AR to 13 to 50 years</li> </ul>
February 1 <sup>st</sup> , 2025	Nutropin AQ NuSpin 10 Injector	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Nutropin AQ NuSpin 20 Injector	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Nutropin AQ NuSpin 5 Injector	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Pirmella 1-35 28 Tablet	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Pirmella 7-7-7-28 Tablet	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	PNV Prenatal Plus Multivitamin Tab	<ul style="list-style-type: none"> <li>Update AR to 13 to 50 years</li> </ul>
February 1 <sup>st</sup> , 2025	Prenatal 19 Chewable Tablet	<ul style="list-style-type: none"> <li>Update AR to 13 to 50 years</li> </ul>
February 1 <sup>st</sup> , 2025	Prenatal Plus Iron Tablet	<ul style="list-style-type: none"> <li>Update AR to 13 to 50 years</li> </ul>
February 1 <sup>st</sup> , 2025	Prenatal-U Capsule	<ul style="list-style-type: none"> <li>Update AR to 13 to 50 years</li> </ul>
February 1 <sup>st</sup> , 2025	SE-Natal 19 Chewable Tablet	<ul style="list-style-type: none"> <li>Update AR to 13 to 50 years</li> </ul>
February 1 <sup>st</sup> , 2025	Therapeutic-M Tablet	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	True Vitamin B-6 10 Mg Tablet	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>

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February 1 <sup>st</sup> , 2025	Victoza 2-Pak 18 Mg/3 MI Pen	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Victoza 3-Pak 18 Mg/3 MI Pen	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Erythromycin 200 Mg/5 MI Susp	<ul style="list-style-type: none"> <li>Add to formulary with PA ages 21+</li> </ul>
February 1 <sup>st</sup> , 2025	Erythromycin 400 Mg/5 MI Susp	<ul style="list-style-type: none"> <li>Add to formulary with PA ages 21+</li> </ul>
February 1 <sup>st</sup> , 2025	Vaxchora Vaccine	<ul style="list-style-type: none"> <li>Remove AR</li> </ul>
February 1 <sup>st</sup> , 2025	Ixiaro 6 Mcg/0.5 MI Syringe	<ul style="list-style-type: none"> <li>Remove AR</li> </ul>
February 1 <sup>st</sup> , 2025	Lazcluze 240 Mg Tablet	<ul style="list-style-type: none"> <li>Add to formulary with PA and QL 30/30 days</li> </ul>
February 1 <sup>st</sup> , 2025	Lazcluze 80 Mg Tablet	<ul style="list-style-type: none"> <li>Add to formulary with PA and QL 60/30 days</li> </ul>
February 1 <sup>st</sup> , 2025	Typhim Vi 25 Mcg/0.5 MI Syringe	<ul style="list-style-type: none"> <li>Remove AR</li> </ul>
February 1 <sup>st</sup> , 2025	Typhim Vi 25 Mcg/0.5 MI Vial	<ul style="list-style-type: none"> <li>Remove AR</li> </ul>
February 1 <sup>st</sup> , 2025	Nitrofurantoin 25 Mg/5 MI Susp	<ul style="list-style-type: none"> <li>Add AR 0-12 years</li> </ul>
February 1 <sup>st</sup> , 2025	Nitrofurantoin 50 Mg/5 MI Susp	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Ohtuvayre 3 Mg/2.5MI Inhalation Susp	<ul style="list-style-type: none"> <li>Add PA</li> </ul>
February 1 <sup>st</sup> , 2025	Prednisolone Acet 1% Eye Drop (PF)	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Promethazine VC-Codeine Solution	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>

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February 1 <sup>st</sup> , 2025	Sulfadiazine 500 Mg Tablet	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Thalomid 150 Mg Capsule	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Thalomid 200 Mg Capsule	<ul style="list-style-type: none"> <li>Remove from formulary</li> </ul>
February 1 <sup>st</sup> , 2025	Voranigo 10 Mg Tablet	<ul style="list-style-type: none"> <li>Add to formulary with PA and QL 60/30 days</li> </ul>
February 1 <sup>st</sup> , 2025	Voranigo 40 Mg Tablet	<ul style="list-style-type: none"> <li>Add to formulary with PA and QL 30/30 days</li> </ul>
February 1 <sup>st</sup> , 2025	Yorvipath 168 Mcg/0.56 MI Pen	<ul style="list-style-type: none"> <li>Add PA</li> </ul>
February 1 <sup>st</sup> , 2025	Yorvipath 294 Mcg/0.98 MI Pen	<ul style="list-style-type: none"> <li>Add PA</li> </ul>
February 1 <sup>st</sup> , 2025	Yorvipath 420 Mcg/1.4 MI Pen	<ul style="list-style-type: none"> <li>Add PA</li> </ul>