



## CareOregon (OHP) Formulary Changes-New Generics

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
5/3/2023	Removed	Iressa	250mg	Tab	Brand removed from formulary; generic available
5/19/2023	Removed	Celontin	300mg	Cap	Brand removed from formulary; generic available
6/2/2023	Removed	Prezista	600mg, 800mg	Tab	Brand removed from formulary; generic available