



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
4/1/2025	Removed	Victoza	18MG/3ML	Inj	Brand removed from formulary; generic available