



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
2/6/2019	Removed	Rapamune	1mg/ml	soln	Brand removed. Generic available
2/11/2019	Removed	Advair Diskus	100/50, 250/50, 500/50	inhaler	Brand removed. Generic available