



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
12/1/2024	Added with PA and QL	ROFLUMILAST	250 MCG	TAB	
12/1/2024	Added with PA and QL	ROFLUMILAST	500 MCG	TAB	
12/1/2024	Added with QL	METRONIDAZOLE	0.75%	CRE	
12/1/2024	Added with QL	METRONIDAZOLE	0.75%	GEL	
12/1/2024	Added with QL	KETOCONAZOLE	2%	CRE	
12/1/2024	Added with QL	IPRATROPIUM	0.03%	SPR	
12/1/2024	Added with QL	AMOXICILLIN	500MG	TAB	
12/1/2024	Added with QL	ADALIMUMAB-ADB	10MG/0.2ML	INJ	
12/1/2024	Added with QL	ADALIMUMAB-ADB	20MG/0.4ML	INJ	
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