



### 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
6/2/22	Removed	Nexavar	200MG	Tab	Brand Removed. Generic available.