



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
8/24/22	Removed	Pradaxa	75MG, 150MG	CAP	Brand removed from formulary; generic available
9/8/22	Removed	Revlimid	2.5MG, 20MG	CAP	Brand removed from formulary; generic available