



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
10/1/2024	Added	CLOBETASOL PROPIONATE	0.05%	SOL	
10/1/2024	Added	FLUOCINONIDE	0.05%	SOL	
10/1/2024	Added	FLUOCIN ACET	0.01%	SOL	
10/1/2024	Added	MOMETASONE FUROATE	0.1%	SOL	
10/1/2024	Added	MYCOPHENOLATE SODIUM		TAB	