



CareOregon (OHP) Formulary Changes

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
2/1/2026	Added with PA & QL	PAZOPANIB	400MG	TAB	PA Required. See PA criteria document for details. QL 2 per day
2/1/2026	Added with PA & QL	OTEZLA XR	75MG	TAB	PA Required. See PA criteria document for details. QL 1 per day
2/1/2026	Added with PA & QL	OTEZLA	PAK	TAB	PA Required. See PA criteria document for details. QL 1 per 180 days
2/1/2026	Added with QL	ZURNAI	1.5/0.5	INJ	QL 4 per day
2/1/2026	Added with PA & QL	LEQEMBI IQLK	360/1.88	INJ	PA Required. See PA criteria document for details. QL 0.26 per day
2/1/2026	Added with AR & QL	ELIQUIS	1.5mg, 2MG	TAB	Added with age restriction covered for members ages 12 and younger
2/1/2026	Added with PA & QL	WAYRILZ	400MG	TAB	PA Required. See PA criteria document for details. QL 2 per day
2/1/2026	Added with PA & QL	BRINSUPRI	10MG, 25MG	TAB	PA Required. See PA criteria document for details. QL 1 per day
2/1/2026	Added with PA & QL	HYRNUO	10MG	TAB	PA Required. See PA criteria document for details. QL 4 per day
2/1/2026	Added with PA & QL	KOMZIFTI	200MG	TAB	PA Required. See PA criteria document for details. QL 3 per day
2/1/2026	Added	COAL TAR SHAMPOO	0.5%	SHAM	
2/1/2026	Added	SALICYLIC ACID	3.0%	SHAM	
2/1/2026	Added	SALICYLIC ACID	3.0%	GEL	
2/1/2026	Added with PA & QL	PIMECROLIMUS	1.0%	CRE	PA Required. See PA criteria document for details. QL 3.34 grams per day
2/1/2026	Added with PA & QL	CRISABOROLE	2.0%	OINT	PA Required. See PA criteria document for details. QL 3.34 grams per day
		ZORYVE			
2/1/2026	Added with PA & QL	ZORYVE		TOP	PA Required. See PA criteria document for details. QL 2 grams per day
2/1/2026	Remove PA	OCTREOTIDE ACETATE	100 MCG/ML (0.1 MG/ML)	INJ	

2/1/2026	Remove PA	OCTREOTIDE ACETATE	1000 MCG/ML (1 MG/ML)	INJ	
2/1/2026	Remove PA	OCTREOTIDE ACETATE SUBCUTANEOUS	100 MCG/ML	INJ	
2/1/2026	Added with PA & QL	DAWNZERA	80 MG/0.8ML	INJ	PA Required. See PA criteria document for details. QL 0.03 per day
2/1/2026	Added with PA & QL	PIRFENIDONE	267MG	CAP	PA Required. See PA criteria document for details. QL 3 per day
2/1/2026	Added with PA & QL	PIRFENIDONE	267 MG, 534MG, 801MG	TAB	PA Required. See PA criteria document for details. QL 3 per day
2/1/2026	Added	MOXIFLOXACIN HCL	0.5%	OPHTH SOLN	
2/1/2026	Added	BETAMETHASONE DIPROPIONATE	0.5%	CREAM	
2/1/2026	Added	BETAMETHASONE DIPROPIONATE	0.5%	OINT	
2/1/2026	Added	CICLOPIROX	8.0%	SOLN	
2/1/2026	Added with QL	AZELAIC ACID GEL 15%	15.0%	GEL	QL 2 per day
2/1/2026	Added	CLINDAMYCIN PHOSPHATE	1.0%	LOT	
2/1/2026	Added	LIDOCAINE HCL GEL 5%	5.0%	GEL	
2/1/2026	Added to Medical Benefit with PA	PAPZIMEOS		INJ	PA Required. See PA criteria document for details
2/1/2026	Added to Medical Benefit with PA	TYSABRI		INJ	PA Required. See PA criteria document for details
2/1/2026	Added to Medical Benefit with PA	YIMMUGO		INJ	PA Required. See PA criteria document for details
2/1/2026	Added to Medical Benefit with PA	LEQEMBI IQLK		INJ	PA Required. See PA criteria document for details
2/1/2026	Added to Medical Benefit with PA	POHERDY		INJ	PA Required. See PA criteria document for details
2/1/2026	Added to Medical Benefit with PA	AVTOZMA		INJ	PA Required. See PA criteria document for details
2/1/2026	Added to Medical Benefit with PA	TYRUKO		INJ	PA Required. See PA criteria document for details
2/1/2026	Removed from Formulary	VEOPOZ			