



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
6/1/2026	Added with PA and QL	AQVESME	100MG	TAB	PA Required. See PA criteria document for details. QL 2 Per day
6/1/2026	Added with PA and QL	CARDAMYST	2 X 70 MG/DOSE	SOLN	PA Required. See PA criteria document for details. QL 2 doses per fill. 6 doses per 365 days
6/1/2026	Added with PA and QL	MYQORZO	5MG, 10MG, 15MG, 20MG	TAB	PA Required. See PA criteria document for details. QL 1 per day
6/1/2026	Added	BISMUTH SUBSALICYLATE CHEW	262 MG	TAB	
6/1/2026	Added with PA and QL	VOQUEZNA	20MG	Duel Pak	PA Required. See PA criteria document for details. QL 8 Per day
6/1/2026	Added with PA and QL	LIFYORLI	125MG		PA Required. See PA criteria document for details. QL 0.65 Per day
6/1/2026	Added with PA and QL	LIFYORLI	150MG		PA Required. See PA criteria document for details. QL 0.97 Per day
6/1/2026	Added with PA and QL	ZEPBOUND KWP	15 MG/0.6ML, 12.5 MG/0.6ML, 10 MG/0.6ML, 7.5 MG/0.6ML, 5 MG/0.6ML, 2.5 MG/0.6ML	KWP	PA Required. See PA criteria document for details. QL 0.086 Per day
6/1/2026	Added with PA and QL	ZEPBOUND	7.5 MG/0.5ML, 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML	INJ	PA Required. See PA criteria document for details. QL 0.072 Per day
6/1/2026	Added with PA and QL	PAXLOVID	6 X 150 MG & 5 X 100 MG PAK	PAK	PA Required. See PA criteria document for details. QL 11 per 30 days
6/1/2026	Added	HYDROXYCHLOROQUINE SULFATE	300MG	TAB	
6/1/2026	Added with PA and QL	XOLAIR	300/2ML	INJ	PA Required. See PA criteria document for details. QL 0.072 Per day
6/1/2026	Added	CEFAZOLIN	2GM/10ML, 3GM/30ML	INJ	
6/1/2026	Removed from Formulary	THEO-24	200MG	CAP	
6/1/2026	Added with PA and QL	SIMLANDI 1PN KIT	80/0.8ML	KIT	PA Required. See PA criteria document for details. QL 0.072 Per day
6/1/2026	PA Removed	PRIFTIN	150MG	TAB	
6/1/2026	Added with PA	*INFANT FOODS		LIQUID**	PA Required. See PA criteria document for details.
6/1/2026	Added with PA	*INFANT FOODS		POWDER**	PA Required. See PA criteria document for details.
6/1/2026	Added	BUTALBITAL-ACETAMINOPHEN	50-300 MG	TAB	
6/1/2026	Added	BUTALBITAL-ACETAMINOPHEN	50-325 MG	TAB	
6/1/2026	Added	ECONAZOLE NITRATE CREAM 1%	1.0%	CREAM	
6/1/2026	Added	FLUCINOLONE ACETONIDE OIL	0.0%	BODY OIL	
6/1/2026	Added	FLUCINOLONE ACETONIDE	0.0%	SCALP OIL	
6/1/2026	Added with QL	ZOLPIDEM TARTRATE	6.25 MG, 12.5 MG	ER TAB	QL 15 per 23 days
6/1/2026	Added with QL	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE	1-5%	GEL	QL 1.7 per day
6/1/2026	Added with QL	ESTRADIOL TD	0.25 MG/0.25GM (0.1%), 0.5 MG/0.5GM (0.1%), 0.75 MG/0.75GM (0.1%), 1 MG/GM (0.1%)	GEL	QL 1 per day
6/1/2026	Added with QL	ESTRADIOL TD	1.25 MG/1.25GM (0.1%)	GEL	QL 1.25 per day
6/1/2026	Remove PA	TESTOSTERONE TD	20.25 MG/ACT (1.62%)	GEL	
6/1/2026	Added with QL	METHYLPHENIDATE HCL	18 MG, 27MG, 36MG, 54MG	TAB	QL 1 per day
6/1/2026	Added to Medical Benefit	Avopof	100mg/5ml	IV INJ	
6/1/2026	Added to Medical Benefit	Rybrevant Faspro	2400-30000MG-UNIT/15ml, 3520-44000MG-UNIT/22ml	SQ INJ	PA Required. See PA criteria document for details.
6/1/2026	Added to Medical Benefit	Favlyxa	250mg/10ml	IV INJ	
6/1/2026	Added to Medical Benefit	Eploxa/Eploxa HD			PA Required. See PA criteria document for details.
6/1/2026	Added to Medical Benefit	Exdensur			PA Required. See PA criteria document for details.
6/1/2026	Added to Medical Benefit	Yartemlea			PB15:F40A Required. See PA criteria document for details.