



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
4/1/2026	Removed annual quantity limit	BUPROPION	150MG	TAB SR	Removed 180 per 365 days quantity limit. QL of 2 per day remains in place.
4/1/2026	Added	DIATRIZOATE	66-10%	SOLN	
4/1/2026	Covered on Medical Benefit	FAMOTIDINE	40MG/10ML, 200MG/50MG	IV SOLN	
4/1/2026	Removed PA	FOSFOMYCIN TROMETHAMINE	3GM	POWDER PAK	
4/1/2026	Added	HUMALOG	100ML	VIAL	
4/1/2026	Added	HUMALOG	100ML, 200ML	PEN INJECTOR	
4/1/2026	Added	HUMALOG	100ML	CARTRIDGE	
4/1/2026	Added	HUMALOG JR	100/ML	PEN INJECTOR	
4/1/2026	Added	HUMALOG MIX	75/25	PEN INJECTOR	
4/1/2026	Added to Medical Benefit with PA	IMAAVY	300MG/1.62ML	IV SOLN	PA Required. See PA criteria document for details
4/1/2026	Updated PA criteria	LEUCOVORIN	ALL	ALL	Updated PA criteria to allow for broader scenarios, but keep focus on specialist for CFD.
4/1/2026	Added to Medical Benefit with PA	LUNSUMIO VELO	5MG/0.5ML, 45MG/ML	SOLN	PA Required. See PA criteria document for details
4/1/2026	Added with PA and QL	LUPRON DEPOT (pediatric kit)	45MG	INJ	PA Required. See PA criteria document for details. QL: 0.006 per day; max 168 day supply per fill.

4/1/2026	Added	MIDAZOLAM	10/0.7ML	INJ	
4/1/2026	Removed from formulary	NICOTROL	10MG/ML	NASAL SPRAY	
4/1/2026	Added	NOVOLOG	MIX 70/30	INJ	
4/1/2026	Added with PA and QL	OMVOH	200/2ML	INJ	PA Required. See PA criteria document for details. QL 0.072 per day.
4/1/2026	Added with PA and QL	ORENITRAM	MONTH 1, MONTH 2, MONTH 3	TAB	PA Required. See PA criteria document for details. QL: 1 titration pack per 365 days
4/1/2026	Added to Medical Benefit with PA	OSPOMYV	60MG/ML	INJ	PA Required. See PA criteria document for details
4/1/2026	Added	PIP/TAZ/NACL	2-0.25GM	IV SOLN	Added to pharmacy benefit; also covered on medical benefit
4/1/2026	Added with PA and QL	REDEMPLO	25/0.5ML	SOLN	PA Required. See PA criteria document for details. QL: 0.006 per day; max 84-day supply
4/1/2026	Added to Medical Benefit with PA	RYBREVANT FASPRO	1600-20000MG-UNIT/10ML	INJ	PA Required. See PA criteria document for details
4/1/2026	Added with AR and QL	SHINGRIX	50/0.5ML	PFS	Added with age restriction covered for members ages 50 and older. Max 2 injections per lifetime.
4/1/2026	Added	SOLU-CORTEF	100MG	INJ	

4/1/2026	Added with PA and QL	STARJEMZA	45/0.5ML, 90MG/ML	INJ	PA Required. See PA criteria document for details. QL: 45/0.5ml-0.006 per day 90mg/ml-0.012 per day Max 84 day supply per fill.
4/1/2026	Added	TAGITOL V	40.0%	SUSP	
4/1/2026	Removed annual quantity limit	VARENICLINE	STARTER PACK, 0.5MG, 1MG	TAB	Removed 180 per 365 days quantity limit. QL of 2 per day remains in place.
4/1/2026	Added with PA and QL	VOYXACT	400/2ML	INJ	PA Required. See PA criteria document for details. QL: 0.072 per day; max 84-day supply
4/1/2026	Added to Medical Benefit with PA	VYKOURA	50MG/ML, 350MG/35ML, 500MG/50ML	SOLN	PA Required. See PA criteria document for details
4/1/2026	Updated PA criteria	WINREVAIR	45MG, 60MG	INJ	Updated PA criteria to expand medications that can be added to include prostacyclin analogue or receptor analog for PAH.
4/1/2026	Added with PA and QL	XPOVIO	80MG (80 MG ONCE WEEKLY)	PAK	PA Required. See PA criteria document for details. QL 0.29mg per day
4/1/2026	Updated AR	XROMI	100MG/ML	SOLN	Updated age restriction to covered for members ages 12 and younger.