

2026 CareOregon Advantage Part D Formulary Changes



Abbreviations: AGE = Age Restriction; PA = Prior Authorization Required; QL = Quantity Limit; ST = Step Therapy Required; LD = Limited Distribution; BvD = Must determine if covered under Parts B or D; NA = Not Applicable

EFFECTIVE DATE	DRUG NAME	STRENGTH	DOSAGE FORM	TYPE OF CHANGE	UTILIZATION RESTRICTIONS
2/1/2026	WAYRILZ	400MG	Tablet	Add to formulary	PA, QL - 2 per day
2/1/2026	DAWNZERA	80/0.8ML	Solution, auto-injector	Add to formulary	PA, QL - 0.8ml per 28 days
2/1/2026	BRINSUPRI	10MG, 25MG	Tablet	Add to formulary	PA, QL - 1 per day
2/1/2026	HYRNUO	10MG	Tablet	Add to formulary	PA for new starts, QL - 4 per day
2/1/2026	RYTARY	23.75MG; 95MG	Capsule	Add to formulary	PA, QL - 12 per day
2/1/2026	RYTARY	36.25MG; 145MG	Capsule	Add to formulary	PA, QL - 9 per day
2/1/2026	RYTARY	48.75MG; 195MG	Capsule	Add to formulary	PA, QL - 12 per day
2/1/2026	RYTARY	61.25MG; 245MG	Capsule	Add to formulary	PA, QL - 10 per day
2/1/2026	PAZOPANIB	200MG	Tablet	Add to formulary	PA for new starts, QL - 4 per day
2/1/2026	PAZOPANIB	400MG	Tablet	Add to formulary	PA for new starts, QL - 2 per day
2/1/2026	OTEZLA/XR	10MG, 20MG, 30MG, 75MG	Tablet, starter pack	Add to formulary	PA, QL 41 per 180 days
2/1/2026	OTEZLA/XR	75MG	Tablet	Add to formulary	PA, QL - 1 per day
2/1/2026	ZURNAI	1.5MG/0.5ML	Solution, auto-injector	Add to formulary	
2/1/2026	ELIQUIS	1.5MG	Tablets for oral suspension pack	Add to formulary	Age max 17 years
2/1/2026	GLYCEROL PHENYLBUTYRATE	1.1GM/ML	Liquid, oral	Add to formulary	PA
2/1/2026	LOMUSTINE	10MG, 40MG, 100MG	Capsule	Add to formulary	
4/1/2026	REDEMPLO	25/0.5ML	Solution, pre-filled syringe	Add to formulary	PA, QL - 0.5ML per 84 days

4/1/2026	VOYXACT	400/2ML	Solution, pre-filled syringe	Add to formulary	PA, QL - 2ML per 28 days
4/1/2026	MIDAZOLAM	10/0.7ML	Solution, auto-injector	Add to formulary	
4/1/2026	ESTRADIOL	0.25MG/0.25GM, 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM	Gel, transdermal	Add to formulary	QL - 1 packet per day
4/1/2026	TADALAFIL	2.5MG	Tablet	Add to formulary	PA, QL - 1 per day
4/1/2026	STOBOCLO	60MG/ML	Solution, pre-filled syringe	Add to formulary	QL - 1 per 180 days
4/1/2026	OSENVELT	120/1.7	Solution, subcutaneous	Add to formulary	PA
4/1/2026	PIP/TAZ/NACL	2-0.25GM	Solution, IV	Add to formulary	
4/1/2026	VRAYLAR	0.5MG, 0.75MG	Capsule	Add to formulary	QL - 1 per day
4/1/2026	XPOVIO	40MG	Tablet, therapy pack	Add to formulary	PA for new starts, QL - 8 per 28 days