2026 CareOregon Advantage Part D Formulary Changes

CareOregon Advantage

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	11.5MG/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, 0.75 MG/0.75GM, 1.25 MG/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
06/01/2026	AQVESME	100MG	Tablets	Add to formulary	PA,QL- 2 per day
06/01/2026	CARDAMYST	70MG	Solution, nasal	Add to formulary	PA,QL- 2 every 30 days
06/01/2026	DAYBUE STIX	5000,6000,8000MG	Packet,oral	Add to formulary	PA,QL-2 per day
06/01/2026	MYQORZO	5,10,15,20 MG	Tablet, oral	Add to formulary	PA,QL-1 per day
06/01/2026	ZYCUBO	2.9 MG	Solution,Subcutaneous	Add to formulary	PA,QL-2 doses per day
08/01/2026	IDVYNSO	100-0.25	Tablet	Add to formulary	QL-1 per day
08/01/2026	KYGEVVI	2GM/2GM	Powder, packet	Add to formulary	PA
08/01/2026	AVTOZMA	162/0.9	Solution, pen*	Add to formulary	PA, QL-3.60 ML per 28 days
08/01/2026	REZENOPY	10MG/0.11ML	Spray	Add to formulary	
08/01/2026	UZEDY	50,75,100,125 MG*	Suspension,pre-filled syringe	Update QL	PA,QL- 1 per 28 days
08/01/2026	EBGLYSS	250/2ML	Solution, subcutaneous	Add to formulary	PA
08/01/2026	TREMFYA	200/20ML	Solution, vial	Add to formulary	PA

08/01/2026	TREMFYA	100MG/ML	Solution, pen	Add to formulary	PA, QL-2 per 56 days
08/01/2026	TREMFYA	200/2ML	Solution, pen	Add to formulary	PA, QL-4 per 28 days
08/01/2026	TREMFYA	100MG/ML	Solution, pre-filled syringe	Add to formulary	PA, QL-2 per 56 days
08/01/2026	TREMFYA	200/2ML	Solution, pre-filled syringe	Add to formulary	PA, QL-4 per 28 days
08/01/2026	AUVELITY	30/105MG		Add to formulary	
09/01/2026	BOSULIF	400 MG	Tablet	Brand removal from formulary	PA
09/01/2026	OPSUMIT	10 MG	Tablet	Brand removal from formulary	PA, QL-1 per day
10/01/2026	DULOXETINE DELAYED RELEASE	80 MG,90 MG, 120 MG	Capsule DR Part	Add to formulary	
10/01/2026	GLIPIZIDE	15 MG	Tablet	Add to formulary	QL-2 per day
10/01/2026	JUXTAPID	2 MG	Capsule	Add to formulary	PA,QL- 2 per day
10/01/2026	NEULASTA	4/0.4ML	Solution	Add to formulary	PA
10/01/2026	BESREMI	500MCG	Soln Pen-inj	Add to formulary	PA for new starts, QL- 1 per 28 days
10/01/2026	JAKAFI XR	11MG, 22 MG, 33 MG, 44 MG, 55 MG	Tablet ER 24HR	Add to formulary	PA for new starts, QL- 1 per day
10/01/2026	OZEMPIC	1.5MG, 4 MG, 9 MG	Tablet	Add to formulary	PA, QL-1 per day
10/01/2026	STEQEYMA	45/0.5ML	Solution	Add to formulary	PA, QL- 3 per 84 days
10/01/2026	WAINUA	45/0.8ML	Soln Auto-inj	Add to formulary	PA, QL-0.8 per 28 days
10/01/2026	CAVHANZA	60MG, 80 MG	Tablet Disintegrating	Add to formulary	PA for new starts, QL- 2 per day
10/01/2026	GRANISOL	2MG/10ML	Solution	Add to formulary	PA, QL- 10 per day
10/01/2026	JIDEYTRO	25MG, 100 MG	Tablet	Add to formulary	PA for new starts, QL- 1 per day
10/01/2026	VEPPANU	100MG, 200 MG	Tablet	Add to formulary	PA for new starts, QL- 1 per day
10/01/2026	AZELAIC ACID	15%	Gel	Add to formulary	
11/01/2026	PRIFTIN	150 MG	Tablet	Brand removal from formulary	
11/01/2026	NUEDEXTA	20-10MG	Capsule	Brand removal from formulary	

Dosage Form Abbreviation in z	RxClaim Meaning	Front Facing Verbage
TBPK	Tab Ther Pack	tablet therapy pack
CAP	Capsule	capsule
SOAJ	Soln Auto-inj	solution, auto-injector