OFFICIAL WEBSITE NOTICE
Posting Date: June 11, 2026

OREGON HEALTH AUTHORITY DIRECTOR'S DECISION ON PHARMACY AND THERAPEUTICS COMMITTEE RECOMMENDATIONS DATED JUNE 11, 2026

I have reviewed the recommendations of the Pharmacy and Therapeutics Committee set out below and have reviewed a staff memo dated June 8, 2026. Based on my review:

The recommendations of the Pharmacy and Therapeutics Committee are approved.

Recommendations with respect to the inclusion of a drug on the Oregon Practitioner-Managed Prescription Drug Plan will be put into place no earlier than 7 days from the date this notice is posted on the website.

Sejal Hathi, MD MBA
Director

6/11/2026
Approval date

A request for reconsideration of this decision to adopt the recommendations of the Drug Use Review / Pharmacy and Therapeutics Committee must be filed with and received by the Director no later than 7 calendar days from the date of this notice. ORS 414.361(6)(b).

RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPEUTICS COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met virtually on Thursday, June 4, 2026. The Committee considered in order of priority: the safety and efficacy of the drugs being considered; the ability of Oregonians to access effective prescription drugs that are appropriate for their clinical conditions; and substantial differences in costs of drugs within the same therapeutic class. Based upon the clinical information presented by staff [i] and all public comment offered,[ii] while considering the impact on people, populations and communities who have been most impacted by historic and contemporary injustices and health inequities including but not limited to Oregon Tribal Nations, American Indian or Alaska Native persons, Hispanic, Latino, Latina, or Latinx persons, Black or African American persons, Asian or Asian American persons, Pacific Islander or Native Hawaiian persons, people with disabilities, people with limited English proficiency, and immigrants and refugees, the Committee makes the following recommendations for Drug Use Review, the Oregon Practitioner-Managed Prescription Drug Plan (PMPDP), or for any other preferred drug list established by the Oregon Health Authority:

Oncology Policy Updates

The Committee recommended adding the following antineoplastic agents recently approved by the U.S. Food and Drug Administration (FDA) to Table 1 in the Oncology Agents prior authorization (PA) criteria: Kitprozy (carfilzomib); Phyrago (dasatinib anhydrous); Zusduri (mitomycin); Lifyorli (relacorilant); and Koselugo (selumetinib).

Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs PA criteria to identify carve-out status and support medically appropriate use of: Kygevvi (doxecitine and doxribtimine); Lynavoy (linerixibat); Otarmeni (lunsotogene parvec); Kresladi (marnetegragene autotemcel); and Avlayah (tividenofusp alfa). The Committee also recommended updating PA renewal criteria to accommodate longer approvals for chronic therapy.

Inhalers for Asthma/COPD Literature Scan

The Committee recommended making no changes to the PMPDP based on a review of clinical evidence. After comparative cost consideration in executive session, the Committee made the following PMPDP recommendations:

DRUG	CHANGE
levalbuterol HFA	Make preferred on the PMPDP
Xopenex HFA	Make preferred on the PMPDP
levalbuterol nebulizer	Make preferred on the PMPDP
Striverdi Respimat	Make preferred on the PMPDP
arformoterol nebulizer	Make preferred on the PMPDP
Serevent Diskus	Make non-preferred on the PMPDP
Dulera	Make non-preferred on the PMPDP
Airduo Respiclick	Make non-preferred on the PMPDP
Bevespi Aerosphere	Make preferred on the PMPDP
budesonide nebulizer	Make preferred on the PMPDP
fluticasone HFA	Make preferred on the PMPDP
beclomethasone dipropionate AER w/ADAP	Make non-preferred on the PMPDP
Pulmicort Flexhaler	Make non-preferred on the PMPDP
Arnuity Ellipta	Make non-preferred on the PMPDP
Qvar Redihaler	Make non-preferred on the PMPDP

Topoisomerase II Inhibitors Class Update with New Drug Evaluation

The Committee recommended making no changes to the PMPDP based on a review of the clinical evidence, to maintain Nuzolvence (zoliflodacin) as non-preferred and subject non-preferred antibiotics to the Non-Preferred Drugs in Select PDL Classes PA criteria. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Zycubo (Copper Histidinate) Orphan Drug Evaluation

The Committee recommended implementing the proposed Copper histidinate (ZYCUBO) PA criteria to verify appropriate diagnosis, monitoring and dosing.

Healthier Oregon Policy Update

The Committee recommended making no changes to the PMPDP based on a review of clinical evidence. After comparative cost consideration in executive session, the Committee made the following PMPDP recommendations:

DRUG	CHANGE
tolnafate cream and powder	Make preferred on the PMPDP
ciclopirox shampoo	Make preferred on the PMPDP
nystatin powder	Make preferred on the PMPDP
nystatin/triamcinolone ointment	Make preferred on the PMPDP
econazole nitrate cream	Make preferred on the PMPDP
terbinafine cream	Make preferred on the PMPDP
butenafine cream	Make preferred on the PMPDP
clotrimazole solution	Make preferred on the PMPDP
diphenoxylate/atropine tablets	Make preferred on the PMPDP
bismuth subsalicylate tablets, chew tabs, and oral suspension	Make preferred on the PMPDP
omeprazole magnesium DR caps	Make preferred on the PMPDP
omeprazole and omeprazole magnesium DR tablets	Make preferred on the PMPDP
omeprazole DR rapid tabs	Make preferred on the PMPDP
esomeprazole magnesium DR tablet	Make preferred on the PMPDP
omeprazole-sodium bicarbonate capsules	Make preferred on the PMPDP
lubiprostone capsule	Make preferred on the PMPDP
prucalopride succinate tablets	Make preferred on the PMPDP
polyethylene glycol 3350 powder packs	Make preferred on the PMPDP
methylcellulose powder	Make preferred on the PMPDP
senna leaf extract chew tabs	Make preferred on the PMPDP
ipratropium bromide nasal spray	Make preferred on the PMPDP
triamcinolone acetonide nasal spray	Make preferred on the PMPDP
fluticasone propionate spray susp	Make preferred on the PMPDP
budesonide spray/pump	Make preferred on the PMPDP
ketotifen fumarate ophthalmic drops	Make preferred on the PMPDP

Benzodiazepines Focused Scan for Catatonia

The Committee recommended making no changes to the PMPDP based on a review of clinical evidence. The Committee also recommended updating the Benzodiazepines PA criteria to align with current evidence for the treatment of catatonia and minimize therapy interruptions for patients with conditions previously approved for long-term use. After comparative cost consideration in executive session the Committee recommended making alprazolam oral disintegrating tablets, alprazolam oral concentrate, and Loreev XR (lorazepam) voluntary non-preferred, and designate all other benzodiazepines preferred on the PMPDP.

Cardamyst (etripamil) New Drug Evaluation

The Committee recommended maintaining etripamil as non-preferred on the PMPDP and implementing the proposed Etripamil (Cardamyst) Nasal Spray PA criteria to ensure clinically appropriate utilization.

Spinal Muscular Atrophy Class Update

The Committee recommended making no changes to the PMPDP based on a review of the clinical evidence and to revise the Spinal Muscular Atrophy Drugs PA criteria to include onasemnogene abeparvovec-brve. After comparative cost consideration in executive session the Committee recommended making Zolgensma (onasemnogene abeparvovec-xioi) and high-dose vials Spinraza (nusinersen, 28 mg and 50 mg) vials non-preferred.

Myasthenia Gravis Drug Effectiveness Review Project Report

The Committee recommended making no changes to the PMPDP based on a review of the clinical evidence and to update the Amifampridine and Efgartigimod PA criteria as proposed. After comparative cost consideration in executive session, the Committee recommended removing PDL status for myasthenia gravis drugs in the Orphan Drugs class (all versions of

eculizumab and zilucoplan) and make Vyvgart Hytrulo (efgartigimod alfa-hyaluronidase-qvfc) non-preferred on the PMPDP.

Loargys (pegzilarginase) Orphan Drug Evaluation

The Committee recommended implementing the proposed Pegzilarginase-nbln (Loargys) Injection PA criteria to ensure use in appropriate FDA-approved populations.

The Committee has made these recommendations to the Oregon Health Authority for approval by the Director of the Oregon Health Authority or their designee.

[i] https://www.orpdl.org/durm/meetings/meetingdocs/2026_06_04/finals/2026_06_04_PnT_Complete.pdf
[ii] https://www.orpdl.org/durm/meetings/meetingdocs/2026_06_04/finals/2026_06_04_WrittenTestimony.pdf