OFFICIAL WEBSITE NOTICE
Posting Date: February 13, 2026

OREGON HEALTH AUTHORITY DIRECTOR'S DECISION ON PHARMACY AND THERAPEUTICS COMMITTEE RECOMMENDATIONS DATED FEBRUARY 9, 2026

I have reviewed the recommendations of the Pharmacy and Therapeutics Committee set out below and have reviewed a staff memo dated February 9, 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

2/12/2026
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, February 5, 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; recommendations from the Mental Health Clinical Advisory Group; 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: Hyrnuo (sevabertinib); and Komzifti (ziftomenib).

Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs PA criteria to support medically appropriate use of: Myqorzo (aficamten); Jascayd (nerandomilast); and Palsonify (paltusotine).

Antidepressant Class Update

The Committee recommended making no changes to the PMPDP based on a review of the clinical evidence and to update the PA criteria to allow for coverage of evidence supported indications for milnacipran. The Committee also recommended making at least one formulation of lithium and buspirone preferred on the PMPDP to facilitate access to a 100-day supply. After comparative cost consideration in executive session, the Committee recommended designating: venlafaxine ER 24-hour tablets; buspirone tablets; lithium carbonate capsules, tablets and ER tablets preferred; and to make lithium citrate solution, and buspirone capsules (Bucapsol) voluntary non-preferred on the PMPDP.

DRUG	CHANGE
venlafaxine ER 24-hour tablets	Make preferred on the PMPDP
buspirone HCl tablets	Make preferred on the PMPDP
lithium carbonate capsules	Make preferred on the PMPDP
lithium carbonate tablets	Make preferred on the PMPDP
lithium carbonate ER tablets	Make preferred on the PMPDP
lithium citrate solution	Make voluntary non-preferred
Bucapsol (buspirone HCl) capsules	Make voluntary non-preferred

Tryngolza (olezarsen) New Drug Evaluation

The Committee recommended designating olezarsen non-preferred in the "Other Dyslipidemia Drugs" class of the PMPDP and implementing the proposed PA criteria for apolipoprotein C-III inhibitors after amending criteria to require consultation with a specialist for indications other than familial chylomicronemia syndrome and to define recent labs to be within the past 6 months.

DRUG	CHANGE
Tryngolza (olezarsen)	Make non-preferred on the PMPDP

Wegovy (semaglutide) PA for Metabolic Dysfunction-Associated Steatohepatitis (MASH)

The Committee recommended updating the Weight Management Drugs PA criteria for Wegovy to ensure appropriate use in metabolic dysfunction-associated steatohepatitis. After consideration of comparative cost in executive session, the Committee recommended removing the requirement to step through Ozempic for patients who do not have diabetes.

Sedatives for Insomnia Class Update

The Committee recommended removing the PA requirement for preferred products to allow up to 4 weeks of short-term use when there is no recent claims history of an opioid or sedative agent and recommended amending the criteria to include brief behavioral treatments as a first-line non-pharmacologic treatment option for insomnia. The Committee also recommended designating one sedative agent that is not from the benzodiazepine or GABA-A receptor agonist class as preferred. After comparative cost consideration in executive session, the Committee recommended making Belsomra (suvorexant) preferred on the PMPDP.

DRUG	CHANGE
Belsomra (suvorexant)	Make preferred on the PMPDP

Medication for Allergies

The Committee recommended making no changes to the PMPDP based on a review of the clinical evidence and to create PDL classes for the “First-generation Oral Antihistamines” and “Ophthalmic Medications for Allergies.” The Committee also recommended removing PA requirements for preferred nasal inhalers in adults and making at least one product preferred without PA in the ophthalmic medications for allergies PDL class. After comparative cost consideration in executive session, the Committee recommended making the following PDL changes:

DRUG	CHANGE
hydroxyzine pamoate capsules	Make preferred on the PMPDP
hydroxyzine tablets	Make preferred on the PMPDP
chlorpheniramine tablets	Make preferred on the PMPDP
cyproheptadine tablets	Make preferred on the PMPDP
cyproheptadine syrup	Make preferred on the PMPDP
diphenhydramine tablets	Make preferred on the PMPDP
diphenhydramine capsules	Make preferred on the PMPDP
diphenhydramine liquid	Make preferred on the PMPDP
All other first generation oral antihistamines	Make non-preferred on the PMPDP
levocetirizine tablets	Make preferred on the PMPDP
desloratadine tablets	Make preferred on the PMPDP
fexofenadine tablets	Make preferred on the PMPDP
cetirizine solution	Make preferred on the PMPDP
azelastine nasal allergy inhaler	Make preferred on the PMPDP
cromolyn ophthalmic drops (legend only)	Make preferred on the PMPDP
azelastine ophthalmic drops (legend only)	Make preferred on the PMPDP
olopatadine ophthalmic drops (legend only)	Make preferred on the PMPDP
All other ophthalmic allergy products	Make non-preferred on the PMPDP

Forzinity (elamipretide) Abbreviated New Drug Evaluation

The Committee recommended implementing the proposed Elamipretide PA criteria to require documentation of genetic testing and supportive care for heart failure.

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_02_05/finals/2026_02_05_PnT_Complete.pdf
[ii] no written testimony was submitted