OFFICIAL WEBSITE NOTICE
Posting Date: August 11, 2026

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

I have reviewed the recommendations of the Pharmacy and Therapeutics Committee set out below and have reviewed a staff memo dated August 11, 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.

Fariborz Pakseresht _____ 8/11/2026

Fariborz Pakseresht
Interim Director

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, August 6, 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: Cavhanza (nilotinib); Decnupaz (pivekimab sunirine-pvzy); Beqalzi (sonrotoclax); and Veppanu (vepdegestrant).

Drugs for Diabetes Literature Scan

The Committee recommended making no changes to the PMPDP based on a review of clinical evidence. The Committee recommended removing PA for preferred SGLT-2 Inhibitors and updating approved indications in Table 1 of

the PA criteria. After comparative cost consideration in executive session, the Committee made the following PMPDP recommendations:

DRUG	CHANGE
Onglyza (saxagliptin)	Make non-preferred on the PMPDP
linagliptin/metformin	Make preferred on the PMPDP
alogliptin	Make preferred on the PMPDP
alogliptin/metformin	Make preferred on the PMPDP
repaglinide	Make preferred on the PMPDP
acarbose	Make preferred on the PMPDP
metformin ER osmotic	Make preferred on the PMPDP
glipizide-metformin	Make preferred on the PMPDP
nateglinide	Make preferred on the PMPDP
glyburide-metformin	Make preferred on the PMPDP
metformin ER gastric	Make preferred on the PMPDP
Jardiance (empagliflozin)	Make non-preferred on the PMPDP
chlorpropamide	Make preferred on the PMPDP
glipizide tablets	Make preferred on the PMPDP
glipizide ER 24 tablets	Make preferred on the PMPDP
micronized glyburide	Make preferred on the PMPDP

Glaucoma Drugs 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 recommended making dorzolamide drops, brimonidine 0.2% drops, and the beta blockers levobunolol and timolol maleate-PF preferred on the PMPDP.

Antianginal 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 recommended: make isosorbide mononitrate ER,

isosorbide dinitrate SL tabs and ranolazine tab ER 12h preferred; and make isosorbide mononitrate IR tablets non-preferred on the PMPDP.

Combination Antihypertensive Drugs, Calcium Channel Blockers and Oral Beta-Blockers Literature Scan

The Committee recommended maintaining Lopressor (metoprolol) oral solution, Sdamlo (amlodipine) oral powder, Conjpro (levamlodipine) tablets, Widaplik (telmisartan/amlodipine/indapamide) tablets, Norliqva (amlodipine) oral solution, Katerzia (amlodipine) oral solution, and Byvalson (nebivolol/valsartan) tablets as non-preferred and to make no other changes to the PMPDP based on review of recent clinical evidence. After comparative cost consideration in executive session, the Committee made the following recommendations:

DRUG	CHANGE
sotalol	Make preferred on the PMPDP
nebivolol	Make preferred on the PMPDP
bisoprolol	Make preferred on the PMPDP
felodipine	Make preferred on the PMPDP
diltiazem 24-hour ER (LA)	Make preferred on the PMPDP
nifedipine capsules	Make preferred on the PMPDP
nimodipine capsules	Make preferred on the PMPDP
NIMOTOP capsules	Make non-preferred on the PMPDP
nimodipine solution	Make non-preferred on the PMPDP
valsartan-HCTZ	Make preferred on the PMPDP
amlodipine-benazepril	Make preferred on the PMPDP
irbesartan-HCTZ	Make preferred on the PMPDP
bisoprolol-HCTZ	Make preferred on the PMPDP
atenolol-chlorthalidone	Make preferred on the PMPDP
amlodipine-valsartan	Make preferred on the PMPDP
candesartan-HCTZ	Make preferred on the PMPDP

Topical Steroids 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
generic hydrocortisone rectal products	Make preferred on the PMPDP
hydrocortisone-aloe cream	Make preferred on the PMPDP
clobetasol shampoo, emollient cream, gel and foam	Make preferred on the PMPDP
hydrocortisone lotion	Make preferred on the PMPDP
fluticasone cream and ointment	Make preferred on the PMPDP
desonide lotion	Make preferred on the PMPDP
betamethasone valerate lotion	Make preferred on the PMPDP
betamethasone ointment and foam	Make preferred on the PMPDP
betamethasone pg ointment	Make preferred on the PMPDP
triamcinolone lotion	Make preferred on the PMPDP
halobetasol ointment and cream	Make preferred on the PMPDP
fluocinolone solution, gel, oil, and ointment	Make preferred on the PMPDP
fluocinolone shower cap oil	Make preferred on the PMPDP
fluocinonide ointment and gel	Make preferred on the PMPDP
mometasone cream, ointment and solution	Make preferred on the PMPDP
hydrocortisone gel	Make non-preferred on the PMPDP
fluocinonide-dimethicone kit	Make non-preferred on the PMPDP
clobetasol 0.025% cream	Make non-preferred on the PMPDP

Ophthalmic Anti-inflammatory Drugs Literature Scan

The Committee recommended making no changes to the PMPDP based on a review of clinical evidence and to maintain Byqlovi (clobetasol) 0.05%,

Lotemax SM (loteprednol) 0.38%, and Inveltys (loteprednol) 1% ophthalmic preparations as non-preferred. After comparative cost consideration in executive session, the Committee recommended making difluprednate and prednisolone sodium phosphate ophthalmic drops preferred on the PMPDP.

Oral Potassium and Potassium Phosphate 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 recommended making Kaochlor liquid, potassium gluconate elixir, potassium chloride ER capsules and tablets, Effer-K packets, Klor-Con packets, and K-Vesent packets preferred; and make Pokonza products non-preferred on the PMPDP.

Healthier Oregon Policy Update for Oral Antifungals

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 recommended making ketoconazole tablets and itraconazole capsules preferred on the PMPDP.

Redemplo (plozasiran) New Drug Evaluation (NDE)

The Committee recommended making plozasiran non-preferred in the “Other Dyslipidemia Drug” PMPDP class and subject to the Apolipoprotein C-III Inhibitors PA criteria to ensure it is used according to supporting evidence and FDA labeling.

Newer Drugs for Heart Failure Class Update

The Committee recommended renaming the “Diuretics, Oral” class “Diuretics, Outpatient” to include new outpatient subcutaneous and nasal formulations and to update the Finerenone PA criteria to include use in patients with left

ventricular ejection fraction greater than forty percent. The Committee also recommended retiring the Sacubitril/Valsartan (Entresto) PA to support the use of angiotensin receptor-neprilysin inhibitors as part of guideline-directed medical therapy in heart failure. The Committee supported maintaining the following as non-preferred drugs on the PMPDP: chlorthalidone 12.5 mg tabs; subcutaneous forms of furosemide; oral suspensions and solutions of hydrochlorothiazide, losartan, and ramipril; and bumetanide nasal spray. After comparative cost consideration in executive session, the Committee made the following PMPDP recommendations:

DRUG	CHANGE
eplerenone	Make preferred on the PMPDP
metolazone	Make preferred on the PMPDP
captopril	Make preferred on the PMPDP
perindopril	Make preferred on the PMPDP
sacubitril/valsartan	Make preferred on the PMPDP
valsartan solution	Make non-preferred on the PMPDP

Tzield (teplizumab) Prior Authorization Update Scan

The Committee recommended making no changes to the PMPDP based on a review of clinical evidence and to maintain teplizumab as non-preferred. The Committee recommended updating the Teplizumab PA criteria to include the new indication for Stage 3 Type 1 Diabetes after amending the proposed criteria to approve coverage for patients previously treated with teplizumab.

Herpes Simplex Class Update

The Committee recommended making no changes to the PMPDP based on a review of clinical evidence and to update the Antivirals for Herpes Simplex Virus PA criteria to accommodate future changes to the prioritized list of health services. After comparative cost consideration in executive session, the Committee recommended making famciclovir tablets preferred on the PMPDP.

Enzyme Replacement for Hunter Syndrome Orphan Drug Evaluations

The Committee recommended creating a “MPS II (Hunter syndrome)” class on the PMPDP and implement Enzyme Replacement Therapy for Hunter syndrome PA criteria to ensure appropriate use of idursulfase and tividenofusp alfa-eknm, based on the FDA-approved indications. The Committee amended the proposed criteria to modify question #5 to allow patients to switch therapy; change neurocognitive “decline” to “deficit” in question #9; add an echocardiogram and/or sleep study to document baseline disease severity in question #10; and add “or does the genotype predict a neurologic form of Hunter syndrome (examples: gene truncation or deletion; prior case report or family member with the same gene variant showing neurologic Hunter syndrome)?” to question #12.

Monoclonal Antibodies for Lupus Class Update and NDE

The Committee recommended moving Gazyva (obinutuzumab) to the “Monoclonal Antibodies for Lupus” class; implement Obinutuzumab (GAZYVA) PA criteria with a clear pathway to the Oncology Agents policy for oncology indications after amending the urine protein to creatine ratio to 0.5 mg/mg; and to make it non-preferred on the PMPDP. The Committee also recommended updating the Anifrolumab-fnia and Belimumab (Benlysta) PA criteria to allow longer approval duration.

C-Type Natriuretic Peptides Class Update and NDE

The Committee recommended creating a “C-Type Natriuretic Peptides” class on the PMPDP and include vosoritide and navepegritide and designate them as non-preferred. The Committee also recommended implementing the proposed C-type Natriuretic Peptides PA criteria to ensure appropriate use.

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

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[i] https://www.orpdl.org/durm/meetings/meetingdocs/2026_08_06/finals/2026_08_06_PnT_Complete.pdf
[ii] https://www.orpdl.org/durm/meetings/meetingdocs/2026_08_06/finals/2026_08_06_WrittenTestimony.pdf