

Tina Kotek, Governor

OFFICIAL WEBSITE NOTICE
Posting Date: October 6, 2026

**OREGON HEALTH AUTHORITY DIRECTOR'S DECISION ON
PHARMACY AND THERAPEUTICS COMMITTEE RECOMMENDATIONS
DATED OCTOBER 6, 2026**

I have reviewed the recommendations of the Pharmacy and Therapeutics Committee set out below and have reviewed a staff memo dated October 6, 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
Interim Director

10/6/2026

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, October 1, 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: Tudriqev (vusolimogene oderparepvec-wtpg); Zenbexus (iberdomide); Jideytro (zidesamtinib); Revtorpyk (gedatolisib); and Rasonque (daraxonrasib).

Otic Antibiotics 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 neomycin-polymyxin-

hydrocortisone solution preferred, and Xtoro (finafloxacin) suspension non-preferred on the PMPDP.

DRUG	CHANGE
neomycin-polymyxin-hc solution	Make preferred on the PMPDP
finafloxacin suspension	Make non-preferred on the PMPDP

Oral Antipsychotics 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 risperidone orally disintegrating tablets (ODT), paliperidone extended-release (ER 24) tablets, and Lybalvi (olanzapine/samidorphan) preferred on the PMPDP.

DRUG	CHANGE
risperidone ODT	Make preferred on the PMPDP
paliperidone ER 24 tablets	Make preferred on the PMPDP
olanzapine/samidorphan tablets	Make preferred on the PMPDP

Cough and Cold 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 all guaifenesin, pseudoephedrine, and dextromethorphan - either as single agents or in combination with other agents - preferred on the PMPDP if the daily reimbursement cost is less than \$1.00 and all other products non-preferred.

Cough and Cold Drug Use Evaluation

The Committee recommended updating the Cough and Cold Preparations PA criteria to implement quantity limits and require PA after use of more than 30 days every 6 months.

Targeted Immune Modulators (TIMs) for Autoimmune Conditions Class Update and New Drug Evaluation (NDE)

The Committee recommended updating the Targeted Immune Modulators for Autoimmune Conditions PA criteria to include expanded indications for recent FDA approvals and Icotyde (icotrokinra) for treatment of moderate-to-severe Plaque Psoriasis. No changes to the PMPDP were recommended based on a review of clinical evidence. After comparative cost consideration in executive session, the Committee recommended making the following changes to the PMPDP:

DRUG	CHANGE
Hadlima syringe & autoinjector	Make preferred – Tier 1
adalimumab-fkjp	Make non-preferred – Tier 2
adalimumab-aaty	Make non-preferred – Tier 2
Amjevita (adalimumab-atto)	Make non-preferred – Tier 3
Humira (adalimumab)	Make non-preferred – Tier 3
Simlandi (adalimumab-ryvk)	Make non-preferred – Tier 3
Starjemza (ustekinumab-hmny)	Make preferred – Tier 1
Yesintek (ustekinumab-kfce)	Make non-preferred – Tier 2
Imuldorsa (ustekinumab-srif)	Make non-preferred – Tier 2
All other ustekinumab	Make non-preferred – Tier 3
Tyenne (tocilizumab-aazg)	Make preferred – Tier 2
Renflexis (infliximab-abda)	Make preferred – Tier 1
Remicade (infliximab)	Make non-preferred – Tier 2
Avsola (infliximab-axxq)	Make non-preferred – Tier 2
Ruxience (rituximab-pvvr)	Make preferred – Tier 1
Otezla (apremilast)	Make non-preferred – Tier 3
Taltz (ixekizumab)	Make non-preferred – Tier 3
Tremfya (guselkumab)	Make non-preferred – Tier 3

Spinal Muscular Atrophy Prior Authorization Update

Based on a recently published clinical guidelines, the Committee recommended modifying the Spinal Muscular Atrophy Drugs PA criteria to

permit use of nusinersen or risdiplam in patients who have not responded to treatment with onasemnogene abeparvovec.

Duchenne Muscular Dystrophy Drug Class Update

The Committee recommended updating the Duchenne Muscular Dystrophy PA criteria to align with updated indications and safety recommendations for delandistrogene moxeparvovec and to require documented decline in motor function before authorizing use of targeted treatments after administration of gene therapy. After comparative cost consideration in executive session, the Committee recommended making Viltepso preferred and for members eligible for exon 53 skipping treatment be required to try the preferred exon 53 skipping therapy before authorization of non-preferred exon 53 skipping therapy is considered.

Insulins Class Update and NDE

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 short-acting insulin aspart pens and vials preferred; intermediate-acting Novolin N pens preferred; and mixed Humulin 70/30 Kwikpen, Humalog 75/25 Kwikpen, and Humalog 50/50 Kwikpen non-preferred on the PMPDP.

DRUG	CHANGE
insulin aspart vial	Make preferred on the PMPDP
insulin aspart flexpen	Make preferred on the PMPDP
Novolin N flexpen	Make preferred on the PMPDP
Humulin 70/30 Kwikpen	Make non-preferred on the PMPDP
Humalog 75/25 Kwikpen	Make non-preferred on the PMPDP
Humalog 50/50 Kwikpen	Make non-preferred on the PMPDP

Thyroid Eye Disease Class Update

The Committee recommended changing the class name to Insulin-like Growth Factor-1 Receptor Inhibitors, make Lumova (veligrotug-vvze) non-preferred on the PMPDP and modify the Insulin-like Growth Factor-1 Receptor (IGF-1R) Inhibitors PA criteria to accommodate both agents in the IGF-1R inhibitor class. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Other Dyslipidemia Drugs Class Update and NDE

The Committee recommended updating the Non-Statin Medications for Dyslipidemia PA criteria based on new FDA approved indications, expanded labels, and updated guideline recommended LDL-C goals and to retire the Bempedoic Acid and PCSK9 Inhibitor PA criteria. The Committee also recommended: remove icosapent ethyl from the Omega-3 Fatty Acids PA; make enlicitide and lerodalcibep non-preferred in the non-statin dyslipidemia drug class due to a lack of CV outcome data and subject to the PA. After comparative cost consideration in executive session, the Committee recommended making colesevelam, icosapent ethyl, and gemfibrozil tablets preferred on the PMPDP.

DRUG	CHANGE
colesevelam tablets and powder	Make preferred on the PMPDP
icosapent ethyl capsules	Make preferred on the PMPDP
gemfibrozil tablets	Make preferred on the PMPDP
enlicitide	Make non-preferred on the PMPDP
lerodalcibep	Make non-preferred on the PMPDP

Benefit Update Project Policy Update for the Prioritized List

The Committee recommended updating prior authorization criteria as proposed to remove denials based on unfunded conditions on the Prioritized List of Health Services.

Healthier Oregon Policy Update for Targeted Drugs for Dry Eye Disease

After comparative cost consideration in executive session, the Committee recommended making generic cyclosporine dropperette preferred on the PMPDP.

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_10_01/finals/2026_10_01_PnT_Complete.pdf

ⁱⁱ https://www.orpdl.org/durm/meetings/meetingdocs/2026_10_01/finals/2026_10_01_WrittenTestimony.pdf