

## Summary of Formulary Changes

Effective Date	Affected Drugs	Description of Change
6/1/2026	JASCAYD 9 MG TABLET	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA, ADD QL</li> </ul>
6/1/2026	JASCAYD 18 MG TABLET	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA, ADD QL</li> </ul>
6/1/2026	OFEV 100 MG CAPSULE	<ul style="list-style-type: none"> <li>ADD PA</li> </ul>
6/1/2026	OFEV 150 MG CAPSULE	<ul style="list-style-type: none"> <li>ADD PA</li> </ul>
6/1/2026	PIRFENIDONE 267 MG CAPSULE	<ul style="list-style-type: none"> <li>ADD TO TIER 1, ADD PA</li> </ul>
6/1/2026	PIRFENIDONE 267 MG TABLET	<ul style="list-style-type: none"> <li>ADD TO TIER 1, ADD PA</li> </ul>
6/1/2026	PIRFENIDONE 534 MG TABLET	<ul style="list-style-type: none"> <li>ADD TO TIER 1, ADD PA</li> </ul>
6/1/2026	PIRFENIDONE 801 MG TABLET	<ul style="list-style-type: none"> <li>ADD TO TIER 1, ADD PA</li> </ul>
6/1/2026	LYNKUET 60 MG CAPSULE	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA, ADD QL</li> </ul>
6/1/2026	VEOZAH 45 MG TABLET	<ul style="list-style-type: none"> <li>ADD PA</li> </ul>
6/1/2026	MYQORZO 5 MG TABLET	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA, ADD QL</li> </ul>
6/1/2026	MYQORZO 10 MG TABLET	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA, ADD QL</li> </ul>
6/1/2026	MYQORZO 15 MG TABLET	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA, ADD QL</li> </ul>
6/1/2026	MYQORZO 20 MG TABLET	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA, ADD QL</li> </ul>

PA= Prior Authorization; ST= Step Therapy; QL= Quantity Limit; AR= Age Restriction

# OHSUHealth Services

6/1/2026	VIZZ 1.44% EYE DROP	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY</li> </ul>
6/1/2026	VOYXACT 400 MG/2 ML SYRINGE	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA, ADD QL</li> </ul>
6/1/2026	CARDAMYST 70 MG NASAL SPRAY	<ul style="list-style-type: none"> <li>ADD TO TIER 1, ADD PA, ADD QL</li> </ul>
6/1/2026	OMLONTI 0.002% EYE DROP	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY</li> </ul>
6/1/2026	RIVAROXABAN 10 MG TABLET	<ul style="list-style-type: none"> <li>MAKE NON-FORMULARY</li> </ul>
6/1/2026	RIVAROXABAN 15 MG TABLET	<ul style="list-style-type: none"> <li>MAKE NON-FORMULARY</li> </ul>
6/1/2026	RIVAROXABAN 20 MG TABLET	<ul style="list-style-type: none"> <li>MAKE NON-FORMULARY</li> </ul>
6/1/2026	RIVAROXABAN 2.5 MG TABLET	<ul style="list-style-type: none"> <li>ADD ST</li> </ul>
6/1/2026	XARELTO 15 MG TABLET	<ul style="list-style-type: none"> <li>ADD ST</li> </ul>
6/1/2026	XARELTO 20 MG TABLET	<ul style="list-style-type: none"> <li>ADD ST</li> </ul>
6/1/2026	XARELTO 10 MG TABLET	<ul style="list-style-type: none"> <li>ADD ST</li> </ul>
6/1/2026	XARELTO DVT-PE TREAT START 30D	<ul style="list-style-type: none"> <li>ADD ST</li> </ul>
6/1/2026	RIVAROXABAN 1 MG/ML SUSPENSION	<ul style="list-style-type: none"> <li>ADD AL 0-12 YEARS</li> </ul>
6/1/2026	RIVAROXABAN 1 MG/ML SUSPENSION	<ul style="list-style-type: none"> <li>ADD AL 0-12 YEARS</li> </ul>
6/1/2026	RA ALLERGY 25 MG TABLET	<ul style="list-style-type: none"> <li>MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA ALLERGY MED 25 MG TABLET	<ul style="list-style-type: none"> <li>MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA ALLERGY MED 25 MG TABLET	<ul style="list-style-type: none"> <li>MAKE NON-FORMULARY</li> </ul>

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# OHSUHealth Services

6/1/2026	RA ALLERGY MED CAPSULE	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA COMPLETE ALLERGY 25 MG CPLT	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA DIPHEDRYL 12.5 MG/5 ML ELIX	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA DIPHEDRYL 12.5 MG/5 ML LIQ	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	SILADRYL 12.5 MG/5 ML LIQUID	<ul style="list-style-type: none"> <li>• ADD TO TIER 1</li> </ul>
6/1/2026	HYDROXYZINE 50 MG/25 ML CUP	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	SM ALL DAY ALLERGY 10 MG TAB	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	SITAGLIPTIN 100 MG TABLET	<ul style="list-style-type: none"> <li>• ADD TO TIER 1</li> </ul>
6/1/2026	SITAGLIPTIN 25 MG TABLET	<ul style="list-style-type: none"> <li>• ADD TO TIER 1</li> </ul>
6/1/2026	SITAGLIPTIN 50 MG TABLET	<ul style="list-style-type: none"> <li>• ADD TO TIER 1</li> </ul>
6/1/2026	SITAGLIPTIN-METFORMIN 50-500	<ul style="list-style-type: none"> <li>• ADD TO TIER 1</li> </ul>
6/1/2026	SITAGLIPTIN-METFORMIN 50-1000	<ul style="list-style-type: none"> <li>• ADD TO TIER 1</li> </ul>
6/1/2026	SITAGLIPTIN-METFORMIN 50-1000	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	KETOSTIX REAGENT STRIP	<ul style="list-style-type: none"> <li>• ADD TO TIER 1</li> </ul>
6/1/2026	TOLVAPTAN 15 MG TABLET	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD PA</li> </ul>
6/1/2026	TOLVAPTAN 30 MG TABLET	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD PA</li> </ul>
6/1/2026	JYNARQUE 15 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY, REMOVE PA</li> </ul>

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# OHSUHealth Services

6/1/2026	JYNARQUE 30 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY, REMOVE PA</li> </ul>
6/1/2026	DOPTELET SPRINKLE 10 MG CAP	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD PA</li> </ul>
6/1/2026	MULPLETA 3 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	PACERONE 200 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	QUINIDINE SULFATE 200 MG TAB	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	QUINIDINE SULFATE 300 MG TAB	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	TAZTIA XT 120 MG CAPSULE	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	TAZTIA XT 180 MG CAPSULE	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	TAZTIA XT 240 MG CAPSULE	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	TAZTIA XT 360 MG CAPSULE	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	TAZTIA XT 300 MG CAPSULE	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	CORLANOR 5 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	CORLANOR 7.5 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	IVABRADINE HCL 5 MG TABLET	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD PA</li> </ul>
6/1/2026	IVABRADINE HCL 7.5 MG TABLET	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD PA</li> </ul>
6/1/2026	XEROFORM PETROLATUM DRESS	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	XEROFORM 5"X9" GAUZE STRIP	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>

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# OHSU Health Services

6/1/2026	CURAD XEROFORM PTRLTM 1X8" DRS	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	EASYMAX T1 GLUCOSE SYSTEM KIT	<ul style="list-style-type: none"> <li>• REMOVE QL</li> </ul>
6/1/2026	MEDIHONEY 2"X2" DRESSING	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	TOUCH-TROL SUCTION CATHETER	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	T.E.D. ANTI-EMBOL STOCKING	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	SPECTRAGEL GEL DRESSING	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	CARRASYN HYDROGEL WOUND DRESS	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	GE LANCING DEVICE	<ul style="list-style-type: none"> <li>• REMOVE QL</li> </ul>
6/1/2026	ADVANCED LANCING DEVICE	<ul style="list-style-type: none"> <li>• REMOVE QL</li> </ul>
6/1/2026	HUMATROPEN 6 MG DELIVERY SYS	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY, REMOVE PA</li> </ul>
6/1/2026	EASY TOUCH SYR 26GX3/8" 1 ML	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	ACTICOAT 7 4"X5" DRESSING	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RESTORE 2"X2" DRESSING	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	CLEVER CHOICE CHAMBER-SM MASK	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY, REMOVE QL</li> </ul>
6/1/2026	PURE COMFORT SPACER-ADULT MASK	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY, REMOVE QL</li> </ul>
6/1/2026	PRO COMFORT SPACER-ADULT MASK	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY, REMOVE QL</li> </ul>
6/1/2026	INSUFLON SUBCUTANEOUS CANNULA	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>

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# OHSU Health Services

6/1/2026	BD TB SYRNGE 27GX1/2"	• ADD QL 200/30 DAYS
6/1/2026	BD ALLERGY SYRINGE-NEEDLE 1 ML	• ADD QL 200/30 DAYS
6/1/2026	MONOJECT TB 1 ML SYRN 28GX1/2	• ADD QL 200/30 DAYS
6/1/2026	ULTICARE TB SAFETY 1 ML 25GX1"	• ADD QL 200/30 DAYS
6/1/2026	EXEL TB WITH NEEDLE 27GX1/2"	• ADD QL 200/30 DAYS
6/1/2026	EXEL TB WITH NEEDLE 26GX3/8"	• ADD QL 200/30 DAYS
6/1/2026	ALLERGY SYRINGE 1 ML 27GX3/8"	• ADD QL 200/30 DAYS
6/1/2026	BD TB ST SYRINGE 1 ML 27G 10MM	• ADD QL 200/30 DAYS
6/1/2026	BD SAFETYGLIDE TB 1 ML SYR	• ADD QL 200/30 DAYS
6/1/2026	BD SAFETYGLIDE ALLERGY 27G SYR	• ADD QL 200/30 DAYS
6/1/2026	BD SAFETYGLIDE ALLERGY SYRINGE	• ADD QL 200/30 DAYS
6/1/2026	MONOJECT TB SAFETY SYRN 1 ML	• ADD QL 200/30 DAYS
6/1/2026	TERUMO ALLERGY 1 ML 27GX1/2"	• ADD QL 200/30 DAYS
6/1/2026	CAREPOINT LS SYR 1 ML 25G 5/8"	• ADD QL 200/30 DAYS
6/1/2026	MONOJECT 6 ML SYRN 21GX1"	• ADD QL 200/30 DAYS
6/1/2026	MONOJECT 3 ML SYRINGE 25GX1"	• ADD QL 200/30 DAYS
6/1/2026	BD SAFETYGLIDE 3 ML SYRINGE	• ADD QL 200/30 DAYS

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# OHSU Health Services

6/1/2026	TERUMO SYRINGE 3 ML	• ADD QL 200/30 DAYS
6/1/2026	SYRINGE WITH NEEDLE 3ML 23G 1"	• ADD QL 200/30 DAYS
6/1/2026	CAREPOINT LL SYR 3 ML 22G 1"	• ADD QL 200/30 DAYS
6/1/2026	CAREPOINT LL SYR 3 ML 22G 38MM	• ADD QL 200/30 DAYS
6/1/2026	MONOJECT TUBERCULIN SYR 1 ML	• ADD QL 200/30 DAYS
6/1/2026	CAREPOINT PRECISION LUER 3 ML	• ADD QL 200/30 DAYS
6/1/2026	SAFESNAP SYRINGE 3 ML	• ADD QL 200/30 DAYS
6/1/2026	SAFESNAP TUBERCULIN SYR 1 ML	• ADD QL 200/30 DAYS
6/1/2026	SAFESNAP ALLERGY SYRINGE 1 ML	• ADD QL 200/30 DAYS
6/1/2026	SAFESNAP TUBERCULIN SYR 1 ML	• ADD QL 200/30 DAYS
6/1/2026	SAFESNAP ALLERGY SYRINGE 1 ML	• ADD QL 200/30 DAYS
6/1/2026	SAFESNAP SYRINGE 10 ML	• ADD QL 200/30 DAYS
6/1/2026	EASY TOUCH TB FLP 1 ML 26GX5/8	• ADD QL 200/30 DAYS
6/1/2026	EASY TOUCH FLIPILOK 1ML 26GX3/8	• ADD QL 200/30 DAYS
6/1/2026	EASY TOUCH TB SHLK 1ML 25GX5/8	• ADD QL 200/30 DAYS
6/1/2026	MONOJECT TB SAFE 1 ML 28G 13MM	• ADD QL 200/30 DAYS
6/1/2026	MONOJECT MAGELLAN SYRINGE 1 ML	• ADD QL 200/30 DAYS

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# OHSU Health Services

6/1/2026	MAGELLAN TUBERCULIN SYR 1 ML	<ul style="list-style-type: none"> <li>• ADD QL 200/30 DAYS</li> </ul>
6/1/2026	TERUMO SURGUARD2 SYR 25G-1 ML	<ul style="list-style-type: none"> <li>• ADD QL 200/30 DAYS</li> </ul>
6/1/2026	ULTICARE SAFETY 3 ML 21GX1-1/2	<ul style="list-style-type: none"> <li>• ADD QL 200/30 DAYS</li> </ul>
6/1/2026	BD ECLIPSE SYRNG 3 ML 23G 40MM	<ul style="list-style-type: none"> <li>• ADD QL 200/30 DAYS</li> </ul>
6/1/2026	BD INTEGRA SYR 3 ML 25GX5/8"	<ul style="list-style-type: none"> <li>• ADD QL 200/30 DAYS</li> </ul>
6/1/2026	BD ECLIPSE SYRINGE 3 ML 21GX1"	<ul style="list-style-type: none"> <li>• ADD QL 200/30 DAYS</li> </ul>
6/1/2026	EASY TOUCH FLIPLOCK 3 ML 19GX1	<ul style="list-style-type: none"> <li>• ADD QL 200/30 DAYS</li> </ul>
6/1/2026	EASY TOUCH SHEATH 3 ML 21GX1"	<ul style="list-style-type: none"> <li>• ADD QL 200/30 DAYS</li> </ul>
6/1/2026	SAFETY SYRINGE W-SHIELD 3 ML	<ul style="list-style-type: none"> <li>• ADD QL 200/30 DAYS</li> </ul>
6/1/2026	SAFETY SYRINGE W-SHIELD 3 ML	<ul style="list-style-type: none"> <li>• ADD QL 200/30 DAYS</li> </ul>
6/1/2026	OCALIVA 5 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY, REMOVE PA</li> </ul>
6/1/2026	OCALIVA 10 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY, REMOVE PA</li> </ul>
6/1/2026	STEQEYMA 45 MG/0.5 ML SYRINGE	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD PA</li> </ul>
6/1/2026	STEQEYMA 90 MG/ML SYRINGE	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD PA</li> </ul>
6/1/2026	STEQEYMA 130 MG/26 ML VIAL	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD PA</li> </ul>
6/1/2026	STEQEYMA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD PA</li> </ul>
6/1/2026	CLINDAMYCIN PH 1% GEL	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, AL 0-20 YEARS</li> </ul>

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# OHSUHealth Services

6/1/2026	ANZUPGO 2% CREAM	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA, ADD QL</li> </ul>
6/1/2026	BRINSUPRI 10 MG TABLET	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA, ADD QL</li> </ul>
6/1/2026	BRINSUPRI 25 MG TABLET	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA, ADD QL</li> </ul>
6/1/2026	DAWNZERA 80 MG/0.8 ML PEN	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA</li> </ul>
6/1/2026	PALSONIFY 20 MG TABLET	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA</li> </ul>
6/1/2026	PALSONIFY 30 MG TABLET	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA</li> </ul>
6/1/2026	RHAPSIDO 25 MG TABLET	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY</li> </ul>
6/1/2026	WAYRILZ 400 MG TABLET	<ul style="list-style-type: none"> <li>KEEP NON-FORMULARY, ADD PA</li> </ul>
6/1/2026	HYRNUO 10 MG TABLET	<ul style="list-style-type: none"> <li>ADD TO TIER 1, PA, QL 120/30 DAYS</li> </ul>
6/1/2026	KOMZIFTI 200 MG CAPSULE	<ul style="list-style-type: none"> <li>ADD TO TIER 1, PA, QL 90/30 DAYS</li> </ul>
6/1/2026	REDEMPLO 25 MG/0.5 ML SYRINGE	<ul style="list-style-type: none"> <li>ADD TO TIER 1, PA, QL 0.5/90 DAYS</li> </ul>
6/1/2026	GS ANTI-DIARRHEAL 1 MG/7.5 ML	<ul style="list-style-type: none"> <li>ADD TO TIER 1, ADD AL 0-12 YEARS</li> </ul>
6/1/2026	IMODIUM A-D 2 MG SOFTGEL	<ul style="list-style-type: none"> <li>ADD TIER 1</li> </ul>
6/1/2026	PEPTO-BISMOL 262 MG CAPLET	<ul style="list-style-type: none"> <li>MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA PINK BISMUTH 262 MG TAB CHW	<ul style="list-style-type: none"> <li>MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA PINK BISMUTH 262 MG/15 ML	<ul style="list-style-type: none"> <li>MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA PINK BISMUTH CAPLET	<ul style="list-style-type: none"> <li>MAKE NON-FORMULARY</li> </ul>

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# OHSUHealth Services

6/1/2026	MESNEX 400 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY, REMOVE PA</li> </ul>
6/1/2026	LICE TREATMENT SHAMPOO	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	LICE KILLING SHAMPOO	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	CVS PINWORM TREATMENT 50 MG/ML	<ul style="list-style-type: none"> <li>• UPDATE TO TIER 7</li> </ul>
6/1/2026	PINAWAY 50 MG/ML SUSPENSION	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	DICYCLOMINE 10 MG/5ML SOLN CUP	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	FLAVOXATE HCL 100 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	HYOSYNE 125 MCG/5 ML ELIXIR	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD AL 0-12 YEARS</li> </ul>
6/1/2026	ACID-PEP 20 MG TABLET	<ul style="list-style-type: none"> <li>• ADD TO TIER 7, ADD QL 60/30 DAYS</li> </ul>
6/1/2026	ESOMEPRAZOLE MAG DR 20 MG CAP	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 30/30 DAYS</li> </ul>
6/1/2026	ESOMEPRAZOLE MAG DR 40 MG CAP	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 30/30 DAYS</li> </ul>
6/1/2026	GS ESOMEPRAZOLE MAG DR 20 MG	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 30/30 DAYS</li> </ul>
6/1/2026	PEPCID 20 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	PEPCID 40 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA ANTACID 500 MG CHEWABLE TAB	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	CEFIXIME 400 MG CAPSULE	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	CEFPODOXIME 100 MG TABLET	<ul style="list-style-type: none"> <li>• ADD TO TIER 1</li> </ul>

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# OHSU Health Services

6/1/2026	CEFPODOXIME 200 MG TABLET	<ul style="list-style-type: none"> <li>• ADD TO TIER 1</li> </ul>
6/1/2026	TUSNEL-EX 100 MG/5 ML LIQUID	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	GS TUSSIN MUCUS-CONG 200 MG/10	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	HM ADULT TUSSIN CHEST CONG LIQ	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	DIABETIC TUSSIN EX LIQUID	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	EXPECTORANT 200 MG TABLET	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	SCOT-TUSSIN 100 MG/5 ML LIQ	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	CHEST CONGESTION RELIEF SOLN	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	SCOT-TUSSIN EXPECTORANT LIQUID	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	MUCUS RELIEF 400 MG TABLET	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	CHEST CONGEST RLF 400 MG TAB	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	G-FENESIN 400 MG CAPLET	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	CLARITHROMYCIN ER 500 MG TAB	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	THALOMID 150 MG CAPSULE	<ul style="list-style-type: none"> <li>• REMOVE PA</li> </ul>
6/1/2026	THALOMID 200 MG CAPSULE	<ul style="list-style-type: none"> <li>• REMOVE PA</li> </ul>
6/1/2026	SSD 1% CREAM	<ul style="list-style-type: none"> <li>• ADD TO TIER 1</li> </ul>
6/1/2026	ISONIAZID 50 MG/5 ML SOLUTION	<ul style="list-style-type: none"> <li>• UPDATE AL 0-12 YEARS</li> </ul>

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6/1/2026	MORGIDOX 50 MG CAPSULE	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	AVIDOXY 100 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	AVIDOXY DK KIT	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	LEVOFLOXACIN 25 MG/ML SOLUTION	<ul style="list-style-type: none"> <li>• ADD AL 0-12 YEARS</li> </ul>
6/1/2026	BARACLUDE 0.05 MG/ML SOLUTION	<ul style="list-style-type: none"> <li>• ADD AL 0-15 YEARS</li> </ul>
6/1/2026	COMPLERA TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY, REMOVE QL 30/30 DAYS</li> </ul>
6/1/2026	EDURANT PED 2.5MG TAB FOR SUSP	<ul style="list-style-type: none"> <li>• ADD AL 0-12 YEARS</li> </ul>
6/1/2026	LOPINAVIR-RITONAVIR 80-20MG/ML	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	NORVIR 100 MG POWDER PACKET	<ul style="list-style-type: none"> <li>• ADD AL 0-12 YEARS</li> </ul>
6/1/2026	REYATAZ 50 MG POWDER PACKET	<ul style="list-style-type: none"> <li>• ADD AL 0-5 YEARS</li> </ul>
6/1/2026	SELZENTRY 20 MG/ML ORAL SOLN	<ul style="list-style-type: none"> <li>• ADD AL 0-12 YEARS</li> </ul>
6/1/2026	SELZENTRY 25 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	SELZENTRY 75 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	TIVICAY PD 5 MG TAB FOR SUSP	<ul style="list-style-type: none"> <li>• ADD AL 0-5 YEARS</li> </ul>
6/1/2026	VALGANCICLOVIR HCL 50 MG/ML	<ul style="list-style-type: none"> <li>• ADD AL 0-12 YEARS</li> </ul>
6/1/2026	VIREAD POWDER	<ul style="list-style-type: none"> <li>• ADD AL 0-12 YEARS</li> </ul>
6/1/2026	ONETOUCH DELICA PLUS LANC DEV	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY, REMOVE QL</li> </ul>

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# OHSU Health Services

6/1/2026	ONETOUCH ULTRA TEST STRIP	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	ONETOUCH ULTRA2 GLUCOSE SYST	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY, REMOVE QL</li> </ul>
6/1/2026	ONETOUCH VERIO FLEX METER	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY, REMOVE QL</li> </ul>
6/1/2026	ONETOUCH VERIO REFLECT METER	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY, REMOVE QL</li> </ul>
6/1/2026	ONETOUCH VERIO TEST STRIP	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	FREESTYLE FREEDOM KIT	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QOT 1/365 DAYS</li> </ul>
6/1/2026	FREESTYLE FREEDOM LITE METER	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QOT 1/365 DAYS</li> </ul>
6/1/2026	FREESTYLE INSULINX GLUCOSE SYS	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QOT 1/365 DAYS</li> </ul>
6/1/2026	FREESTYLE LITE METER	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QOT 1/365 DAYS</li> </ul>
6/1/2026	FREESTYLE PRECISION NEO METER	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QOT 1/365 DAYS</li> </ul>
6/1/2026	FREESTYLE SYSTEM KIT	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QOT 1/365 DAYS</li> </ul>
6/1/2026	PRECISION XTRA MONITOR	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QOT 1/365 DAYS</li> </ul>
6/1/2026	FREESTYLE INSULINX STRIP NFRS	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QOT 50/90 DAYS</li> </ul>
6/1/2026	FREESTYLE INSULINX TEST STRIPS	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QOT 50/90 DAYS</li> </ul>
6/1/2026	FREESTYLE LITE TEST STRIP	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QOT 50/90 DAYS</li> </ul>
6/1/2026	FREESTYLE PREC NEO TEST STRIPS	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QOT 50/90 DAYS</li> </ul>
6/1/2026	FREESTYLE TEST STRIPS	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QOT 50/90 DAYS</li> </ul>

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# OHSU Health Services

6/1/2026	PRECISION XTRA TEST STRIPS	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QOT 50/90 DAYS</li> </ul>
6/1/2026	KONSYL DAILY PSYLLIUM POWDER	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA LAXATIVE EC 5 MG TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	ALOPHEN PILLS	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA FAST RELIEF LAX 10 MG SUPP	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA COL-RITE 100 MG CAPSULE	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA COL-RITE 250 MG SOFTGEL	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA GLYCERIN PEDIATRIC SUPP	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA CITRATE OF MAGNESIA SOLN	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA LAXATIVE PEG 3350 POWDER	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA MULTIHEALTH FIBER POWDER	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA FIBER THERAPY CAPSULE	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA FIBER CAPSULE	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	KONSYL PSYLLIUM FIBER POWDER	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA MULTIHEALTH FIBER POWDER	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA SENNA PLUS TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	RA P-COL RITE TABLET	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>

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# OHSU Health Services

6/1/2026	RA 2-IN-1 LAXATIVE 8.6-50MG TB	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	CITROMA SOLUTION	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	DULCOLAX 1,200 MG/15 ML LIQUID	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	WAL-MUCIL 100% NATURAL FIBER	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	METAMUCIL POWDER	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	EQL SMOOTH TEXTURE FIBER POWDR	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	EQ DAILY FIBER LAXATIVE POWDER	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	NUSYLLIUM POWDER	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	DAILY FIBER POWDER	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	SENOKOT-S TABLET	<ul style="list-style-type: none"> <li>• ADD TO TIER 7</li> </ul>
6/1/2026	DOCUSATE SOD 100 MG/10 ML	<ul style="list-style-type: none"> <li>• UPDATE AL 0-12 YEARS (REMOVE AL 0-10 YEARS)</li> </ul>
6/1/2026	STOOL SOFTENER 50 MG/5 ML LIQ	<ul style="list-style-type: none"> <li>• UPDATE AL 0-12 YEARS (REMOVE AL 0-10 YEARS)</li> </ul>
6/1/2026	ONELAX DOCUSATE SOD 50 MG/5 ML	<ul style="list-style-type: none"> <li>• UPDATE AL 0-12 YEARS (REMOVE AL 0-10 YEARS)</li> </ul>
6/1/2026	DOCUSATE SOD 60 MG/15 ML SYRP	<ul style="list-style-type: none"> <li>• UPDATE AL 0-12 YEARS (REMOVE AL 0-10 YEARS)</li> </ul>
6/1/2026	BD UF MICRO PEN NEEDLE 6MMX32G	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	BD UF MINI PEN NEEDLE 5MMX31G	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	BD UF NANO PEN NEEDLE 4MMX32G	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>

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# OHSU Health Services

6/1/2026	BD UF ORIG PEN NDL 12.7MMX29G	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	BD UF SHORT PEN NEEDLE 8MMX31G	<ul style="list-style-type: none"> <li>• MAKE NON-FORMULARY</li> </ul>
6/1/2026	1ST TIER UNIFINE PNTIP 12MM 29G	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>
6/1/2026	1ST TIER UNIFINE PNTIP 8MM 31G	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>
6/1/2026	CAREFINE PEN NEEDLE 6MM 31G	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>
6/1/2026	CARETOUCH PEN NEEDLE 29G 12MM	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>
6/1/2026	CLICKFINE UNIVERSAL 31G X 1/4"	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>
6/1/2026	DROPLET MICRON 34G 3.5MM	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>
6/1/2026	DROPLET PEN NEEDLE 32G 4MM	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>
6/1/2026	EASY TOUCH PEN NEEDLE 29GX1/2"	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>
6/1/2026	EMBRACE PEN NEEDLE 30G 8MM	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>
6/1/2026	COMFORT POINT PEN NDL 29GX1/2"	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>
6/1/2026	INSUPEN PEN NEEDLE 31G 5MM	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>
6/1/2026	INSUPEN PEN NEEDLE 32G 6MM	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>
6/1/2026	MINI PEN NEEDLE 32G 4MM	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>
6/1/2026	MINI ULTRA-THIN II PEN NDL 31G	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>
6/1/2026	PENTIPS PEN NEEDLE 29G 1/2"	<ul style="list-style-type: none"> <li>• ADD TO TIER 1, ADD QL 200/30 DAYS</li> </ul>

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6/1/2026	SURE COMFORT PEN NDL 29GX1/2"	• ADD TO TIER 1, ADD QL 200/30 DAYS
6/1/2026	SURE COMFORT PEN NDL 31G 5MM	• ADD TO TIER 1, ADD QL 200/30 DAYS
6/1/2026	SURE-FINE PEN NEEDLES 12.7MM	• ADD TO TIER 1, ADD QL 200/30 DAYS
6/1/2026	TECHLITE PEN NEEDLE 29GX3/8"	• ADD TO TIER 1, ADD QL 200/30 DAYS
6/1/2026	TECHLITE PLUS PEN NDL 32G 4MM	• ADD TO TIER 1, ADD QL 200/30 DAYS
6/1/2026	TRUE COMFORT PEN NDL 32GX4MM	• ADD TO TIER 1, ADD QL 200/30 DAYS
6/1/2026	TRUE COMFORT PEN NDL 31G 8MM	• ADD TO TIER 1, ADD QL 200/30 DAYS
6/1/2026	TRUEPLUS PEN NEEDLE 29GX1/2"	• ADD TO TIER 1, ADD QL 200/30 DAYS
6/1/2026	UNIFINE OTC PEN NEEDLE 32G 4MM	• ADD TO TIER 1, ADD QL 200/30 DAYS
6/1/2026	UNIFINE PENTIPS 12MM 29G	• ADD TO TIER 1, ADD QL 200/30 DAYS
6/1/2026	UNIFINE PENTIPS 32G 4MM	• ADD TO TIER 1, ADD QL 200/30 DAYS
6/1/2026	UNIFINE PENTIPS MAX 30GX3/16"	• ADD TO TIER 1, ADD QL 200/30 DAYS
6/1/2026	UNIFINE PENTIPS PLUS 31GX5/16"	• ADD TO TIER 1, ADD QL 200/30 DAYS
6/1/2026	UNIFINE PENTIPS PLUS 30GX3/16"	• ADD TO TIER 1, ADD QL 200/30 DAYS
6/1/2026	UNIFINE ULTRA PEN NDL 31G 8MM	• ADD TO TIER 1, ADD QL 200/30 DAYS

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