Authorization Page

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TEMPORARY ADMINISTRATIVE RULES

Oregon Health Authority, Health Systems Division: Medical Assistance Programs	410
Agency and Division	Administrative Rules Chapter Number
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Upon filing.	
Adopted on	
07/01/2017 thru 12/27/2017	
Effective dates	

RULE CAPTION

Amending PDL March 23, 2017 DUR/P&T Action

Not more than 15 words

RULEMAKING ACTION

ADOPT:

AMEND: 410-121-0030

SUSPEND:

Stat. Auth.: ORS 413.032, 413.042, 414.065, 414.325, 414.330 to 414.414, 414.312, 414.316

Other Auth.:

Stats. Implemented: ORS 414.065; 414.325, 414.334, 414.361, 414.369, 414.371, 414.353, 414.354

RULE SUMMARY

The Pharmaceutical Services program administrative rules (division 121) govern Division payments for services provided to certain clients. The Division needs to amend 410-121-0030 per the Drug Use Review (DUR) Pharmacy & Therapeutics (P&T) Committee's recommendations made during the March 23, 2017, meeting. The Authority needs to implement changes to the Preferred Drug List to ensure the safe and appropriate use of cost effective prescription drugs for the Oregon Health Plan's fee-for-service recipients.

STATEMENT OF NEED AND JUSTIFICATION

The amendment of OAR 410-121-0030

In the Matter of

Or Law 2011, chapter 720 (HB 2100): http://www.oregon.gov/oha/HSD/OHP/Policies/121-0040-06012017.pdf

Documents Relied Upon, and where they are available

The Pharmaceutical Services program administrative rules (division 121) govern Division payments for services provided to certain clients. The Division needs to amend 410-121-0030 per the Drug Use Review (DUR) Pharmacy & Therapeutics (P&T) Committee's recommendations made during the March 23, 2017, meeting. The Authority needs to implement changes to the Preferred Drug List to ensure the safe and appropriate use of cost effective prescription drugs for the Oregon Health Plan's fee-for-service recipients.

Need for the Temporary Rule(s)

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and clients enrolled in Oregon's Medicaid program by delaying the reassessment and update of preferred drug lists and prior authorization requirements. These rules need to be adopted promptly so the Authority can ensure the safe and appropriate use of Medicaid covered drugs.

Justification of Temporary Rules

Authorized Signer	Printed Name	Date
	Chris Norman	6/29/17

Authorization Page replaces the ink signature on paper filings. Have your authorized signer sign and date, then scan and attach it to your filing. You must complete this step before submitting your Permanent and Temporary filings.

Secretary of State

STATEMENT OF NEED AND JUSTIFICATION

A Certificate and Order for Filing Temporary Administrative Rules accompanies this form.

Oregon Health Authority,	Health Systems Division (Division)	410
Agency and Division		Administrative Rules Chapter Number

Rule Caption: Amending PDL March 23, 2017 DUR/P&T Action

In the Matter of: The amendment of OAR 410-121-0030

Statutory Authority: ORS 413.032, 413.042, 414.065, 414.325, 414.330 to 414.414, 414.312, 414.316

Other Authority: None

Stats. Implemented: ORS 414.065; 414.325, 414.334, 414.361, 414.369, 414.371, 414.353, 414.354

Need for the Temporary Rule(s): The Pharmaceutical Services program administrative rules (division 121) govern Division payments for services provided to certain clients. The Division needs to amend 410-121-0030 per the Drug Use Review (DUR) Pharmacy & Therapeutics (P&T) Committee's recommendations made during the March 23, 2017, meeting. The Authority needs to implement changes to the Preferred Drug List to ensure the safe and appropriate use of cost effective prescription drugs for the Oregon Health Plan's fee-for-service recipients.

410-121-0030:
Preferred:
Gabapentin tablets

Non-Preferred:
Benzodiazepine sedatives

Clerical - Various clerical changes were made to system class, drug and form names.

Documents Relied Upon, and where they are available: Or Law 2011, chapter 720 (HB 2100):
http://www.oregon.gov/oha/HSD/OHP/Policies/121-0040-06012017.pdf

Justification of Temporary Rule(s): The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and clients enrolled in Oregon's Medicaid program by delaying the reassessment and update of preferred drug lists and prior authorization requirements. These rules need to be adopted promptly so the Authority can ensure the safe and appropriate use of Medicaid covered drugs.

	Chris Noonan	6/29/17
Authorized Signer	Printed name	Date

Administrative Rules Unit, Archives Division, Secretary of State, 800 Summer Street NE, Salem, Oregon 97310.

410-121-0030

Practitioner-Managed Prescription Drug Plan

(1) The Practitioner-Managed Prescription Drug Plan (PMPDP) is a plan that ensures that OHP fee-for-service clients have access to the most effective prescription drugs appropriate for their clinical conditions at the best possible price:

(a) Licensed health care practitioners, who are informed by the latest peer reviewed research, make decisions concerning the clinical effectiveness of the prescription drugs;

(b) Licensed health care practitioners also consider the client's health condition, personal characteristics, and the client's gender, race, or ethnicity.

(2) PMPDP Preferred Drug List (PDL):

(a) The PDL is the primary tool the Division uses to inform licensed health care practitioners about the results of the latest peer-reviewed research and cost effectiveness of prescription drugs;

(b) The PDL contains a list of prescription drugs that the Division, in consultation with the Drug Use Review (DUR)/Pharmacy & Therapeutics Committee (P&T), has determined represent the most effective drugs available at the best possible price;

(c) The PDL shall include drugs that are Medicaid reimbursable and the Food and Drug Administration (FDA) has determined to be safe and effective.

(3) PMPDP PDL Selection Process:

(a) The Division shall utilize the recommendations made by the P&T that result from an evidence-based evaluation process as the basis for selecting the most effective drugs;

(b) The Division shall ensure the drugs selected in section (3)(a) that are available for the best possible price and shall consider any input from the P&T about other FDA-approved drugs in the same class that are available for a lesser relative price. The Division shall determine relative price using the methodology described in section (4);

(c) The Division shall evaluate selected drugs for the drug classes periodically:

(A) The Division may evaluate more frequently if new safety information or the release of new drugs in a class or other information makes an evaluation advisable;

(B) New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T;

(C) The Division shall make all revisions to the PDL using the rulemaking process and shall publish the changes on the Division's Pharmaceutical Services provider rules website.

(4) Relative cost and best possible price determination:

(a) The Division shall determine the relative cost of all drugs in each selected class that are Medicaid reimbursable and that the FDA has determined to be safe and effective;

(b) The Division may also consider dosing issues, patterns of use, and compliance issues. The Division shall weigh these factors with any advice provided by the P&T in reaching a final decision.

(5) Pharmacy providers shall dispense prescriptions in the generic form unless:

(a) The practitioner requests otherwise pursuant to OAR 410-121-0155;

(b) The Division notifies the pharmacy that the cost of the brand name particular drug, after receiving discounted prices and rebates, is equal to or less than the cost of the generic version of the drug.

(6) The exception process for obtaining non-preferred physical health drugs that are not on the PDL drugs shall be as follows:

(a) If the prescribing practitioner in their professional judgment wishes to prescribe a physical health drug not on the PDL, they may request an exception subject to the requirements of OAR 410-121-0040;

(b) The prescribing practitioner must request an exception for physical health drugs not listed in the PDL subject to the requirements of OAR 410-121-0060;

(c) Exceptions shall be granted when:

(A) The prescriber in their professional judgment determines the non-preferred drug is medically appropriate after consulting with the Division or the Oregon Pharmacy Call Center; or

(B) Where the prescriber requests an exception subject to the requirement of section (6)(b) and fails to receive a report of PA status within 24 hours, subject to OAR 410-121-0060.

(7) Table 121-0030-1, PMPDP PDL dated July 1, 2017, ~~January 1, 2017~~ is adopted and incorporated by reference and is found at: www.orpdl.org.

Stat. Auth.: ORS 413.032, 413.042, 414.065, 414.325, 414.330 to 414.414, 414.312, 414.316

Stats. Implemented: ORS 414.065; 414.325, 414.334, 414.361, 414.369, 414.371, 414.353, 414.354

Text Comparison

Documents Compared

Oregon Medicaid Preferred Drug List - May 1, 2017.pdf

PDL_2017_07_01_v1.pdf

Summary

508 word(s) added
558 word(s) deleted
4829 word(s) matched
87 block(s) matched

To see where the changes are, please scroll down.

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Allergy/Cold	Anaphylaxis Rescue	EPINEPHRINE	AUTO INJCT
		EPINEPHRINE (EPIPEN 2-PAK ™)	AUTO INJCT
		EPINEPHRINE (EPIPEN JR 2-PAK ™)	AUTO INJCT
Allergy/Cold	Antihistamines, Second Generation	CETIRIZINE HCL	SOLUTION ***
		CETIRIZINE HCL	TABLET
		LORATADINE	SOLUTION ***
		LORATADINE	TAB RAPDIS ***
		LORATADINE	TABLET
Allergy/Cold	Cough and Cold	CODEINE PHOSPHATE/GUAIFENESIN *	LIQUID
		CODEINE PHOSPHATE/GUAIFENESIN *	SYRUP
		CODEINE PHOSPHATE/GUAIFENESIN *	TABLET
		GUAIFENESIN ‡	GRAN PACK
		GUAIFENESIN ‡	LIQUID
		GUAIFENESIN ‡	SYRUP
		GUAIFENESIN ‡	TAB ER 12H
		GUAIFENESIN ‡	TABLET
		GUAIFENESIN ‡	TABLET ER
		GUAIFENESIN/DEXTROMETHORPHAN ‡	CAPSULE
		GUAIFENESIN/DEXTROMETHORPHAN ‡	DROPS
		GUAIFENESIN/DEXTROMETHORPHAN ‡	ELIXIR
		GUAIFENESIN/DEXTROMETHORPHAN ‡	GRAN PACK
		GUAIFENESIN/DEXTROMETHORPHAN ‡	LIQUID
		GUAIFENESIN/DEXTROMETHORPHAN ‡	LIQUID PKT
		GUAIFENESIN/DEXTROMETHORPHAN ‡	SYRUP
		GUAIFENESIN/DEXTROMETHORPHAN ‡	TAB ER 12H
		GUAIFENESIN/DEXTROMETHORPHAN ‡	TABLET
		PSEUDOEPHEDRINE HCL ‡	CAPSULE
		PSEUDOEPHEDRINE HCL ‡	TABLET
Allergy/Cold	Nasal Allergy Inhalers	FLUTICASONE PROPIONATE *	SPRAY SUSP
Analgesics	Analgesics, Topical	CAPSAICIN	CREAM (G)
Analgesics	Gout	ALLOPURINOL	TABLET
		PROBENECID/COLCHICINE	TABLET
Analgesics	Muscle Relaxants, Oral	BACLOFEN	TABLET
		CYCLOBENZAPRINE HCL	TABLET ***
		TIZANIDINE HCL	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age ~~restrictions apply~~

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Allergy/Cold	Anaphylaxis Rescue	EPINEPHRINE	AUTO INJCT
		EPINEPHRINE (EPIPEN 2-PAK ™)	AUTO INJCT
		EPINEPHRINE (EPIPEN JR 2-PAK ™)	AUTO INJCT
Allergy/Cold	Antihistamines, Second Generation	CETIRIZINE HCL	SOLUTION ***
		CETIRIZINE HCL	TABLET
		LORATADINE	SOLUTION ***
		LORATADINE	TAB RAPDIS ***
		LORATADINE	TABLET
Allergy/Cold	Cough and Cold	CODEINE PHOSPHATE/GUAIFENESIN *	LIQUID
		CODEINE PHOSPHATE/GUAIFENESIN *	SYRUP
		CODEINE PHOSPHATE/GUAIFENESIN *	TABLET
		GUAIFENESIN ‡	GRAN PACK
		GUAIFENESIN ‡	LIQUID
		GUAIFENESIN ‡	SYRUP
		GUAIFENESIN ‡	TAB ER 12H
		GUAIFENESIN ‡	TABLET
		GUAIFENESIN ‡	TABLET ER
		GUAIFENESIN/DEXTROMETHORPHAN ‡	CAPSULE
		GUAIFENESIN/DEXTROMETHORPHAN ‡	DROPS
		GUAIFENESIN/DEXTROMETHORPHAN ‡	ELIXIR
		GUAIFENESIN/DEXTROMETHORPHAN ‡	GRAN PACK
		GUAIFENESIN/DEXTROMETHORPHAN ‡	LIQUID
		GUAIFENESIN/DEXTROMETHORPHAN ‡	LIQUID PKT
		GUAIFENESIN/DEXTROMETHORPHAN ‡	SYRUP
		GUAIFENESIN/DEXTROMETHORPHAN ‡	TAB ER 12H
		GUAIFENESIN/DEXTROMETHORPHAN ‡	TABLET
		PSEUDOEPHEDRINE HCL ‡	CAPSULE
		PSEUDOEPHEDRINE HCL ‡	TABLET
Allergy/Cold	Nasal Allergy Inhalers	FLUTICASONE PROPIONATE *	SPRAY SUSP
Analgesics	Analgesics, Topical	CAPSAICIN	CREAM (G)
Analgesics	Gout	ALLOPURINOL	TABLET
		PROBENECID/COLCHICINE	TABLET
Analgesics	Muscle Relaxants, Oral	BACLOFEN	TABLET
		CYCLOBENZAPRINE HCL	TABLET ***
		TIZANIDINE HCL	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Analgesics	Non-Steroidal Anti-Inflammatory Drugs	DICLOFENAC POTASSIUM	TABLET
		DICLOFENAC SODIUM	TABLET DR
		ETODOLAC	TABLET
		FLURBIPROFEN	TABLET
		IBUPROFEN	CAPSULE
		IBUPROFEN	DROPS SUSP
		IBUPROFEN	ORAL SUSP
		IBUPROFEN	TAB CHEW
		IBUPROFEN	TABLET
		INDOMETHACIN	CAPSULE
		KETOPROFEN	CAPSULE
		KETOROLAC TROMETHAMINE **	TABLET
		MELOXICAM	TABLET
		NABUMETONE	TABLET
		NAPROXEN	TABLET
		NAPROXEN	TABLET DR
		NAPROXEN SODIUM	TABLET
		OXAPROZIN	TABLET
		SALSALATE	TABLET
		SULINDAC	TABLET
Analgesics	Opioids, Long-Acting	FENTANYL **	PATCH TD72
		MORPHINE SULFATE **	TABLET ER
Analgesics	Opioids, Short-Acting	ACETAMINOPHEN WITH CODEINE *	ORAL SUSP
		ACETAMINOPHEN WITH CODEINE *	SOLUTION
		ACETAMINOPHEN WITH CODEINE *	TABLET
		BUTORPHANOL TARTRATE **	SPRAY
		CODEINE SULFATE *	TABLET
		HYDROCODONE/ACETAMINOPHEN **	SOLUTION
		HYDROCODONE/ACETAMINOPHEN **	TABLET
		HYDROMORPHONE HCL **	SUPP.RECT
		HYDROMORPHONE HCL **	TABLET
		MORPHINE SULFATE **	SOLUTION
		MORPHINE SULFATE **	SUPP.RECT
		MORPHINE SULFATE **	TABLET
		OPIUM/BELLADONNA ALKALOIDS **	SUPP.RECT
		OXYCODONE HCL **	SOLUTION
		OXYCODONE HCL **	TABLET
		OXYCODONE HCL/ACETAMINOPHEN **	TABLET
		TRAMADOL HCL **	TABLET
Analgesics	Triptans, Nasal	SUMATRIPTAN	~~SPRAY~~
~~Analgesics~~	~~Triptans, Oral~~	~~NARATRIPTAN HCL~~	~~TABLET~~
		~~SUMATRIPTAN SUCCINATE~~	~~TABLET~~

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Analgesics	Non-Steroidal Anti-Inflammatory Drugs	DICLOFENAC POTASSIUM	TABLET
		DICLOFENAC SODIUM	TABLET DR
		ETODOLAC	TABLET
		FLURBIPROFEN	TABLET
		IBUPROFEN	CAPSULE
		IBUPROFEN	DROPS SUSP
		IBUPROFEN	ORAL SUSP
		IBUPROFEN	TAB CHEW
		IBUPROFEN	TABLET
		INDOMETHACIN	CAPSULE
		KETOPROFEN	CAPSULE
		KETOROLAC TROMETHAMINE **	TABLET
		MELOXICAM	TABLET
		NABUMETONE	TABLET
		NAPROXEN	TABLET
		NAPROXEN	TABLET DR
		NAPROXEN SODIUM	TABLET
		OXAPROZIN	TABLET
		SALSALATE	TABLET
		SULINDAC	TABLET
Analgesics	Opioids, Long-Acting	FENTANYL **	PATCH TD72
		MORPHINE SULFATE **	TABLET ER
Analgesics	Opioids, Short-Acting	ACETAMINOPHEN WITH CODEINE *	ORAL SUSP
		ACETAMINOPHEN WITH CODEINE *	SOLUTION
		ACETAMINOPHEN WITH CODEINE *	TABLET
		BUTORPHANOL TARTRATE **	SPRAY
		CODEINE SULFATE *	TABLET
		HYDROCODONE/ACETAMINOPHEN **	SOLUTION
		HYDROCODONE/ACETAMINOPHEN **	TABLET
		HYDROMORPHONE HCL **	SUPP.RECT
		HYDROMORPHONE HCL **	TABLET
		MORPHINE SULFATE **	SOLUTION
		MORPHINE SULFATE **	SUPP.RECT
		MORPHINE SULFATE **	TABLET
		OPIUM/BELLADONNA ALKALOIDS **	SUPP.RECT
		OXYCODONE HCL **	SOLUTION
		OXYCODONE HCL **	TABLET
		OXYCODONE HCL/ACETAMINOPHEN **	TABLET
		TRAMADOL HCL **	TABLET
Analgesics	Triptans, Nasal	SUMATRIPTAN **	SPRAY
Analgesics	Triptans, Oral	NARATRIPTAN HCL **	TABLET
		SUMATRIPTAN SUCCINATE **	TABLET

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Analgesics	Triptans, Subcutaneous	SUMATRIPTAN SUCCINATE	~~CARTRIDGE~~
		~~SUMATRIPTAN SUCCINATE~~	~~PEN INJCTR~~
		~~SUMATRIPTAN SUCCINATE~~	VIAL
Antibiotics	Amoxicillin and Clavulanate, Oral	AMOXICILLIN/POTASSIUM CLAV	SUSP RECON
		AMOXICILLIN/POTASSIUM CLAV	TAB CHEW
		AMOXICILLIN/POTASSIUM CLAV	TABLET
Antibiotics	Cephalosporins (1st Gen), Oral	CEPHALEXIN	CAPSULE ***
		CEPHALEXIN	SUSP RECON
Antibiotics	Cephalosporins (2nd Gen), Oral	CEFPROZIL	SUSP RECON
		CEFPROZIL	TABLET
		CEFUROXIME AXETIL	SUSP RECON
		CEFUROXIME AXETIL	TABLET
~~Antibiotics~~	~~Cephalosporins (3rd Gen), Oral~~	~~CEFDINIR~~	~~CAPSULE~~
		~~CEFDINIR~~	~~SUSP RECON~~
~~Antibiotics~~	~~Clostridium Difficile Antibiotics~~	METRONIDAZOLE	CAPSULE
		METRONIDAZOLE	TABLET
		METRONIDAZOLE	TABLET ER
		VANCOMYCIN HCL	CAPSULE
		VANCOMYCIN HCL	VIAL
Antibiotics	Fluroquinolones, Oral	CIPROFLOXACIN	SUS MC REC
		CIPROFLOXACIN HCL	TABLET
		LEVOFLOXACIN	SOLUTION
		LEVOFLOXACIN	TABLET
Antibiotics	Macrolides, Oral	AZITHROMYCIN	SUSP RECON
		AZITHROMYCIN	TABLET
		CLARITHROMYCIN	TABLET
Antibiotics	Oxazolidinones, Oral	LINEZOLID	SUSP RECON
		LINEZOLID	TABLET
Antibiotics	Tetracyclines, Oral	DOXYCYCLINE HYCLATE	CAPSULE
		DOXYCYCLINE HYCLATE	TABLET
		DOXYCYCLINE MONOHYDRATE	CAPSULE ***
		DOXYCYCLINE MONOHYDRATE	SUSP RECON
		TETRACYCLINE HCL	CAPSULE
Antifungal	Antifungals, Oral	CLOTRIMAZOLE	TROCHE
		FLUCONAZOLE	SUSP RECON
		FLUCONAZOLE	TABLET
		NYSTATIN	ORAL SUSP
		NYSTATIN	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

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‡ Age ~~restrictions apply~~

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Analgesics	Triptans, Subcutaneous	SUMATRIPTAN SUCCINATE **	CARTRIDGE
		SUMATRIPTAN SUCCINATE **	PEN INJCTR
		SUMATRIPTAN SUCCINATE **	VIAL
Antibiotics	Amoxicillin and Clavulanate, Oral	AMOXICILLIN/POTASSIUM CLAV	SUSP RECON
		AMOXICILLIN/POTASSIUM CLAV	TAB CHEW
		AMOXICILLIN/POTASSIUM CLAV	TABLET
Antibiotics	Cephalosporins (1st Gen), Oral	CEPHALEXIN	CAPSULE ***
		CEPHALEXIN	SUSP RECON
Antibiotics	Cephalosporins (2nd Gen), Oral	CEFPROZIL	SUSP RECON
		CEFPROZIL	TABLET
		CEFUROXIME AXETIL	SUSP RECON
		CEFUROXIME AXETIL	TABLET
Antibiotics	Cephalosporins (3rd Gen), Oral	CEFDINIR	CAPSULE
		CEFDINIR	SUSP RECON
Antibiotics	Clostridium Difficile Antibiotics	METRONIDAZOLE	CAPSULE
		METRONIDAZOLE	TABLET
		METRONIDAZOLE	TABLET ER
		VANCOMYCIN HCL	CAPSULE
		VANCOMYCIN HCL	VIAL
Antibiotics	Fluroquinolones, Oral	CIPROFLOXACIN	SUS MC REC
		CIPROFLOXACIN HCL	TABLET
		LEVOFLOXACIN	SOLUTION
		LEVOFLOXACIN	TABLET
Antibiotics	Macrolides, Oral	AZITHROMYCIN	SUSP RECON
		AZITHROMYCIN	TABLET
		CLARITHROMYCIN	TABLET
Antibiotics	Oxazolidinones, Oral	LINEZOLID	SUSP RECON
		LINEZOLID	TABLET
Antibiotics	Tetracyclines, Oral	DOXYCYCLINE HYCLATE	CAPSULE
		DOXYCYCLINE HYCLATE	TABLET
		DOXYCYCLINE MONOHYDRATE	CAPSULE ***
		DOXYCYCLINE MONOHYDRATE	SUSP RECON
		TETRACYCLINE HCL	CAPSULE
Antifungal	Antifungals, Oral	CLOTRIMAZOLE	TROCHE
		FLUCONAZOLE	SUSP RECON
		FLUCONAZOLE	TABLET
		NYSTATIN	ORAL SUSP
		NYSTATIN	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age restrictions apply

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Antivirals	Hepatitis B	LAMIVUDINE *	SOLUTION
		LAMIVUDINE *	TABLET
		TENOFOVIR DISOPROXIL FUMARATE *	TABLET
Antivirals	Hepatitis C, Direct-Acting Antivirals	DACLATASVIR DIHYDROCHLORIDE *	TABLET
		ELBASVIR/GRAZOPREVIR (ZEPATIER ™) *	TABLET
		LEDIPASVIR/SOFOSBUVIR (HARVONI ™) *	TABLET
		SOFOSBUVIR *	TABLET
		SOFOSBUVIR/VELPATASVIR (EPCLUSA ™) *	TABLET
Antivirals	Hepatitis C, Other Agents	PEGINTERFERON ALFA-2A *	PEN INJCTR
		PEGINTERFERON ALFA-2A *	SYRINGE
		PEGINTERFERON ALFA-2A *	VIAL
		PEGINTERFERON ALFA-2B *	KIT
		~~PEGINTERFERON ALFA-2B *~~	~~PEN IJ KIT~~
		RIBAVIRIN *	CAPSULE
		RIBAVIRIN *	TABLET
Antivirals	Herpes Simplex	ACYCLOVIR	CAPSULE
		ACYCLOVIR	ORAL SUSP
		ACYCLOVIR	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age ~~restrictions apply~~

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Antivirals	Hepatitis B	LAMIVUDINE *	SOLUTION
		LAMIVUDINE *	TABLET
		TENOFOVIR DISOPROXIL FUMARATE *	TABLET
Antivirals	Hepatitis C, Direct-Acting Antivirals	DACLATASVIR DIHYDROCHLORIDE *	TABLET
		ELBASVIR/GRAZOPREVIR (ZEPATIER ™) *	TABLET
		LEDIPASVIR/SOFOSBUVIR (HARVONI ™) *	TABLET
		SOFOSBUVIR *	TABLET
		SOFOSBUVIR/VELPATASVIR (EPCLUSA ™) *	TABLET
Antivirals	Hepatitis C, Other Agents	PEGINTERFERON ALFA-2A *	PEN INJCTR
		PEGINTERFERON ALFA-2A *	SYRINGE
		PEGINTERFERON ALFA-2A *	VIAL
		PEGINTERFERON ALFA-2B *	KIT
		RIBAVIRIN *	CAPSULE
		RIBAVIRIN *	TABLET
Antivirals	Herpes Simplex	ACYCLOVIR	CAPSULE
		ACYCLOVIR	ORAL SUSP
		ACYCLOVIR	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age restrictions apply

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Antivirals	HIV	ABACAVIR SULFATE	SOLUTION
		ABACAVIR SULFATE	TABLET
		ABACAVIR SULFATE/LAMIVUDINE	TABLET
		ABACAVIR/DOLUTEGRAVIR/LAMIVUDI	TABLET
		ABACAVIR/LAMIVUDINE/ZIDOVUDINE	TABLET
		ATAZANAVIR SULFATE	CAPSULE
		ATAZANAVIR SULFATE	POWD PACK
		ATAZANAVIR SULFATE/COBICISTAT (EVOTAZ ™)	TABLET
		COBICISTAT	TABLET
		DARUNAVIR ETHANOLATE	ORAL SUSP
		DARUNAVIR ETHANOLATE	TABLET
		DARUNAVIR/COBICISTAT	TABLET
		DELAVIRDINE MESYLATE	TAB DISPER
		DELAVIRDINE MESYLATE	TABLET
		DIDANOSINE	CAPSULE DR
		DIDANOSINE	SOLN RECON
		DOLUTEGRAVIR SODIUM	TABLET
		EFAVIRENZ	CAPSULE
		EFAVIRENZ	TABLET
		EFAVIRENZ/EMTRICITAB/TENOFOVIR	TABLET
		ELVITEG/~~COBI/EMTRIC/TENOFO ALA (GENVOYA ™)~~	~~TABLET~~
		~~ELVITEG/COBI/EMTRIC/TENOFO DIS~~	TABLET
		EMTRICITA/RILPIVIRINE/TENOF DF	TABLET
		EMTRICITAB/RILPIVIRI/TENOF ALA	TABLET
		EMTRICITABINE	CAPSULE
		EMTRICITABINE	SOLUTION
		EMTRICITABINE/TENOFOV ALAFENAM (DESCOVY ™)	TABLET
		EMTRICITABINE/TENOFOVIR (TDF)	TABLET
		ENFUVIRTIDE	VIAL
		ETRAVIRINE	TABLET
		FOSAMPRENAVIR CALCIUM	ORAL SUSP
		FOSAMPRENAVIR CALCIUM	TABLET
		INDINAVIR SULFATE	CAPSULE
		LAMIVUDINE	SOLUTION
		LAMIVUDINE	TABLET
		LAMIVUDINE/ZIDOVUDINE	TABLET
		LOPINAVIR/RITONAVIR	SOLUTION
		LOPINAVIR/RITONAVIR	TABLET
		MARAVIROC	TABLET
		NELFINAVIR MESYLATE	TABLET
		NEVIRAPINE	ORAL SUSP
		NEVIRAPINE	TAB ER 24H
		NEVIRAPINE	TABLET
		RALTEGRAVIR POTASSIUM	POWD PACK
		RALTEGRAVIR POTASSIUM	TAB CHEW
		RALTEGRAVIR POTASSIUM	TABLET
		RILPIVIRINE HCL	TABLET
		RITONAVIR	CAPSULE
		RITONAVIR	SOLUTION
		RITONAVIR (NORVIR ™)	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age ~~restrictions apply~~

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Antivirals	HIV	ABACAVIR SULFATE	SOLUTION
		ABACAVIR SULFATE	TABLET
		ABACAVIR SULFATE/LAMIVUDINE	TABLET
		ABACAVIR/DOLUTEGRAVIR/LAMIVUDI	TABLET
		ABACAVIR/LAMIVUDINE/ZIDOVUDINE	TABLET
		ATAZANAVIR SULFATE	CAPSULE
		ATAZANAVIR SULFATE	POWD PACK
		ATAZANAVIR SULFATE/COBICISTAT (EVOTAZ ™)	TABLET
		COBICISTAT	TABLET
		DARUNAVIR ETHANOLATE	ORAL SUSP
		DARUNAVIR ETHANOLATE	TABLET
		DARUNAVIR/COBICISTAT	TABLET
		DELAVIRDINE MESYLATE	TAB DISPER
		DELAVIRDINE MESYLATE	TABLET
		DIDANOSINE	CAPSULE DR
		DIDANOSINE	SOLN RECON
		DOLUTEGRAVIR SODIUM	TABLET
		EFAVIRENZ	CAPSULE
		EFAVIRENZ	TABLET
		EFAVIRENZ/EMTRICITAB/TENOFOVIR	TABLET
		ELVITEG/COB/EMTRI/TENOF ALAFEN (GENVOYA ™)	TABLET
		ELVITEG/COB/EMTRI/TENOFO DISOP	TABLET
		EMTRICITA/RILPIVIRINE/TENOF DF	TABLET
		EMTRICITAB/RILPIVIRI/TENOF ALA	TABLET
		EMTRICITABINE	CAPSULE
		EMTRICITABINE	SOLUTION
		EMTRICITABINE/TENOFOV ALAFENAM (DESCOVY ™)	TABLET
		EMTRICITABINE/TENOFOVIR (TDF)	TABLET
		ENFUVIRTIDE	VIAL
		ETRAVIRINE	TABLET
		FOSAMPRENAVIR CALCIUM	ORAL SUSP
		FOSAMPRENAVIR CALCIUM	TABLET
		INDINAVIR SULFATE	CAPSULE
		LAMIVUDINE	SOLUTION
		LAMIVUDINE	TABLET
		LAMIVUDINE/ZIDOVUDINE	TABLET
		LOPINAVIR/RITONAVIR	SOLUTION
		LOPINAVIR/RITONAVIR	TABLET
		MARAVIROC	TABLET
		NELFINAVIR MESYLATE	TABLET
		NEVIRAPINE	ORAL SUSP
		NEVIRAPINE	TAB ER 24H
		NEVIRAPINE	TABLET
		RALTEGRAVIR POTASSIUM	POWD PACK
		RALTEGRAVIR POTASSIUM	TAB CHEW
		RALTEGRAVIR POTASSIUM	TABLET
		RILPIVIRINE HCL	TABLET
		RITONAVIR	CAPSULE
		RITONAVIR	SOLUTION
		RITONAVIR (NORVIR ™)	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age restrictions apply

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Antivirals	HIV	SAQUINAVIR MESYLATE	CAPSULE
		SAQUINAVIR MESYLATE	TABLET
		STAVUDINE	CAPSULE
		STAVUDINE	SOLN RECON
		TIPRANAVIR	CAPSULE
		TIPRANAVIR/VITAMIN E TPGS	SOLUTION
		ZIDOVUDINE	CAPSULE
		ZIDOVUDINE	SYRUP
		ZIDOVUDINE	TABLET
Antivirals	Influenza	OSELTAMIVIR PHOSPHATE *	CAPSULE
		OSELTAMIVIR PHOSPHATE *	SUSP RECON
Cardiovascular	ACEIs, ARBs and DRIs	BENAZEPRIL HCL	TABLET
		ENALAPRIL MALEATE	TABLET
		LISINOPRIL	TABLET
		LOSARTAN POTASSIUM	TABLET
		OLMESARTAN MEDOXOMIL	TABLET
		RAMIPRIL	CAPSULE
		TELMISARTAN	TABLET
Cardiovascular	Antianginals	ISOSORBIDE DINITRATE	CAPSULE ER
		ISOSORBIDE DINITRATE	TABLET
		ISOSORBIDE MONONITRATE	TABLET
		NITROGLYCERIN	CAPSULE ER
		NITROGLYCERIN	PATCH TD24
		NITROGLYCERIN	TAB SUBL
Cardiovascular	Anticoagulants, Oral and SQ	APIXABAN (ELIQUIS ™)	TABLET
		DABIGATRAN ETEXILATE MESYLATE (PRADAXA ™)	CAPSULE
		DALTEPARIN SODIUM,PORCINE	SYRINGE
		EDOXABAN TOSYLATE (SAVAYSA ™)	TABLET
		ENOXAPARIN SODIUM	SYRINGE
		ENOXAPARIN SODIUM	VIAL
		RIVAROXABAN (XARELTO ™)	TAB DS PK
		RIVAROXABAN (XARELTO ™)	TABLET
		WARFARIN SODIUM	TABLET
Cardiovascular	Beta-Blockers, Oral	ACEBUTOLOL HCL	CAPSULE
		ATENOLOL	TABLET
		CARVEDILOL	TABLET
		LABETALOL HCL	TABLET
		METOPROLOL SUCCINATE	TAB ER 24H
		METOPROLOL TARTRATE	TABLET
		PROPRANOLOL HCL	TABLET

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Antivirals	HIV	SAQUINAVIR MESYLATE	CAPSULE
		SAQUINAVIR MESYLATE	TABLET
		STAVUDINE	CAPSULE
		STAVUDINE	SOLN RECON
		TIPRANAVIR	CAPSULE
		TIPRANAVIR/VITAMIN E TPGS	SOLUTION
		ZIDOVUDINE	CAPSULE
		ZIDOVUDINE	SYRUP
		ZIDOVUDINE	TABLET
		ZIDOVUDINE	VIAL
Antivirals	Influenza	OSELTAMIVIR PHOSPHATE *	CAPSULE
		OSELTAMIVIR PHOSPHATE *	SUSP RECON
Cardiovascular	ACEIs, ARBs and DRIs	BENAZEPRIL HCL	TABLET
		ENALAPRIL MALEATE	TABLET
		LISINOPRIL	TABLET
		LOSARTAN POTASSIUM	TABLET
		OLMESARTAN MEDOXOMIL	TABLET
		RAMIPRIL	CAPSULE
		TELMISARTAN	TABLET
Cardiovascular	Antianginals	ISOSORBIDE DINITRATE	CAPSULE ER
		ISOSORBIDE DINITRATE	TABLET
		ISOSORBIDE MONONITRATE	TABLET
		NITROGLYCERIN	CAPSULE ER
		NITROGLYCERIN	PATCH TD24
		NITROGLYCERIN	TAB SUBL
Cardiovascular	Anticoagulants, Oral and SQ	APIXABAN (ELIQUIS ™)	TABLET
		DABIGATRAN ETEXILATE MESYLATE (PRADAXA ™)	CAPSULE
		DALTEPARIN SODIUM,PORCINE	SYRINGE
		EDOXABAN TOSYLATE (SAVAYSA ™)	TABLET
		ENOXAPARIN SODIUM	SYRINGE
		ENOXAPARIN SODIUM	VIAL
		RIVAROXABAN (XARELTO ™)	TAB DS PK
		RIVAROXABAN (XARELTO ™)	TABLET
		WARFARIN SODIUM	TABLET
Cardiovascular	Beta-Blockers, Oral	ACEBUTOLOL HCL	CAPSULE
		ATENOLOL	TABLET
		CARVEDILOL	TABLET
		LABETALOL HCL	TABLET
		METOPROLOL SUCCINATE	TAB ER 24H
		METOPROLOL TARTRATE	TABLET
		PROPRANOLOL HCL	TABLET

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** Drug coverage subject to quantity limits

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Cardiovascular	Calcium Channel Blockers - Dihydropyridine, Oral	AMLODIPINE BESYLATE	TABLET
		NICARDIPINE HCL	CAPSULE
		NIFEDIPINE	TAB ER 24
		NIFEDIPINE	TABLET ER
Cardiovascular	Calcium Channel Blockers - Non-Dihydropyridine, Oral	DILTIAZEM HCL	CAP ER 12H
		DILTIAZEM HCL	CAP ER 24H
		DILTIAZEM HCL	CAP ER DEG
		DILTIAZEM HCL	CAPSULE ER
		DILTIAZEM HCL	TABLET
		VERAPAMIL HCL	CAP24H PEL
		VERAPAMIL HCL	TABLET
		VERAPAMIL HCL	TABLET ER
Cardiovascular	Combination Antihypertensives	AMLODIPINE BES/OLMESARTAN MED	TABLET
		BENAZEPRIL/HYDROCHLOROTHIAZIDE	TABLET
		ENALAPRIL/HYDROCHLOROTHIAZIDE	TABLET
		LISINOPRIL/HYDROCHLOROTHIAZIDE	TABLET
		LOSARTAN/HYDROCHLOROTHIAZIDE	TABLET
		METOPROLOL SU/HYDROCHLOROTHIAZ	TAB ER 24H
		OLMESARTAN/AMLODIPIN/HCTHIAZID	TABLET
		OLMESARTAN/HYDROCHLOROTHIAZIDE	TABLET
		TELMISARTAN/HYDROCHLOROTHIAZID	TABLET
Cardiovascular	Diuretics, Oral	AMILORIDE HCL	TABLET
		AMILORIDE/HYDROCHLOROTHIAZIDE	TABLET
		BUMETANIDE	TABLET
		FUROSEMIDE	SOLUTION ***
		FUROSEMIDE	TABLET
		HYDROCHLOROTHIAZIDE	CAPSULE
		HYDROCHLOROTHIAZIDE	TABLET
		INDAPAMIDE	TABLET
		SPIRONOLACT/HYDROCHLOROTHIAZID	TABLET
		SPIRONOLACTONE	TABLET
		TORSEMIDE	TABLET
		TRIAMTERENE	CAPSULE
		TRIAMTERENE/HYDROCHLOROTHIAZID	CAPSULE
Cardiovascular	Other Dyslipidemia Drugs	CHOLESTYRAMINE (WITH SUGAR)	POWD PACK
		CHOLESTYRAMINE (WITH SUGAR)	POWDER
		CHOLESTYRAMINE/ASPARTAME	POWD PACK
		CHOLESTYRAMINE/ASPARTAME	POWDER
		FENOFIBRATE	TABLET ***
		GEMFIBROZIL	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Cardiovascular	Calcium Channel Blockers - Dihydropyridine, Oral	AMLODIPINE BESYLATE	TABLET
		NICARDIPINE HCL	CAPSULE
		NIFEDIPINE	TAB ER 24
		NIFEDIPINE	TABLET ER
Cardiovascular	Calcium Channel Blockers - Non-Dihydropyridine, Oral	DILTIAZEM HCL	CAP ER 12H
		DILTIAZEM HCL	CAP ER 24H
		DILTIAZEM HCL	CAP ER DEG
		DILTIAZEM HCL	CAPSULE ER
		DILTIAZEM HCL	TABLET
		VERAPAMIL HCL	CAP24H PEL
		VERAPAMIL HCL	TABLET
		VERAPAMIL HCL	TABLET ER
Cardiovascular	Combination Antihypertensives	AMLODIPINE BES/OLMESARTAN MED	TABLET
		BENAZEPRIL/HYDROCHLOROTHIAZIDE	TABLET
		ENALAPRIL/HYDROCHLOROTHIAZIDE	TABLET
		LISINOPRIL/HYDROCHLOROTHIAZIDE	TABLET
		LOSARTAN/HYDROCHLOROTHIAZIDE	TABLET
		METOPROLOL SU/HYDROCHLOROTHIAZ	TAB ER 24H
		OLMESARTAN/AMLODIPIN/HCTHIAZID	TABLET
		OLMESARTAN/HYDROCHLOROTHIAZIDE	TABLET
		TELMISARTAN/HYDROCHLOROTHIAZID	TABLET
Cardiovascular	Diuretics, Oral	AMILORIDE HCL	TABLET
		AMILORIDE/HYDROCHLOROTHIAZIDE	TABLET
		BUMETANIDE	TABLET
		FUROSEMIDE	SOLUTION ***
		FUROSEMIDE	TABLET
		HYDROCHLOROTHIAZIDE	CAPSULE
		HYDROCHLOROTHIAZIDE	TABLET
		INDAPAMIDE	TABLET
		SPIRONOLACT/HYDROCHLOROTHIAZID	TABLET
		SPIRONOLACTONE	TABLET
		TORSEMIDE	TABLET
		TRIAMTERENE	CAPSULE
		TRIAMTERENE/HYDROCHLOROTHIAZID	CAPSULE
Cardiovascular	Other Dyslipidemia Drugs	CHOLESTYRAMINE (WITH SUGAR)	POWD PACK
		CHOLESTYRAMINE (WITH SUGAR)	POWDER
		CHOLESTYRAMINE/ASPARTAME	POWD PACK
		CHOLESTYRAMINE/ASPARTAME	POWDER
		FENOFIBRATE	TABLET ***
		GEMFIBROZIL	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

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‡ Age restrictions apply

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Cardiovascular	Platelet Inhibitors	ASPIRIN	TAB CHEW
		ASPIRIN	TABLET
		ASPIRIN	TABLET DR
		ASPIRIN/DIPYRIDAMOLE	CPMP 12HR
		CILOSTAZOL	TABLET
		CLOPIDOGREL BISULFATE	TABLET
		DIPYRIDAMOLE	TABLET
Cardiovascular	Statins & Combos (High Potency)	ATORVASTATIN CALCIUM	TABLET
		SIMVASTATIN	TABLET
Cardiovascular	Statins & Combos (Low-Medium Potency)	LOVASTATIN	TABLET
		PRAVASTATIN SODIUM	TABLET
Dermatologicals	Antibiotics, Topical	BACITRACIN	OINT. (G) ***
		BACITRACIN ZINC	OINT. (G)
		BACITRACIN ZINC/POLYMYXIN B	OINT. (G)
		BACITRACIN/POLYMYXIN B SULFATE	OINT. (G)
		GENTAMICIN SULFATE	CREAM (G)
		MUPIROCIN	OINT. (G)
		NEOMYCIN/BACITRACIN/POLYMYXINB	OINT. (G)
Dermatologicals	Antifungals, Topical	MICONAZOLE NITRATE	CREAM (G)
		NYSTATIN	CREAM (G)
		NYSTATIN	OINT. (G)
Dermatologicals	Antiparasitics, Topical	PERMETHRIN	COMBO. PKG
		PERMETHRIN	CREAM (G)
		PERMETHRIN	LIQUID
		~~PIP-BUTOX/PYRETHRINS/PERMETH~~	KIT
		PIPERONYL BUTOXIDE/PYRETHRINS	GEL (GRAM)
		PIPERONYL BUTOXIDE/PYRETHRINS	KIT
		PIPERONYL BUTOXIDE/PYRETHRINS	LIQUID
		PIPERONYL BUTOXIDE/PYRETHRINS	SHAMPOO
Dermatologicals	Antipsoriatics, Topical	CALCIPOTRIENE *	CREAM (G)
		CALCIPOTRIENE *	SOLUTION
		CALCIPOTRIENE/BETAMETHASONE *	OINT. (G)
		TAZAROTENE *	CREAM (G)
		TAZAROTENE *	GEL (GRAM)

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** Drug coverage subject to quantity limits

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‡ Age ~~restrictions apply~~

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Cardiovascular	Platelet Inhibitors	ASPIRIN	TAB CHEW
		ASPIRIN	TABLET
		ASPIRIN	TABLET DR
		ASPIRIN/DIPYRIDAMOLE	CPMP 12HR
		CILOSTAZOL	TABLET
		CLOPIDOGREL BISULFATE	TABLET
		DIPYRIDAMOLE	TABLET
Cardiovascular	Statins & Combos (High Potency)	ATORVASTATIN CALCIUM	TABLET
		SIMVASTATIN	TABLET
Cardiovascular	Statins & Combos (Low-Medium Potency)	LOVASTATIN	TABLET
		PRAVASTATIN SODIUM	TABLET
Dermatologicals	Antibiotics, Topical	BACITRACIN	OINT. (G) ***
		BACITRACIN ZINC	OINT. (G)
		BACITRACIN ZINC/POLYMYXIN B	OINT. (G)
		BACITRACIN/POLYMYXIN B SULFATE	OINT. (G)
		GENTAMICIN SULFATE	CREAM (G)
		MUPIROCIN	OINT. (G)
		NEOMYCIN/BACITRACIN/POLYMYXINB	OINT. (G)
Dermatologicals	Antifungals, Topical	MICONAZOLE NITRATE	CREAM (G)
		NYSTATIN	CREAM (G)
		NYSTATIN	OINT. (G)
Dermatologicals	Antiparasitics, Topical	PERMETHRIN	COMBO. PKG
		PERMETHRIN	CREAM (G)
		PERMETHRIN	LIQUID
		PIPERONYL BUTOX/PYRETHR/PERMET	KIT
		PIPERONYL BUTOXIDE/PYRETHRINS	GEL (GRAM)
		PIPERONYL BUTOXIDE/PYRETHRINS	KIT
		PIPERONYL BUTOXIDE/PYRETHRINS	LIQUID
		PIPERONYL BUTOXIDE/PYRETHRINS	SHAMPOO
Dermatologicals	Antipsoriatics, Topical	CALCIPOTRIENE *	CREAM (G)
		CALCIPOTRIENE *	SOLUTION
		CALCIPOTRIENE/BETAMETHASONE *	OINT. (G)
		TAZAROTENE *	CREAM (G)
		TAZAROTENE *	GEL (GRAM)

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** Drug coverage subject to quantity limits

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‡ Age restrictions apply

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Dermatologicals	Steroids, Topical	ALCLOMETASONE DIPROPIONATE	CREAM (G)
		ALCLOMETASONE DIPROPIONATE	OINT. (G)
		BETAMETHASONE DIPROPIONATE	CREAM (G)
		BETAMETHASONE DIPROPIONATE	LOTION
		BETAMETHASONE DIPROPIONATE	OINT. (G)
		BETAMETHASONE VALERATE	CREAM (G)
		BETAMETHASONE VALERATE	OINT. (G)
		CLOBETASOL PROPIONATE	CREAM (G)
		CLOBETASOL PROPIONATE	OINT. (G)
		DESONIDE	CREAM (G)
		DESONIDE	OINT. (G)
		FLUOCINOLONE ACETONIDE	CREAM (G)
		FLUOCINOLONE ACETONIDE	SOLUTION
		FLUOCINONIDE	CREAM (G)
		FLUOCINONIDE	SOLUTION
		FLUOCINONIDE/EMOLLIENT BASE	CREAM (G)
		HYDROCORTISONE	CREAM (G) ***
		HYDROCORTISONE	OINT. (G)
		HYDROCORTISONE ACETATE	CREAM (G)
		HYDROCORTISONE BUTYRATE	SOLUTION
		TRIAMCINOLONE ACETONIDE	CREAM (G)
		TRIAMCINOLONE ACETONIDE	OINT. (G)
Endocrine	Androgens, Topical & Parenteral	TESTOSTERONE ‡	GEL (GRAM)
		TESTOSTERONE ‡	GEL MD PMP
		TESTOSTERONE ‡	GEL PACKET
		TESTOSTERONE CYPIONATE ‡	VIAL
		TESTOSTERONE ENANTHATE ‡	VIAL
Endocrine	Bone Metabolism Drugs	ALENDRONATE SODIUM	TABLET
		IBANDRONATE SODIUM	TABLET
		RISEDRONATE SODIUM	TABLET
Endocrine	Diabetes, DPP-4 Inhibitors	SITAGLIPTIN PHOS/METFORMIN HCL (JANUMET ™) *	TABLET
		SITAGLIPTIN PHOSPHATE (JANUVIA ™) *	TABLET
Endocrine	Diabetes, GLP-1 Receptor Agonists	EXENATIDE *	PEN INJCTR

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Dermatologicals	Steroids, Topical	ALCLOMETASONE DIPROPIONATE	CREAM (G)
		ALCLOMETASONE DIPROPIONATE	OINT. (G)
		BETAMETHASONE DIPROPIONATE	CREAM (G)
		BETAMETHASONE DIPROPIONATE	LOTION
		BETAMETHASONE DIPROPIONATE	OINT. (G)
		BETAMETHASONE VALERATE	CREAM (G)
		BETAMETHASONE VALERATE	OINT. (G)
		CLOBETASOL PROPIONATE	CREAM (G)
		CLOBETASOL PROPIONATE	OINT. (G)
		DESONIDE	CREAM (G)
		DESONIDE	OINT. (G)
		FLUOCINOLONE ACETONIDE	CREAM (G)
		FLUOCINOLONE ACETONIDE	SOLUTION
		FLUOCINONIDE	CREAM (G)
		FLUOCINONIDE	SOLUTION
		FLUOCINONIDE/EMOLLIENT BASE	CREAM (G)
		HYDROCORTISONE	CREAM (G) ***
		HYDROCORTISONE	OINT. (G)
		HYDROCORTISONE ACETATE	CREAM (G)
		HYDROCORTISONE BUTYRATE	SOLUTION
		TRIAMCINOLONE ACETONIDE	CREAM (G)
		TRIAMCINOLONE ACETONIDE	OINT. (G)
Endocrine	Androgens, Topical & Parenteral	TESTOSTERONE ‡	GEL (GRAM)
		TESTOSTERONE ‡	GEL MD PMP
		TESTOSTERONE ‡	GEL PACKET
		TESTOSTERONE CYPIONATE ‡	VIAL
		TESTOSTERONE ENANTHATE ‡	VIAL
Endocrine	Bone Metabolism Drugs	ALENDRONATE SODIUM	TABLET
		IBANDRONATE SODIUM	TABLET
		RISEDRONATE SODIUM	TABLET
Endocrine	Diabetes, DPP-4 Inhibitors	SITAGLIPTIN PHOS/METFORMIN HCL (JANUMET ™) *	TABLET
		SITAGLIPTIN PHOSPHATE (JANUVIA ™) *	TABLET
Endocrine	Diabetes, GLP-1 Receptor Agonists	EXENATIDE *	PEN INJCTR

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Endocrine	Diabetes, Insulins	INSULIN ASPART	VIAL
		INSULIN ASPART *	CARTRIDGE
		INSULIN ASPART *	INSULN PEN
		INSULIN ASPART PROT/INSULN ASP	VIAL
		INSULIN ASPART PROT/INSULN ASP *	INSULN PEN
		INSULIN DETEMIR *	INSULN PEN
		INSULIN GLARGINE,HUM.REC.ANLOG	VIAL
		~~INSULIN GLARGINE,HUM.REC.ANLOG *~~	~~INSULN PEN~~
		INSULIN LISPRO	VIAL
		INSULIN LISPRO PROTAMIN/LISPRO	VIAL
		INSULIN NPH HUM/REG INSULIN HM	VIAL
		INSULIN NPH HUM/REG INSULIN HM *	INSULN PEN
		INSULIN NPH HUMAN ISOPHANE	VIAL
		INSULIN REGULAR, HUMAN	VIAL
		INSULIN ZINC HUMAN RECOMBINANT	VIAL
Endocrine	Diabetes, Miscellaneous Antidiabetic Agents	METFORMIN HCL	TAB ER 24H
		METFORMIN HCL	TABLET
Endocrine	Diabetes, Sulfonylureas	GLIMEPIRIDE	TABLET
		GLIPIZIDE	TABLET
		GLYBURIDE	TABLET
Endocrine	Diabetes, Thiazolidinediones	PIOGLITAZONE HCL	TABLET
Endocrine	Estrogen Replacement, Oral	ESTRADIOL ‡	TABLET
		ESTROPIPATE ‡	TABLET
~~Endocrine~~	~~Estrogen Replacement, Topical~~	ESTRADIOL ‡	PATCH TDSW
		ESTRADIOL ‡	PATCH TDWK
~~Endocrine~~	~~Estrogen Replacement, Vaginal~~	ESTRADIOL	TABLET
		ESTROGENS, CONJUGATED	CREAM/APPL
Endocrine	Growth Hormones	SOMATROPIN *	CARTRIDGE
		SOMATROPIN *	PEN INJCTR
		SOMATROPIN *	SYRINGE
Endocrine	Progestational Agents	HYDROXYPROGESTERONE CAPROAT/PF (MAKENA ™)	VIAL
		HYDROXYPROGESTERONE CAPROATE (MAKENA ™) *	VIAL
		MEDROXYPROGESTERONE ACETATE	TABLET
		MEDROXYPROGESTERONE ACETATE	VIAL
		NORETHINDRONE ACETATE	TABLET
		PROGESTERONE, MICRONIZED	CAPSULE
Endocrine	Vitamin D Analogs	CALCITRIOL	AMPUL
		CALCITRIOL	CAPSULE
		CALCITRIOL	SOLUTION

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Endocrine	Diabetes, Insulins	INSULIN ASPART	VIAL
		INSULIN ASPART *	CARTRIDGE
		INSULIN ASPART *	INSULN PEN
		INSULIN ASPART PROT/INSULN ASP	VIAL
		INSULIN ASPART PROT/INSULN ASP *	INSULN PEN
		INSULIN DETEMIR *	INSULN PEN
		INSULIN GLARGINE,HUM.REC.ANLOG	VIAL
		INSULIN LISPRO	VIAL
		INSULIN LISPRO PROTAMIN/LISPRO	VIAL
		INSULIN NPH HUM/REG INSULIN HM	VIAL
		INSULIN NPH HUM/REG INSULIN HM *	INSULN PEN
		INSULIN NPH HUMAN ISOPHANE	VIAL
		INSULIN REGULAR, HUMAN	VIAL
		INSULIN ZINC HUMAN RECOMBINANT	VIAL
		LANTUS SOLOSTAR ™ - BRAND ONLY *	INSULN PEN
Endocrine	Diabetes, Miscellaneous Antidiabetic Agents	METFORMIN HCL	TAB ER 24H
		METFORMIN HCL	TABLET
Endocrine	Diabetes, Sulfonylureas	GLIMEPIRIDE	TABLET
		GLIPIZIDE	TABLET
		GLYBURIDE	TABLET
Endocrine	Diabetes, Thiazolidinediones	PIOGLITAZONE HCL	TABLET
Endocrine	Estrogen Replacement, Oral	ESTRADIOL ‡	TABLET
		ESTROPIPATE ‡	TABLET
Endocrine	Estrogen Replacement, Topical	ESTRADIOL ‡	PATCH TDSW
		ESTRADIOL ‡	PATCH TDWK
Endocrine	Estrogen Replacement, Vaginal	ESTRADIOL	TABLET
		ESTROGENS, CONJUGATED	CREAM/APPL
Endocrine	Growth Hormones	SOMATROPIN *	CARTRIDGE
		SOMATROPIN *	PEN INJCTR
		SOMATROPIN *	SYRINGE
Endocrine	Progestational Agents	HYDROXYPROGESTERONE CAPROAT/PF (MAKENA ™) *	VIAL
		HYDROXYPROGESTERONE CAPROATE (MAKENA ™) *	VIAL
		MEDROXYPROGESTERONE ACETATE	TABLET
		MEDROXYPROGESTERONE ACETATE	VIAL
		NORETHINDRONE ACETATE	TABLET
		PROGESTERONE, MICRONIZED	CAPSULE
Endocrine	Vitamin D Analogs	CALCITRIOL	AMPUL
		CALCITRIOL	CAPSULE
		CALCITRIOL	SOLUTION

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Gastrointestinal	Antacid, H2 Antagonists	FAMOTIDINE	TABLET ***
		RANITIDINE HCL	SYRUP
		RANITIDINE HCL	TABLET ***
Gastrointestinal	Antacid, Proton Pump Inhibitors	OMEPRAZOLE **	CAPSULE DR
		PANTOPRAZOLE SODIUM **	TABLET DR
Gastrointestinal	Antidiarrheals	LOPERAMIDE HCL	CAPSULE
		LOPERAMIDE HCL	LIQUID
		LOPERAMIDE HCL	TABLET
Gastrointestinal	Antiemetics, Conventional	METOCLOPRAMIDE HCL	SOLUTION
		METOCLOPRAMIDE HCL	TABLET
		PHOSPORATED CARB(DEXT-FRUCTOS)	SOLUTION
		PROCHLORPERAZINE	SUPP.RECT
		PROCHLORPERAZINE MALEATE	TABLET
		PROMETHAZINE HCL	SUPP.RECT
		PROMETHAZINE HCL	SYRUP
		PROMETHAZINE HCL	TABLET
Gastrointestinal	Antiemetics, Newer	ONDANSETRON **	TAB RAPDIS
		ONDANSETRON HCL **	SOLUTION
		ONDANSETRON HCL **	TABLET
Gastrointestinal	Bile Therapy	URSODIOL	CAPSULE
		URSODIOL	TABLET
Gastrointestinal	Inflammatory Bowel Disease	BALSALAZIDE DISODIUM	CAPSULE
		BUDESONIDE	CAPDR - ER
		MESALAMINE	SUPP.RECT
		MESALAMINE (APRISO ™)	CAP ER 24H
		MESALAMINE (LIALDA ™)	TABLET DR
		OLSALAZINE SODIUM	CAPSULE
		SULFASALAZINE	TABLET
		SULFASALAZINE	TABLET DR

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Gastrointestinal	Antacid, H2 Antagonists	FAMOTIDINE	TABLET ***
		RANITIDINE HCL	SYRUP
		RANITIDINE HCL	TABLET ***
Gastrointestinal	Antacid, Proton Pump Inhibitors	OMEPRAZOLE **	CAPSULE DR
		PANTOPRAZOLE SODIUM **	TABLET DR
Gastrointestinal	Antidiarrheals	LOPERAMIDE HCL	CAPSULE
		LOPERAMIDE HCL	LIQUID
		LOPERAMIDE HCL	TABLET
Gastrointestinal	Antiemetics, Conventional	METOCLOPRAMIDE HCL	SOLUTION
		METOCLOPRAMIDE HCL	TABLET
		PHOSPORATED CARB(DEXT-FRUCTOS)	SOLUTION
		PROCHLORPERAZINE	SUPP.RECT
		PROCHLORPERAZINE MALEATE	TABLET
		PROMETHAZINE HCL	SUPP.RECT
		PROMETHAZINE HCL	SYRUP
		PROMETHAZINE HCL	TABLET
Gastrointestinal	Antiemetics, Newer	ONDANSETRON **	TAB RAPDIS
		ONDANSETRON HCL **	SOLUTION
		ONDANSETRON HCL **	TABLET
Gastrointestinal	Bile Therapy	URSODIOL	CAPSULE
		URSODIOL	TABLET
Gastrointestinal	Inflammatory Bowel Disease	BALSALAZIDE DISODIUM	CAPSULE
		BUDESONIDE	CAPDR - ER
		MESALAMINE	SUPP.RECT
		MESALAMINE (APRISO ™)	CAP ER 24H
		MESALAMINE (LIALDA ™)	TABLET DR
		OLSALAZINE SODIUM	CAPSULE
		SULFASALAZINE	TABLET
		SULFASALAZINE	TABLET DR

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Gastrointestinal	Laxatives, Chronic Constipation	BISACODYL	TABLET
		BISACODYL	TABLET DR
		CALCIUM POLYCARBOPHIL	TABLET
		CELLULOSE	POWDER
		DOCUSATE CALCIUM	CAPSULE
		DOCUSATE SODIUM	CAPSULE
		DOCUSATE SODIUM	LIQUID
		DOCUSATE SODIUM	SYRUP
		DOCUSATE SODIUM	TABLET
		FRUCTOOLIGOSACCH/MALTODEXTRIN	LIQUID
		FRUCTOOLIGOSACCHARIDES/POLYDEX	LIQUID
		FRUCTOOLIGOSACCHARIDES/POLYDEX	LIQUID PKT
		GLYCERIN/MALTODEXTRIN	LIQUID
		GUAR GUM	PACKET
		GUAR GUM	POWDER
		INULIN	TAB CHEW
		ISOMALTOOLIGOSACCHARIDES	POWDER
		LACTULOSE	SOLUTION
		MAGNESIUM CITRATE	SOLUTION
		MAGNESIUM HYDROXIDE	ORAL SUSP
		MAGNESIUM HYDROXIDE	TAB CHEW
		METHYLCELLULOSE	TABLET
		METHYLCELLULOSE (WITH SUGAR)	POWDER ***
		POLYETHYLENE GLYCOL 3350	POWDER
		PSYLLIUM HUSK	CAPSULE ***
		PSYLLIUM HUSK	POWDER
		PSYLLIUM HUSK (WITH DEXTROSE)	POWDER
		PSYLLIUM HUSK (WITH SUGAR)	POWDER
		PSYLLIUM HUSK/ASPARTAME	POWD PACK
		PSYLLIUM HUSK/ASPARTAME	POWDER
		PSYLLIUM HUSK/CALCIUM CARB	CAPSULE
		PSYLLIUM SEED	POWDER
		PSYLLIUM SEED (WITH DEXTROSE)	PACKET
		PSYLLIUM SEED (WITH DEXTROSE)	POWDER
		PSYLLIUM SEED (WITH SUGAR)	POWDER
		PSYLLIUM SEED (WITH SUGAR)	WAFER
		PSYLLIUM SEED/ASPARTAME	POWDER
		PSYLLIUM SEED/SOD BICARB	PACKET
		SENNA LEAF	TEA (GRAM)
		SENNA LEAF EXTRACT	SYRUP
		SENNOSIDES	SYRUP
		SENNOSIDES	TAB CHEW
		SENNOSIDES	TABLET
		SENNOSIDES/DOCUSATE SODIUM	TABLET
		SENNOSIDES/PSYLLIUM HUSK	CAPSULE
		SOLUBLE CORN FIBER	POWDER
		WHEAT DEXTRIN	POWD PACK ***
		WHEAT DEXTRIN	POWDER

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Gastrointestinal	Laxatives, Chronic Constipation	BISACODYL	TABLET
		BISACODYL	TABLET DR
		CALCIUM POLYCARBOPHIL	TABLET
		CELLULOSE	POWDER
		DOCUSATE CALCIUM	CAPSULE
		DOCUSATE SODIUM	CAPSULE
		DOCUSATE SODIUM	LIQUID
		DOCUSATE SODIUM	SYRUP
		DOCUSATE SODIUM	TABLET
		FRUCTOOLIGOSACCH/MALTODEXTRIN	LIQUID
		FRUCTOOLIGOSACCHARIDES/POLYDEX	LIQUID
		FRUCTOOLIGOSACCHARIDES/POLYDEX	LIQUID PKT
		GLYCERIN/MALTODEXTRIN	LIQUID
		GUAR GUM	PACKET
		GUAR GUM	POWDER
		INULIN	TAB CHEW
		ISOMALTOOLIGOSACCHARIDES	POWDER
		LACTULOSE	SOLUTION
		MAGNESIUM CITRATE	SOLUTION
		MAGNESIUM HYDROXIDE	ORAL SUSP
		MAGNESIUM HYDROXIDE	TAB CHEW
		METHYLCELLULOSE	TABLET
		METHYLCELLULOSE (WITH SUGAR)	POWDER ***
		POLYETHYLENE GLYCOL 3350	POWDER
		PSYLLIUM HUSK	CAPSULE ***
		PSYLLIUM HUSK	POWDER
		PSYLLIUM HUSK (WITH DEXTROSE)	POWDER
		PSYLLIUM HUSK (WITH SUGAR)	POWDER
		PSYLLIUM HUSK/ASPARTAME	POWD PACK
		PSYLLIUM HUSK/ASPARTAME	POWDER
		PSYLLIUM HUSK/CALCIUM CARB	CAPSULE
		PSYLLIUM SEED	POWDER
		PSYLLIUM SEED (WITH DEXTROSE)	PACKET
		PSYLLIUM SEED (WITH DEXTROSE)	POWDER
		PSYLLIUM SEED (WITH SUGAR)	POWDER
		PSYLLIUM SEED (WITH SUGAR)	WAFER
		PSYLLIUM SEED/ASPARTAME	POWDER
		PSYLLIUM SEED/SOD BICARB	PACKET
		SENNA LEAF	TEA (GRAM)
		SENNA LEAF EXTRACT	SYRUP
		SENNOSIDES	SYRUP
		SENNOSIDES	TAB CHEW
		SENNOSIDES	TABLET
		SENNOSIDES/DOCUSATE SODIUM	TABLET
		SENNOSIDES/PSYLLIUM HUSK	CAPSULE
		SOLUBLE CORN FIBER	POWDER
		WHEAT DEXTRIN	POWD PACK ***
		WHEAT DEXTRIN	POWDER

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Gastrointestinal	Pancreatic Enzymes	LIPASE/PROTEASE/AMYLASE (CREON ™)	CAPSULE DR
Genito-Urinary	Benign Prostate Hypertrophy Drugs	DOXAZOSIN MESYLATE	TABLET
		FINASTERIDE	TABLET
		TAMSULOSIN HCL	CAP ER 24H
		TERAZOSIN HCL	CAPSULE
Genito-Urinary	Overactive Bladder Drugs	FESOTERODINE FUMARATE	TAB ER 24H
		HYOSCYAMINE SULFATE	ELIXIR
		HYOSCYAMINE SULFATE	TAB RAPDIS
		OXYBUTYNIN	PATCH TDSW
		OXYBUTYNIN CHLORIDE	SYRUP
		OXYBUTYNIN CHLORIDE	TAB ER 24
		OXYBUTYNIN CHLORIDE	TABLET
Hematology-Oncology	Colony Stimulating Factors	FILGRASTIM	SYRINGE
		FILGRASTIM	VIAL
		FILGRASTIM-SNDZ	SYRINGE
		PEGFILGRASTIM	SYR W/ INJ
		PEGFILGRASTIM	SYRINGE
		SARGRAMOSTIM	VIAL
		TBO-FILGRASTIM (GRANIX ™)	SYRINGE
Hematology-Oncology	Erythropoetic Stimulating Agents	DARBEPOETIN ALFA IN POLYSORBAT (ARANESP ™) *	SYRINGE
		DARBEPOETIN ALFA IN POLYSORBAT (ARANESP ™) *	VIAL
		PROCRIT ™ - BRAND ONLY *	VIAL
Hematology-Oncology	Iron Chelators	DEFEROXAMINE MESYLATE	VIAL
Immunological	Biologics for Autoimmune Conditions	ADALIMUMAB (HUMIRA ™) *	SYRINGEKIT
		ADALIMUMAB (HUMIRA PEDIATRIC CROHN'S ™) *	SYRINGEKIT
		ADALIMUMAB (HUMIRA PEN ™) *	PEN IJ KIT
		ADALIMUMAB (HUMIRA PEN CROHN-UC-HS STARTER ™) *	PEN IJ KIT
		ADALIMUMAB (HUMIRA PEN PSORIASIS-UVEITIS ™) *	PEN IJ KIT
		ETANERCEPT (ENBREL ™) *	PEN INJCTR
		ETANERCEPT (ENBREL ™) *	SYRINGE
		ETANERCEPT (ENBREL ™) *	VIAL
Immunological	Immunoglobulins	GAMUNEX-C ™ - BRAND ONLY	VIAL ***

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Gastrointestinal	Pancreatic Enzymes	LIPASE/PROTEASE/AMYLASE (CREON ™)	CAPSULE DR
Genito-Urinary	Benign Prostate Hypertrophy Drugs	DOXAZOSIN MESYLATE	TABLET
		FINASTERIDE	TABLET
		TAMSULOSIN HCL	CAP ER 24H
		TERAZOSIN HCL	CAPSULE
Genito-Urinary	Overactive Bladder Drugs	FESOTERODINE FUMARATE	TAB ER 24H
		HYOSCYAMINE SULFATE	ELIXIR
		HYOSCYAMINE SULFATE	TAB RAPDIS
		OXYBUTYNIN	PATCH TDSW
		OXYBUTYNIN CHLORIDE	SYRUP
		OXYBUTYNIN CHLORIDE	TAB ER 24
		OXYBUTYNIN CHLORIDE	TABLET
Hematology-Oncology	Colony Stimulating Factors	FILGRASTIM	SYRINGE
		FILGRASTIM	VIAL
		FILGRASTIM-SNDZ	SYRINGE
		PEGFILGRASTIM	SYR W/ INJ
		PEGFILGRASTIM	SYRINGE
		SARGRAMOSTIM	VIAL
		TBO-FILGRASTIM (GRANIX ™)	SYRINGE
Hematology-Oncology	Erythropoetic Stimulating Agents	DARBEPOETIN ALFA IN POLYSORBAT (ARANESP ™) *	SYRINGE
		DARBEPOETIN ALFA IN POLYSORBAT (ARANESP ™) *	VIAL
		PROCRIT ™ - BRAND ONLY *	VIAL
Hematology-Oncology	Iron Chelators	DEFEROXAMINE MESYLATE	VIAL
Immunological	Biologics for Autoimmune Conditions	ADALIMUMAB (HUMIRA ™) *	SYRINGEKIT
		ADALIMUMAB (HUMIRA PEDIATRIC CROHN'S ™) *	SYRINGEKIT
		ADALIMUMAB (HUMIRA PEN ™) *	PEN IJ KIT
		ADALIMUMAB (HUMIRA PEN CROHN-UC-HS STARTER ™) *	PEN IJ KIT
		ADALIMUMAB (HUMIRA PEN PSORIASIS-UVEITIS ™) *	PEN IJ KIT
		ETANERCEPT (ENBREL ™) *	PEN INJCTR
		ETANERCEPT (ENBREL ™) *	SYRINGE
		ETANERCEPT (ENBREL ™) *	VIAL
Immunological	Immunoglobulins	GAMUNEX-C ™ - BRAND ONLY	VIAL ***

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Immunological	Immunosuppressants	AZATHIOPRINE	TABLET
		CYCLOSPORINE	CAPSULE
		CYCLOSPORINE	SOLUTION
		CYCLOSPORINE, MODIFIED	CAPSULE
		CYCLOSPORINE, MODIFIED	SOLUTION
		EVEROLIMUS	TABLET
		MYCOPHENOLATE MOFETIL	CAPSULE
		MYCOPHENOLATE MOFETIL	SUSP RECON
		MYCOPHENOLATE MOFETIL	TABLET
		MYCOPHENOLATE SODIUM	TABLET DR
		SIROLIMUS	SOLUTION
		SIROLIMUS	TABLET
		TACROLIMUS	CAPSULE
Neurology	Alzheimer's Disease Drugs	DONEPEZIL HCL	TABLET ***
		GALANTAMINE HBR	CAP24H PEL
		GALANTAMINE HBR	TABLET
		MEMANTINE HCL	SOLUTION
		MEMANTINE HCL	TAB DS PK
		MEMANTINE HCL	TABLET
		RIVASTIGMINE	PATCH TD24
Neurology	Antiepileptics (oral & rectal)	CARBAMAZEPINE	ORAL SUSP
		CARBAMAZEPINE	TAB CHEW
		CARBAMAZEPINE	TAB ER 12H
		CARBAMAZEPINE	TABLET
		DIASTAT ™ - BRAND ONLY	KIT
		DIASTAT ACUDIAL ™ - BRAND ONLY	KIT
		ETHOSUXIMIDE	CAPSULE
		ETHOSUXIMIDE	SOLUTION
		~~GABAPENTIN~~	~~CAPSULE~~
		LACOSAMIDE (VIMPAT ™)	TABLET
		LEVETIRACETAM	SOLUTION
		LEVETIRACETAM	TABLET
		METHSUXIMIDE	CAPSULE
		OXCARBAZEPINE	ORAL SUSP
		OXCARBAZEPINE	TABLET
		PHENOBARBITAL	ELIXIR
		PHENOBARBITAL	TABLET
		PHENYTOIN	ORAL SUSP
		PHENYTOIN	TAB CHEW
		PHENYTOIN SODIUM EXTENDED	CAPSULE
		PRIMIDONE	TABLET
		RUFINAMIDE	TABLET
		TIAGABINE HCL	TABLET
		TOPIRAMATE	TABLET
		ZONISAMIDE	CAPSULE

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Immunological	Immunosuppressants	AZATHIOPRINE	TABLET
		CYCLOSPORINE	CAPSULE
		CYCLOSPORINE	SOLUTION
		CYCLOSPORINE, MODIFIED	CAPSULE
		CYCLOSPORINE, MODIFIED	SOLUTION
		EVEROLIMUS	TABLET
		MYCOPHENOLATE MOFETIL	CAPSULE
		MYCOPHENOLATE MOFETIL	SUSP RECON
		MYCOPHENOLATE MOFETIL	TABLET
		MYCOPHENOLATE SODIUM	TABLET DR
		SIROLIMUS	SOLUTION
		SIROLIMUS	TABLET
		TACROLIMUS	CAPSULE
Neurology	Alzheimer's Disease Drugs	DONEPEZIL HCL	TABLET ***
		GALANTAMINE HBR	CAP24H PEL
		GALANTAMINE HBR	TABLET
		MEMANTINE HCL	SOLUTION
		MEMANTINE HCL	TAB DS PK
		MEMANTINE HCL	TABLET
		RIVASTIGMINE	PATCH TD24
Neurology	Antiepileptics (oral & rectal)	CARBAMAZEPINE	ORAL SUSP
		CARBAMAZEPINE	TAB CHEW
		CARBAMAZEPINE	TAB ER 12H
		CARBAMAZEPINE	TABLET
		DIASTAT ™ - BRAND ONLY	KIT
		DIASTAT ACUDIAL ™ - BRAND ONLY	KIT
		ETHOSUXIMIDE	CAPSULE
		ETHOSUXIMIDE	SOLUTION
		ETHOTOIN	TABLET
		GABAPENTIN	CAPSULE
		GABAPENTIN	TABLET
		LACOSAMIDE (VIMPAT ™)	TABLET
		LEVETIRACETAM	SOLUTION
		LEVETIRACETAM	TABLET
		METHSUXIMIDE	CAPSULE
		OXCARBAZEPINE	ORAL SUSP
		OXCARBAZEPINE	TABLET
		PHENOBARBITAL	ELIXIR
		PHENOBARBITAL	TABLET
		PHENYTOIN	ORAL SUSP
		PHENYTOIN	TAB CHEW
		PHENYTOIN SODIUM EXTENDED	CAPSULE
		PRIMIDONE	TABLET
		RUFINAMIDE	TABLET
		TIAGABINE HCL	TABLET
		TOPIRAMATE	TABLET
		ZONISAMIDE	CAPSULE

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Neurology	Multiple Sclerosis	COPAXONE ™ - BRAND ONLY	SYRINGE ***
		INTERFERON BETA-1A	PEN IJ KIT
		INTERFERON BETA-1A	SYRINGEKIT
		INTERFERON BETA-1A/ALBUMIN	KIT
		INTERFERON BETA-1A/ALBUMIN	PEN INJCTR
		INTERFERON BETA-1A/ALBUMIN	SYRINGE
		INTERFERON BETA-1B	KIT
Neurology	Parkinson's Disease Drugs, Oral & Topical	BENZTROPINE MESYLATE	TABLET
		CARBIDOPA/LEVODOPA	TABLET
		CARBIDOPA/LEVODOPA	TABLET ER
		CARBIDOPA/LEVODOPA/ENTACAPONE	TABLET
		ENTACAPONE	TABLET
		PRAMIPEXOLE DI-HCL	TABLET
		SELEGILINE HCL	CAPSULE
		TRIHEXYPHENIDYL HCL	ELIXIR
		TRIHEXYPHENIDYL HCL	TABLET
Nutritional	B-vitamins, Oral	CYANOCOBALAMIN (VITAMIN B-12)	DROPS ~~***~~
		CYANOCOBALAMIN (VITAMIN B-12)	LOZENGE
		CYANOCOBALAMIN (VITAMIN B-12)	TAB IR ER
		CYANOCOBALAMIN (VITAMIN B-12)	TAB RAPDIS ***
		CYANOCOBALAMIN (VITAMIN B-12)	TAB SUBL ***
		CYANOCOBALAMIN (VITAMIN B-12)	TABLET ***
		PYRIDOXINE HCL (VITAMIN B6)	TABLET
		THIAMINE HCL	TABLET ***
		THIAMINE MONONITRATE	TABLET
Nutritional	Calcium/Vit D Replacement, Oral	CALCIUM CARBONATE	CAPSULE
		CALCIUM CARBONATE	ORAL SUSP
		CALCIUM CARBONATE	TAB CHEW
		CALCIUM CARBONATE	TABLET
		CALCIUM CARBONATE/VITAMIN D3	CAPSULE ***
		CALCIUM CARBONATE/VITAMIN D3	LIQUID
		CALCIUM CARBONATE/VITAMIN D3	TAB CHEW
		CALCIUM CARBONATE/VITAMIN D3	TABLET ***
		CALCIUM CITRATE	TABLET ***
		CHOLECALCIFEROL (VITAMIN D3)	CAPSULE ***
		CHOLECALCIFEROL (VITAMIN D3)	SPRAY SUSP
		CHOLECALCIFEROL (VITAMIN D3)	TABLET ***
		ERGOCALCIFEROL (VITAMIN D2)	CAPSULE
		ERGOCALCIFEROL (VITAMIN D2)	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age ~~restrictions apply~~

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Neurology	Multiple Sclerosis	COPAXONE ™ - BRAND ONLY	SYRINGE ***
		INTERFERON BETA-1A	PEN IJ KIT
		INTERFERON BETA-1A	SYRINGEKIT
		INTERFERON BETA-1A/ALBUMIN	KIT
		INTERFERON BETA-1A/ALBUMIN	PEN INJCTR
		INTERFERON BETA-1A/ALBUMIN	SYRINGE
		INTERFERON BETA-1B	KIT
Neurology	Parkinson's Disease Drugs, Oral & Topical	BENZTROPINE MESYLATE	TABLET
		CARBIDOPA/LEVODOPA	TABLET
		CARBIDOPA/LEVODOPA	TABLET ER
		CARBIDOPA/LEVODOPA/ENTACAPONE	TABLET
		ENTACAPONE	TABLET
		PRAMIPEXOLE DI-HCL	TABLET
		SELEGILINE HCL	CAPSULE
		TRIHEXYPHENIDYL HCL	ELIXIR
		TRIHEXYPHENIDYL HCL	TABLET
Nutritional	B-vitamins, Oral	CYANOCOBALAMIN (VITAMIN B-12)	DROPS
		CYANOCOBALAMIN (VITAMIN B-12)	LOZENGE
		CYANOCOBALAMIN (VITAMIN B-12)	TAB IR ER
		CYANOCOBALAMIN (VITAMIN B-12)	TAB RAPDIS ***
		CYANOCOBALAMIN (VITAMIN B-12)	TAB SUBL ***
		CYANOCOBALAMIN (VITAMIN B-12)	TABLET ***
		PYRIDOXINE HCL (VITAMIN B6)	TABLET
		THIAMINE HCL	TABLET ***
		THIAMINE MONONITRATE (VIT B1)	TABLET
Nutritional	Calcium/Vit D Replacement, Oral	CALCIUM CARBONATE	CAPSULE
		CALCIUM CARBONATE	ORAL SUSP
		CALCIUM CARBONATE	TAB CHEW
		CALCIUM CARBONATE	TABLET
		CALCIUM CARBONATE/VITAMIN D3	CAPSULE ***
		CALCIUM CARBONATE/VITAMIN D3	LIQUID
		CALCIUM CARBONATE/VITAMIN D3	TAB CHEW
		CALCIUM CARBONATE/VITAMIN D3	TABLET ***
		CALCIUM CITRATE	TABLET ***
		CHOLECALCIFEROL (VITAMIN D3)	CAPSULE ***
		CHOLECALCIFEROL (VITAMIN D3)	SPRAY SUSP
		CHOLECALCIFEROL (VITAMIN D3)	TABLET ***
		ERGOCALCIFEROL (VITAMIN D2)	CAPSULE
		ERGOCALCIFEROL (VITAMIN D2)	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age restrictions apply

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Nutritional	Iron Replacement, Oral	FERROUS GLUCONATE	TABLET ***
		FERROUS SULFATE	ELIXIR ***
		FERROUS SULFATE	LIQUID
		FERROUS SULFATE	TABLET
		FERROUS SULFATE	TABLET DR
		FERROUS SULFATE	TABLET ER ***
		IRON FUM, PS/FA/VIT C/L. CASEI	POWD PACK
~~Nutritional~~	~~Magnesium Replacement, Oral~~	MAGNESIUM	TABLET
		MAGNESIUM AMINO ACID CHELATE	TABLET
		MAGNESIUM CARBONATE	LIQUID
		MAGNESIUM CITRATE	TABLET
		MAGNESIUM GLUCONATE	TABLET
		MAGNESIUM OXIDE	CAPSULE
		MAGNESIUM OXIDE/MAGNESIUM	TABLET
		MAGNESIUM OXIDE/~~PYRIDOXINE~~	TABLET
Nutritional	Multivitamins, Oral	BETA-CAROTENE(A)-VITS C,E/MINS *	TABLET
		FOLIC ACID/VIT B COMPLEX AND C *	TABLET
		MULTIVIT WITH MINERALS/LUTEIN *	TABLET
		MULTIVIT,TX WITH IRON,MINERALS *	TABLET
		MULTIVITAMIN *	TABLET
		MULTIVITAMIN,THERAPEUTIC *	TABLET
		MULTIVITAMIN/IRON/FOLIC ACID *	TABLET
		MULTIVIT-MIN/FA/LYCOPEN/LUTEIN *	TABLET
		MV-MIN 51/FOLIC ACID/VIT K/UBI *	TAB CHEW
		VITAMIN B COMPLEX *	CAPSULE
Nutritional	Potassium and K-Phos, Oral	POT CHLORIDE/CAL PHOS/MAG	TABLET
		POTASSIUM	TABLET
		POTASSIUM BICARBONATE/CIT AC	TABLET EFF ***
		POTASSIUM CHLORIDE	TAB ER PRT
		POTASSIUM CHLORIDE	TABLET ER
		POTASSIUM PHOSPHATE,MONOBASIC	TABLET SOL
		SOD PHOS DI, MONO/K PHOS MONO	TABLET
		SOD PHOS,M-B/K PHOS,MONOB	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age ~~restrictions apply~~

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Nutritional	Iron Replacement, Oral	FERROUS GLUCONATE	TABLET ***
		FERROUS SULFATE	ELIXIR ***
		FERROUS SULFATE	LIQUID
		FERROUS SULFATE	TABLET
		FERROUS SULFATE	TABLET DR
		FERROUS SULFATE	TABLET ER ***
		IRON FUM, PS/FA/VIT C/L. CASEI	POWD PACK
Nutritional	Magnesium Replacement, Oral	MAGNESIUM	TABLET
		MAGNESIUM AMINO ACID CHELATE	TABLET
		MAGNESIUM CARBONATE	LIQUID
		MAGNESIUM CITRATE	TABLET
		MAGNESIUM GLUCONATE	TABLET
		MAGNESIUM OXIDE	CAPSULE
		MAGNESIUM OXIDE/MAGNESIUM	TABLET
		MAGNESIUM OXIDE/VIT B6	TABLET
Nutritional	Multivitamins, Oral	BETA-CAROTENE(A)-VITS C,E/MINS *	TABLET
		FOLIC ACID/VIT B COMPLEX AND C *	TABLET
		MULTIVIT WITH MINERALS/LUTEIN *	TABLET
		MULTIVIT,TX WITH IRON,MINERALS *	TABLET
		MULTIVITAMIN *	TABLET
		MULTIVITAMIN,THERAPEUTIC *	TABLET
		MULTIVITAMIN/IRON/FOLIC ACID *	TABLET
		MULTIVIT-MIN/FA/LYCOPEN/LUTEIN *	TABLET
		MV-MIN 51/FOLIC ACID/VIT K/UBI *	TAB CHEW
		VITAMIN B COMPLEX *	CAPSULE
Nutritional	Potassium and K-Phos, Oral	POT CHLORIDE/CAL PHOS/MAG	TABLET
		POTASSIUM	TABLET
		POTASSIUM BICARBONATE/CIT AC	TABLET EFF ***
		POTASSIUM CHLORIDE	TAB ER PRT
		POTASSIUM CHLORIDE	TABLET ER
		POTASSIUM PHOSPHATE,MONOBASIC	TABLET SOL
		SOD PHOS DI, MONO/K PHOS MONO	TABLET
		SOD PHOS,M-B/K PHOS,MONOB	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age restrictions apply

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Nutritional	Prenatal Vitamins	IRON,CARBONYL/FOLIC ACID/MV-MN	TABLET
		~~PNV #14/FERROUS FUM/FOLIC ACID~~	~~TAB CHEW~~
		~~PNV #78/IRON ASP GLY/FA#1/DHA~~	~~CAPSULE~~
		PNV 11/IRON FUM/FOLIC ACID/OM3	CAPSULE
		PNV 15/IRON FUM,PS/FOLIC ACID	CAPSULE
		PNV 16/IRON FUM,PS/FOLIC/OM-3	CAPSULE
		PNV 19/IRON PS,HEME/FOLIC/DHA	CAPSULE
		PNV 21/IRON PS,HEME PPEP/FOLIC	TABLET
		PNV 22/IRON,GLUC/FOLIC/DSS/DHA	COMBO. PKG
		PNV 30/IRON CARB,AG/FOLIC/OM3	CAPSULE
		PNV 39/IRON/FOLIC/DOCUSATE/DHA	CAPSULE
		PNV 66/IRON/FOLIC/DOCUSATE/DHA	CAPSULE
		PNV 69/IRON/FOLIC/DOCUSATE/DHA	CAPSULE
		PNV 76/IRON,GLUC/FOLIC/DSS/DHA	COMBO. PKG
		PNV 80/IRON FUM/FOLIC/DSS/DHA	CAPSULE
		PNV 85/IRON/FOLIC/DHA/FISH OIL	CAPSULE
		PNV ~~COMBO#47/IRON/FA #~~1/DHA	CAPSULE
		PNV NO.118/IRON FUMARATE/FA	TAB CHEW
		~~PNV WITH CA#74/IRON/FOLIC ACID~~	~~TABLET~~
		~~PNV WITH CA,NO.70/IRON/FA/DHA~~	~~CAPSULE~~
		~~PNV WITH CA,NO.72/IRON/FA~~	~~TABLET~~
		~~PNV#26/IRON POLY/FA/DHA~~	~~CAPSULE~~
		~~PNV#67/IRON PS/FA CMB#1/DHA~~	~~CAPSULE~~
		PNV,CALC 35/IRON/FOLIC/DSS/OM3	CAPSULE
		PNV,CALCIUM37/IRON/FOLIC/OMEG3	CAPSULE
		PNV/FOLIC AC/B6/CALCIUM/GINGER	TABLET
		PNV19/IRON BG,S.P/FOLIC AC/OM3	CMBPKGDRCP
		PNV20/IRON/FOLIC/DOCUSATE/OM3S	CAPSULE
		PNV53/IRON FUM/FA/DOCUSATE/DHA	CAPSULE
		PNV59/IRON,CARB,FUM/FA/DSS/DHA	CAPSULE
		PNV72/IRON,GLUC/FOLIC/DSS/DHA	COMBO. PKG
		PNV73/IRON,GLUC/FOLIC/DSS/DHA	COMBO. PKG
		PNV81/IRON EDTA,PS/FOLIC/OMEG3	CMBPKGDRCP
		PNV83/IRON,CARB,ASP/FOLIC ACID	TABLET
		PRENAT 115/IRON FUM/FOLIC/DSS	TABLET
		~~PRENATAL #103/IRON FUMARATE/FA~~	~~TABLET~~
		PRENATAL 113/IRON/LMFOL/OMEG3S	CMB TABAMP
		PRENATAL 114/IRON ~~ASP GLY/FA 1~~	~~TABLET~~
		~~PRENATAL 123/IRON/FOLIC/OMEG3S~~	~~CAPSULE~~
		~~PRENATAL 18/IRON/FOLIC/DSS/DHA~~	~~TABLET~~
		PRENATAL 2/IRON/FOLIC ACID/OM3	COMBO. PKG
		PRENATAL ~~34/IRON/FOLIC/DSS/DHA~~	~~CAPSULE~~
		~~PRENATAL~~ 53/IRON/FOLIC AC/OMG3	COMBO. PKG
		PRENATAL 57/IRON/FOLIC/DSS/DHA	CAPSULE
		PRENATAL 68/IRON/FOLIC NO1/DHA	CAPSULE
		PRENATAL 86/IRON/FOLIC/DHA/EPA	COMBO. PKG
		PRENATAL 87/IRON BIS/FOLIC/DHA	COMBO. PKG
		PRENATAL NO.~~13/IRON PS/FA CB#1~~	~~TAB CHEW~~
		~~PRENATAL NO.~~52/IRON/FA/DHA	CAPSULE
		PRENATAL NO.75/IRON/FOLATE NO1	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age ~~restrictions apply~~

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Nutritional	Prenatal Vitamins	IRON,CARBONYL/FOLIC ACID/MV-MN	TABLET
		PNV 11/IRON FUM/FOLIC ACID/OM3	CAPSULE
		PNV 15/IRON FUM,PS/FOLIC ACID	CAPSULE
		PNV 16/IRON FUM,PS/FOLIC/OM-3	CAPSULE
		PNV 19/IRON PS,HEME/FOLIC/DHA	CAPSULE
		PNV 21/IRON PS,HEME PPEP/FOLIC	TABLET
		PNV 22/IRON,GLUC/FOLIC/DSS/DHA	COMBO. PKG
		PNV 30/IRON CARB,AG/FOLIC/OM3	CAPSULE
		PNV 39/IRON/FOLIC/DOCUSATE/DHA	CAPSULE
		PNV 66/IRON/FOLIC/DOCUSATE/DHA	CAPSULE
		PNV 67/IRON PS/FOLATE NO 1/DHA	CAPSULE
		PNV 69/IRON/FOLIC/DOCUSATE/DHA	CAPSULE
		PNV 76/IRON,GLUC/FOLIC/DSS/DHA	COMBO. PKG
		PNV 80/IRON FUM/FOLIC/DSS/DHA	CAPSULE
		PNV 85/IRON/FOLIC/DHA/FISH OIL	CAPSULE
		PNV NO.118/IRON FUMARATE/FA	TAB CHEW
		PNV, CALCIUM 70/IRON/FOLIC/DHA	CAPSULE
		PNV,CALC 35/IRON/FOLIC/DSS/OM3	CAPSULE
		PNV,CALCIUM 72/IRON/FOLIC ACID	TABLET
		PNV,CALCIUM37/IRON/FOLIC/OMEG3	CAPSULE
		PNV/FOLIC AC/B6/CALCIUM/GINGER	TABLET
		PNV19/IRON BG,S.P/FOLIC AC/OM3	CMBPKGDRCP
		PNV20/IRON/FOLIC/DOCUSATE/OM3S	CAPSULE
		PNV53/IRON FUM/FA/DOCUSATE/DHA	CAPSULE
		PNV59/IRON,CARB,FUM/FA/DSS/DHA	CAPSULE
		PNV72/IRON,GLUC/FOLIC/DSS/DHA	COMBO. PKG
		PNV73/IRON,GLUC/FOLIC/DSS/DHA	COMBO. PKG
		PNV81/IRON EDTA,PS/FOLIC/OMEG3	CMBPKGDRCP
		PNV83/IRON,CARB,ASP/FOLIC ACID	TABLET
		PRENAT 115/IRON FUM/FOLIC/DSS	TABLET
		PRENAT90/IRON FUM,PS/FOLIC/DHA	CAPSULE
		PRENATAL 113/IRON/LMFOL/OMEG3S	CMB TABAMP
		PRENATAL 114/IRON A-G/FOLATE 1	TABLET
		PRENATAL 118/IRON/FOLATE 6/DHA	CAPSULE
		PRENATAL 123/IRON/FOLIC/OMEG3S	CAPSULE
		PRENATAL 2/IRON/FOLIC ACID/OM3	COMBO. PKG
		PRENATAL 26/IRON PS/FOLIC/DHA	CAPSULE
		PRENATAL 34/IRON/FOLIC/DSS/DHA	CAPSULE
		PRENATAL 47/IRON/FOLATE 1/DHA	CAPSULE
		PRENATAL 53/IRON/FOLIC AC/OMG3	COMBO. PKG
		PRENATAL 57/IRON/FOLIC/DSS/DHA	CAPSULE
		PRENATAL 68/IRON/FOLIC NO1/DHA	CAPSULE
		PRENATAL 78/IRON/FOLATE 1/DHA	CAPSULE
		PRENATAL 86/IRON/FOLIC/DHA/EPA	COMBO. PKG
		PRENATAL 87/IRON BIS/FOLIC/DHA	COMBO. PKG
		PRENATAL NO.52/IRON/FA/DHA	CAPSULE
		PRENATAL NO.75/IRON/FOLATE NO1	TABLET
		PRENATAL NO.77/IRON ASP GLY/FA	TABLET
		PRENATAL NO13/IRON PS/FOLATE 1	TAB CHEW
		PRENATAL NO4/IRON FUM,PS/FOLIC	CAPSULE

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age restrictions apply

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Nutritional	Prenatal Vitamins	~~PRENATAL NO.77/IRON ASP GLY/FA~~	~~TABLET~~
		~~PRENATAL VIT #76/IRON,CARB/FA~~	~~TABLET~~
		~~PRENATAL VIT~~ 10/IRON FUM/FOLIC	TABLET
		PRENATAL VIT 10/IRON/FOLIC/DHA (VITAFOL-OB+DHA ™)	COMBO. PKG
		~~PRENATAL VIT~~ 33/IRON/FOLIC/DHA	COMBO. PKG
		PRENATAL VIT 55/IRON/FOLIC/OM3	CMBPKGDRCP
		PRENATAL VIT 87/IRON/FOLIC/DHA	CAPSULE
		PRENATAL VIT NO.112/~~FOLIC ACID~~	~~TAB CHEW~~
		~~PRENATAL VIT NO.114/FA/GINGER~~	~~TABLET~~
		~~PRENATAL VIT NO.127/IRON/FOLIC~~	~~TABLET~~
		~~PRENATAL VIT NO.73/IRON/FA~~	~~TABLET~~
		~~PRENATAL VIT#4/IRON FUM,PS/FA~~	~~CAPSULE~~
		~~PRENATAL VIT#65/IRON FUM,PS/FA~~	~~CAPSULE~~
		~~PRENATAL VIT#84/IRON/FA#1/DHA~~	~~CAPSULE~~
		~~PRENATAL VIT#85/IRON/FA#1/DHA~~	~~CAPSULE~~
		~~PRENATAL~~ VIT27,CALCIUM/IRON/FA	TABLET
		PRENATAL VIT37/IRON/FOLIC ACID	TAB CHEW
		PRENATAL VIT68/IRON/FA NO6/DHA	CAPSULE
		PRENATAL VIT69/IRON/FOLATE6/DH	CAPSULE
		PRENATAL VIT86/IRON/FOLIC ACID	TABLET
		PRENATAL ~~VITS#4/IRON FUM/FA~~	CAPSULE
		PRENATAL VITS/IRON/FOLIC ACID	TAB CHEW
		PRENATAL VITS15/IRON/FOLIC/DSS	TABLET
		PRENATAL VITS16/IRON/FOLIC/DSS	TABLET
		~~PRENATAL#90/IRON FUM,PS/FA/DHA~~	~~CAPSULE~~
		PRENATAL,CALC NO.65/IRON/FOLIC	CAPSULE
		PRENATAL,CALC.40/IRON/FOLATE 1	TABLET
		PRENATAL56/IRON/FOLIC ACID/DHA	CAPSULE
		PRENATAL81/IRON/FOLIC/DOCUSATE	TABLET
Ophthalmics	Antibiotics, Ophthalmic	BACITRACIN/POLYMYXIN B SULFATE	OINT. (G)
		CIPROFLOXACIN HCL	DROPS
		CIPROFLOXACIN HCL	OINT. (G)
		ERYTHROMYCIN BASE	OINT. (G)
		GENTAMICIN SULFATE	DROPS
		GENTAMICIN SULFATE	OINT. (G) ***
		MOXIFLOXACIN HCL	DROPS
		NATAMYCIN	DROPS SUSP
		NEOMYCIN/POLYMYXN B/GRAMICIDIN	DROPS
		OFLOXACIN	DROPS
		POLYMYXIN B SULF/TRIMETHOPRIM	DROPS
		SULFACETAMIDE SODIUM	DROPS
		TOBRAMYCIN	DROPS
		TOBRAMYCIN	OINT. (G)

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age ~~restrictions apply~~

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Nutritional	Prenatal Vitamins	PRENATAL VIT 10/IRON FUM/FOLIC	TABLET
		PRENATAL VIT 10/IRON/FOLIC/DHA (VITAFOL-OB+DHA ™)	COMBO. PKG
		PRENATAL VIT 113/IRON/LMFOLATE	TAB CHEW
		PRENATAL VIT 14/IRON FUM/FOLIC	TAB CHEW
		PRENATAL VIT 33/IRON/FOLIC/DHA	COMBO. PKG
		PRENATAL VIT 55/IRON/FOLIC/OM3	CMBPKGDRCP
		PRENATAL VIT 65/IRON FUM PS/FA	CAPSULE
		PRENATAL VIT 84/IRON/FA 1/DHA	CAPSULE
		PRENATAL VIT 85/IRON/FA 1/DHA	CAPSULE
		PRENATAL VIT 87/IRON/FOLIC/DHA	CAPSULE
		PRENATAL VIT NO.112/FOLATE NO6	TAB CHEW
		PRENATAL VIT NO 127/IRON/FOLIC	TABLET
		PRENATAL VIT,CAL 73/IRON/FOLIC	TABLET
		PRENATAL VIT,CAL 74/IRON/FOLIC	TABLET
		PRENATAL VIT,CALC76/IRON/FOLIC	TABLET
		PRENATAL VIT103/IRON FUM/FOLIC	TABLET
		PRENATAL VIT114/FOLATE6/GINGER	TABLET
		PRENATAL VIT27,CALCIUM/IRON/FA	TABLET
		PRENATAL VIT37/IRON/FOLIC ACID	TAB CHEW
		PRENATAL VIT68/IRON/FA NO6/DHA	CAPSULE
		PRENATAL VIT69/IRON/FOLATE6/DH	CAPSULE
		PRENATAL VIT86/IRON/FOLIC ACID	TABLET
		PRENATAL VITS 4/IRON FUM/FOLIC	CAPSULE
		PRENATAL VITS/IRON/FOLIC ACID	TAB CHEW
		PRENATAL VITS15/IRON/FOLIC/DSS	TABLET
		PRENATAL VITS16/IRON/FOLIC/DSS	TABLET
		PRENATAL,CALC NO.65/IRON/FOLIC	CAPSULE
		PRENATAL,CALC.40/IRON/FOLATE 1	TABLET
		PRENATAL56/IRON/FOLIC ACID/DHA	CAPSULE
		PRENATAL81/IRON/FOLIC/DOCUSATE	TABLET
Ophthalmics	Antibiotics, Ophthalmic	BACITRACIN/POLYMYXIN B SULFATE	OINT. (G)
		CIPROFLOXACIN HCL	DROPS
		CIPROFLOXACIN HCL	OINT. (G)
		ERYTHROMYCIN BASE	OINT. (G)
		GENTAMICIN SULFATE	DROPS
		GENTAMICIN SULFATE	OINT. (G) ***
		MOXIFLOXACIN HCL	DROPS
		NATAMYCIN	DROPS SUSP
		NEOMYCIN/POLYMYXN B/GRAMICIDIN	DROPS
		OFLOXACIN	DROPS
		POLYMYXIN B SULF/TRIMETHOPRIM	DROPS
		SULFACETAMIDE SODIUM	DROPS
		TOBRAMYCIN	DROPS
		TOBRAMYCIN	OINT. (G)

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age restrictions apply

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Ophthalmics	Antibiotic-Steroids, Ophthalmic	GENTAMICIN SULF/PREDNISOLONE	DROPS SUSP
		GENTAMICIN SULF/PREDNISOLONE	OINT. (G)
		NEOMYCIN/POLYMYXIN B/DEXAMETHA	DROPS SUSP
		NEOMYCIN/POLYMYXIN B/DEXAMETHA	OINT. (G)
		SULFACETAMIDE/PREDNISOLONE	DROPS SUSP
		SULFACETAMIDE/PREDNISOLONE	OINT. (G)
		TOBRAMYCIN/DEXAMETHASONE	DROPS SUSP
		TOBRAMYCIN/DEXAMETHASONE	OINT. (G)
Ophthalmics	Anti-Inflammatory Drugs, Ophthalmic	DEXAMETHASONE	DROPS SUSP
		DEXAMETHASONE SOD PHOSPHATE	DROPS
		DICLOFENAC SODIUM	DROPS ***
		FLUOROMETHOLONE	DROPS SUSP
		FLUOROMETHOLONE	OINT. (G)
		FLURBIPROFEN SODIUM	DROPS
		KETOROLAC TROMETHAMINE	DROPS
		LOTEPREDNOL ETABONATE	DROPS SUSP
		PREDNISOLONE ACETATE	DROPS SUSP
Ophthalmics	Glaucoma Drugs	BETAXOLOL HCL	DROPS
		BRIMONIDINE TARTRATE	DROPS ***
		BRINZOLAMIDE	DROPS SUSP
		CARTEOLOL HCL	DROPS
		DORZOLAMIDE HCL/TIMOLOL MALEAT	DROPS
		DORZOLAMIDE/TIMOLOL/PF	DROPERETTE
		LATANOPROST	DROPS
		PILOCARPINE HCL	DROPS
		TIMOLOL MALEATE	DROPS
		TRAVOPROST	DROPS
Ophthalmics	Vascular Endothelial Growth Factors	BEVACIZUMAB	VIAL
Otics	Otic Antibiotics	NEOMYC/COLIST/HYDROCORT/THONZN	DROPS SUSP
		NEOMYCIN/POLYMYXIN B/HYDROCORT	DROPS SUSP ***
		OFLOXACIN	DROPS
Psychiatric	ADHD Drugs	DEXMETHYLPHENIDATE HCL	CPBP 50-50
		DEXMETHYLPHENIDATE HCL (FOCALIN XR ™)	CPBP 50-50
		DEXTROAMPHETAMINE/AMPHETAMINE	TABLET
		FOCALIN ™ - BRAND ONLY	TABLET
		LISDEXAMFETAMINE DIMESYLATE (VYVANSE ™)	CAPSULE
		~~METADATE CD ™ - BRAND ONLY~~	~~CPBP 30-70~~
		METHYLPHENIDATE	PATCH TD24
		METHYLPHENIDATE HCL	TABLET
Psychiatric	Benzodiazepines	CLONAZEPAM **	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age ~~restrictions apply~~

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Ophthalmics	Antibiotic-Steroids, Ophthalmic	GENTAMICIN SULF/PREDNISOLONE	DROPS SUSP
		GENTAMICIN SULF/PREDNISOLONE	OINT. (G)
		NEOMYCIN/POLYMYXIN B/DEXAMETHA	DROPS SUSP
		NEOMYCIN/POLYMYXIN B/DEXAMETHA	OINT. (G)
		SULFACETAMIDE/PREDNISOLONE	DROPS SUSP
		SULFACETAMIDE/PREDNISOLONE	OINT. (G)
		TOBRAMYCIN/DEXAMETHASONE	DROPS SUSP
		TOBRAMYCIN/DEXAMETHASONE	OINT. (G)
Ophthalmics	Anti-Inflammatory Drugs, Ophthalmic	DEXAMETHASONE	DROPS SUSP
		DEXAMETHASONE SOD PHOSPHATE	DROPS
		DICLOFENAC SODIUM	DROPS ***
		FLUOROMETHOLONE	DROPS SUSP
		FLUOROMETHOLONE	OINT. (G)
		FLURBIPROFEN SODIUM	DROPS
		KETOROLAC TROMETHAMINE	DROPS
		LOTEPREDNOL ETABONATE	DROPS SUSP
		PREDNISOLONE ACETATE	DROPS SUSP
Ophthalmics	Glaucoma Drugs	BETAXOLOL HCL	DROPS
		BRIMONIDINE TARTRATE	DROPS ***
		BRINZOLAMIDE	DROPS SUSP
		CARTEOLOL HCL	DROPS
		DORZOLAMIDE HCL/TIMOLOL MALEAT	DROPS
		DORZOLAMIDE/TIMOLOL/PF	DROPERETTE
		LATANOPROST	DROPS
		PILOCARPINE HCL	DROPS
		TIMOLOL MALEATE	DROPS
		TRAVOPROST	DROPS
Ophthalmics	Vascular Endothelial Growth Factors	BEVACIZUMAB	VIAL
Otics	Otic Antibiotics	NEOMYC/COLIST/HYDROCORT/THONZN	DROPS SUSP
		NEOMYCIN/POLYMYXIN B/HYDROCORT	DROPS SUSP ***
		OFLOXACIN	DROPS
Psychiatric	ADHD Drugs	DEXMETHYLPHENIDATE HCL	CPBP 50-50
		DEXMETHYLPHENIDATE HCL (FOCALIN XR ™)	CPBP 50-50
		DEXTROAMPHETAMINE/AMPHETAMINE	TABLET
		FOCALIN ™ - BRAND ONLY	TABLET
		LISDEXAMFETAMINE DIMESYLATE (VYVANSE ™)	CAPSULE
		METHYLPHENIDATE	PATCH TD24
		METHYLPHENIDATE HCL	TABLET
Psychiatric	Benzodiazepines	CLONAZEPAM **	TABLET
Psychiatric	Opioid Reversal Agents	NALOXONE HCL	SPRAY
		NALOXONE HCL	SYRINGE
		NALOXONE HCL	VIAL

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age restrictions apply

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Psychiatric	Opioid Reversal Agents	NALOXONE HCL	SPRAY
		NALOXONE HCL	SYRINGE
		NALOXONE HCL	VIAL
~~Psychiatric~~	Sedatives	ZOLPIDEM TARTRATE *	TABLET
Psychiatric	Substance Use Disorders, Opioid & Alcohol	ACAMPROSATE CALCIUM	TABLET DR
		BUPRENORPHINE HCL/NALOXONE HCL (SUBOXONE ™) *	FILM
		BUPRENORPHINE HCL/NALOXONE HCL **	TAB SUBL
		NALTREXONE HCL	TABLET
		NALTREXONE MICROSPHERES	SUS ER REC
Psychiatric	Tobacco Smoking Cessation	BUPROPION HCL	~~TABLET ER~~
		NICOTINE *	CARTRIDGE
		NICOTINE *	SPRAY
		NICOTINE **	PATCH DYSQ
		NICOTINE **	PATCH TD24
		NICOTINE POLACRILEX **	GUM
		NICOTINE POLACRILEX **	LOZENGE
		NICOTINE POLACRILEX **	LOZNG MINI
		VARENICLINE TARTRATE (CHANTIX ™) **	TAB DS PK
		VARENICLINE TARTRATE (CHANTIX ™) **	TABLET
Pulmonary	Anticholinergics, Inhaled	IPRATROPIUM BROMIDE	HFA AER AD
		IPRATROPIUM BROMIDE	SOLUTION
		IPRATROPIUM/ALBUTEROL SULFATE	AMPUL-NEB
		TIOTROPIUM BROMIDE (SPIRIVA ™)	CAP W/DEV
Pulmonary	Beta-Agonists, Inhaled Long Acting	FORMOTEROL FUMARATE	CAP W/DEV
		SALMETEROL XINAFOATE	BLST W/DEV
Pulmonary	Beta-Agonists, Inhaled Short-Acting	ALBUTEROL SULFATE	HFA AER AD
		ALBUTEROL SULFATE	SOLUTION
		ALBUTEROL SULFATE	VIAL-NEB
Pulmonary	Corticosteroids, Inhaled	BECLOMETHASONE DIPROPIONATE	AER W/ADAP
		BUDESONIDE	AER POW BA
		FLUTICASONE PROPIONATE	AER W/ADAP
		FLUTICASONE PROPIONATE	BLST W/DEV
Pulmonary	Corticosteroids/LABA Combination, Inhaled	BUDESONIDE/FORMOTEROL FUMARATE	HFA AER AD
		FLUTICASONE/SALMETEROL	BLST W/DEV
		FLUTICASONE/SALMETEROL	HFA AER AD
Pulmonary	Cystic Fibrosis	DORNASE ALFA	SOLUTION
		SODIUM CHLORIDE FOR INHALATION	VIAL-NEB
		TOBRAMYCIN/NEBULIZER (KITABIS PAK ™)	AMPUL-NEB

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Psychiatric	Sedatives	ZOLPIDEM TARTRATE *	TABLET
Psychiatric	Substance Use Disorders, Opioid & Alcohol	ACAMPROSATE CALCIUM	TABLET DR
		BUPRENORPHINE HCL/NALOXONE HCL (SUBOXONE ™) *	FILM
		BUPRENORPHINE HCL/NALOXONE HCL **	TAB SUBL
		NALTREXONE HCL	TABLET
		NALTREXONE MICROSPHERES	SUS ER REC
Psychiatric	Tobacco Smoking Cessation	BUPROPION HCL	TAB ER 12H
		NICOTINE *	CARTRIDGE
		NICOTINE *	SPRAY
		NICOTINE **	PATCH DYSQ
		NICOTINE **	PATCH TD24
		NICOTINE POLACRILEX **	GUM
		NICOTINE POLACRILEX **	LOZENGE
		NICOTINE POLACRILEX **	LOZNG MINI
		VARENICLINE TARTRATE (CHANTIX ™) **	TAB DS PK
		VARENICLINE TARTRATE (CHANTIX ™) **	TABLET
Pulmonary	Anticholinergics, Inhaled	IPRATROPIUM BROMIDE	HFA AER AD
		IPRATROPIUM BROMIDE	SOLUTION
		IPRATROPIUM/ALBUTEROL SULFATE	AMPUL-NEB
		TIOTROPIUM BROMIDE (SPIRIVA ™)	CAP W/DEV
Pulmonary	Beta-Agonists, Inhaled Long Acting	FORMOTEROL FUMARATE	CAP W/DEV
		SALMETEROL XINAFOATE	BLST W/DEV
Pulmonary	Beta-Agonists, Inhaled Short-Acting	ALBUTEROL SULFATE	HFA AER AD
		ALBUTEROL SULFATE	SOLUTION
		ALBUTEROL SULFATE	VIAL-NEB
Pulmonary	Corticosteroids, Inhaled	BECLOMETHASONE DIPROPIONATE	AER W/ADAP
		BUDESONIDE	AER POW BA
		FLUTICASONE PROPIONATE	AER W/ADAP
		FLUTICASONE PROPIONATE	BLST W/DEV
Pulmonary	Corticosteroids/LABA Combination, Inhaled	BUDESONIDE/FORMOTEROL FUMARATE	HFA AER AD
		FLUTICASONE/SALMETEROL	BLST W/DEV
		FLUTICASONE/SALMETEROL	HFA AER AD
Pulmonary	Cystic Fibrosis	DORNASE ALFA	SOLUTION
		SODIUM CHLORIDE FOR INHALATION	VIAL-NEB
		TOBRAMYCIN/NEBULIZER	AMPUL-NEB
		TOBRAMYCIN/NEBULIZER (KITABIS PAK ™)	AMPUL-NEB
Pulmonary	Miscellaneous Pulmonary Agents	MONTELUKAST SODIUM	TAB CHEW
		MONTELUKAST SODIUM	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

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‡ Age restrictions apply

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Pulmonary	Miscellaneous Pulmonary Agents	MONTELUKAST SODIUM	TAB CHEW
		MONTELUKAST SODIUM	TABLET
Pulmonary	Pulmonary Arterial Hypertension Oral and Inhaled Drugs	BOSENTAN	TABLET
		SILDENAFIL CITRATE	TABLET
Pulmonary	Pulmonary Arterial Hypertension Parenteral Drugs	EPOPROSTENOL SODIUM (GLYCINE)	VIAL
Renal	Phosphate Binders	CALCIUM ACETATE	CAPSULE
		CALCIUM ACETATE	TABLET ***
		SEVELAMER HCL *	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Pulmonary	Pulmonary Arterial Hypertension Oral and Inhaled Drugs	BOSENTAN	TABLET
		SILDENAFIL CITRATE	TABLET
Pulmonary	Pulmonary Arterial Hypertension Parenteral Drugs	EPOPROSTENOL SODIUM (GLYCINE)	VIAL
Renal	Phosphate Binders	CALCIUM ACETATE	CAPSULE
		CALCIUM ACETATE	TABLET ***
		SEVELAMER HCL *	TABLET

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Table 121-0030-1 Oregon Fee-for-Service Voluntary Mental Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Neurology	Antiepileptics (oral & rectal)	DIVALPROEX SODIUM	CAP ~~SPRINK~~
		DIVALPROEX SODIUM	TAB ER 24H
		DIVALPROEX SODIUM	TABLET DR
		LAMOTRIGINE	TABLET
		VALPROIC ACID	CAPSULE
		VALPROIC ACID (AS SODIUM SALT)	SOLUTION
Psychiatric	ADHD Drugs	ATOMOXETINE HCL	CAPSULE
Psychiatric	Antidepressants	AMITRIPTYLINE HCL	TABLET
		ANAFRANIL ™ - BRAND ONLY	CAPSULE
		BUPROPION HCL	~~TABLET~~
		~~BUPROPION HCL~~	~~TABLET ER~~
		CITALOPRAM HYDROBROMIDE ‡	SOLUTION
		CITALOPRAM HYDROBROMIDE ‡	TABLET
		DESIPRAMINE HCL	TABLET
		DOXEPIN HCL	CAPSULE
		DOXEPIN HCL	ORAL CONC
		ESCITALOPRAM OXALATE ‡	TABLET
		FLUOXETINE HCL ‡	CAPSULE
		FLUOXETINE HCL ‡	SOLUTION
		FLUOXETINE HCL ‡	TABLET
		FLUVOXAMINE MALEATE ‡	TABLET
		IMIPRAMINE HCL	TABLET
		MAPROTILINE HCL	TABLET
		MIRTAZAPINE	TAB RAPDIS
		MIRTAZAPINE	TABLET
		NORTRIPTYLINE HCL	CAPSULE
		NORTRIPTYLINE HCL	SOLUTION
		PAROXETINE HCL ‡	TABLET
		PROTRIPTYLINE HCL	TABLET
		SERTRALINE HCL ‡	ORAL CONC
		SERTRALINE HCL ‡	TABLET
		TRIMIPRAMINE MALEATE	CAPSULE
		VENLAFAXINE HCL	CAP ER 24H
		VENLAFAXINE HCL	TABLET
Psychiatric	Antipsychotics, 1st Gen	FLUPHENAZINE HCL	ELIXIR
		FLUPHENAZINE HCL	ORAL CONC
		FLUPHENAZINE HCL	TABLET
		HALOPERIDOL	TABLET
		HALOPERIDOL LACTATE	ORAL CONC
		LOXAPINE SUCCINATE	CAPSULE
		PERPHENAZINE	TABLET
		THIORIDAZINE HCL	TABLET
		THIOTHIXENE	CAPSULE
		TRIFLUOPERAZINE HCL	TABLET

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** Drug coverage subject to quantity limits

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Table 121-0030-1 Oregon Fee-for-Service Voluntary Mental Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Neurology	Antiepileptics (oral & rectal)	DIVALPROEX SODIUM	CAP DR SPR
		DIVALPROEX SODIUM	TAB ER 24H
		DIVALPROEX SODIUM	TABLET DR
		LAMOTRIGINE	TABLET
		VALPROIC ACID	CAPSULE
		VALPROIC ACID (AS SODIUM SALT)	SOLUTION
Psychiatric	ADHD Drugs	ATOMOXETINE HCL	CAPSULE
Psychiatric	Antidepressants	AMITRIPTYLINE HCL	TABLET
		ANAFRANIL ™ - BRAND ONLY	CAPSULE
		BUPROPION HCL	TAB ER 12H
		BUPROPION HCL	TABLET
		CITALOPRAM HYDROBROMIDE ‡	SOLUTION
		CITALOPRAM HYDROBROMIDE ‡	TABLET
		DESIPRAMINE HCL	TABLET
		DOXEPIN HCL	CAPSULE
		DOXEPIN HCL	ORAL CONC
		ESCITALOPRAM OXALATE ‡	TABLET
		FLUOXETINE HCL ‡	CAPSULE
		FLUOXETINE HCL ‡	SOLUTION
		FLUOXETINE HCL ‡	TABLET
		FLUVOXAMINE MALEATE ‡	TABLET
		IMIPRAMINE HCL	TABLET
		MAPROTILINE HCL	TABLET
		MIRTAZAPINE	TAB RAPDIS
		MIRTAZAPINE	TABLET
		NORTRIPTYLINE HCL	CAPSULE
		NORTRIPTYLINE HCL	SOLUTION
		PAROXETINE HCL ‡	TABLET
		PROTRIPTYLINE HCL	TABLET
		SERTRALINE HCL ‡	ORAL CONC
		SERTRALINE HCL ‡	TABLET
		TRIMIPRAMINE MALEATE	CAPSULE
		VENLAFAXINE HCL	CAP ER 24H
		VENLAFAXINE HCL	TABLET
Psychiatric	Antipsychotics, 1st Gen	FLUPHENAZINE HCL	ELIXIR
		FLUPHENAZINE HCL	ORAL CONC
		FLUPHENAZINE HCL	TABLET
		HALOPERIDOL	TABLET
		HALOPERIDOL LACTATE	ORAL CONC
		LOXAPINE SUCCINATE	CAPSULE
		PERPHENAZINE	TABLET
		THIORIDAZINE HCL	TABLET
		THIOTHIXENE	CAPSULE
		TRIFLUOPERAZINE HCL	TABLET

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** Drug coverage subject to quantity limits

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Table 121-0030-1 Oregon Fee-for-Service Voluntary Mental Health Preferred Drug List

~~Effective: May~~ 1, 2017

~~System~~	~~Class~~	~~Preferred~~	
Psychiatric	Antipsychotics, 2nd Gen	ASENAPINE MALEATE (SAPHRIS ™)	TAB SUBL
		CLOZAPINE	TABLET
		LURASIDONE HCL (LATUDA ™)	TABLET
		OLANZAPINE	TABLET
		QUETIAPINE FUMARATE **	TABLET
		RISPERIDONE	SOLUTION
		RISPERIDONE	TABLET
Psychiatric	Antipsychotics, Parenteral	ARIPIPRAZOLE (ABILIFY MAINTENA ™)	SUSER SYR
		ARIPIPRAZOLE (ABILIFY MAINTENA ™)	SUSER VIAL
		ARIPIPRAZOLE LAUROXIL (ARISTADA ™)	SUSER SYR
		CHLORPROMAZINE HCL	AMPUL
		FLUPHENAZINE DECANOATE	VIAL
		FLUPHENAZINE HCL	VIAL
		HALOPERIDOL DECANOATE	AMPUL
		HALOPERIDOL DECANOATE	VIAL
		HALOPERIDOL LACTATE	AMPUL
		HALOPERIDOL LACTATE	VIAL
		RISPERIDONE MICROSPHERES **	SYRINGE

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** Drug coverage subject to quantity limits

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Table 121-0030-1 Oregon Fee-for-Service Voluntary Mental Health Preferred Drug List

Effective: July 1, 2017

System	Class	Preferred	
Psychiatric	Antipsychotics, 2nd Gen	ASENAPINE MALEATE (SAPHRIS ™)	TAB SUBL
		CLOZAPINE	TABLET
		LURASIDONE HCL (LATUDA ™)	TABLET
		OLANZAPINE	TABLET
		QUETIAPINE FUMARATE **	TABLET
		RISPERIDONE	SOLUTION
		RISPERIDONE	TABLET
Psychiatric	Antipsychotics, Parenteral	ARIPIPRAZOLE (ABILIFY MAINTENA ™)	SUSER SYR
		ARIPIPRAZOLE (ABILIFY MAINTENA ™)	SUSER VIAL
		ARIPIPRAZOLE LAUROXIL (ARISTADA ™)	SUSER SYR
		CHLORPROMAZINE HCL	AMPUL
		FLUPHENAZINE DECANOATE	VIAL
		FLUPHENAZINE HCL	VIAL
		HALOPERIDOL DECANOATE	AMPUL
		HALOPERIDOL DECANOATE	VIAL
		HALOPERIDOL LACTATE	AMPUL
		HALOPERIDOL LACTATE	VIAL
		RISPERIDONE MICROSPHERES **	SYRINGE

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** Drug coverage subject to quantity limits

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‡ Age restrictions apply