

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2016

System	Class	Preferred
Allergy/Cold	Antihistamines, Second Generation	CETIRIZINE HCL SOLUTION CETIRIZINE HCL TABLET LORATADINE SOLUTION *** LORATADINE TAB RAPDIS *** LORATADINE TABLET
Allergy/Cold	Cough and Cold	BENZONATATE CAPSULE D-METHORPHAN/ACETAMIN/DOXYLAMN LIQUID GUAIFENESIN GRAN PACK GUAIFENESIN LIQUID GUAIFENESIN SYRUP GUAIFENESIN TAB ER 12H GUAIFENESIN TABLET GUAIFENESIN TABLET ER GUAIFENESIN/CODEINE PHOSPHATE * CAPSULE GUAIFENESIN/CODEINE PHOSPHATE * LIQUID GUAIFENESIN/CODEINE PHOSPHATE * SYRUP GUAIFENESIN/CODEINE PHOSPHATE * TABLET 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 GUAIFENESIN/DEXTROMETHORPHAN TBMP 12HR PSEUDOEPHEDRINE HCL TABLET
Allergy/Cold	Nasal Allergy Inhalers	FLUTICASONE PROPIONATE SPRAY SUSP *
Analgesics	Analgesics, Topical	CAPSAICIN CREAM (G)
Analgesics	Gout	ALLOPURINOL TABLET COLCHICINE/PROBENECID TABLET
Analgesics	Muscle Relaxants, Oral	BACLOFEN TABLET CYCLOBENZAPRINE HCL TABLET *** TIZANIDINE HCL TABLET

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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		
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	IMITREX™ - BRAND ONLY **	SPRAY
Analgesics	Triptans, Oral	NARATRIPTAN HCL **	TABLET
		SUMATRIPTAN SUCCINATE **	TABLET
Analgesics	Triptans, Subcutaneous	IMITREX™ - BRAND ONLY **	CARTRIDGE
		IMITREX™ - BRAND ONLY **	PEN INJECTR
		SUMATRIPTAN SUCCINATE **	VIAL

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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
Antivirals	Hepatitis B	LAMIVUDINE * SOLUTION LAMIVUDINE * TABLET TENOFIVIR DISOPROXIL FUMARATE * TABLET

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Antivirals	Hepatitis C	LEDIPASVIR/SOFOSBUVIR (HARVONI™) * OMBITA/PARITAP/RITON/DASABUVIR (VIEKIRA PAK™) * PEGINTERFERON ALFA-2A * PEGINTERFERON ALFA-2A * PEGINTERFERON ALFA-2A * PEGINTERFERON ALFA-2B * PEGINTERFERON ALFA-2B * RIBAVIRIN * RIBAVIRIN * SOFOSBUVIR (SOVALDI™) *
		TABLET TAB DS PK PEN INJCTR SYRINGE VIAL KIT PEN IJ KIT CAPSULE TABLET TABLET
Antivirals	Herpes Simplex	ACYCLOVIR ACYCLOVIR ACYCLOVIR
		CAPSULE ORAL SUSP TABLET

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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
		ELVITEGR/COBICIST/EMTRIC/TENOF	TABLET
		ELVITEGRAVIR	TABLET
		EMTRICITAB/RILPIVIRINE/TENOFOV	TABLET
		EMTRICITABINE	CAPSULE
		EMTRICITABINE	SOLUTION
		EMTRICITABINE/TENOFOVIR	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		
SAQUINAVIR MESYLATE	CAPSULE		
SAQUINAVIR MESYLATE	TABLET		
STAVUDINE	CAPSULE		

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Antivirals	HIV	STAVUDINE SOLN RECON TIPRANAVIR CAPSULE TIPRANAVIR/VITAMIN E TPGS SOLUTION ZIDOVUDINE CAPSULE ZIDOVUDINE SYRUP ZIDOVUDINE TABLET ZIDOVUDINE VIAL
Antivirals	Influenza	AMANTADINE HCL CAPSULE AMANTADINE HCL SOLUTION AMANTADINE HCL TABLET OSELTAMIVIR PHOSPHATE ** CAPSULE OSELTAMIVIR PHOSPHATE ** SUSP RECON RIMANTADINE HCL TABLET
Cardiovascular	ACEIs, ARBs and DRIs	BENAZEPRIL HCL TABLET ENALAPRIL MALEATE TABLET LISINOPRIL TABLET LOSARTAN POTASSIUM TABLET OLMESARTAN MEDOXOMIL TABLET RAMIPRIL CAPSULE TELMISARTAN TABLET
Cardiovascular	Anaphylaxis Rescue	EPINEPHRINE AUTO INJECT
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 TABLET LOVENOX™ - BRAND ONLY SYRINGE *** LOVENOX™ - BRAND ONLY VIAL *** RIVAROXABAN TAB DS PK RIVAROXABAN 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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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 AMLODIPINE BESYLATE/BENAZEPRIL CAPSULE *** AMLODIPINE/ATORVASTATIN TABLET *** BENAZEPRIL/HYDROCHLOROTHIAZIDE TABLET ENALAPRIL/HYDROCHLOROTHIAZIDE TABLET LISINAPRIL/HYDROCHLOROTHIAZIDE TABLET LOSARTAN/HYDROCHLOROTHIAZIDE TABLET METOPROLOL SUCCINATE/HCTZ 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 TOSEMIDE TABLET 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

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

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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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Endocrine	Diabetes, Insulins	INSULIN ASPART VIAL INSULIN ASPART * CARTRIDGE INSULIN ASPART * INSULN PEN INSULIN ASPART PROTAM & ASPART VIAL INSULIN ASPART PROTAM & ASPART * INSULN PEN INSULIN DETEMIR * INSULN PEN INSULIN LISPRO VIAL INSULIN NPH HUM/REG INSULIN HM VIAL INSULIN NPH HUM/REG INSULIN HM * INSULN PEN INSULIN NPH HUMAN ISOPHANE VIAL INSULIN NPL/INSULIN LISPRO VIAL INSULIN REGULAR, HUMAN VIAL INSULIN ZINC HUMAN REC VIAL LANTUS™ - BRAND ONLY 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	SAIZEN™ - BRAND ONLY * VIAL SOMATROPIN (NORDITROPIN FLEXPRO™) * PEN INJCTR SOMATROPIN * CARTRIDGE
Endocrine	Progestational Agents	HYDROXYPROGESTERONE CAPROATE * VIAL
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	Antiemetics, 5HT3 & Substance P Blockers	ONDANSETRON TAB RAPDIS ONDANSETRON HCL SOLUTION ONDANSETRON HCL TABLET

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Gastrointestinal	Inflammatory Bowel Disease	BALSALAZIDE DISODIUM	CAPSULE
		BUDESONIDE	CAPDR - ER
		MESALAMINE	CAP ER 24H
		MESALAMINE (CANASA™)	SUPP.RECT
		MESALAMINE (LIALDA™)	TABLET DR
		OLSALAZINE SODIUM	CAPSULE
		SULFASALAZINE	TABLET
		SULFASALAZINE	TABLET DR

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Gastrointestinal	Laxatives, Chronic Constipation	BISACODYL	TABLET
		BISACODYL	TABLET DR
		CELLULOSE	POWDER
		DOCUSATE CALCIUM	CAPSULE
		DOCUSATE SODIUM	CAPSULE
		DOCUSATE SODIUM	LIQUID
		DOCUSATE SODIUM	SYRUP
		DOCUSATE SODIUM	TABLET
		FOS/MALTODEXTRIN	LIQUID
		FRUCTOOLIGOSACCHARIDES/POLYDEX	LIQUID
		FRUCTOOLIGOSACCHARIDES/POLYDEX	LIQUID PKT
		GLYCERIN/MALTODEXTRIN	LIQUID
		GUAR GUM	PACKET
		GUAR GUM	POWDER
		INULIN	TAB CHEW
		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 HUSK/INULIN/ASPARTAME	POWDER
		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		
Gastrointestinal	Pancreatic Enzymes	LIPASE/PROTEASE/AMYLASE (CREON™)	CAPSULE DR

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Genito-Urinary	Benign Prostate Hypertrophy Drugs	DOXAZOSIN MESYLATE FINASTERIDE TAMSULOSIN HCL TERAZOSIN HCL TABLET TABLET CAP ER 24H CAPSULE
Genito-Urinary	Overactive Bladder Drugs	FESOTERODINE FUMARATE (TOVIAZ™) HYOSCYAMINE SULFATE HYOSCYAMINE SULFATE OXYBUTYNIN OXYBUTYNIN CHLORIDE OXYBUTYNIN CHLORIDE OXYBUTYNIN CHLORIDE TAB ER 24H ELIXIR TAB RAPDIS PATCH TDSW SYRUP TAB ER 24 TABLET
Hematology-Oncology	Colony Stimulating Factors	FILGRASTIM FILGRASTIM FILGRASTIM-SNDZ PEGFILGRASTIM PEGFILGRASTIM SARGRAMOSTIM TBO-FILGRASTIM SYRINGE VIAL SYRINGE SYR W/ INJ SYRINGE VIAL SYRINGE
Hematology-Oncology	Erythropoetic Stimulating Agents	ARANESP™ - BRAND ONLY * DARBEPOETIN ALFA IN POLYSORBAT (ARANESP™) * PROCRIT™ - BRAND ONLY * SYRINGE VIAL VIAL
Hematology-Oncology	Iron Chelators	DEFEROXAMINE MESYLATE VIAL
Immunological	Biologicals for RA, Psoriasis and Crohn's Disease	ADALIMUMAB (HUMIRA™) ADALIMUMAB (HUMIRA PEDIATRIC CROHN'S™) ADALIMUMAB (HUMIRA PEN™) ADALIMUMAB (HUMIRA PEN CROHN'S-UC-HS™) ADALIMUMAB (HUMIRA PEN PSORIASIS™) ETANERCEPT (ENBREL™) ETANERCEPT (ENBREL™) ETANERCEPT (ENBREL™) SYRINGEKIT SYRINGEKIT PEN IJ KIT PEN IJ KIT PEN IJ KIT PEN INJCTR SYRINGE VIAL
Immunological	Immunoglobulins	GAMUNEX-C™ - BRAND ONLY VIAL

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2016

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
		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		

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2016

System	Class	Preferred
Neurology	Multiple Sclerosis	GLATIRAMER ACETATE SYRINGE *** INTERFERON BETA-1A PEN IJ KIT INTERFERON BETA-1A SYRINGE 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 RAPDIS CYANOCOBALAMIN (VITAMIN B-12) * TAB SUBL CYANOCOBALAMIN (VITAMIN B-12) * TABLET PYRIDOXINE HCL * TABLET THIAMINE HCL * TABLET THIAMINE MONONITRATE * TABLET
Nutritional	Calcium/Vit D Replacement, Oral	CALCITRIOL CAPSULE CALCITRIOL SOLUTION 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

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2016

System	Class	Preferred	
Nutritional	Iron Replacement, Oral	FERROUS GLUCONATE	TABLET ***
		FERROUS SULFATE	LIQUID
		FERROUS SULFATE	SOLUTION ***
		FERROUS SULFATE	TABLET
		FERROUS SULFATE	TABLET DR
		FERROUS SULFATE	TABLET ER ***
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/MAG AA CHELATE	TABLET
		MAGNESIUM OXIDE/PYRIDOXINE HCL	TABLET
Nutritional	Multivitamins, Oral	BETA-CAROTENE(A) W-C & E/MIN *	TABLET
		FOLIC ACID/VIT BCOMP,C *	TABLET
		MULTIVITAMIN *	TABLET
		MULTIVITAMIN W-MINERALS/LUTEIN *	TABLET
		MULTIVITAMIN/IRON/FOLIC ACID *	TABLET
		MULTIVITAMINS,THERAPEUTIC *	TABLET
		MULTIVIT-MIN/FA/LYCOPEN/LUTEIN *	TABLET
		MULTIVITS,TH W-FE,OTHER MIN *	TABLET
		MV. MIN CMB#51/FA/VIT K1/UBI *	TAB CHEW
		MV. MIN CMB#52/FA/VIT K1/UBI *	CAPSULE
		VIT A,C & E/LUTEIN/MINERALS *	TABLET
VITAMIN B COMPLEX *	CAPSULE		
Nutritional	Potassium and K-Phos, Oral	NA PHOS,M-B/K PHOS,MONOB	TABLET
		PHOSPHORUS #1	TABLET
		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		

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

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

Effective: January 1, 2016

System	Class	Preferred	
Nutritional	Prenatal Vitamins	FA#7/PC,PE DHA/NAC/PAP/IF/MV46	TAB CH BPH
		FE/FA/DHA/EPA/FAD/NADH/BE/MV47	CAP IR DR
		IRON,CARBONYL/FA/MULTIVIT-MIN	TABLET
		LEVOMEFOLATE CALCIUM	TABLET
		PN85/IRON CB&ASP G/FA/DHA/FISH	CAPSULE
		PNV #14/FERROUS FUM/FOLIC ACID	TAB CHEW
		PNV #19/IRON PS&HEME/FOLIC/DHA	CAPSULE
		PNV #30/IRON CARB&ASPG/FA/OM3	CAPSULE
		PNV #56/IRON CARB&ASPG/FA/DHA	CAPSULE
		PNV #78/IRON ASP GLY/FA#1/DHA	CAPSULE
		PNV #8/IRON PS CMP&ASPG/FA/DHA	COMBO. PKG
		PNV #86/IRON POLY/FA/DHA/EPA	COMBO. PKG
		PNV #87/IRON BISGLY/FA/DHA	COMBO. PKG
		PNV 11-IRON FUM-FOLIC ACID-OM3	CAPSULE
		PNV 18/FE,CARB/FA/DSS/UBI/DHA	TABLET
		PNV COMBO #22/IRON/FA/OM3/DHA	COMBO. PKG
		PNV COMBO#47/IRON/FA #1/DHA	CAPSULE
		PNV NO.118/IRON FUMARATE/FA	TAB CHEW
		PNV NO.15/IRON FUM & PS CMP/FA	CAPSULE
		PNV NO.66/IRON,CARBONYL/FA/DHA	CAPSULE
		PNV NO.81/IRON CBN&GLUC/FA/DSS	TABLET
		PNV NO.90/IRON FUM & PS/FA/DHA	CAPSULE
		PNV NO10/IRON FUM&P/FA/OMEGA-3	CAPSULE
		PNV W-CA #40/IRON FUM/FA CMB#1	TABLET
		PNV W-CA NO.37/IRON/FA/OMEGA-3	CAPSULE
		PNV WITH CA #68/IRON/FA#1/DHA	CAPSULE
		PNV WITH CA NO.65/IRON POLY/FA	CAPSULE
		PNV WITH CA,NO.70/IRON/FA/DHA	CAPSULE
		PNV WITH CA,NO.72/IRON/FA	TABLET
		PNV W-O CA NO5/FE FUMARATE/FA	CAPSULE
		PNV#16/IRON FUM & PS/FA/OM-3	CAPSULE
		PNV#20/IRON/FA/DS/FISH/DHA/EPA	CAPSULE
		PNV#21/IRON PS& HEME POLYP/FA	TABLET
		PNV#26/IRON POLY/FA/DHA	CAPSULE
		PNV#67/IRON PS/FA CMB#1/DHA	CAPSULE
		PNV,CA,NO.35/IRON/FA/DS/OMEG-3	CAPSULE
		PNV/FA/B6/CALCIUM PHOS/GINGER	TABLET
		PNV115/IRON FUMARATE/FA/DSS	TABLET
		PNV123/IRON CAR/FA/OM3/DHA/EPA	CAPSULE
		PNV19/IRON BG HC&SUCC-P/FA/OM3	CMBPKGDRCP
		PNV2/IRON B-G SUC-P/FA/OMEGA-3	COMBO. PKG
		PNV22/IRON CBN&GLUC/FA/DSS/DHA	COMBO. PKG
		PNV34/IRON,CARBONYL/FA/DSS/DHA	CAPSULE
		PNV39/IRON FUMARATE/FA/DSS/DHA	CAPSULE
		PNV53/IRON B-G HCL-P/FA/OMEGA3	COMBO. PKG
		PNV53/IRON FUM/FA/DOCUSATE/DHA	CAPSULE
		PNV55/IRON BG HC&SUCC-P/FA/OM3	CMBPKGDRCP
PNV59/IRON,CARB&FUM/FA/DSS/DHA	CAPSULE		
PNV66/IRON FUMARATE/FA/DSS/DHA	CAPSULE		
PNV69/IRON,CARBONYL/FA/DSS/DHA	CAPSULE		
PNV72/IRON,CARB&GLU/FA/DSS/DHA	COMBO. PKG		

* 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: January 1, 2016

System	Class	Preferred	
Nutritional	Prenatal Vitamins	PNV73/IRON,CARB&GLU/FA/DSS/DHA	COMBO. PKG
		PNV76/IRON,CARB&GLU/FA/DSS/DHA	COMBO. PKG
		PNV80/IRON FUMARATE/FA/DSS/DHA	CAPSULE
		PNV81/SOD IRON EDTA& PS/FA/OM3	CMBPKGDRCP
		PNV83/IRON,CARB/IRON ASP GL/FA	TABLET
		PRENAT VIT COMB.10/IRON/FA/DHA	COMBO. PKG
		PRENATAL #103/IRON FUMARATE/FA	TABLET
		PRENATAL #57/IRON/FA/DSS/DHA	CAPSULE
		PRENATAL #79/IRON ASP GLY/FA#1	TABLET
		PRENATAL NO.13/IRON PS/FA CB#1	TAB CHEW
		PRENATAL NO.52/IRON/FA/DHA	CAPSULE
		PRENATAL NO.75/IRON/FOLATE #1	TABLET
		PRENATAL NO.77/IRON ASP GLY/FA	TABLET
		PRENATAL VIT #68/IRON/FA#6/DHA	CAPSULE
		PRENATAL VIT #69/IRON/FA#6/DHA	CAPSULE
		PRENATAL VIT #76/IRON,CARB/FA	TABLET
		PRENATAL VIT 15/IRON CB/FA/DSS	TABLET
		PRENATAL VIT 16/IRON CB/FA/DSS	TABLET
		PRENATAL VIT 18/IRON CB/FA/DSS	TABLET
		PRENATAL VIT COMB.10/IRON/FA	TABLET
		PRENATAL VIT NO.112/FOLIC ACID	TAB CHEW
		PRENATAL VIT NO.114/FA/GINGER	TABLET
		PRENATAL VIT NO.73/IRON/FA	TABLET
		PRENATAL VIT NO.78/IRON/FA	TABLET
		PRENATAL VIT NO.87/IRON/FA/DHA	CAPSULE
		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 VIT#86/IRON BISGLY/FA	TABLET
		PRENATAL VIT/IRON FUMARATE/FA	TABLET
		PRENATAL VIT27&CALCIUM/IRON/FA	TABLET
		PRENATAL VIT37/IRON/FOLIC ACID	TAB CHEW
		PRENATAL VITS #33/IRON/FA/DHA	COMBO. PKG
PRENATAL VITS#4/IRON FUM/FA	CAPSULE		
PV W-O CAL/IRON PS CPLX/FA	TAB CHEW		

* 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: January 1, 2016

System	Class	Preferred
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 (VIGAMOX™) DROPS NATAMYCIN DROPS SUSP NEOMYCIN/POLYMYXIN B/GRAMICIDIN DROPS OFLOXACIN DROPS POLYMYXIN B SULF/TRIMETHOPRIM DROPS SULFACETAMIDE SODIUM DROPS TOBRAMYCIN DROPS TOBRAMYCIN OINT. (G)
Ophthalmics	Antibiotic-Steroids, Ophthalmic	GENTAMICIN/PREDNISOL AC DROPS SUSP GENTAMICIN/PREDNISOL AC OINT. (G) NEO/POLYMYX B SULF/DEXAMETH DROPS SUSP NEO/POLYMYX B SULF/DEXAMETH OINT. (G) SULFACETM NA/PREDNISOL AC DROPS SUSP SULFACETM NA/PREDNISOL AC 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 (TRAVATAN Z™) DROPS
Ophthalmics	Vascular Endothelial Growth Factors	BEVACIZUMAB VIAL
Otics	Otic Antibiotics	NEOMYCIN SU/COLIST/HC/THONZON DROPS SUSP NEOMYCIN/POLYMYXIN B SULF/HC DROPS SUSP *** OFLOXACIN DROPS

* 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: January 1, 2016

System	Class	Preferred	
Psychiatric	Addiction, Opioid & Alcohol	ACAMPROSATE CALCIUM BUPRENORPHINE HCL * BUPRENORPHINE HCL/NALOXONE HCL (SUBOXONE™) * BUPRENORPHINE HCL/NALOXONE HCL * NALTREXONE HCL	TABLET DR TAB SUBL FILM TAB SUBL TABLET
Psychiatric	Addiction, Tobacco Cessation	BUPROPION HCL NICOTINE ** NICOTINE ** NICOTINE POLACRILEX ** NICOTINE POLACRILEX ** VARENICLINE TARTRATE ** VARENICLINE TARTRATE **	TABLET ER PATCH DYSQ PATCH TD24 GUM LOZENGE TAB DS PK TABLET
Psychiatric	ADHD Drugs	AMPHETAMINE SULFATE ** DEXMETHYLPHENIDATE HCL (FOCALIN XR™) ** DEXMETHYLPHENIDATE HCL ** DEXTROAMPHETAMINE/AMPHETAMINE ** FOCALIN™ - BRAND ONLY ** LISDEXAMFETAMINE DIMESYLATE (VYVANSE™) ** METADATE CD™ - BRAND ONLY ** METHYLPHENIDATE (DAYTRANA™) ** METHYLPHENIDATE HCL **	TABLET CPBP 50-50 CPBP 50-50 TABLET TABLET CAPSULE CPBP 30-70 PATCH TD24 TABLET
Psychiatric	Benzodiazepine Anxiolytics	CLONAZEPAM **	TABLET
Psychiatric	Sedatives	ZOLPIDEM TARTRATE *	TABLET
Pulmonary	Anticholinergics, Inhaled	IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM/ALBUTEROL SULFATE IPRATROPIUM/ALBUTEROL SULFATE (COMBIVENT RESPIMAT™) TIOTROPIUM BROMIDE (SPIRIVA™)	HFA AER AD SOLUTION AMPUL-NEB MIST INHAL CAP W/DEV
Pulmonary	Beta-Agonists, Inhaled Long Acting	FORMOTEROL FUMARATE SALMETEROL XINAFOATE	CAP W/DEV BLST W/DEV
Pulmonary	Beta-Agonists, Inhaled Short-Acting	ALBUTEROL SULFATE ALBUTEROL SULFATE PROAIR HFA™ - BRAND ONLY PROVENTIL HFA™ - BRAND ONLY	SOLUTION VIAL-NEB HFA AER AD *** HFA AER AD
Pulmonary	Corticosteroids, Inhaled	BECLOMETHASONE DIPROPIONATE * BUDESONIDE (PULMICORT FLEXHALER™) * FLUTICASONE PROPIONATE (FLOVENT DISKUS™) * FLUTICASONE PROPIONATE (FLOVENT HFA™) *	AER W/ADAP AER POW BA BLST W/DEV AER W/ADAP
Pulmonary	Corticosteroids/LABA Combination, Inhaled	BUDESONIDE/FORMOTEROL FUMARATE (SYMBICORT™) * FLUTICASONE/SALMETEROL * FLUTICASONE/SALMETEROL *	HFA AER AD BLST W/DEV HFA AER AD

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2016

System	Class	Preferred
Pulmonary	Cystic Fibrosis	DORNASE ALFA SOLUTION SODIUM CHLORIDE FOR INHALATION VIAL-NEB TOBI™ - BRAND ONLY ** AMPUL-NEB TOBRAMYCIN ** AMPUL-NEB TOBRAMYCIN ** CAP W/DEV TOBRAMYCIN ** CAPSULE TOBRAMYCIN/NEBULIZER (KITABIS PAK™) ** AMPUL-NEB
Pulmonary	Miscellaneous Pulmonary Agents	MONTELUKAST SODIUM TAB CHEW MONTELUKAST SODIUM TABLET
Pulmonary	Pulmonary Arterial Hypertension Drugs	BOSENTAN (TRACLEER™) TABLET SILDENAFIL CITRATE * TABLET
Renal	Phosphate Binders	CALCIUM ACETATE CAPSULE CALCIUM ACETATE TABLET SEVELAMER HCL (RENAGEL™) * TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

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

Effective: January 1, 2016

System	Class	Preferred	
Psychiatric	Antipsychotics, 2nd Gen	CLOZAPINE	TABLET
		OLANZAPINE	TABLET
		QUETIAPINE FUMARATE **	TABLET
		RISPERIDONE	SOLUTION
		RISPERIDONE	TABLET
Psychiatric	Antipsychotics, Parenteral	CHLORPROMAZINE HCL	AMPUL
		FLUPHENAZINE DECANOATE	VIAL
		FLUPHENAZINE HCL	VIAL
		HALOPERIDOL DECANOATE	AMPUL
		HALOPERIDOL DECANOATE	VIAL
		HALOPERIDOL LACTATE	AMPUL
		HALOPERIDOL LACTATE	VIAL
		RISPERIDONE MICROSPHERES **	SYRINGE

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization