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

Effective: April 1, 2022

System	Class	Preferred	
Allergy/Cold	Anaphylaxis Rescue	epinephrine	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	Hereditary Angioedema	C1 esterase inhibitor *	KIT
		C1 esterase inhibitor *	VIAL
Allergy/Cold	Nasal Allergy Inhalers	fluticasone propionate *	SPRAY SUSP
Analgesics	CGRP Inhibitors	erenumab-aooe (AIMOVIG AUTOINJECTOR ™) *	AUTO INJCT
		fremanezumab-vfrm (AJOVY AUTOINJECTOR ™) *	AUTO INJCT
		fremanezumab-vfrm (AJOVY SYRINGE ™) *	SYRINGE
Analgesics	Gout	allopurinol	TABLET
		colchicine **	TABLET
		probenecid/colchicine	TABLET
Analgesics	Muscle Relaxants, Oral	baclofen	TABLET
		cyclobenzaprine HCl	TABLET ***
		methocarbamol	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

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

Updated: March 28, 2022

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

Effective: April 1, 2022

System	Class	Preferred	
Analgesics	Non-Steroidal Anti-Inflammatory Drugs	celecoxib	CAPSULE
		diclofenac potassium	TABLET ***
		diclofenac sodium	TABLET DR
		etodolac	TABLET
		ibuprofen	CAPSULE
		ibuprofen	DROPS SUSP
		ibuprofen	ORAL SUSP
		ibuprofen	TAB CHEW
		ibuprofen	TABLET
		indomethacin	CAPSULE
		ketoprofen	CAPSULE
		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 *	ELIXIR
		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 **	CAPSULE
		oxycodone HCl/acetaminophen **	TABLET
		tramadol HCl **	TABLET
Analgesics	Pain Medications, Topical	capsaicin	CREAM (G)
		diclofenac sodium	GEL (GRAM) ***
		lidocaine HCl	CREAM (G) ***
		lidocaine HCl	JEL/PF APP
		lidocaine HCl	SOLUTION
		lidocaine/prilocaine	CREAM (G)

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

Effective: April 1, 2022

System	Class	Preferred	
Analgesics	Serotonin Agonists, Nasal	sumatriptan **	SPRAY
		zolmitriptan **	SPRAY
Analgesics	Serotonin Agonists, Oral	naratriptan HCl **	TABLET
		sumatriptan succinate **	TABLET
		zolmitriptan **	TAB RAPDIS
		zolmitriptan **	TABLET
Analgesics	Serotonin Agonists, 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	Antibiotics, Vaginal	clindamycin phosphate	CREAM/APPL
		clindamycin phosphate	SUPP.VAG
		metronidazole	GEL W/APPL
Antibiotics	Cephalosporins (1st Gen), Oral	cephalexin	CAPSULE ***
		cephalexin	SUSP RECON
Antibiotics	Cephalosporins (2nd Gen), Oral	cefprozil	SUSP RECON
		cefprozil	TABLET
		cefuroxime axetil	TABLET
Antibiotics	Cephalosporins (3rd Gen), Oral	cefdinir	CAPSULE
		cefdinir	SUSP RECON
Antibiotics	Clostridium Difficile Drugs	metronidazole	CAPSULE
		metronidazole	TABLET
		vancomycin HCl	CAPSULE
		vancomycin HCl	VIAL
Antibiotics	Fluoroquinolones, 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

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

Effective: April 1, 2022

System	Class	Preferred	
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
		tenofovir disoproxil fumarate *	TABLET
Antivirals	Hepatitis C, Direct-Acting Antivirals	glecaprevir/pibrentasvir (MAVYRET ™) *	TABLET
		sofosbuvir/velpatas/voxilaprev *	TABLET
		sofosbuvir/velpatasvir (SOFOSBUVIR-VELPATASVIR ™) *	TABLET
Antivirals	Hepatitis C, Other Agents	peginterferon alfa-2a *	SYRINGE
		peginterferon alfa-2a *	VIAL
		ribavirin *	CAPSULE
		ribavirin *	TABLET
Antivirals	Herpes Simplex	acyclovir	CAPSULE
		acyclovir	ORAL SUSP
		acyclovir	TABLET
		valacyclovir HCl	TABLET

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

Effective: April 1, 2022

System	Class	Preferred	
Antivirals	HIV	abacavir sulfate	SOLUTION
		abacavir sulfate	TABLET
		abacavir sulfate/lamivudine	TABLET
		abacavir/dolutegravir/lamivudi (TRIUMEQ ™)	TABLET
		abacavir/lamivudine/zidovudine	TABLET
		atazanavir sulfate	CAPSULE
		atazanavir sulfate	POWD PACK
		atazanavir sulfate/cobicistat (EVOTAZ ™)	TABLET
		bictegrav/emtricit/tenofov ala (BIKTARVY ™)	TABLET
		cabotegravir	SUSER VIAL
		cabotegravir sodium	TABLET
		cabotegravir/rilpivirine (CABENUVA ™)	SUSER VIAL
		cobicistat	TABLET
		darunavir ethanolate	ORAL SUSP
		darunavir ethanolate	TABLET
		darunavir/cob/emtri/tenof alaf (SYMTUZA ™)	TABLET
		darunavir/cobicistat (PREZCOBIX ™)	TABLET
		didanosine	CAPSULE DR
		didanosine/sodium citrate	PACKET
		dolutegravir sodium	TAB SUSP
		dolutegravir sodium	TABLET
		dolutegravir sodium/lamivudine (DOVATO ™)	TABLET
		dolutegravir/rilpivirine (JULUCA ™)	TABLET
		doravirine (PIFELTRO ™)	TABLET
		doravirine/lamivu/tenofov diso (DELSTRIGO ™)	TABLET
		efavirenz	CAPSULE
		efavirenz	TABLET
		efavirenz/emtricit/tenofovr df	TABLET
		efavirenz/lamivu/tenofov disop	TABLET
		efavirenz/lamivu/tenofov disop (SYMFI ™)	TABLET
		efavirenz/lamivu/tenofov disop (SYMFI LO ™)	TABLET
		elviteg/cob/emtri/tenof alafen (GENVOYA ™)	TABLET
		elviteg/cob/emtri/tenofo disop	TABLET
		emtricita/rilpivirine/tenof DF	TABLET
		emtricitab/rilpiviri/tenof ala (ODEFSEY ™)	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
		ibalizumab-uiyk (TROGARZO ™)	VIAL
		lamivudine	SOLUTION
		lamivudine	TABLET
		lamivudine/tenofovir disop fum	TABLET
		lamivudine/tenofovir disop fum (CIMDUO ™)	TABLET
		lamivudine/zidovudine	TABLET
		lopinavir/ritonavir	SOLUTION

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

Effective: April 1, 2022

System	Class	Preferred	
Antivirals	HIV	lopinavir/ritonavir	TABLET
		maraviroc	SOLUTION
		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	SOLUTION
		ritonavir	TABLET
		ritonavir (NORVIR ™)	POWD PACK
		ritonavir (NORVIR ™)	TABLET
		saquinavir mesylate	TABLET
		stavudine	CAPSULE
		tipranavir	CAPSULE
		zidovudine	CAPSULE
		zidovudine	SYRUP
		zidovudine	TABLET
		zidovudine	VIAL
Antivirals	Influenza	oseltamivir phosphate **	CAPSULE
		oseltamivir phosphate **	SUSP RECON
Cardiovascular	Antianginals	isosorbide dinitrate	TABLET
		isosorbide mononitrate	TABLET
		nitroglycerin	PATCH TD24
		nitroglycerin	TAB SUBL
Cardiovascular	Anticoagulants, Oral and SQ	apixaban (ELIQUIS ™)	TAB DS PK
		apixaban (ELIQUIS ™)	TABLET
		dabigatran etexilate mesylate	CAPSULE
		edoxaban tosylate	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: April 1, 2022

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	CAP SA 24H
		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
		olmesartan/amlodipin/hcthiazid	TABLET
		olmesartan/hydrochlorothiazide	TABLET
		telmisartan/hydrochlorothiazid	TABLET
Cardiovascular	Diuretics, Oral	amiloride HCl	TABLET
		amiloride/hydrochlorothiazide	TABLET
		bumetanide	TABLET
		chlorthalidone	TABLET
		furosemide	SOLUTION ***
		furosemide	TABLET
		hydrochlorothiazide	CAPSULE
		hydrochlorothiazide	SOLUTION
		hydrochlorothiazide	TABLET
		indapamide	TABLET
		spironolact/hydrochlorothiazid	TABLET
		spironolactone	TABLET
		torsemide	TABLET
		triamterene	CAPSULE
		triamterene/hydrochlorothiazid	CAPSULE
		triamterene/hydrochlorothiazid	TABLET

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

Effective: April 1, 2022

System	Class	Preferred	
Cardiovascular	Inhibitors of the Renin-Angiotensin-Aldosterone System (RAAS)	benazepril HCl	TABLET
		candesartan cilexetil	TABLET
		enalapril maleate	TABLET
		fosinopril sodium	TABLET
		irbesartan	TABLET
		lisinopril	TABLET
		losartan potassium	TABLET
		olmesartan medoxomil	TABLET
		quinapril HCl	TABLET
		ramipril	CAPSULE
		telmisartan	TABLET
		valsartan	TABLET
Cardiovascular	Other Dyslipidemia Drugs	cholestyramine (with sugar)	POWD PACK
		cholestyramine (with sugar)	POWDER
		cholestyramine/aspartame	POWD PACK
		cholestyramine/aspartame	POWDER
		evolocumab (REPATHA PUSHTRONEX ™) *	WEAR INJCT
		evolocumab (REPATHA SURECLICK ™) *	PEN INJCTR
		evolocumab (REPATHA SYRINGE ™) *	SYRINGE
		ezetimibe	TABLET
		fenofibrate	TABLET ***
		fenofibrate nanocrystallized	TABLET
		fenofibrate,micronized	CAPSULE
		fenofibric acid (choline)	CAPSULE DR
		omega-3 acid ethyl esters *	CAPSULE
Cardiovascular	Platelet Inhibitors	aspirin	TAB CHEW
		aspirin	TABLET
		aspirin	TABLET DR
		aspirin/dipyridamole	CPMP 12HR
		cilostazol	TABLET
		clopidogrel bisulfate	TABLET
		dipyridamole	TABLET
		prasugrel HCl	TABLET
Cardiovascular	Statins & Combos	atorvastatin calcium	TABLET
		lovastatin	TABLET
		pravastatin sodium	TABLET
		rosuvastatin calcium	TABLET
		simvastatin	TABLET

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Effective: April 1, 2022

System	Class	Preferred	
Dermatologicals	Acne	adapalene *	CREAM (G)
		adapalene *	GEL (GRAM)
		adapalene *	GEL W/PUMP
		adapalene *	LOTION
		adapalene/benzoyl peroxide *	GEL W/PUMP
		azelaic acid *	GEL (GRAM)
		benzoyl peroxide *	CLEANSER
		benzoyl peroxide *	FOAM
		benzoyl peroxide *	GEL (GRAM)
		benzoyl peroxide *	LOTION
		clindamycin phos/benzoyl perox *	GEL (GRAM)
		clindamycin phos/benzoyl perox *	GEL W/PUMP
		clindamycin phosphate *	FOAM
		clindamycin phosphate *	GEL (GRAM)
		clindamycin phosphate *	LOTION
		clindamycin phosphate *	MED. SWAB
		clindamycin phosphate *	SOLUTION
		clindamycin/tretinoin *	GEL (GRAM)
		dapsone *	GEL (GRAM)
		erythromycin base in ethanol *	GEL (GRAM)
		erythromycin base in ethanol *	MED. SWAB
		erythromycin base in ethanol *	SOLUTION
		erythromycin/benzoyl peroxide *	GEL (GRAM)
		isotretinoin *	CAPSULE
		sulfacetamide sodium *	SUSPENSION
		tretinoin *	CREAM (G)
		tretinoin *	GEL (GRAM)
		tretinoin microspheres *	GEL (GRAM)
		tretinoin microspheres *	GEL W/PUMP
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)

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Effective: April 1, 2022

System	Class	Preferred	
Dermatologicals	Antiparasitics, Topical	permethrin	COMBO. PKG
		permethrin	CREAM (G)
		permethrin	LIQUID
		piperonyl but/pyrethins/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)
Dermatologicals	Atopic Dermatitis Drugs	pimecrolimus *	CREAM (G)
		tacrolimus *	OINT. (G)
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

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Effective: April 1, 2022

System	Class	Preferred	
Endocrine	Bone Metabolism Drugs	alendronate sodium	TABLET
		ibandronate sodium	TABLET
		risedronate sodium	TABLET
Endocrine	Diabetes, DPP-4 Inhibitors	saxagliptin HCl *	TABLET
		sitagliptin phos/metformin HCl *	TABLET
		sitagliptin phosphate *	TABLET
Endocrine	Diabetes, GLP-1 Receptor Agonists	dulaglutide (TRULICITY ™) *	PEN INJCTR
		exenatide *	PEN INJCTR
		liraglutide *	PEN INJCTR
Endocrine	Diabetes, Glucagon	glucagon	VIAL
		glucagon (BAQSIMI ™)	SPRAY
Endocrine	Diabetes, Insulins	HUMALOG ™ - BRAND ONLY	VIAL
		HUMALOG KWIKPEN U-100 ™ - BRAND ONLY	INSULN PEN
		insulin aspart	CARTRIDGE
		insulin aspart	INSULN PEN
		insulin aspart	VIAL
		insulin aspart prot/insuln asp	VIAL
		insulin aspart prot/insuln asp *	INSULN PEN
		insulin detemir	INSULN PEN
		insulin detemir	VIAL
		insulin glulisine	INSULN PEN
		insulin glulisine	VIAL
		insulin lispro	CARTRIDGE
		insulin lispro	INS PEN HF
		insulin lispro	INSULN PEN
		INSULIN LISPRO KWIKPEN U-100 ™ - BRAND ONLY	INSULN PEN
		insulin lispro protamin/lispro	INSULN PEN
		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	INSULN PEN
		insulin regular, human	VIAL
		insulin zinc human recombinant	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, SGLT-2 Inhibitors	canagliflozin *	TABLET
		dapagliflozin propanediol *	TABLET
		empagliflozin *	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

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: April 1, 2022

System	Class	Preferred	
Endocrine	Diabetes, Sulfonylureas	glimepiride	TABLET
		glipizide	TABLET
		glyburide	TABLET
Endocrine	Diabetes, Thiazolidinediones	pioglitazone HCl	TABLET
Endocrine	Estrogen Replacement, Oral	estradiol ‡	TABLET
		estrogens,conj.,synthetic A ‡	TABLET
		estropipate ‡	TABLET
Endocrine	Estrogen Replacement, Topical	estradiol ‡	PATCH TDSW
		estradiol ‡	PATCH TDWK
Endocrine	Estrogen Replacement, Vaginal	estradiol	TABLET
		estrogens, conjugated	CREAM/APPL
Endocrine	Glucocorticoids, Oral	cortisone acetate	TABLET
		dexamethasone	DROPS
		dexamethasone	ELIXIR
		dexamethasone	SOLUTION
		dexamethasone	TAB DS PK
		dexamethasone	TABLET
		hydrocortisone	TABLET
		methylprednisolone	TAB DS PK
		methylprednisolone	TABLET
		prednisolone	SOLUTION
		prednisone	ORAL CONC
		prednisone	SOLUTION
		prednisone	TAB DS PK
		prednisone	TABLET
		prednisone	TABLET DR
Endocrine	Growth Hormones	somatropin (GENOTROPIN ™) *	CARTRIDGE
		somatropin (GENOTROPIN ™) *	SYRINGE
		somatropin (NORDITROPIN FLEXPRO ™) *	PEN INJCTR
		somatropin (NUTROPIN AQ NUSPIN ™) *	PEN INJCTR
Endocrine	Progestational Agents	hydroxyprogesterone caproat/PF (MAKENA ™) *	AUTO INJCT
		medroxyprogesterone acetate	TABLET
		norethindrone acetate	TABLET
		progesterone, micronized	CAPSULE
Endocrine	Vitamin D Analogs	calcitriol	AMPUL
		calcitriol	CAPSULE
		calcitriol	SOLUTION
Gastrointestinal	Antacid, H. Pylori	bismuth/metronid/tetracycline	CAPSULE
		lansoprazole/amoxiciln/clarith	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: April 1, 2022

System	Class	Preferred	
Gastrointestinal	Antacid, H2 Antagonists	famotidine	TABLET
		famotidine/Ca carb/mag hydrox	TAB CHEW
		nizatidine	SOLUTION
		ranitidine HCl	SYRUP
		ranitidine HCl	TABLET
Gastrointestinal	Antacid, Proton Pump Inhibitors	dexlansoprazole **	CAP DR BP
		lansoprazole **	CAPSULE DR
		omeprazole **	CAPSULE DR
		pantoprazole sodium **	TABLET DR
		rabeprazole sodium **	TABLET DR
Gastrointestinal	Antidiarrheals	loperamide HCl	CAPSULE
		loperamide HCl	LIQUID
		loperamide HCl	TABLET
Gastrointestinal	Antiemetics, Conventional	metoclopramide HCl	ORAL CONC
		metoclopramide HCl	SOLUTION
		metoclopramide HCl	TABLET
		phosphorated carbo(dext-fruct)	SOLUTION
		prochlorperazine	SUPP.RECT
		prochlorperazine edisylate	SYRUP
		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	Hyoscyamine	hyoscyamine sulfate	ELIXIR
		hyoscyamine sulfate	TAB RAPDIS
Gastrointestinal	Inflammatory Bowel Disease	balsalazide disodium	CAPSULE
		budesonide	CAPDR - ER
		mesalamine	CAP ER 24H
		mesalamine	SUPP.RECT
		mesalamine	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: April 1, 2022

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
		fructooligosaccharides/polydex	LIQUID
		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 seed	POWDER
		psyllium seed (with dextrose)	PACKET
		psyllium seed (with dextrose)	POWDER
		psyllium seed (with sugar)	POWDER
		psyllium seed/aspartame	POWDER
		psyllium seed/sod bicarb	PACKET
		psyllium/sucr/sacchar/dextrose	POWD PACK
		senna leaf extract	SYRUP
		senna/psyllium seed	GRANULES
		sennosides	CAPSULE
		sennosides	SYRUP
		sennosides	TAB CHEW
		sennosides	TABLET
		sennosides/docusate sodium	TABLET
		soluble corn fiber	POWDER
		wheat dextrin	POWD PACK ***
		wheat dextrin	POWDER
Gastrointestinal	Pancreatic Enzymes	lipase/protease/amylase (CREON ™)	CAPSULE DR
		lipase/protease/amylase (ZENPEP ™)	CAPSULE DR

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

Effective: April 1, 2022

System	Class	Preferred	
Genito-Urinary	Benign Prostate Hypertrophy Drugs	doxazosin mesylate	TABLET
		finasteride	TABLET
		tamsulosin HCl	CAPSULE
		terazosin HCl	CAPSULE
Genito-Urinary	Overactive Bladder Drugs	fesoterodine fumarate	TAB ER 24H
		oxybutynin	PATCH TDSW
		oxybutynin chloride	SYRUP
		oxybutynin chloride	TAB ER 24
		oxybutynin chloride	TABLET
		solifenacin succinate	TABLET
Hematology-Oncology	Colony Stimulating Factors	filgrastim (NEUPOGEN ™)	SYRINGE
		filgrastim (NEUPOGEN ™)	VIAL
		pegfilgrastim-apgf	SYRINGE
		sargramostim	VIAL
		tbo-filgrastim	VIAL
		tbo-filgrastim (GRANIX ™)	SYRINGE
Hematology-Oncology	Erythropoetic Stimulating Agents	darbepoetin alfa in polysorbat (ARANESP ™) *	SYRINGE
		darbepoetin alfa in polysorbat (ARANESP ™) *	VIAL
Hematology-Oncology	Iron Chelators	deferoxamine mesylate	VIAL
Hematology-Oncology	Sickle Cell Disease	hydroxyurea	CAPSULE
Hematology-Oncology	Thrombocytopenia Drugs	eltrombopag olamine	POWD PACK
		eltrombopag olamine	TABLET
		romiplostim	VIAL
Immunological	Biologics for Rare Conditions	inebilizumab-cdon *	VIAL
		ravulizumab-cwvz *	VIAL
		satralizumab-mwge *	SYRINGE
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: April 1, 2022

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	CAP ER 24H
		tacrolimus	CAPSULE
		tacrolimus	GRAN PACK
		tacrolimus	TAB ER 24H
Immunological	Targeted Immune Modulators	adalimumab (HUMIRA ™) *	SYRINGEKIT
		adalimumab (HUMIRA PEN ™) *	PEN IJ KIT
		adalimumab (HUMIRA PEN CROHN'S-UC-HS ™) *	PEN IJ KIT
		adalimumab (HUMIRA PEN PSOR-UVEITS-ADOL HS ™) *	PEN IJ KIT
		adalimumab (HUMIRA(CF) ™) *	SYRINGEKIT
		adalimumab (HUMIRA(CF) PEDIATRIC CROHN'S ™) *	SYRINGEKIT
		adalimumab (HUMIRA(CF) PEN ™) *	PEN IJ KIT
		adalimumab (HUMIRA(CF) PEN CROHN'S-UC-HS ™) *	PEN IJ KIT
		adalimumab (HUMIRA(CF) PEN PEDIATRIC UC ™) *	PEN IJ KIT
		adalimumab (HUMIRA(CF) PEN PSOR-UV-ADOL HS ™) *	PEN IJ KIT
		etanercept (ENBREL ™) *	SYRINGE
		etanercept (ENBREL ™) *	VIAL
		etanercept (ENBREL MINI ™) *	CARTRIDGE
		etanercept (ENBREL SURECLICK ™) *	PEN INJCTR
		secukinumab (COSENTYX (2 SYRINGES) ™) *	SYRINGE
		secukinumab (COSENTYX PEN ™) *	PEN INJCTR
		secukinumab (COSENTYX PEN (2 PENS) ™) *	PEN INJCTR
		secukinumab (COSENTYX SYRINGE ™) *	SYRINGE
Metabolic Disorders	Lysosomal Storage Disorders	taliglucerase alfa *	VIAL

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

Effective: April 1, 2022

System	Class	Preferred	
Neurology	Alzheimer's Disease Drugs	donepezil HCl	TAB RAPDIS
		donepezil HCl	TABLET
		galantamine HBr	CAP24H PEL
		galantamine HBr	TABLET
		memantine HCl	CAP SPR 24
		memantine HCl	SOLUTION
		memantine HCl	TAB DS PK
		memantine HCl	TABLET
		memantine HCl/donepezil HCl	CAP SPR 24
		memantine HCl/donepezil HCl	CAP24 DSPK
		rivastigmine	PATCH TD24
		rivastigmine tartrate	CAPSULE
Neurology	Antiepileptics (non-injectable)	carbamazepine	ORAL SUSP
		carbamazepine	TAB CHEW
		carbamazepine	TAB ER 12H
		carbamazepine	TABLET
		diazepam	KIT
		ethosuximide	CAPSULE
		ethosuximide	SOLUTION
		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
Neurology	Multiple Sclerosis	COPAXONE ™ - BRAND ONLY	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
		interferon beta-1b (BETASERON ™)	KIT

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

Effective: April 1, 2022

System	Class	Preferred	
Neurology	Parkinson's Disease Drugs, Oral & Topical	amantadine HCl	CAPSULE
		amantadine HCl	TABLET
		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	SOLUTION
		trihexyphenidyl HCl	TABLET
Neurology	Potassium Channel Blockers	amifampridine *	TABLET
Neurology	Spinal Muscular Atrophy	onasemnogene abeparvovec-xioi (ZOLGENSMA ™) *	KIT
Nutritional	B-vitamins, Oral	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	ORAL SUSP
		calcium carbonate	TABLET
		calcium carbonate/vitamin D3	TAB CHEW
		calcium carbonate/vitamin D3	TABLET ***
		cholecalciferol (vitamin D3)	CAPSULE ***
		cholecalciferol (vitamin D3)	DROPS ***
		cholecalciferol (vitamin D3)	TABLET ***
		ergocalciferol (vitamin D2)	CAPSULE ***
Nutritional	Iron Replacement, Oral	ferrous gluconate	TABLET ***
		ferrous sulfate	LIQUID
		ferrous sulfate	TABLET
		ferrous sulfate	TABLET DR
		ferrous sulfate	TABLET ER ***
Nutritional	Magnesium Replacement, Oral	magnesium	TABLET
		magnesium oxide/vit B6	TABLET

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

Effective: April 1, 2022

System	Class	Preferred	
Nutritional	Multivitamins, Oral	beta-carotene(A)-vits C,E/mins *	TABLET
		folic acid/vit B complex and C *	TABLET
		multivit 38/folate no.6/ginger *	TABLET
		multivit 47/iron/folate 1/dha *	CAPSULE
		multivit no.40/iron/folat1/dha *	CAPSULE
		multivit no.42/iron/folate/dha *	CAPSULE
		multivit no.48/iron fum/FA/dha *	CAPSULE
		multivit no.51/iron/folic acid *	CAPSULE
		multivit with minerals/lutein *	TABLET
		multivit37/iron/Lmfolate/algal *	CAPSULE
		multivit41/iron/folate8/ps-dha *	CAP IR DR
		multivitamin *	TABLET
		multivitamin no.36/folate no.6 *	TAB CHEW
		multivitamin,therapeutic *	TABLET
		multivitamin/iron/folic acid *	TABLET
		multivit-min 62/iron fum/folic *	CAPSULE
		multivit-min/FA/lycopen/lutein *	TABLET
		multivit-min69/iron/folic acid *	TABLET
		mv-min 51/folic acid/vit K/ubi *	TAB CHEW
		mv-mins 71/iron/folic no.1/dha *	CAPSULE
		mv-mins no73/iron fum,ps/folic *	CAPSULE
		mvn no.53/iron/folic/dss/dha *	CAPSULE
		mvn-min 74/iron fum/iron/FA *	CAPSULE
		mvn-min75/iron/iron ps/om3/dha *	CAPSULE
		vitamin B complex *	CAPSULE
Nutritional	Potassium and K-Phos, Oral	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
		sodium,potassium phosphates	POWD PACK

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

Effective: April 1, 2022

System	Class	Preferred	
Nutritional	Prenatal Vitamins	PNV 11/iron fum/folic acid/om3	CAPSULE
		PNV 119/iron fum/folic acid	TABLET
		pnv 156/iron/lmfol/om3/dha/epa	CAPSULE
		PNV 22/iron,gluc/folic/dss/dha	COMBO. PKG
		PNV 30/iron carb,ag/folic/om3	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 cmb 52/iron/FA/omega-3/dha	COMBO. PKG
		PNV no.118/iron fumarate/FA	TAB CHEW
		PNV w-CA8/iron/FA/Lmefolate Ca	TABLET
		PNV,Ca42/iron/FA/Lmefolate/dha	CAPSULE
		PNV,calcium 72/iron/folic acid	TABLET
		PNV/iron fum,b-g/folic acid	TABLET
		PNV/iron ps cplx/folic acid	TABLET
		PNV59/iron,carb,fum/FA/dss/dha	CAPSULE
		PNV72/iron,gluc/folic/dss/dha	COMBO. PKG
		PNV73/iron,gluc/folic/dss/dha	COMBO. PKG
		PNV83/iron,carb,asp/folic acid	TABLET
		prenatal 114/iron a-g/folate 1	TABLET
		prenatal 118/iron/folate 6/dha	CAPSULE
		prenatal 26/iron ps/folic/dha	CAPSULE
		prenatal 34/iron/folic/dss/dha	CAPSULE
		prenatal 59/iron/folic/dss/dha	CAPSULE
		prenatal 78/iron/folate 1/dha	CAPSULE
		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 vit 10/iron fum/folic	TABLET
		prenatal vit 10/iron/folic/dha	COMBO. PKG
		prenatal vit 14/iron fum/folic	TAB CHEW
		prenatal vit 33/iron/folic/dha	COMBO. PKG
		prenatal vit 85/iron/FA 1/dha	CAPSULE
		prenatal vit 87/iron/folic/dha	CAPSULE
		prenatal vit,calc76/iron/folic	TABLET
		prenatal vit,calc78/iron/folic	TABLET
		prenatal vit/iron carb&sulf/FA	TABLET
		prenatal vit/iron fum/folic ac	TABLET
		prenatal vit103/iron fum/folic	TABLET
		prenatal vit128/iron/folic acd	TAB CHEW
		prenatal vit136/iron/folic acd	TABLET
		prenatal vit27,calcium/iron/FA	TABLET
		prenatal vit68/iron/FA no6/dha	CAPSULE
		prenatal vit69/iron/folate6/dh	CAPSULE
		prenatal vit86/iron/folic acid	TABLET

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

Effective: April 1, 2022

System	Class	Preferred	
Nutritional	Prenatal Vitamins	prenatal,calc.40/iron/folate 1	TABLET
		prenatal56/iron/folic acid/dha	CAPSULE
		prenatal81/iron/folic/docusate	TABLET
		Pv w-o Vit A/iron/docus/FA/Zn	CAP SEQ
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)
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 sodium 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

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

Effective: April 1, 2022

System	Class	Preferred	
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
		latanoprost	DRPS EMULS
		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 (FOCALIN XR ™) ** ‡	CPBP 50-50
		dexmethylphenidate HCl ** ‡	CPBP 50-50
		dexmethylphenidate HCl ** ‡	TABLET
		dextroamphetamine/amphetamine ** ‡	CAP ER 24H
		dextroamphetamine/amphetamine ** ‡	TABLET
		lisdexamfetamine dimesylate ** ‡	CAPSULE
		lisdexamfetamine dimesylate ** ‡	TAB CHEW
		methylphenidate ** ‡	PATCH TD24
		methylphenidate HCl ** ‡	CPBP 30-70
		methylphenidate HCl ** ‡	TABLET
Psychiatric	Benzodiazepines	clonazepam **	TABLET
Psychiatric	Opioid Reversal Agents	naloxone HCl	AMPUL
		naloxone HCl	SPRAY
		naloxone HCl	SYRINGE
		naloxone HCl	VIAL
Psychiatric	Sedatives	melatonin *	TABLET
		zolpidem tartrate *	TABLET
Psychiatric	Substance Use Disorders, Opioid & Alcohol	acamprosate calcium	TABLET DR
		buprenorphine (SUBLOCADE ™)	SOLER SYR
		buprenorphine HCl/naloxone HCl (ZUBSOLV ™) **	TAB SUBL
		buprenorphine HCl/naloxone HCl **	FILM
		buprenorphine HCl/naloxone HCl **	TAB SUBL
		naltrexone HCl	TABLET
		naltrexone microspheres (VIVITROL ™)	SUS ER REC

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age restrictions apply

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

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

Effective: April 1, 2022

System	Class	Preferred	
Psychiatric	Tobacco Smoking Cessation	bupropion HCl	TAB ER 12H
		nicotine	PATCH DYSQ
		nicotine	PATCH TD24
		nicotine polacrilex	GUM
		nicotine polacrilex	LOZENGE
		nicotine polacrilex	LOZNG MINI
		varenicline tartrate ‡	TAB DS PK
		varenicline tartrate ‡	TABLET
Pulmonary	Anticholinergics, Inhaled	ipratropium bromide	HFA AER AD
		ipratropium bromide	SOLUTION
		ipratropium/albuterol sulfate	AMPUL-NEB
		ipratropium/albuterol sulfate (COMBIVENT RESPIMAT ™)	MIST INHAL
		tiotropium bromide	CAP W/DEV
		umeclidinium bromide	BLST W/DEV
Pulmonary	Beta-Agonists, Inhaled Long Acting	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	budesonide	AER POW BA
		fluticasone propionate	AER W/ADAP
		fluticasone propionate	BLST W/DEV
		mometasone furoate	AER POW BA
Pulmonary	Corticosteroids/LABA Combination, Inhaled	budesonide/formoterol fumarate	HFA AER AD
		fluticasone propion/salmeterol	AER POW BA
		fluticasone propion/salmeterol	BLST W/DEV
		fluticasone propion/salmeterol	HFA AER AD
		mometasone/formoterol	HFA AER AD
Pulmonary	Cystic Fibrosis	dornase alfa	SOLUTION
		sodium chloride for inhalation	VIAL-NEB
		tobramycin in 0.225% sod chlor	AMPUL-NEB
Pulmonary	LAMA/LABA Combination, Inhalers	tiotropium Br/olodaterol HCl *	MIST INHAL
		umeclidinium brm/vilanterol tr *	BLST W/DEV
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

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

Effective: April 1, 2022

System	Class	Preferred	
Renal	Phosphate Binders	calcium acetate	CAPSULE
		calcium acetate	TABLET ***
		sevelamer carbonate	TABLET
		sevelamer HCl	TABLET

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** Drug coverage subject to quantity limits

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‡ Age restrictions apply

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

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

Effective: April 1, 2022

System	Class	Preferred	
Neurology	Antiepileptics (non-injectable)	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
Neurology	Other Stimulants	armodafinil *	TABLET
		modafinil *	TABLET
Psychiatric	ADHD Drugs	STRATTERA ™ - BRAND ONLY ** ‡	CAPSULE
Psychiatric	Antidepressants	amitriptyline HCl ‡	TABLET
		bupropion HCl	TAB ER 24H
		bupropion HCl	TAB SR 12H
		bupropion HCl	TABLET
		citalopram hydrobromide	SOLUTION
		citalopram hydrobromide	TABLET
		desipramine HCl ‡	TABLET
		desvenlafaxine succinate	TAB ER 24H
		doxepin HCl ‡	CAPSULE
		doxepin HCl ‡	ORAL CONC
		duloxetine HCl	CAPSULE DR
		escitalopram oxalate	TABLET
		fluoxetine HCl	CAPSULE
		fluoxetine HCl	SOLUTION
		fluoxetine HCl	TABLET
		fluvoxamine maleate	TABLET
		imipramine 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

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‡ Age restrictions apply

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

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

Effective: April 1, 2022

System	Class	Preferred	
Psychiatric	Antipsychotics, 1st Gen	chlorpromazine HCl	ORAL CONC
		fluphenazine HCl	ELIXIR
		fluphenazine HCl	ORAL CONC
		fluphenazine HCl	TABLET
		haloperidol	TABLET
		haloperidol lactate	ORAL CONC
		loxapine succinate	CAPSULE
		perphenazine	TABLET
		thioridazine HCl	ORAL CONC
		thioridazine HCl	TABLET
		thiothixene	CAPSULE
		thiothixene HCl	ORAL CONC
		trifluoperazine HCl	TABLET
Psychiatric	Antipsychotics, 2nd Gen	aripiprazole	TABLET
		asenapine maleate	TAB SUBL
		cariprazine HCl (VRAYLAR ™)	CAP DS PK
		cariprazine HCl (VRAYLAR ™)	CAPSULE
		clozapine	TABLET
		lurasidone HCl (LATUDA ™)	TABLET
		olanzapine	TABLET
		quetiapine fumarate ** ‡	TABLET
		risperidone	SOLUTION
		risperidone	TABLET
		ziprasidone HCl	CAPSULE
Psychiatric	Antipsychotics, Parenteral	aripiprazole (ABILIFY MAINTENA ™)	SUSER SYR
		aripiprazole (ABILIFY MAINTENA ™)	SUSER VIAL
		aripiprazole lauroxil (ARISTADA ™)	SUSER SYR
		aripiprazole lauroxil,submicr. (ARISTADA INITIO ™)	SUSER SYR
		chlorpromazine HCl	AMPUL
		fluphenazine decanoate	VIAL
		fluphenazine HCl	VIAL
		haloperidol decanoate	AMPUL
		haloperidol decanoate	VIAL
		haloperidol lactate	AMPUL
		haloperidol lactate	SYRINGE
		haloperidol lactate	VIAL
		paliperidone palmitate (INVEGA HAFYERA ™)	SYRINGE
		paliperidone palmitate (INVEGA SUSTENNA ™)	SYRINGE
		paliperidone palmitate (INVEGA TRINZA ™)	SYRINGE
		risperidone (PERSERIS ™)	SUSER SYR
		risperidone microspheres **	VIAL

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‡ Age restrictions apply

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