

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

System	Class	Preferred
Allergy/Cold	Anaphylaxis Rescue	epinephrine AUTO INJECT
Allergy/Cold	Antihistamines, Second Generation	cetirizine HCl cetirizine HCl loratadine loratadine loratadine SOLUTION *** TABLET SOLUTION *** TAB RAPDIS *** TABLET
Allergy/Cold	Cough and Cold	codeine phosphate/guaifenesin * codeine phosphate/guaifenesin * codeine phosphate/guaifenesin * guaifenesin ‡ guaifenesin ‡ guaifenesin ‡ guaifenesin ‡ guaifenesin ‡ guaifenesin ‡ guaifenesin ‡ guaifenesin/dextromethorphan ‡ guaifenesin/dextromethorphan ‡ guaifenesin/dextromethorphan ‡ guaifenesin/dextromethorphan ‡ guaifenesin/dextromethorphan ‡ guaifenesin/dextromethorphan ‡ guaifenesin/dextromethorphan ‡ guaifenesin/dextromethorphan ‡ guaifenesin/dextromethorphan ‡ pseudoephedrine HCl ‡ pseudoephedrine HCl ‡ LIQUID SYRUP TABLET GRAN PACK LIQUID SYRUP TAB ER 12H TABLET TABLET ER CAPSULE DROPS ELIXIR GRAN PACK LIQUID LIQUID PKT SYRUP TAB ER 12H TABLET CAPSULE TABLET
Allergy/Cold	Hereditary Angioedema	C1 esterase inhibitor * C1 esterase inhibitor * KIT VIAL
Allergy/Cold	Nasal Allergy Inhalers	fluticasone propionate * SPRAY SUSP
Analgesics	CGRP Inhibitors	erenumab-aooe (AIMOVIG AUTOINJECTOR™) * fremanezumab-vfrm (AJOVY AUTOINJECTOR™) * fremanezumab-vfrm (AJOVY SYRINGE™) * AUTO INJECT AUTO INJECT SYRINGE
Analgesics	Gout	allopurinol colchicine ** probenecid/colchicine TABLET TABLET TABLET
Analgesics	Muscle Relaxants, Oral	baclofen cyclobenzaprine HCl methocarbamol tizanidine HCl TABLET TABLET *** TABLET TABLET

\* Drug coverage subject to meeting clinical prior authorization criteria

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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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Analgesics	Serotonin Agonists, Nasal	sumatriptan ** zolmitriptan ** SPRAY SPRAY
Analgesics	Serotonin Agonists, Oral	naratriptan HCl ** sumatriptan succinate ** zolmitriptan ** zolmitriptan ** TABLET TABLET TAB RAPDIS TABLET
Analgesics	Serotonin Agonists, Subcutaneous	sumatriptan succinate ** sumatriptan succinate ** sumatriptan succinate ** CARTRIDGE PEN INJCTR VIAL
Antibiotics	Amoxicillin and Clavulanate, Oral	amoxicillin/potassium clav amoxicillin/potassium clav amoxicillin/potassium clav SUSP RECON TAB CHEW TABLET
Antibiotics	Antibiotics, Vaginal	clindamycin phosphate clindamycin phosphate metronidazole CREAM/APPL SUPP.VAG GEL W/APPL
Antibiotics	Cephalosporins (1st Gen), Oral	cephalexin cephalexin CAPSULE *** SUSP RECON
Antibiotics	Cephalosporins (2nd Gen), Oral	cefprozil cefprozil cefuroxime axetil SUSP RECON TABLET TABLET
Antibiotics	Cephalosporins (3rd Gen), Oral	cefdinir cefdinir CAPSULE SUSP RECON
Antibiotics	Clostridium Difficile Drugs	metronidazole metronidazole vancomycin HCl vancomycin HCl CAPSULE TABLET CAPSULE VIAL
Antibiotics	Fluoroquinolones, Oral	ciprofloxacin ciprofloxacin HCl levofloxacin levofloxacin SUS MC REC TABLET SOLUTION TABLET
Antibiotics	Macrolides, Oral	azithromycin azithromycin clarithromycin SUSP RECON TABLET TABLET
Antibiotics	Oxazolidinones, Oral	linezolid linezolid SUSP RECON TABLET

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System	Class	Preferred
Antibiotics	Tetracyclines, Oral	doxycycline hyclate ** doxycycline hyclate ** doxycycline monohydrate ** doxycycline monohydrate ** tetracycline HCl **
		CAPSULE TABLET CAPSULE SUSP RECON CAPSULE
Antifungal	Antifungals, Oral	clotrimazole fluconazole fluconazole nystatin nystatin
		TROCHE SUSP RECON TABLET ORAL SUSP TABLET
Antivirals	Hepatitis B	lamivudine * lamivudine * tenofovir disoproxil fumarate *
		SOLUTION TABLET TABLET
Antivirals	Hepatitis C, Direct-Acting Antivirals	glecaprevir/pibrentasvir (MAVYRET™) * sofosbuvir/velpatas/voxilaprev * SOFOSBUVIR-VELPATASVIR™ - BRAND ONLY *
		TABLET TABLET TABLET
Antivirals	Hepatitis C, Other Agents	peginterferon alfa-2a * peginterferon alfa-2a * ribavirin * ribavirin *
		SYRINGE VIAL CAPSULE TABLET
Antivirals	Herpes Simplex	acyclovir acyclovir acyclovir valacyclovir HCl
		CAPSULE ORAL SUSP TABLET TABLET

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System	Class	Preferred	
Antivirals	HIV	abacavir sulfate	SOLUTION
		abacavir sulfate	TABLET
		abacavir sulfate/lamivudine	TABLET
		abacavir/dolutegravir/lamivudine (TRIUMEQ™)	TABLET
		abacavir/lamivudine/zidovudine	TABLET
		atazanavir sulfate	CAPSULE
		atazanavir sulfate	POWD PACK
		atazanavir sulfate/cobicistat (EVOTAZ™)	TABLET
		bictegravir/emtricit/tenofovir alaf (BIKTARVY™)	TABLET
		cabotegravir sodium	TABLET
		cabotegravir/rilpivirine (CABENUVA™)	SUSER VIAL
		cobicistat	TABLET
		darunavir ethanolate	ORAL SUSP
		darunavir ethanolate	TABLET
		darunavir/cob/emtri/tenofovir 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/lamivudine/tenofovir diso (DELSTRIGO™)	TABLET
		efavirenz	CAPSULE
		efavirenz	TABLET
		efavirenz/emtricit/tenofovir df	TABLET
		efavirenz/lamivudine/tenofovir diso	TABLET
		efavirenz/lamivudine/tenofovir diso (SYMFI™)	TABLET
		efavirenz/lamivudine/tenofovir diso (SYMFI LO™)	TABLET
		elvitegravir/cob/emtri/tenofovir alaf (GENVOYA™)	TABLET
		elvitegravir/cob/emtri/tenofovir diso	TABLET
		emtricitabine/rilpivirine/tenofovir DF	TABLET
		emtricitabine/rilpivirine/tenofovir alaf (ODEFSEY™)	TABLET
		emtricitabine	CAPSULE
		emtricitabine	SOLUTION
		emtricitabine/tenofovir alafenam (DESCOVY™)	TABLET
		emtricitabine/tenofovir (TDF)	TABLET
		enfuvirtide	VIAL
		etravirine	TABLET
fosamprenavir calcium	ORAL SUSP		
fosamprenavir calcium	TABLET		
ibalizumab-uiyk (TROGARZO™)	VIAL		
indinavir sulfate	CAPSULE		
lamivudine	SOLUTION		
lamivudine	TABLET		
lamivudine/tenofovir diso fumarate	TABLET		
lamivudine/tenofovir diso fumarate (CIMDUO™)	TABLET		
lamivudine/zidovudine	TABLET		
lopinavir/ritonavir	SOLUTION		

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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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System	Class	Preferred
Cardiovascular	Calcium Channel Blockers - Dihydropyridine, Oral	amlodipine besylate nifedipine nifedipine nifedipine TABLET CAPSULE TAB ER 24 TABLET ER
Cardiovascular	Calcium Channel Blockers - Non-Dihydropyridine, Oral	diltiazem HCl diltiazem HCl diltiazem HCl diltiazem HCl diltiazem HCl verapamil HCl verapamil HCl verapamil HCl CAP ER 12H CAP ER 24H CAP ER DEG CAP SA 24H TABLET CAP24H PEL TABLET TABLET ER
Cardiovascular	Combination Antihypertensives	amlodipine bes/olmesartan med benazepril/hydrochlorothiazide enalapril/hydrochlorothiazide lisinopril/hydrochlorothiazide losartan/hydrochlorothiazide olmesartan/amlodipin/hcthiazid olmesartan/hydrochlorothiazide telmisartan/hydrochlorothiazid TABLET TABLET TABLET TABLET TABLET TABLET TABLET TABLET
Cardiovascular	Diuretics, Oral	amiloride HCl amiloride/hydrochlorothiazide bumetanide chlorthalidone furosemide furosemide hydrochlorothiazide hydrochlorothiazide hydrochlorothiazide indapamide spironolact/hydrochlorothiazid spironolactone torsemide triamterene triamterene/hydrochlorothiazid triamterene/hydrochlorothiazid TABLET TABLET TABLET TABLET SOLUTION *** TABLET CAPSULE SOLUTION TABLET TABLET TABLET TABLET TABLET CAPSULE CAPSULE TABLET
Cardiovascular	Inhibitors of the Renin-Angiotensin-Aldosterone System (RAAS)	benazepril HCl enalapril maleate irbesartan lisinopril losartan potassium olmesartan medoxomil ramipril telmisartan valsartan TABLET TABLET TABLET TABLET TABLET TABLET CAPSULE TABLET TABLET

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System	Class	Preferred
Cardiovascular	Other Dyslipidemia Drugs	cholestyramine (with sugar) POWD PACK cholestyramine (with sugar) POWDER cholestyramine/aspartame POWD PACK cholestyramine/aspartame POWDER evolocumab (REPATHA PUSHTRONEX™) * WEAR INJECT evolocumab (REPATHA SURECLICK™) * PEN INJECT 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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System	Class	Preferred	
Dermatologicals	Acne	adapalene * adapalene * adapalene * adapalene * adapalene/benzoyl peroxide * azelaic acid * benzoyl peroxide * benzoyl peroxide * benzoyl peroxide * benzoyl peroxide * clindamycin phos/benzoyl perox * clindamycin phos/benzoyl perox * clindamycin phosphate * clindamycin phosphate * clindamycin phosphate * clindamycin phosphate * clindamycin phosphate * clindamycin/tretinoin * dapsone * erythromycin base in ethanol * erythromycin base in ethanol * erythromycin base in ethanol * erythromycin/benzoyl peroxide * isotretinoin * sulfacetamide sodium * tretinoin * tretinoin * tretinoin microspheres * tretinoin microspheres *	CREAM (G) GEL (GRAM) GEL W/PUMP LOTION GEL W/PUMP GEL (GRAM) CLEANSER FOAM GEL (GRAM) LOTION GEL (GRAM) GEL W/PUMP FOAM GEL (GRAM) LOTION MED. SWAB SOLUTION GEL (GRAM) GEL (GRAM) MED. SWAB SOLUTION GEL (GRAM) CAPSULE SUSPENSION CREAM (G) GEL (GRAM) GEL (GRAM) GEL W/PUMP
Dermatologicals	Antibiotics, Topical	bacitracin bacitracin zinc bacitracin zinc/polymyxin B bacitracin/polymyxin B sulfate gentamicin sulfate mupirocin neomycin/bacitracin/polymyxinB	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)

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System	Class	Preferred
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)
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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Endocrine	Bone Metabolism Drugs	alendronate sodium ibandronate sodium risedronate sodium	TABLET TABLET TABLET
Endocrine	Diabetes, DPP-4 Inhibitors	saxagliptin HCl * sitagliptin phos/metformin HCl * sitagliptin phosphate *	TABLET TABLET TABLET
Endocrine	Diabetes, GLP-1 Receptor Agonists	dulaglutide (TRULICITY™) * exenatide * liraglutide *	PEN INJCTR PEN INJCTR PEN INJCTR
Endocrine	Diabetes, Glucagon	glucagon glucagon	SPRAY VIAL
Endocrine	Diabetes, Insulins	HUMALOG KWIKPEN U-100™ - BRAND ONLY insulin aspart insulin aspart insulin aspart insulin aspart prot/insulin asp insulin aspart prot/insulin asp * insulin detemir insulin detemir insulin glulisine insulin glulisine insulin lispro insulin lispro insulin lispro insulin lispro INSULIN LISPRO KWIKPEN U-100™ - BRAND ONLY insulin lispro protamin/lispro insulin lispro protamin/lispro insulin NPH hum/reg insulin hm insulin NPH hum/reg insulin hm * insulin NPH human isophane insulin regular, human insulin regular, human insulin zinc human recombinant LANTUS™ - BRAND ONLY LANTUS SOLOSTAR™ - BRAND ONLY *	INSULN PEN CARTRIDGE INSULN PEN VIAL VIAL INSULN PEN INSULN PEN VIAL INSULN PEN VIAL CARTRIDGE INS PEN HF INSULN PEN VIAL INSULN PEN INSULN PEN VIAL INSULN PEN VIAL INSULN PEN VIAL INSULN PEN VIAL INSULN PEN VIAL VIAL INSULN PEN
Endocrine	Diabetes, Miscellaneous Antidiabetic Agents	metformin HCl metformin HCl	TAB ER 24H TABLET
Endocrine	Diabetes, SGLT-2 Inhibitors	canagliflozin * dapagliflozin propanediol * empagliflozin *	TABLET TABLET TABLET

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Endocrine	Diabetes, Sulfonylureas	glimepiride glipizide glyburide TABLET TABLET TABLET
Endocrine	Diabetes, Thiazolidinediones	pioglitazone HCl TABLET
Endocrine	Estrogen Replacement, Oral	estradiol ‡ estrogens,conj.,synthetic A ‡ estropipate ‡ TABLET TABLET TABLET
Endocrine	Estrogen Replacement, Topical	estradiol ‡ estradiol ‡ PATCH TDSW PATCH TDWK
Endocrine	Estrogen Replacement, Vaginal	estradiol estrogens, conjugated TABLET CREAM/APPL
Endocrine	Growth Hormones	somatropin (GENOTROPIN™) * somatropin (GENOTROPIN™) * somatropin (NORDITROPIN FLEXPRO™) * somatropin * CARTRIDGE SYRINGE PEN INJCTR PEN INJCTR
Endocrine	Progestational Agents	hydroxyprogesterone caproat/PF (MAKENA™) * medroxyprogesterone acetate norethindrone acetate progesterone, micronized AUTO INJCT TABLET TABLET CAPSULE
Endocrine	Vitamin D Analogs	calcitriol calcitriol calcitriol AMPUL CAPSULE SOLUTION
Gastrointestinal	Antacid, H. Pylori	bismuth/metronid/tetracycline lansoprazole/amoxicilin/clarith CAPSULE COMBO. PKG
Gastrointestinal	Antacid, H2 Antagonists	famotidine famotidine/Ca carb/mag hydrox nizatidine ranitidine HCl ranitidine HCl TABLET TAB CHEW SOLUTION SYRUP TABLET
Gastrointestinal	Antacid, Proton Pump Inhibitors	dexlansoprazole ** lansoprazole ** omeprazole ** pantoprazole sodium ** rabeprazole sodium ** CAP DR BP CAPSULE DR CAPSULE DR TABLET DR TABLET DR
Gastrointestinal	Antidiarrheals	loperamide HCl loperamide HCl loperamide HCl CAPSULE LIQUID TABLET

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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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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

\* 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: January 1, 2022

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

† 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: January 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

\* 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: January 1, 2022

System	Class	Preferred
Neurology	Alzheimer's Disease Drugs	donepezil HCl donepezil HCl galantamine HBr galantamine HBr memantine HCl memantine HCl memantine HCl memantine HCl memantine HCl/donepezil HCl memantine HCl/donepezil HCl rivastigmine rivastigmine tartrate TAB RAPDIS TABLET CAP24H PEL TABLET CAP SPR 24 SOLUTION TAB DS PK TABLET CAP SPR 24 CAP24 DSPK PATCH TD24 CAPSULE
Neurology	Antiepileptics (non-injectable)	carbamazepine carbamazepine carbamazepine carbamazepine diazepam ethosuximide ethosuximide gabapentin gabapentin lacosamide (VIMPAT™) levetiracetam levetiracetam methsuximide oxcarbazepine oxcarbazepine phenobarbital phenobarbital phenytoin phenytoin phenytoin sodium extended primidone rufinamide tiagabine HCl topiramate zonisamide ORAL SUSP TAB CHEW TAB ER 12H TABLET KIT CAPSULE SOLUTION CAPSULE TABLET TABLET ELIXIR *** TABLET ORAL SUSP TAB CHEW CAPSULE TABLET TABLET TABLET TABLET CAPSULE
Neurology	Multiple Sclerosis	COPAXONE™ - BRAND ONLY interferon beta-1a interferon beta-1a interferon beta-1a interferon beta-1a/albumin interferon beta-1a/albumin interferon beta-1a/albumin interferon beta-1b interferon beta-1b (BETASERON™) SYRINGE *** PEN IJ KIT SYRINGE SYRINGEKIT KIT PEN INJCTR SYRINGE KIT KIT

\* 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: January 1, 2022

System	Class	Preferred	
Neurology	Parkinson's Disease Drugs, Oral & Topical	amantadine HCl amantadine HCl benztropine mesylate carbidopa/levodopa carbidopa/levodopa carbidopa/levodopa/entacapone entacapone pramipexole di-HCl selegiline HCl trihexyphenidyl HCl trihexyphenidyl HCl	CAPSULE TABLET TABLET TABLET TABLET ER TABLET TABLET TABLET CAPSULE SOLUTION TABLET
Neurology	Potassium Channel Blockers	amifampridine *	TABLET
Neurology	Spinal Muscular Atrophy	onasemnogene abeparvovec-xioi (ZOLGENSMA™) *	KIT
Nutritional	B-vitamins, Oral	cyanocobalamin (vitamin B-12) pyridoxine HCl (vitamin B6) thiamine HCl thiamine mononitrate (vit B1)	TABLET *** TABLET TABLET *** TABLET
Nutritional	Calcium/Vit D Replacement, Oral	calcium carbonate calcium carbonate calcium carbonate/vitamin D3 calcium carbonate/vitamin D3 cholecalciferol (vitamin D3) cholecalciferol (vitamin D3) cholecalciferol (vitamin D3) ergocalciferol (vitamin D2)	ORAL SUSP TABLET TAB CHEW TABLET *** CAPSULE *** DROPS *** TABLET *** CAPSULE ***
Nutritional	Iron Replacement, Oral	ferrous gluconate ferrous sulfate ferrous sulfate ferrous sulfate ferrous sulfate	TABLET *** LIQUID TABLET TABLET DR TABLET ER ***
Nutritional	Magnesium Replacement, Oral	magnesium magnesium oxide/vit B6	TABLET 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: January 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

\* 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: January 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 no.175/iron fum/folic acid	TABLET
		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 acid	TAB CHEW		
prenatal vit136/iron/folic acid	TABLET		
prenatal vit27,calcium/iron/FA	TABLET		
prenatal vit68/iron/FA no6/dha	CAPSULE		
prenatal vit69/iron/folate6/dh	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

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: January 1, 2022

System	Class	Preferred
Nutritional	Prenatal Vitamins	prenatal vit86/iron/folic acid TABLET 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

\* 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: January 1, 2022

System	Class	Preferred
Ophthalmics	Glaucoma Drugs	betaxolol HCl DROPS brimonidine tartrate DROPS *** brinzolamide DROPS SUSP carteolol HCl DROPS dorzolamide HCl/timolol maleate 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: January 1, 2022

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

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: January 1, 2022

System	Class	Preferred
Renal	Phosphate Binders	calcium acetate calcium acetate sevelamer carbonate sevelamer HCl
		CAPSULE TABLET *** TABLET 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 Voluntary Mental Health Preferred Drug List

Effective: January 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	atomoxetine HCl ** ‡	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		

\* 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 Voluntary Mental Health Preferred Drug List**

Effective: January 1, 2022

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

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).