

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

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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 moxifloxacin HCl SUS MC REC TABLET SOLUTION TABLET TABLET
Antibiotics	Macrolides, Oral	azithromycin azithromycin clarithromycin SUSP RECON TABLET TABLET
Antibiotics	Oxazolidinones, Oral	linezolid linezolid SUSP RECON TABLET

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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 (SOFOSBUVIR-VELPATASVIR™) * 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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Antivirals	HIV	abacavir sulfate	SOLUTION
		abacavir sulfate	TABLET
		abacavir sulfate/lamivudine	TABLET
		abacavir/dolutegravir/lamivudine	TAB SUSP
		abacavir/dolutegravir/lamivudine (TRIUMEQ™)	TABLET
		abacavir/lamivudine/zidovudine	TABLET
		atazanavir sulfate	CAPSULE
		atazanavir sulfate	POWD PACK
		atazanavir sulfate/cobicistat (EVOTAZ™)	TABLET
		bictegravir/emtricit/tenofovir disoproxil fumarate (BIKTARVY™)	TABLET
		cabotegravir	SUSER VIAL
		cabotegravir (APRETUDE™)	SUSER VIAL
		cabotegravir sodium	TABLET
		cabotegravir/rilpivirine (CABENUVA™)	SUSER VIAL
		cobicistat	TABLET
		darunavir ethanolate	ORAL SUSP
		darunavir ethanolate	TABLET
		darunavir/cob/emtricit/tenofovir disoproxil fumarate (SYM TUZA™)	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 disoproxil fumarate (DELSTRIGO™)	TABLET
		efavirenz	CAPSULE
		efavirenz	TABLET
		efavirenz/emtricit/tenofovir disoproxil fumarate	TABLET
		efavirenz/lamivudine/tenofovir disoproxil fumarate	TABLET
		efavirenz/lamivudine/tenofovir disoproxil fumarate (SYMFI™)	TABLET
		efavirenz/lamivudine/tenofovir disoproxil fumarate (SYMFI LO™)	TABLET
		elvitegravir/cob/emtricit/tenofovir disoproxil fumarate (GENVOYA™)	TABLET
		elvitegravir/cob/emtricit/tenofovir disoproxil fumarate	TABLET
		emtricitabine/rilpivirine/tenofovir disoproxil fumarate	TABLET
		emtricitabine/rilpivirine/tenofovir disoproxil fumarate (ODEFSEY™)	TABLET
		emtricitabine	CAPSULE
		emtricitabine	SOLUTION
		emtricitabine/tenofovir disoproxil fumarate (DESCOVY™)	TABLET
		emtricitabine/tenofovir disoproxil fumarate (TDF)	TABLET
		enfuvirtide	VIAL
etravirine	TABLET		
fosamprenavir calcium	ORAL SUSP		
fosamprenavir calcium	TABLET		
ibalizumab-uiyk (TROGARZO™)	VIAL		
lamivudine	SOLUTION		
lamivudine	TABLET		
lamivudine/tenofovir disoproxil fumarate	TABLET		
lamivudine/tenofovir disoproxil fumarate (CIMDUO™)	TABLET		

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Antivirals	HIV	lamivudine/zidovudine	TABLET
		lopinavir/ritonavir	SOLUTION
		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	SUSER VIAL
		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		

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Cardiovascular	Beta-Blockers, Oral	acebutolol HCl CAPSULE atenolol TABLET carvedilol TABLET labetalol HCl TABLET metoprolol succinate TAB ER 24H metoprolol tartrate TABLET nadolol TABLET propranolol HCl CAP SA 24H propranolol HCl SOLUTION propranolol HCl TABLET
Cardiovascular	Calcium Channel Blockers - Dihydropyridine, Oral	amlodipine besylate TABLET nifedipine 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

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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
		torseamide	TABLET
		triamterene	CAPSULE
triamterene/hydrochlorothiazid	CAPSULE		
triamterene/hydrochlorothiazid	TABLET		
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 INJECT
		evolocumab (REPATHA SURECLICK™) *	PEN INJECTR
		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		

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Cardiovascular	Platelet Inhibitors	aspirin aspirin aspirin aspirin/dipyridamole cilostazol clopidogrel bisulfate dipyridamole prasugrel HCl TAB CHEW TABLET TABLET DR CPMP 12HR TABLET TABLET TABLET TABLET
Cardiovascular	Statins & Combos	atorvastatin calcium lovastatin pravastatin sodium rosuvastatin calcium simvastatin TABLET TABLET TABLET TABLET TABLET
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) CLEANSE 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

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Dermatologicals	Antibiotics, Topical	bacitracin OINT. (G) *** bacitracin zinc OINT. (G) bacitracin zinc/polymyxin B OINT. (G) bacitracin/polymyxin B sulfate OINT. (G) gentamicin sulfate CREAM (G) mupirocin OINT. (G) neomycin/bacitracin/polymyxinB OINT. (G)
Dermatologicals	Antifungals, Topical	miconazole nitrate CREAM (G) nystatin CREAM (G) nystatin OINT. (G)
Dermatologicals	Antiparasitics, Topical	permethrin COMBO. PKG permethrin CREAM (G) permethrin LIQUID piperonyl 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)

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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)
		betamethasone/propylene glyc	CREAM (G)
		clobetasol propionate	CREAM (G)
		clobetasol propionate	OINT. (G)
		clobetasol propionate	SOLUTION
		desonide	CREAM (G)
		desonide	OINT. (G)
		desoximetasone	CREAM (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)		
Dermatologicals	Topical Products for Inflammatory Skin Diseases	pimecrolimus *	CREAM (G)
		tacrolimus *	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	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

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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/insulin asp *	INSULN PEN
		insulin aspart prot/insulin asp *	VIAL
		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 *	INSULN PEN
		insulin NPH hum/reg insulin hm *	VIAL
		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
Endocrine	Diabetes, Sulfonylureas	glimepiride	TABLET
		glipizide	TABLET
		glyburide	TABLET
Endocrine	Diabetes, Thiazolidinediones	pioglitazone HCl	TABLET
Endocrine	Estrogen Replacement, Oral	drospirenone/estradiol ‡	TABLET
		estradiol ‡	TABLET
		estrogen,con/m-progest acet ‡	TABLET
		estrogens, conjugated ‡	TABLET
		estrogens,conj.,synthetic A ‡	TABLET
		estropipate ‡	TABLET
Endocrine	Estrogen Replacement, Topical	estradiol ‡	GEL MD PMP
		estradiol ‡	PATCH TDSW
		estradiol ‡	PATCH TDWK

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System	Class	Preferred
Endocrine	Estrogen Replacement, Vaginal	estradiol ‡ estradiol ‡ estradiol ‡ estradiol acetate ‡ estrogens, conjugated ‡ CREAM/APPL TABLET VAG RING VAG RING CREAM/APPL
Endocrine	Glucocorticoids, Oral	cortisone acetate dexamethasone dexamethasone dexamethasone dexamethasone dexamethasone hydrocortisone methylprednisolone methylprednisolone prednisolone prednisone prednisone prednisone prednisone prednisone TABLET DROPS ELIXIR SOLUTION TAB DS PK TABLET TABLET TAB DS PK TABLET SOLUTION ORAL CONC SOLUTION TAB DS PK TABLET TABLET DR
Endocrine	Growth Hormones	somatropin (GENOTROPIN™) * somatropin (GENOTROPIN™) * somatropin (NORDITROPIN FLEXPRO™) * somatropin (NUTROPIN AQ NUSPIN™) * 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	Thyroid Hormone, Oral	levothyroxine sodium TABLET
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

* 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: October 1, 2022

System	Class	Preferred
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

* 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: October 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

* 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: October 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 polysorbat (ARANESP™) * darbepoetin alfa in polysorbat (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: October 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: October 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	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
Neurology	Outpatient Antiepileptics	carbamazepine carbamazepine carbamazepine carbamazepine diazepam ethosuximide ethosuximide gabapentin gabapentin lacosamide 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 TABLET TABLET SOLUTION TABLET CAPSULE ORAL SUSP TABLET ELIXIR *** TABLET ORAL SUSP TAB CHEW CAPSULE TABLET TABLET TABLET TABLET 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: October 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: October 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 with minerals/lutein *	TABLET
		multivit37/iron/Lmfolate/algae *	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: October 1, 2022

System	Class	Preferred	
Nutritional	Prenatal Vitamins	PNV 11/iron fum/folic acid/om3	CAPSULE
		PNV 119/iron fum/folic acid	TABLET
		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 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
		prenatal vit86/iron/folic acid	TABLET
		prenatal,calc.40/iron/folate 1	TABLET
prenatal56/iron/folic acid/dha	CAPSULE		
prenatal81/iron/folic/docusate	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: October 1, 2022

System	Class	Preferred
Nutritional	Prenatal Vitamins	Pv w-o Vit A/iron/docus/FA/Zn CAP SEQ
Ophthalmics	Antibiotics, Ophthalmic	bacitracin/polymyxin B sulfate ciprofloxacin HCl ciprofloxacin HCl erythromycin base gentamicin sulfate gentamicin sulfate moxifloxacin HCl natamycin neomycin/polymyxn B/gramicidin ofloxacin polymyxin B sulf/trimethoprim sulfacetamide sodium tobramycin tobramycin OINT. (G) DROPS OINT. (G) OINT. (G) DROPS OINT. (G) DROPS DROPS SUSP DROPS DROPS DROPS OINT. (G)
Ophthalmics	Antibiotic-Steroids, Ophthalmic	gentamicin sulf/prednisolone gentamicin sulf/prednisolone neomycin/polymyxin B/dexametha neomycin/polymyxin B/dexametha sulfacetamide/prednisolone tobramycin/dexamethasone tobramycin/dexamethasone DROPS SUSP OINT. (G) DROPS SUSP OINT. (G) OINT. (G) DROPS SUSP OINT. (G)
Ophthalmics	Anti-Inflammatory Drugs, Ophthalmic	dexamethasone dexamethasone sodium phosphate diclofenac sodium fluorometholone fluorometholone flurbiprofen sodium ketorolac tromethamine loteprednol etabonate prednisolone acetate DROPS SUSP DROPS DROPS *** DROPS SUSP OINT. (G) DROPS DROPS DROPS SUSP DROPS SUSP
Ophthalmics	Glaucoma Drugs	betaxolol HCl brimonidine tartrate brinzolamide carteolol HCl dorzolamide HCl/timolol maleat dorzolamide/timolol/PF latanoprost latanoprost pilocarpine HCl timolol maleate travoprost DROPS DROPS *** DROPS SUSP DROPS DROPS DROPERETTE DROPS DRPS EMULS DROPS DROPS DROPS
Ophthalmics	Vascular Endothelial Growth Factors	bevacizumab 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: October 1, 2022

System	Class	Preferred
Otics	Otic Antibiotics	neomyc/colist/hydrocort/thonzn DROPS SUSP neomycin/polymyxin B/hydrocort DROPS SUSP *** ofloxacin DROPS
Psychiatric	ADHD Drugs	CONCERTA™ - BRAND ONLY ** ‡ TAB ER 24 dexamethylphenidate HCl (FOCALIN XR™) ** ‡ CPBP 50-50 dexamethylphenidate HCl ** ‡ CPBP 50-50 dexamethylphenidate HCl ** ‡ TABLET dextroamphetamine/amphetamine ** ‡ CAP ER 24H dextroamphetamine/amphetamine ** ‡ TABLET lisdexamfetamine dimesylate ** ‡ CAPSULE lisdexamfetamine dimesylate ** ‡ TAB CHEW methylphenidate ** ‡ PATCH TD24 METHYLPHENIDATE ER™ - BRAND ONLY ** ‡ TAB ER 24 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 naloxone HCl (KLOXXADO™) SPRAY
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
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

* 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: October 1, 2022

System	Class	Preferred	
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 brm/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
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: October 1, 2022

System	Class	Preferred	
Neurology	Other Stimulants	armodafinil *	TABLET
		modafinil *	TABLET
Neurology	Outpatient Antiepileptics	divalproex sodium	CAP DR SPR
		divalproex sodium	TAB ER 24H
		divalproex sodium	TABLET DR
		lamotrigine	TABLET
		valproic acid	CAPSULE
		valproic acid (as sodium salt)	SOLUTION
Psychiatric	ADHD Drugs	atomoxetine HCl ** ‡	CAPSULE
Psychiatric	Antidepressants	amitriptyline HCl ‡	TABLET
		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: October 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	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

* 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).